

Integra Managed Care HMO 2020 Formulary

List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID 00020144, Version Number 15. This formulary was updated on 08/01/2020. For more recent information or other questions, please contact our Member Services number at 1.877-388-5195 (TTY users should call 711). Hours are Sunday through Saturday 8am to 8pm. NOTE: Between April 1 and September 30 Member Services hours for Saturday and Sunday will be operated by alternate technology. Or visit www.integramanagedcare.com.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Integra Managed Care. This document includes a list of the drugs (formulary) for our plan which is current as of 08/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

Integra Managed Care is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in Integra Managed Care depends on contract renewal.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1.877-388-5195. TTY users call 711.

Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener información adicional, llámenos al 1.877-388-5195. Los usuarios de TTY deben llamar al 711.

What is the Integra Managed Care Formulary?

A formulary is a list of covered drugs selected by Integra Managed Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Integra Managed Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Integra Managed Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the contract year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Integra Managed Care’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 08/01/2020. To get updated information about the drugs covered by Integra Managed Care, please contact us. Our contact information appears on the front and back cover pages. In the event of non-maintenance changes to the formulary throughout the plan year, Integra Managed Care may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the most current formulary.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR AGENTS. If you know what your drug is

used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Integra Managed Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Integra Managed Care requires your physician to get prior authorization for certain drugs. This means that you will need to get approval from Integra Managed Care before you fill your prescriptions. If you don't get approval, Integra Managed Care may not cover the drug.
- **Quantity Limits:** For certain drugs, when Integra Managed Care limits the amount of the drug that we will cover. For example, Integra Managed Care provides 30 units per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Integra Managed Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Integra Managed Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Integra Managed Care formulary?" below for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Integra Managed Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Integra Managed Care.
- You can ask Integra Managed Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Integra Managed Care Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Integra Managed Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Integra Managed Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 30 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide

up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For more information

For more detailed information about your Integra Managed Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about us, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Alternatively, you may visit <http://www.medicare.gov>.

Integra Managed Care's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Integra Managed Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 104. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

Integra D-SNP 2020 1-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS	4
ANESTHETICS	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	6
ANTIBACTERIALS	7
ANTICONVULSANTS	13
ANTIDEMENTIA AGENTS	17
ANTIDEPRESSANTS	18
ANTIEMETICS	21
ANTIFUNGALS	21
ANTIGOUT AGENTS	23
ANTI-INFLAMMATORY AGENTS	23
ANTIMIGRAINE AGENTS	24
ANTIMYASTHENIC AGENTS	25
ANTIMYCOBACTERIALS	26
ANTINEOPLASTICS	26
ANTIPARASITICS	33
ANTIPARKINSON AGENTS	34
ANTIPSYCHOTICS	35
ANTIVIRALS	38
ANXIOLYTICS	43
BIPOLAR AGENTS	44
BLOOD GLUCOSE REGULATORS	44
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	48
CARDIOVASCULAR AGENTS	49
CENTRAL NERVOUS SYSTEM AGENTS	58
DENTAL AND ORAL AGENTS	60
DERMATOLOGICAL AGENTS	60
ELECTROLYTES/MINERALS/METALS/VITAMINS	64
GASTROINTESTINAL AGENTS	67
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	69
GENITOURINARY AGENTS	70
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	71
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	72
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	78

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	78
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	79
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	80
IMMUNOLOGICAL AGENTS	80
INFLAMMATORY BOWEL DISEASE AGENTS.....	84
METABOLIC BONE DISEASE AGENTS	85
MISCELLANEOUS.....	86
OPHTHALMIC AGENTS	86
OTIC AGENTS	89
RESPIRATORY TRACT AGENTS	89
SKELETAL MUSCLE RELAXANTS	94
SLEEP DISORDER AGENTS.....	94

Legend

1: Covered Medications

BvD: Part B vs. Part D- This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Access- This prescription may be available only at certain pharmacies.

MO: Mail Order Eligible- This prescription may also be available via mail.

PA: Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA2: Prior Authorization (New Starts Only)- You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

QL: Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy- In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ST2: Step Therapy (New Starts Only)- In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Opioid Analgesics, Long-Acting</i>		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	MO
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 ML per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	1	
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	1	
<i>Opioid Analgesics, Short-Acting</i>		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	QL (400 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral capsule 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	QL (370 EA per 30 days)
<i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (360 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	QL (370 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (370 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	1	QL (150 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	BvD; QL (240 ML per 30 days)
LORCET ORAL TABLET 5-325 MG	1	QL (370 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	QL (3600 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	QL (2700 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (370 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (370 EA per 30 days)

ANESTHETICS

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
Local Anesthetics		
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	QL (50 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	1	QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	MO
Opioid Antagonists		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	
Opioid Dependence Treatments		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	1	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	
NICOTROL INHALATION INHALER 10 MG	1	
ANTIBACTERIALS		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	BvD
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6- 0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BvD
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>paromomycin sulfate oral capsule 250 mg</i>	1	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BvD
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	BvD
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	1	MO
<i>Antibacterials, Other</i>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	BvD
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	BvD
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	BvD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	1	
SIVEXTRO ORAL TABLET 200 MG	1	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	BvD
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	BvD
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
XIFAXAN ORAL TABLET 200 MG	1	
XIFAXAN ORAL TABLET 550 MG	1	MO
<i>Beta-Lactam, Cephalosporins</i>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium injection solution reconstituted 1 gm, 500 mg</i>	1	
<i>cefazolin sodium injection solution reconstituted 10 gm</i>	1	BvD
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	1	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	BvD
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	BvD
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	BvD
Beta-Lactam, Other		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	1	BvD
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA; LA
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	BvD
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	BvD
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	BvD
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	BvD
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	BvD
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>naftillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	BvD
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	BvD

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	BvD
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	BvD
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	BvD
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	BvD
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	BvD
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	BvD
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	ST2; MO; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	ST2; MO
EPITOL ORAL TABLET 200 MG	1	MO
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST2; MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
ROWEEPRAL ORAL TABLET 1000 MG, 500 MG, 750 MG	1	MO
ROWEEPRAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	ST2; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	1	ST2; MO; QL (120 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	1	ST2; MO; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST2; MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	ST2; MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	1	ST2; MO; QL (28 EA per 28 days)
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	MO; QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	1	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	MO; QL (300 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>Benzodiazepines</i>		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	ST2; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	ST2; MO; QL (60 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	
<i>Calcium Channel Modifying Agents</i>		
CELONTIN ORAL CAPSULE 300 MG	1	ST2; MO
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	1	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</i>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	1	ST2; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG, 8 MG	1	ST2; MO; QL (30 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; QL (180 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200 mg, 225 mg, 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
<i>valproic acid oral solution 250 mg/5ml</i>	1	MO
<i>vigabatrin oral packet 500 mg</i>	1	PA2; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA2; LA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	1	PA2; LA; QL (180 EA per 30 days)
Glutamate Reducing Agents		
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
Sodium Channel Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
APTiom ORAL TABLET 200 MG, 400 MG, 800 MG	1	ST2; QL (30 EA per 30 days)
APTiom ORAL TABLET 600 MG	1	ST2; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	1	ST2; QL (2760 ML per 30 days)
BANZEL ORAL TABLET 200 MG	1	ST2; QL (480 EA per 30 days)
BANZEL ORAL TABLET 400 MG	1	ST2; QL (240 EA per 30 days)
DILANTIN ORAL CAPSULE 30 MG	1	MO
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
PEGANONE ORAL TABLET 250 MG	1	ST2; MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
VIMPAT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (1395 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	ST2; MO; QL (60 EA per 30 days)

ANTIDEMENTIA AGENTS

Cholinesterase Inhibitors

<i>donepezil hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	MO; QL (180 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	MO; QL (30 EA per 30 days)

N-Methyl-D-Aspartate (Nmda) Receptor Antagonist

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	MO
<i>memantine hcl oral solution 2 mg/ml</i>	1	MO; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	MO
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	1	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QL (120 EA per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	ST2; MO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST2; MO; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	1	ST2; QL (30 EA per 30 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST2; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	1	ST2; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	MO
<i>Serotonin/Norepinephrine Reuptake Inhibitors</i>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	ST2; MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST2; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST2; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	MO; QL (600 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	1	MO; QL (900 ML per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
<i>Antiemetics, Other</i>		
COMPRO RECTAL SUPPOSITORY 25 MG	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>prochlorperazine maleate oral tablet 5 mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	QL (4 EA per 12 days)
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	1	QL (4 EA per 12 days)
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	BvD; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	1	BvD
<i>granisetron hcl oral tablet 1 mg</i>	1	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BvD
SYNDROS ORAL SOLUTION 5 MG/ML	1	BvD; QL (120 ML per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	1	BvD
ANTIFUNGALS		
<i>Antifungals</i>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	1	BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	BvD

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	BvD
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	1	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	BvD
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	PA
JUBLIA EXTERNAL SOLUTION 10 %	1	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
NOXAFIL ORAL SUSPENSION 40 MG/ML	1	PA; MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA; MO
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	BvD
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA; QL (120 EA per 30 days)

ANTIGOUT AGENTS

Antigout Agents

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	PA; MO
MITIGARE ORAL CAPSULE 0.6 MG	1	
<i>probenecid oral tablet 500 mg</i>	1	MO

ANTI-INFLAMMATORY AGENTS

Nonsteroidal Anti-Inflammatory Drugs

<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium transdermal gel 1 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA
<i>diclofenac sodium transdermal solution 1.5 %</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule 400 mg</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
ANTIMIGRAINE AGENTS		
<i>Antimigraine Agents, Other</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; MO
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (40 EA per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	QL (24 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	QL (24 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>guanidine hcl oral tablet 125 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	
ANTIMYCOBACTERIALS		
<i>Antimycobacterials, Other</i>		
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>Antituberculars</i>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
PASER ORAL PACKET 4 GM	1	
PRIFTIN ORAL TABLET 150 MG	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	BvD
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFATER ORAL TABLET 50-120-300 MG	1	
SIRTURO ORAL TABLET 100 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
LEUKERAN ORAL TABLET 2 MG	1	
<i>Antiangiogenic Agents</i>		
<i>penicillamine oral tablet 250 mg</i>	1	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA2; LA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	1	PA2; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	1	PA2; QL (60 EA per 30 days)
<i>Antimetabolites</i>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	LA
TABLOID ORAL TABLET 40 MG	1	PA2
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA2; QL (120 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	1	PA2; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	1	PA2; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	1	PA2; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA2
ALUNBRIG ORAL TABLET 180 MG	1	PA2; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA2; LA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA2; LA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA2; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA2; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	1	PA2; LA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	1	PA2; LA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	1	PA2; LA; QL (30 EA per 30 days)
<i>bexarotene oral capsule 75 mg</i>	1	PA2; QL (300 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
BOSULIF ORAL TABLET 100 MG	1	PA2; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA2; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA2; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA2; LA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2; LA
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA2; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	1	PA2; LA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA2; LA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA2; LA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA2; LA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA2; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA2; LA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA2
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA2
EMCYT ORAL CAPSULE 140 MG	1	
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2
ERLEADA ORAL TABLET 60 MG	1	PA2; LA; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA2; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA2; QL (90 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA2; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG	1	PA2; QL (60 EA per 30 days)
FARYDAK ORAL CAPSULE 20 MG	1	PA2; QL (30 EA per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 %	1	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>flutamide oral capsule 125 mg</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; LA; QL (30 EA per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA2
ICLUSIG ORAL TABLET 15 MG	1	PA2; LA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA2; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG	1	PA2; LA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
IDHIFA ORAL TABLET 50 MG	1	PA2; LA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA2; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA2; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA2; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	1	PA2; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	1	PA2; LA; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	1	PA2; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA2; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA2; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA2; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA2; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA2; LA; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KOSELUGO ORAL CAPSULE 10 MG	1	PA2; LA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA2; LA; QL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA2
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA2
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA2

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA2
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA2
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA2
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA2
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA2
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA2; LA
LORBRENA ORAL TABLET 100 MG	1	PA2; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA2; QL (90 EA per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA2
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA2
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA2
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA2
LYNPARZA ORAL TABLET 100 MG	1	PA2; LA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	1	PA2; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	PA2; LA
MEKINIST ORAL TABLET 0.5 MG	1	PA2; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA2; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA2; LA; QL (180 EA per 30 days)
MESNEX ORAL TABLET 400 MG	1	
NERLYNX ORAL TABLET 40 MG	1	PA2; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; LA; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2
NUBEQA ORAL TABLET 300 MG	1	PA2; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2; LA
PANRETIN EXTERNAL GEL 0.1 %	1	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA2; LA; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA2
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA2
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; LA; QL (21 EA per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA2; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA2; LA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA2; LA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA2; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA2; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2; LA
RYDAPT ORAL CAPSULE 25 MG	1	PA2; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA2; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA2; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA2; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA2; LA; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA2; QL (28 EA per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2
TAFINLAR ORAL CAPSULE 50 MG	1	PA2; LA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	1	PA2; LA; QL (120 EA per 30 days)
TAGRISSEO ORAL TABLET 40 MG, 80 MG	1	PA2; LA

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.25 MG	1	PA2; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA2; LA; QL (30 EA per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
TARGRETIN EXTERNAL GEL 1 %	1	PA2
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA2; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA2; QL (240 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	1	PA2; LA; QL (60 EA per 30 days)
TOLAK EXTERNAL CREAM 4 %	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA2; QL (30 EA per 30 days)
<i>tretinoin oral capsule 10 mg</i>	1	
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA2; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	1	PA2; LA; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG	1	PA2; QL (180 EA per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; QL (60 GM per 14 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA2; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA2; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA2; LA
VITRAKVI ORAL CAPSULE 100 MG	1	PA2; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA2; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA2
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA2; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA2; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA2; QL (60 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA2; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; LA
XTANDI ORAL CAPSULE 40 MG	1	PA2; LA; QL (120 EA per 30 days)
YONSA ORAL TABLET 125 MG	1	PA2; QL (120 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA2; LA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA2; LA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA2; QL (150 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA2; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	1	MO
<i>letrozole oral tablet 2.5 mg</i>	1	MO
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
EMVERM ORAL TABLET CHEWABLE 100 MG	1	
<i>ivermectin oral tablet 3 mg</i>	1	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	1	QL (150 ML per 30 days)
ALINIA ORAL TABLET 500 MG	1	QL (40 EA per 30 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	
<i>mefloquine hcl oral tablet 250 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	BvD; MO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	BvD; MO
<i>primaquine phosphate oral tablet 26.3 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
ANTIPARKINSON AGENTS		
<i>Anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<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>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	1	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST; MO
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA; LA; QL (60 ML per 28 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	MO
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	1	MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
ANTIPSYCHOTICS		
1St Generation/Typical		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>clozapine oral tablet 100 mg, 200 mg</i>	1	ST2; QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	ST2; QL (120 EA per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	1	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	MO
<i>perphenazine oral tablet 16 mg, 2 mg</i>	1	MO
<i>perphenazine oral tablet 4 mg, 8 mg</i>	1	BvD; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 10 mg</i>	1	BvD; MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST2; QL (540 ML per 30 days)
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	ST2
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	ST2
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	1	ST2; QL (30 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	1	ST2; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST2; QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	1	ST2
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1	ST2
LATUDA ORAL TABLET 120 MG	1	ST2; MO; QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	1	ST2; MO; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA2; LA
NUPLAZID ORAL TABLET 10 MG	1	PA2; LA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	MO; QL (60 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	1	QL (30 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	MO; QL (1 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST2; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	ST2
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	1	ST2; MO; QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST2
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST2; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	ST2

ANTIVIRALS

Anti-Cytomegalovirus (Cmv) Agents

<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 %	1	

Antih hepatitis Agents

<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (30 EA per 30 days)
-------------------------------------------	---	--------------------------------

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	MO
<i>lamivudine oral tablet 100 mg</i>	1	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; QL (30 EA per 30 days)
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	PA; MO; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	PA; QL (600 ML per 30 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA2
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	1	PA
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	1	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	PA2; QL (4 EA per 28 days)
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	BvD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors		
ATRIPLA ORAL TABLET 600-200-300 MG	1	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	1	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO ORAL TABLET 100-300-300 MG	1	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	1	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QL (480 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	1	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	MO; QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	1	QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	1	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	1	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	QL (30 EA per 30 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	1	MO; QL (1200 ML per 30 days)
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	1	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	MO; QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	1	MO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO; QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	1	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
BIKTARVY ORAL TABLET 50-200-25 MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	1	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	QL (60 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	MO; QL (180 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	QL (360 ML per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; QL (1800 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 150 MG	1	MO; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	1	QL (45 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	1	QL (60 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	MO; QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE 250 MG	1	MO; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	1	MO; QL (285 ML per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	1	QL (60 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	1	MO; QL (450 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	1	MO; QL (270 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	1	QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	1	MO; QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	1	QL (150 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	MO; QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	MO; QL (400 ML per 30 days)
NORVIR ORAL PACKET 100 MG	1	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	1	MO; QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	QL (30 EA per 30 days)
PREZISTA ORAL TABLET 150 MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	1	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	1	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	MO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	1	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	1	
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	MO; QL (300 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (180 EA per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (150 EA per 30 days)
BIPOLAR AGENTS		
<i>Mood Stabilizers</i>		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	1	ST2
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium oral solution 8 meq/5ml</i>	1	MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	MO; QL (90 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	MO
BLOOD GLUCOSE REGULATORS		
<i>Antidiabetic Agents, Supply</i>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
<i>global alcohol prep ease pad 70 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	1	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	1	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO
<i>Glycemic Agents</i>		
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	1	
<i>Insulins</i>		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
<i>Anticoagulants</i>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	1	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	QL (30 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (24 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	QL (9 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	QL (12 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	QL (18 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	QL (11.2 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (7 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	QL (5.6 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	QL (8.4 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	
Blood Formation Modifiers		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
PROMACTA ORAL PACKET 12.5 MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; QL (60 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA; QL (16 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
Platelet Modifying Agents		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	MO
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	MO
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	MO
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (45 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ ORAL TABLET 400 MG	1	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	MO
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
Antihypertensive Combinations		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	MO; QL (45 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	MO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA; MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	MO; QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
Calcium Channel Blocking Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
TIADYL [®] ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 360 mg</i>	1	MO; QL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA; LA
CORLANOR ORAL SOLUTION 5 MG/5ML	1	PA; MO
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; MO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	MO; QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	MO; QL (30 EA per 30 days)
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA; LA; QL (180 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	MO
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	1	PA; LA; QL (4 ML per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; LA; QL (30 EA per 30 days)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	BvD
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 40 mg, 48 mg, 54 mg</i>	1	MO; QL (60 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light oral powder 4 gm/dose</i>	1	MO
<i>cholestyramine oral packet 4 gm</i>	1	MO
<i>colesevelam hcl oral packet 3.75 gm</i>	1	MO
<i>colesevelam hcl oral tablet 625 mg</i>	1	MO
<i>colestipol hcl oral packet 5 gm</i>	1	MO
<i>colestipol hcl oral tablet 1 gm</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	1	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	1	PA; MO
PREVALITE ORAL PACKET 4 GM	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	1	MO
<i>Vasodilators, Direct-Acting Arterial/Venous</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; QL (30 EA per 30 days)
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	MO
<i>Vasodilators, Direct-Acting Arterial</i>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
CENTRAL NERVOUS SYSTEM AGENTS		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	MO; QL (150 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</i>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	ST; MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	MO; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (90 EA per 30 days)
<i>Central Nervous System, Other</i>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA; LA; QL (120 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO
<i>riluzole oral tablet 50 mg</i>	1	MO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	1	PA; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	1	
<i>Fibromyalgia Agents</i>		
<i>pregabalin oral capsule 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	1	MO; QL (120 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	QL (110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	1	PA
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (210 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	1	PA; QL (30 EA per 30 days)
TECFIDERA ORAL 120 & 240 MG	1	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	1	PA
DENTAL AND ORAL AGENTS		
<i>Dental And Oral Agents</i>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
DERMATOLOGICAL AGENTS		
<i>Dermatological Agents</i>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone external ointment 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>ery external pad 2 %</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
EUCRISA EXTERNAL OINTMENT 2 %	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
MYORISAN ORAL CAPSULE 30 MG	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	
<i>pimecrolimus external cream 1 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
<i>prednicarbate external cream 0.1 %</i>	1	
<i>prednicarbate external ointment 0.1 %</i>	1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	1	
PROCTO-PAK EXTERNAL CREAM 1 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	
RECTIV RECTAL OINTMENT 0.4 %	1	
REGRANEX EXTERNAL GEL 0.01 %	1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
SSD EXTERNAL CREAM 1 %	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	
TAZORAC EXTERNAL CREAM 0.05 %	1	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDERM EXTERNAL CREAM 0.1 %	1	
UCERIS RECTAL FOAM 2 MG/ACT	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte/Mineral Replacement</i>		
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.45 %, 5-0.9 %</i>	1	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	BvD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	BvD
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET ORAL CAPSULE 100 MG	1	
CLOVIQUE ORAL CAPSULE 250 MG	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA; LA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	1	PA; LA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	
KIONEX ORAL SUSPENSION 15 GM/60ML	1	
LOKELMA ORAL PACKET 10 GM, 5 GM	1	MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	1	BvD
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	1	BvD
SAMSCA ORAL TABLET 15 MG, 30 MG	1	QL (60 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl oral capsule 250 mg</i>	1	PA
Nutrients		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	1	BvD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	1	BvD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD
<i>dextrose intravenous solution 10 %, 5 %</i>	1	BvD
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	1	BvD
HEPATAMINE INTRAVENOUS SOLUTION 8 %	1	BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvD
ISOLYTE-S INTRAVENOUS SOLUTION	1	BvD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	1	BvD
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	1	BvD
<i>nutrilipid intravenous emulsion 20 %</i>	1	BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %	1	BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	BvD
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvD
GASTROINTESTINAL AGENTS		
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>Gastrointestinal Agents, Other</i>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	1	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA; LA
<i>loperamide hcl oral capsule 2 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	1	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	MO
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	MO
<i>cimetidine oral tablet 400 mg</i>	1	MO
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>Irritable Bowel Syndrome Agents</i>		
<i>alosetron hcl oral tablet 0.5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	1	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	MO; QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 EA per 30 days)
<i>Laxatives</i>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	1	
<i>constulose oral solution 10 gm/15ml</i>	1	MO
<i>enulose oral solution 10 gm/15ml</i>	1	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	1	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>sucralfate oral suspension 1 gm/10ml</i>	1	MO
<i>sucralfate oral tablet 1 gm</i>	1	MO
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	1	ST; MO
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	MO
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Enzyme Replacement/Modifiers		
CARBAGLU ORAL TABLET 200 MG	1	PA; LA
CYSTADANE ORAL POWDER	1	
ENDARI ORAL PACKET 5 GM	1	LA
GALAFOLD ORAL CAPSULE 123 MG	1	PA; LA; QL (14 EA per 28 days)
KUVAN ORAL PACKET 100 MG, 500 MG	1	PA; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	1	PA; LA
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	1	BvD; MO
<i>miglustat oral capsule 100 mg</i>	1	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	1	PA; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA; LA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; MO
XURIDEN ORAL PACKET 2 GM	1	PA
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	MO; QL (60 EA per 30 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	
<i>Phosphate Binders</i>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	1	PA; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	MO
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	QL (540 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
Vaginal Products		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	1	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	1	
INTRAROSA VAGINAL INSERT 6.5 MG	1	PA; MO
<i>metronidazole vaginal gel 0.75 %</i>	1	
OSPHENA ORAL TABLET 60 MG	1	PA; MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VANDAZOLE VAGINAL GEL 0.75 %	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Glucocorticoids/Mineralocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate oral tablet 25 mg</i>	1	
DEMSER ORAL CAPSULE 250 MG	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET 50 MG	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	1	MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	MO
<i>testosterone transdermal solution 30 mg/act</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
Contraceptives		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	MO
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	MO
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
CYRED ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	MO
GIANVI ORAL TABLET 3-0.02 MG	1	MO
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02 MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02 MG	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	1	MO
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	MO
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	MO
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	MO
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	1	MO
Progestins		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	BvD
ERRIN ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hcl oral tablet 60 mg</i>	1	MO; QL (30 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2; MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA; LA
NOCURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	1	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
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	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium 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>	1	MO
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	1	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
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	1	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

ISTURISA ORAL TABLET 1 MG	1	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	1	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; QL (120 EA per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA2; LA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection solution 500 mcg/ml</i>	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; LA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	1	PA2; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; LA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA2

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
IMMUNOLOGICAL AGENTS		
<i>Immune Suppressants</i>		
AZASAN ORAL TABLET 100 MG, 75 MG	1	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	BvD; MO
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	BvD; MO
<i>everolimus oral tablet 0.25 mg</i>	1	PA2; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	1	PA2; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75 mg</i>	1	PA2; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>methotrexate oral tablet 2.5 mg</i>	1	BvD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	BvD; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	BvD; MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>sirolimus oral solution 1 mg/ml</i>	1	BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	BvD
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvD
ZORTRESS ORAL TABLET 1 MG	1	PA2; QL (60 EA per 30 days)
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA; LA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	1	BvD
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	BvD
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	1	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5- 2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF- MCG/0.5	1	
<i>bcg vaccine injection injectable</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOLE INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	1	
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	1	BvD
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	BvD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	1	
YF-VAX SUBCUTANEOUS INJECTABLE	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	1	MO
<i>balsalazide disodium oral capsule 750 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	1	MO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	MO
<i>mesalamine rectal enema 4 gm</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	BvD; MO
<i>cinacalcet hcl oral tablet 30 mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	1	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	BvD; QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	BvD; MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	1	PA; QL (2.4 ML per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	MO; QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA; QL (2 ML per 28 days)
MISCELLANEOUS		
<i>Miscellaneous</i>		
cvs gauze sterile pad 2"x2"	1	
hydroxychloroquine sulfate oral tablet 200 mg	1	MO
PLAQUENIL ORAL TABLET 200 MG	1	MO
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
atropine sulfate ophthalmic solution 1 %	1	MO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 EA per 30 days)
<i>Ophthalmic Anti-Allergy Agents</i>		
azelastine hcl ophthalmic solution 0.05 %	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	1	
cromolyn sodium ophthalmic solution 4 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
PAZEO OPHTHALMIC SOLUTION 0.7 %	1	
<i>Ophthalmic Antiglaucoma Agents</i>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	MO
apraclonidine hcl ophthalmic solution 0.5 %	1	
AZOPT OPHTHALMIC SUSPENSION 1 %	1	MO
betaxolol hcl ophthalmic solution 0.5 %	1	MO
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	MO
carteolol hcl ophthalmic solution 1 %	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	1	MO
dorzolamide hcl ophthalmic solution 2 %	1	MO
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	1	MO
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1 %	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
Ophthalmic Anti-Inflammatories		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
LOTEMAX OPHTHALMIC GEL 0.5 %	1	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	1	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	1	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	MO
VYZULTA OPHTHALMIC SOLUTION 0.024 %	1	MO
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	1	MO
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
RESPIRATORY TRACT AGENTS		
Antihistamines		
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
Anti-Inflammatories, Inhaled Corticosteroids		

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	MO; QL (21.2 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	BvD
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BvD; MO
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	MO; QL (4 GM per 30 days)
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	MO; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	MO
<i>theophylline oral solution 80 mg/15ml</i>	1	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	1	MO; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO; QL (4 GM per 20 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	MO; QL (36 GM per 30 days)
Nasal Agents		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	QL (30 ML per 25 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	1	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	MO; QL (30 ML per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 GM per 30 days)
Pulmonary Antihypertensives		

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; LA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; LA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; LA; QL (90 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	1	PA; LA; QL (120 EA per 30 days)
UPTRA VI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; LA; QL (60 EA per 30 days)
UPTRA VI ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA; LA; QL (400 EA per 365 days)
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET ORAL CAPSULE 267 MG	1	PA
ESBRIET ORAL TABLET 801 MG	1	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; LA
<i>Respiratory Tract Agents, Other</i>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	MO; QL (60 EA per 30 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	BvD; MO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	1	PA
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	1	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	MO; QL (1 EA per 30 days)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	1	PA; LA
KALYDECO ORAL TABLET 150 MG	1	PA; LA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA
ORKAMBI ORAL PACKET 100-125 MG, 150- 188 MG	1	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	1	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	BvD
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	MO; QL (4 GM per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA; LA
TOBI PODHALER INHALATION CAPSULE 28 MG	1	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	1	MO; QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	1	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA; LA
SKELETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	MO
carisoprodol oral tablet 250 mg, 350 mg	1	
carisoprodol-aspirin oral tablet 200-325 mg	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	MO
SLEEP DISORDER AGENTS		
<i>Benzodiazepines</i>		
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	QL (120 EA per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	1	QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	1	QL (120 EA per 30 days)
<i>Gaba Receptor Modulators</i>		
zaleplon oral capsule 10 mg, 5 mg	1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	1	QL (60 EA per 30 days)
<i>Sleep Disorders, Other</i>		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; MO
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	1	PA; QL (30 EA per 30 days)
modafinil oral tablet 100 mg, 200 mg	1	PA; MO
ramelteon oral tablet 8 mg	1	QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	1	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version 15, effective 08/01/2020. Last updated 07/01/2020.

Drug Name	Drug Tier	Requirements/Limits
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 08/01/2020. Last updated XX/XX/20XX.

Index of Drugs/Alphabetical Listing

A		
abacavir sulfate.....	40	
abacavir sulfate-lamivudine ..	40	
abacavir-lamivudine- zidovudine	40	
ABELCET.....	21	
ABILIFY MAINTENA.....	36	
ABILIFY MYCITE.....	36	
abiraterone acetate.....	27	
acamprosate calcium	6	
acarbose	45	
acebutolol hcl	53	
acetaminophen-codeine	4	
acetaminophen-codeine #3.....	4	
acetazolamide	55	
acetazolamide er.....	55	
acetic acid.....	89	
acetylcysteine	90	
acitretin.....	60	
ACTHIB	82	
ACTIMMUNE	81	
acyclovir	39	
acyclovir sodium	39	
ADACEL.....	82	
adefovir dipivoxil	39	
ADEMPAS.....	92	
ADVAIR DISKUS	92	
ADVAIR HFA	92	
AFINITOR	27	
AFINITOR DISPERZ.....	27	
albendazole.....	33	
albuterol sulfate	91	
albuterol sulfate hfa.....	91	
alclometasone dipropionate..	60	
ALECENSA	27	
alendronate sodium	85	
alfuzosin hcl er	70	
ALINIA	33	
aliskiren fumarate	55	
allopurinol	23	
alosetron hcl	68	
ALPHAGAN P.....	86	
alprazolam	43	
ALPRAZOLAM INTENSOL	43	
ALTAVERA	73	
ALUNBRIG	27	
alyacen 1/35.....	73	
amantadine hcl.....	34	
AMBISOME	21	
ambrisentan	92	
amcinonide	60	
amikacin sulfate.....	7	
amiloride hcl.....	56	
amiloride-hydrochlorothiazide	51	
AMINOSYN II.....	66	
AMINOSYN-PF.....	66	
amiodarone hcl	51	
AMITIZA	68	
amitriptyline hcl	20	
amlodipine besy-benazepril hcl	51	
amlodipine besylate.....	54	
amlodipine besylate-valsartan	51	
amlodipine-atorvastatin	55	
amlodipine-olmesartan	51	
amlodipine-valsartan-hctz	51	
ammonium lactate	60	
AMNESTEEM.....	60	
amoxapine	20	
amoxicillin.....	10	
amoxicillin-pot clavulanate ..	10	
amoxicillin-pot clavulanate er	10	
amphetamine- dextroamphetamine	58	
amphotericin b.....	21	
ampicillin.....	10	
ampicillin sodium.....	10, 11	
ampicillin-sulbactam sodium	11	
ANADROL-50	72	
anagrelide hcl	49	
anastrozole.....	33	
ANDRODERM	72	
ANORO ELLIPTA.....	92	
APOKYN	35	
apraclonidine hcl	86	
aprepitant	21	
APRI.....	73	
APRISO.....	84	
APTIOM.....	17	
APTIVUS.....	42	
ARANELLE.....	73	
ARCALYST.....	81	
ARIKAYCE	7	
aripiprazole	36, 37	
armodafinil	94	
ARNUITY ELLIPTA.....	90	
ASMANEX (120 METERED DOSES).....	90	
ASMANEX (30 METERED DOSES).....	90	
ASMANEX (60 METERED DOSES).....	90	
ASMANEX HFA	90	
aspirin-dipyridamole er	49	
ASSURE ID INSULIN SAFETY SYR	44	
atazanavir sulfate	42	
atenolol	53	
atenolol-chlorthalidone.....	52	
atomoxetine hcl	58	
atorvastatin calcium.....	56	
atovaquone.....	33	
atovaquone-proguanil hcl	33	
ATRIPLA	39	
atropine sulfate	86	
AUBRA	73	
AURYXIA.....	70	
AUSTEDO	59	
AVIANE.....	73	
AVONEX PEN.....	59	
AVONEX PREFILLED	59	
AYVAKIT	27	
AZACTAM	10	
AZASAN.....	80	
AZASITE	87	
azathioprine	80	
azelastine hcl	86, 91	
azithromycin	11, 12	
AZOPT	86	
aztreonam	10	
B		
bacitracin	87	
bacitracin-polymyxin b.....	87	
bacitra-neomycin-polymyxin- hc	88	
baclofen	94	
balsalazide disodium	84	
BALVERSA	27	
BALZIVA.....	73	
BANZEL	17	

BARACLUDE	39	bupropion hcl er (smoking det)	6	cefoxitin sodium	9
bcg vaccine	82	bupropion hcl er (sr)	18	cefpodoxime proxetil	9
BELSOMRA	94	bupropion hcl er (xl)	18	cefprozil	9
benazepril hcl	50	buspirone hcl	43	ceftazidime	9
benazepril-hydrochlorothiazide	52	butalbital-acetaminophen	4	ceftriaxone sodium	9
BENLYSTA	80	butalbital-apap-cafeine	4	cefuroxime axetil	9
benznidazole	33	butalbital-asa-caff-codeine	4	cefuroxime sodium	9
benzoyl peroxide-erythromycin	60	butalbital-aspirin-cafeine	4	celecoxib	23
benztropine mesylate	34	BYSTOLIC	53	CELONTIN	15
BEPREVE	86	C		cephalexin	9, 10
BESIVANCE	87	cabergoline	78	cetirizine hcl	89
betamethasone dipropionate .	61	CABLIVI	49	CHANTIX	6
betamethasone dipropionate		CABOMETYX	27	CHANTIX CONTINUING	
aug	60, 61	calcipotriene	61	MONTH PAK	6
betamethasone valerate	61	calcitonin (salmon)	85	CHANTIX STARTING	
BETASERON	59	calcitriol	85	MONTH PAK	7
betaxolol hcl	53, 86	calcium acetate (phos binder)	70	CHEMET	65
bethanechol chloride	70	CALQUENCE	27	chlordiazepoxide hcl	43
bexarotene	27	CAMILA	77	chlorhexidine gluconate	60
BEXSERO	82	candesartan cilexetil	50	chloroquine phosphate	33
bicalutamide	27	candesartan cilexetil-hctz	52	chlorpromazine hcl	35
BICILLIN L-A	11	CAPLYTA	37	chlorthalidone	56
BIKTARVY	41	CAPRELSA	27, 28	chlorzoxazone	94
bisoprolol fumarate	53	captopril	50	cholestyramine	57
bisoprolol-hydrochlorothiazide	52	captopril-hydrochlorothiazide	52	cholestyramine light	57
BLEPHAMIDE S.O.P.	88	CARBAGLU	69	ciclopirox	22
BLISOVI FE 1.5/30	73	carbamazepine	13, 14	ciclopirox olamine	22
BOOSTRIX	82	carbamazepine er	13	cilostazol	49
bosentan	92	carbidopa-levodopa	34	CIMDUO	40
BOSULIF	27	carbidopa-levodopa er	34	cimetidine	68
BRAFTOVI	27	carbidopa-levodopa-		cimetidine hcl	68
BREO ELLIPTA	92	entacapone	34	cinacalcet hcl	85
briellyn	73	carisoprodol	94	CINRYZE	55
BRILINTA	49	carisoprodol-aspirin	94	CIPRODEX	89
brimonidine tartrate	86	carteolol hcl	86	ciprofloxacin hcl	12, 87, 89
BRIVIACT	13	CARTIA XT	54	ciprofloxacin in d5w	12
bromfenac sodium (once-daily)	88	carvedilol	53	ciprofloxacin-fluocinolone pf	89
.....	88	caspofungin acetate	22	.....	89
bromocriptine mesylate	35	CAYSTON	10	citalopram hydrobromide	19
BROMSITE	88	CAZIENT	73	CLARAVIS	61
BRUKINSA	27	cefaclor	8	clarithromycin	12
budesonide	71, 90	cefaclor er	8	clarithromycin er	12
budesonide er	71	cefadroxil	8	clemastine fumarate	89
bumetanide	56	cefazolin sodium	9	CLENPIQ	68
buprenorphine hcl	6	cefepime hcl	9	clindamycin hcl	7
buprenorphine hcl-naloxone		cefdinir	9	clindamycin palmitate hcl	7
hcl	6	cefepime hcl	9	clindamycin phos-benzoyl	
bupropion hcl	18	cefixime	9	perox	61
		cefotetan disodium	9	clindamycin phosphate	7, 61,

clindamycin phosphate in d5w.....7	COMPRO .....21	dexamethasone .....71
CLINIMIX E/DEXTROSE (2.75/5) .....66	constulose .....68	DEXAMETHASONE INTENSOL.....71
CLINIMIX E/DEXTROSE (4.25/10) .....66	COPAXONE .....59	dexamethasone sodium phosphate .....88
CLINIMIX E/DEXTROSE (4.25/5) .....66	COPIKTRA .....28	DEXILANT .....69
CLINIMIX E/DEXTROSE (5/15) .....66	CORLANOR .....55	dexmethylphenidate hcl ..58, 59
CLINIMIX E/DEXTROSE (5/20) .....66	cortisone acetate .....72	dextroamphetamine sulfate...58
CLINIMIX/DEXTROSE (4.25/10) .....66	COSENTYX (300 MG DOSE) .....81	dextroamphetamine sulfate er.....58
CLINIMIX/DEXTROSE (4.25/5) .....66	COSENTYX SENSOREADY (300 MG).....81	dextrose.....66
CLINIMIX/DEXTROSE (5/15) .....66	COTELLIC.....28	dextrose-nacl.....64
CLINIMIX/DEXTROSE (5/20) .....66	CREON .....67	DIASTAT ACUDIAL .....15
clobazam.....15	CRIXIVAN .....42	DIASTAT PEDIATRIC .....15
clobetasol propionate.....61	cromolyn sodium.....67, 86, 92	diazepam.....15, 44
clobetasol propionate e.....61	CRYSELLE-28 .....73	diazoxide.....46
clomipramine hcl.....20	cvs gauze sterile.....86	diclofenac potassium .....23
clonazepam.....43	CYCLAFEM 1/35 .....73	diclofenac sodium.....23, 24, 88
clonidine .....50	CYCLAFEM 7/7/7 .....73	diclofenac sodium er.....23
clonidine hcl .....49	cyclobenzaprine hcl.....94	dicloxacin sodium .....11
clopidogrel bisulfate.....49	cyclophosphamide .....26	dicyclomine hcl .....67
clorazepate dipotassium .....44	cyclosporine.....80	didanosine.....40
clotrimazole .....22	cyclosporine modified .....80	diflorasone diacetate .....62
clotrimazole-betamethasone.61	CYRED .....73	diflunisal .....24
CLOVIQUE .....65	CYSTADANE.....69	DIGITEK.....55
clozapine.....35	CYSTAGON .....70	DIGOX .....55
COARTEM .....33	CYSTARAN .....86	digoxin .....55
codeine sulfate.....4	D	dihydroergotamine mesylate 24
colchicine .....23	dalfampridine er .....60	DILANTIN .....17
colchicine-probenecid .....23	DALIRESP .....91	diltiazem hcl .....54
colesevelam hcl .....57	danazol.....72	diltiazem hcl er .....54
colestipol hcl .....57	dapsone .....7	diltiazem hcl er beads .....54
colistimethate sodium (cba) ...7	DAPTACEL .....83	diltiazem hcl er coated beads 54
COMBIGAN .....86	daptomycin .....7	dilt-xr .....54
COMBIVENT RESPIMAT .91	darifenacin hydrobromide er 70	diphenoxylate-atropine .....67
COMETRIQ (100 MG DAILY DOSE) .....28	DAURISMO.....28	diphtheria-tetanus toxoids dt 83
COMETRIQ (140 MG DAILY DOSE) .....28	DEBLITANE.....77	disopyramide phosphate .....51
COMETRIQ (60 MG DAILY DOSE) .....28	deferasirox .....65	disulfiram.....6
COMFORT ASSIST INSULIN SYRINGE.....44	DELSTRIGO.....40	divalproex sodium .....15
COMPLERA .....39	DEMSE .....72	divalproex sodium er .....15
	DEPO-PROVERA.....77	dofetilide.....51
	DESCOVY .....40	donepezil hcl.....17
	desipramine hcl.....20	dorzolamide hcl .....86
	desloratadine.....89	dorzolamide hcl-timolol mal 86
	desmopressin ace spray refig.....78	dorzolamide hcl-timolol mal pf.....87
	desmopressin acetate .....78	DOVATO .....41
	desogestrel-ethinyl estradiol.73	doxazosin mesylate.....50
	desonide.....61	doxepin hcl .....20
	desoximetasone .....61, 62	doxercalciferol .....85
	desvenlafaxine er .....19	DOXY 100.....13
	desvenlafaxine succinate er..19	

doxycycline hyclate.....	13	EPIVIR HBV.....	39	fenofibrate micronized.....	56
doxycycline monohydrate	13	eplerenone	56	fentanyl	4
DRIZALMA SPRINKLE.....	19	ERAXIS.....	22	fentanyl citrate	5
dronabinol.....	21	ergotamine-caffeine.....	25	FERRIPROX	65
drospirenone-ethinyl estradiol		ERIVEDGE.....	28	FETZIMA	19
.....	73	ERLEADA	28	FETZIMA TITRATION	19
DROXIA	26	erlotinib hcl.....	28	FIASP	46
duloxetine hcl	19	ERRIN	77	FIASP FLEXTOUCH	46
DUPIXENT	92	ertapenem sodium.....	10	FIASP PENFILL	46
DUREZOL	88	ery	62	finasteride	70
dutasteride	70	ERY-TAB.....	12	FIRVANQ	7
dutasteride-tamsulosin hcl....	70	ERYTHROCIN		flecainide acetate	51
E		LACTOBIONATE	12	FLOVENT DISKUS	90
econazole nitrate.....	22	ERYTHROCIN STEARATE		FLOVENT HFA	90
EDURANT.....	40	.....	12	fluconazole	22
efavirenz	40	erythromycin	62, 87	fluconazole in sodium chloride	
ELIGARD	28	erythromycin base	12	.....	22
ELIQUIS	48	erythromycin ethylsuccinate. 12		flucytosine	22
ELIQUIS DVT/PE STARTER		ESBRIET.....	92	fludrocortisone acetate.....	72
PACK	48	escitalopram oxalate	19	flunisolide	91
ELMIRON.....	70	esomeprazole magnesium....	69	fluocinolone acetonide....	62, 89
ELURYNG.....	73	ESTARYLLA.....	73	fluocinonide.....	62
EMCYT	28	estradiol	71, 77	fluocinonide emulsified base	62
EMEND.....	21	ethambutol hcl	26	fluorometholone	88
EMGALITY	25	ethosuximide	15	FLUOROPLEX	28
EMGALITY (300 MG DOSE)		ethynodiol diac-eth estradiol	73	fluorouracil	28
.....	24	etodolac	24	fluoxetine hcl	19, 20
EMOQUETTE	73	etonogestrel-ethinyl estradiol	74	fluphenazine decanoate	35
EMSAM	19	EUCRISA.....	62	fluphenazine hcl.....	35, 36
EMTRIVA.....	40, 41	EUTHYROX	78	flurbiprofen.....	24
EMVERM	33	everolimus	28, 80	flurbiprofen sodium	88
enalapril maleate	50	EVOTAZ.....	42	flutamide.....	28
enalapril-hydrochlorothiazide		EXEL COMFORT POINT		fluticasone propionate	62, 91
.....	52	PEN NEEDLE.....	44	fluticasone-salmeterol.....	93
ENBREL	81	exemestane	33	fluvoxamine maleate	20
ENBREL MINI	81	ezetimibe	57	fondaparinux sodium	48
ENBREL SURECLICK	81	F		FORTEO.....	85
ENDARI.....	69	FALMINA.....	74	fosamprenavir calcium	42
ENDOCET	5	famciclovir.....	39	fosinopril sodium.....	50
ENERGIX-B	83	famotidine.....	68	fosinopril sodium-hctz.....	52
enoxaparin sodium	48	FANAPT	37	FREAMINE HBC	66
ENPRESSE-28.....	73	FANAPT TITRATION PACK		furosemide	56
ENSKYCE	73	.....	37	FUZEON	41
entacapone.....	34	FARYDAK.....	28	FYCOMPA.....	14, 15, 16
entecavir	38	FASENRA.....	93	G	
ENTRESTO	52	FASENRA PEN	93	gabapentin.....	16
enulose.....	68	febuxostat	23	GALAFOLD.....	69
ENVARUSUS XR	80	felbamate	14	galantamine hydrobromide... 17	
EPIDIOLEX.....	14	felodipine er.....	54	galantamine hydrobromide er	
epinephrine	92	FEMYNOR	74	.....	17
EPITOL	14	fenofibrate	56	GARDASIL 9.....	83

gatifloxacin.....	87	HUMIRA PEN-PS/UV/ADOL		INVOKAMET XR	45
GATTEX.....	67	HS START	82	INVOKANA.....	45
GAVILYTE-C.....	68	hydralazine hcl	58	IPOL	83
GAVILYTE-N WITH		hydrochlorothiazide.....	56	ipratropium bromide.....	90, 91
FLAVOR PACK	68	hydrocodone bitartrate er.....	4	ipratropium-albuterol.....	91
gemfibrozil	56	hydrocodone-acetaminophen..	5	irbesartan	50
generlac	68	hydrocodone-ibuprofen	5	irbesartan-hydrochlorothiazide	
GENGRAF.....	80	hydrocortisone	62, 71	.....	52
GENTAK	87	hydrocortisone ace-pramoxine		IRESSA	29
gentamicin in saline.....	7	.....	62	ISENTRESS	41
gentamicin sulfate	7, 62, 87	hydrocortisone valerate	62	ISENTRESS HD	41
GENVOYA	40	hydromorphone hcl.....	5	ISIBLOOM.....	74
GEODON	44	hydromorphone hcl pf	5	ISOLYTE-P IN D5W	65
GIANVI.....	74	hydroxychloroquine sulfate..	86	ISOLYTE-S	66
GILENYA	60	hydroxyurea.....	28	isoniazid.....	26
GILOTRIF.....	28	hydroxyzine hcl	43	isosorbide dinitrate	58
glatiramer acetate	60	hydroxyzine pamoate	43	isosorbide mononitrate	58
GLEOSTINE.....	26	I		isosorbide mononitrate er	58
glimepiride	45	ibandronate sodium	85	isotretinoin.....	62
glipizide	45	IBRANCE	28	isradipine	54
glipizide er.....	45	IBU	24	ISTURISA	79
glipizide-metformin hcl.....	45	ibuprofen	24	itraconazole.....	22
global alcohol prep ease	44	ICLUSIG	28	ivermectin	33
GLUCAGEN HYPOKIT	46	IDHIFA	28, 29	IXIARO	83
GLUCAGON EMERGENCY		ILEVRO	88	J	
.....	46	imatinib mesylate	29	JAKAFI	29
glyburide-metformin	45	IMBRUVICA	29	JANTOVEN	48
glycopyrrolate.....	67	imipenem-cilastatin	10	JANUMET	45
GOCOVRI.....	34	imipramine hcl.....	20	JANUMET XR.....	45
granisetron hcl	21	imiquimod	62	JANUVIA.....	45
griseofulvin microsize	22	IMOVAX RABIES	83	JARDIANCE.....	45
griseofulvin ultramicrosize...	22	IMVEXXY MAINTENANCE		JASMIEL.....	74
guanfacine hcl	50	PACK	71	JUBLIA	22
guanfacine hcl er	59	IMVEXXY STARTER PACK		JULEBER.....	74
guanidine hcl	25	.....	71	JULUCA.....	41
H		INCASSIA.....	77	JUNEL 1.5/30.....	74
halobetasol propionate.....	62	INCRELEX	78	JUNEL 1/20.....	74
haloperidol.....	36	indapamide	56	JUNEL FE 1.5/30	74
haloperidol decanoate.....	36	indomethacin	24	JUNEL FE 1/20	74
haloperidol lactate	36	INFANRIX.....	83	JUXTAPID	57
HAVRIX	83	INLYTA	29	K	
heparin sodium (porcine)	48	INREBIC	29	KALETRA	42
HEPATAMINE.....	66	INTELENCE.....	40	KALYDECO	93
HETLIOZ.....	94	INTRALIPID.....	66	KARIVA.....	74
HIBERIX.....	83	INTRAROSA	71	KATERZIA	54
HUMIRA.....	82	INTRON A	39	kcl in dextrose-nacl.....	64
HUMIRA PEDIATRIC		INTROVALE	74	kcl-lactated ringers-d5w	64
CROHNS START	81	INVEGA SUSTENNA.....	37	KELNOR 1/35.....	74
HUMIRA PEN	81	INVEGA TRINZA	37	KELNOR 1/50.....	74
HUMIRA PEN-CD/UC/HS		INVIRASE	42	ketoconazole	22
STARTER	81	INVOKAMET.....	45	ketoprofen.....	24

ketorolac tromethamine.....	88	LENVIMA (20 MG DAILY DOSE)	30	LONSURF	30
KINRIX.....	83	LENVIMA (24 MG DAILY DOSE)	30	loperamide hcl	67
KIONEX.....	65	LENVIMA (4 MG DAILY DOSE)	30	lopinavir-ritonavir.....	42
KISQALI (200 MG DOSE) .	29	LENVIMA (8 MG DAILY DOSE)	30	lorazepam	44
KISQALI (400 MG DOSE) .	29	LESSINA.....	74	LORBRENA.....	30
KISQALI (600 MG DOSE) .	29	letrozole	33	LORCET.....	5
KISQALI FEMARA (400 MG DOSE)	29	leucovorin calcium	30	LORYNA	75
KISQALI FEMARA (600 MG DOSE)	29	LEUKERAN	26	losartan potassium	50
KISQALI FEMARA(200 MG DOSE)	29	LEUKINE.....	49	losartan potassium-hctz	52
KLOR-CON	64	leuprolide acetate.....	30	LOTEMAX.....	88
KLOR-CON 10	64	LEVEMIR	47	LOTEMAX SM.....	88
KLOR-CON M10.....	64	LEVEMIR FLEXTOUCH ...	47	loteprednol etabonate.....	88
KLOR-CON M15.....	64	levetiracetam	14	lovastatin.....	57
KLOR-CON M20.....	64	levetiracetam er	14	LOW-OGESTREL	75
KORLYM.....	79	levobunolol hcl	87	loxapine succinate	36
KOSELUGO	29	levocarnitine	69	LUMIGAN	89
KURVELO.....	74	levocetirizine dihydrochloride	89	LUPRON DEPOT (1-MONTH)	30
KUVAN	69	levofloxacin	12	LUPRON DEPOT (3-MONTH)	30
L		levofloxacin in d5w	12	LUPRON DEPOT (4-MONTH)	30
labetalol hcl	53	LEVONEST	74	LUPRON DEPOT (6-MONTH)	30
lactulose.....	68	levonorgest-eth estrad 91-day	74	LUTERA	75
lamivudine.....	39, 41	levonorgestrel-ethinyl estrad	74	LYNPARZA.....	30
lamivudine-zidovudine.....	41	levonorg-eth estrad triphasic	75	LYSODREN.....	30
lamotrigine	16	LEVORA 0.15/30 (28)	75	LYZA	77
lamotrigine er	16	LEVO-T.....	78	M	
lamotrigine starter kit-blue ...	16	levothyroxine sodium	79	magnesium sulfate	64
lamotrigine starter kit-green .	16	LEVOXYL	79	malathion	34
lamotrigine starter kit-orange	16	LEXIVA	42	maprotiline hcl.....	18
LANTUS	47	LIALDA	85	marlissa.....	75
LANTUS SOLOSTAR	47	lidocaine	6	MARPLAN.....	19
LARIN 1.5/30.....	74	lidocaine hcl	6	MATULANE.....	30
LARIN 1/20.....	74	lidocaine hcl urethral/mucosal	6	MAYZENT.....	60
LARIN FE 1.5/30.....	74	lidocaine viscous hcl	60	meclizine hcl.....	21
LARIN FE 1/20.....	74	lidocaine-prilocaine	6	medroxyprogesterone acetate	75, 77
LARISSIA.....	74	linezolid.....	8	mefloquine hcl	33
latanoprost	89	LINZESS	68	megestrol acetate	77
LATUDA	37	liothyronine sodium.....	79	MEKINIST	30
LEENA.....	74	lisinopril.....	50	MEKTOVI.....	30
leflunomide.....	82	lisinopril-hydrochlorothiazide	52	meloxicam	24
LENVIMA (10 MG DAILY DOSE)	29	lithium	44	memantine hcl	18
LENVIMA (12 MG DAILY DOSE)	29	lithium carbonate	44	memantine hcl er	18
LENVIMA (14 MG DAILY DOSE)	29	lithium carbonate er.....	44	MENACTRA.....	83
LENVIMA (18 MG DAILY DOSE)	29	LIVALO	57	MENEST	77
		LOKELMA	65	MENVEO	83
				mercaptopurine	27
				meropenem	10

mesalamine.....	85	morphine sulfate er.....	4	NIKKI.....	75
mesalamine er.....	85	MOVANTIK.....	67	nilutamide.....	30
MESNEX.....	30	MOXEZA.....	87	NINLARO.....	31
metaxalone.....	94	moxifloxacin hcl.....	13, 87	nitisinone.....	69
metformin hcl.....	45	moxifloxacin hcl in nacl.....	13	NITRO-DUR.....	58
metformin hcl er.....	45	MULTAQ.....	51	nitrofurantoin.....	8
methadone hcl.....	4	mupirocin.....	63	nitrofurantoin macrocrystal....	8
methazolamide.....	56	mycophenolate mofetil.....	80	nitrofurantoin monohyd macro	8
methenamine hippurate.....	8	mycophenolate sodium.....	80	.....	8
methimazole.....	80	MYORISAN.....	63	nitroglycerin.....	58
methocarbamol.....	94	MYRBETRIQ.....	70	NOC DURNA.....	78
methotrexate.....	80	MYTESI.....	67	NORA-BE.....	77
methotrexate sodium.....	80	N.....		norethindrone.....	77
methotrexate sodium (pf).....	27	nabumetone.....	24	norethindrone acetate.....	77
methyl dopa.....	50	nadolol.....	53	norethindrone acet-ethinyl est	75
methylphenidate hcl.....	59	nafcillin sodium.....	11	.....	75
methylphenidate hcl er.....	59	naloxone hcl.....	6	norethindrone-eth estradiol...77	
methylprednisolone.....	71	naltrexone hcl.....	6	norgestimate-eth estradiol....75	
methyltestosterone.....	72	NAMZARIC.....	18	norgestim-eth estrad triphasic	75
metoclopramide hcl.....	67	naproxen.....	24	.....	75
metolazone.....	56	naproxen dr.....	24	NORMOSOL-M IN D5W....65	
metoprolol succinate er.....	53	naproxen sodium.....	24	NORMOSOL-R IN D5W.....65	
metoprolol tartrate.....	53	naproxen sodium er.....	24	NORMOSOL-R PH 7.4.....66	
metoprolol-		naratriptan hcl.....	25	NORTHERA.....	55
hydrochlorothiazide.....	52	NARCAN.....	6	NORTREL 0.5/35 (28).....75	
metronidazole.....	8, 62, 63, 71	NATACYN.....	22	NORTREL 1/35 (21).....75	
metronidazole in nacl.....	8	nateglinide.....	45	NORTREL 1/35 (28).....75	
mexiletine hcl.....	51	NATPARA.....	85	NORTREL 7/7/7.....	76
MICROGESTIN 1.5/30.....	75	NAYZILAM.....	15	nortriptyline hcl.....	20
MICROGESTIN 1/20.....	75	NECON 0.5/35 (28).....	75	NORVIR.....	42
MICROGESTIN FE 1.5/30..	75	nefazodone hcl.....	18	NOVOLIN 70/30.....	47
MICROGESTIN FE 1/20....	75	neomycin sulfate.....	7	NOVOLIN 70/30 FLEXPEN	47
midodrine hcl.....	50	neomycin-bacitracin zn-		.....	47
MIGERGOT.....	25	polymyx.....	87	NOVOLIN N.....	47
miglitol.....	45	neomycin-polymyxin-		NOVOLIN N FLEXPEN....	47
miglustat.....	69	dexameth.....	88	NOVOLIN R.....	47
MILI.....	75	neomycin-polymyxin-		NOVOLIN R FLEXPEN.....	47
minocycline hcl.....	13	gramicidin.....	87	NOVOLOG.....	47
minoxidil.....	58	neomycin-polymyxin-hc 88, 89		NOVOLOG FLEXPEN.....	47
mirtazapine.....	18	NEPHRAMINE.....	66	NOVOLOG MIX 70/30.....	47
misoprostol.....	69	NERLYNX.....	30	NOVOLOG MIX 70/30	
MITIGARE.....	23	NEUPRO.....	35	FLEXPEN.....	47
M-M-R II.....	83	nevirapine.....	40	NOVOLOG PENFILL.....	47
modafinil.....	94	nevirapine er.....	40	NOXAFIL.....	22
moexipril hcl.....	50	NEXAVAR.....	30	NUBEQA.....	31
molindone hcl.....	36	niacin er (antihyperlipidemic)		NUCALA.....	93
mometasone furoate.....	63, 91	.....	57	NUEDEXTA.....	59
montelukast sodium.....	90	nicardipine hcl.....	54	NUPLAZID.....	37
morphine sulfate.....	5	NICOTROL.....	7	nutrilipid.....	66
morphine sulfate (concentrate)		nifedipine er.....	54	NYAMYC.....	22
.....	5	nifedipine er osmotic release	54	nystatin.....	23

nystatin-triamcinolone.....	63	paricalcitol	85	PLAQUENIL.....	86
NYSTOP	23	paromomycin sulfate	7	PLASMA-LYTE 148	67
O		paroxetine hcl	20	PLASMA-LYTE A	67
OCELLA	76	PASER.....	26	podofilox.....	63
OCTAGAM.....	82	PAXIL	20	polymyxin b-trimethoprim ...	87
octreotide acetate	79	PAZEO	86	POMALYST.....	31
ODEFSEY	41	PEDIARIX	83	PORTIA-28	76
ODOMZO	31	PEDVAX HIB	83	posaconazole.....	23
OFEV	92	peg 3350-kcl-na bicarb-nacl.	68	potassium chloride.....	65
ofloxacin.....	13, 87, 89	peg-3350/electrolytes	68	potassium chloride crys er ...	64
olanzapine.....	37	PEGANONE	17	potassium chloride er.....	64, 65
olanzapine-fluoxetine hcl	44	PEGASYS	39	potassium chloride in dextrose	
olmesartan medoxomil	50	PEGASYS PROCLICK	39	.....	65
olmesartan medoxomil-hctz.	52	PEMAZYRE	31	potassium chloride in nacl	65
olmesartan-amlodipine-hctz.	52	penicillamine	26	potassium citrate er.....	65
olopatadine hcl	86	penicillin g pot in dextrose ...	11	PRALUENT	57
omega-3-acid ethyl esters.....	57	penicillin g potassium.....	11	pramipexole dihydrochloride	35
omeprazole	69	penicillin g procaine	11	pramipexole dihydrochloride er	
OMNITROPE.....	78	penicillin g sodium	11	.....	35
ondansetron	21	penicillin v potassium.....	11	prasugrel hcl	49
ondansetron hcl	21	pentamidine isethionate.....	34	pravastatin sodium.....	57
OPSUMIT	92	pentoxifylline er	49	prazosin hcl.....	50
ORFADIN	69	perindopril erbumine	50	prednicarbate	63
ORILISSA.....	78	permethrin	34	prednisolone	71
ORKAMBI.....	93	perphenazine.....	36	prednisolone acetate	88
orphenadrine citrate er.....	94	PERSERIS.....	37	prednisolone sodium phosphate	
ORSYTHIA.....	76	phenelzine sulfate	19	.....	72, 88
oseltamivir phosphate.....	43	phenobarbital	14	prednisone.....	72
OSPHENA	71	phenytoin.....	17	PREDNISONE INTENSOL.	72
oxacillin sodium	11	phenytoin sodium extended..	17	preferred plus insulin syringe	
oxacillin sodium in dextrose	11	PICATO.....	63	.....	45
oxandrolone.....	72	PIFELTRO	40	pregabalin	16, 59
oxaprozin	24	pilocarpine hcl	60, 87	PREMARIN	77, 78
oxazepam.....	94	pimecrolimus	63	PREMASOL.....	67
oxcarbazepine.....	17	pimozide	36	PREMPHASE.....	78
oxybutynin chloride.....	70	PIMTREA	76	PREMPRO	78
oxybutynin chloride er	70	pindolol.....	53	PREVALITE	57
oxycodone hcl	4, 5	pioglitazone hcl	46	PREVIFEM	76
oxycodone hcl er	4	pioglitazone hcl-glimepiride.	46	PREZCOBIX.....	42
oxycodone-acetaminophen.....	5	pioglitazone hcl-metformin hcl		PREZISTA	41, 42
oxycodone-aspirin	5	.....	46	PRIFTIN	26
oxycodone-ibuprofen	5	piperacillin sod-tazobactam so		primaquine phosphate.....	34
OZEMPIC (0.25 OR 0.5		.....	11	primidone.....	15
MG/DOSE).....	45	PIQRAY (200 MG DAILY		PRIVIGEN	82
OZEMPIC (1 MG/DOSE)....	46	DOSE)	31	probenecid	23
P		PIQRAY (250 MG DAILY		PROCALAMINE	67
PACERONE.....	51	DOSE)	31	prochlorperazine	21
paliperidone er.....	37	PIQRAY (300 MG DAILY		prochlorperazine maleate	21, 36
PANRETIN	31	DOSE)	31	PROCTO-MED HC.....	63
pantoprazole sodium	69	PIRMELLA 1/35	76	PROCTO-PAK.....	63
PANZYGA.....	82	piroxicam.....	24	PROCTOSOL HC	63

PROCTOZONE-HC.....	63	REPATHA PUSHTRONEX SYSTEM	57	SETLAKIN.....	76
progesterone micronized	78	REPATHA SURECLICK	57	sevelamer carbonate	70, 71
PROGRAF	80	RESTASIS.....	86	SHAROBEL	78
PROLASTIN-C.....	93	RETACRIT	49	SHINGRIX	84
PROLENSA	88	RETEVMO.....	31	SIGNIFOR.....	79
PROLIA	85	REVLIMID	26	sildenafil citrate	91
PROMACTA.....	49	REXULTI.....	38	SILENOR	94
promethazine hcl	21	REYATAZ	42	silodosin.....	70
propafenone hcl	51	RHOPRESSA.....	87	silver sulfadiazine	63
propafenone hcl er	51	ribavirin	39	SIMBRINZA	87
proparacaine hcl	6	rifabutin	26	simvastatin.....	57
propranolol hcl	53	rifampin	26	sirolimus	81
propranolol hcl er	53	RIFATER	26	SIRTURO	26
propranolol-hctz	52	riluzole.....	59	SIVEXTRO	8
propylthiouracil	80	rimantadine hcl	43	SKYRIZI (150 MG DOSE) ..	82
PROQUAD.....	83	RINVOQ	82	sodium chloride	65
PROSOL.....	67	risedronate sodium	85	sodium phenylbutyrate ...	69, 70
protriptyline hcl	20	RISPERDAL CONSTA	38	sodium polystyrene sulfonate	65
PULMOZYME.....	93	risperidone	38	sofosbuvir-velpatasvir	39
PURIXAN	27	ritonavir	42	SOLIQUE.....	46
pyrazinamide	26	rivastigmine.....	17	SOLTAMOX.....	78
pyridostigmine bromide .25, 26		rivastigmine tartrate.....	17	SOMATULINE DEPOT	79
pyrimethamine.....	34	rizatriptan benzoate	25	SOMAVERT	79
Q		ropinirole hcl	35	SORINE.....	53
QINLOCK.....	31	rosuvastatin calcium	57	sotalol hcl.....	53
QUADRACEL	83	ROTARIX	84	sotalol hcl (af).....	53
quetiapine fumarate	38	ROTATEQ	84	SPIRIVA HANDIHALER ...	90
quetiapine fumarate er	37	ROWEEPRA	14	SPIRIVA RESPIMAT	90
quinapril hcl.....	51	ROWEEPRA XR	14	spironolactone.....	56
quinapril-hydrochlorothiazide	52	ROZLYTREK	31	spironolactone-hctz.....	52
quinidine sulfate	51	RUBRACA.....	31	SPRINTEC 28	76
quinine sulfate	34	RUCONEST	55	SPRITAM.....	14
R		RYBELSUS.....	46	SPRYCEL.....	31
RABAVERT	84	RYDAPT	31	SPS	65
raloxifene hcl.....	78	RYTARY.....	35	SRONYX.....	76
ramelteon	94	S		SSD.....	63
ramipril	51	SAMSCA.....	65	stavudine.....	41
ranolazine er	55	SANDIMMUNE	80, 81	STELARA	82
rasagiline mesylate	35	SANTYL	63	STIOLTO RESPIMAT	93
RAVICTI.....	69	SAPHRIS.....	38	STIVARGA.....	31
RECLIPSEN.....	76	SAVELLA.....	59	STRIBILD	41
RECOMBIVAX HB	84	SAVELLA TITRATION PACK	59	SUBOXONE	6
RECTIV	63	scopolamine.....	21	sucalfate.....	69
REGRANEX.....	63	SECUADO	38	sulfacetamide sodium	87
RELENZA DISKHALER	43	selegiline hcl.....	35	sulfacetamide sodium (acne)	13
RELI-ON INSULIN SYRINGE.....	45	selenium sulfide.....	63	sulfacetamide-prednisolone ..	89
repaglinide	46	SELZENTRY	41, 42	sulfadiazine	13
REPATHA	57	SEREVENT DISKUS	91	sulfamethoxazole-trimethoprim	13
		sertraline hcl	20	sulfasalazine	85

sulindac.....	24	terbutaline sulfate	91	TRESIBA	48
sumatriptan	25	terconazole.....	71	TRESIBA FLEXTOUCH.....	48
sumatriptan succinate	25	testosterone	72	tretinoin.....	32, 63
sumatriptan succinate refill ..	25	testosterone cypionate	72	TREXALL	81
SUNOSI	95	testosterone enanthate.....	72	triamcinolone acetonide..	60, 64
SUPREP BOWEL PREP KIT		tetrabenazine.....	59	triamterene-hctz	53
.....	69	tetracycline hcl	13	TRIDERM	64
SUTENT.....	31	THALOMID.....	26	trientine hcl	66
SYEDA.....	76	theophylline.....	91	TRI-ESTARYLLA	76
SYLATRON.....	39	theophylline er.....	91	trifluoperazine hcl.....	36
SYMDEKO	93	thioridazine hcl	36	trifluridine.....	88
SYMFI.....	40	thiothixene	36	trihexyphenidyl hcl.....	34
SYMFI LO	40	TIADYLT ER.....	54, 55	TRIKAFTA	93
SYMPAZAN.....	15	tiagabine hcl	16	TRI-LEGEST FE.....	76
SYMTUZA.....	40	TIBSOVO.....	32	TRILYTE	69
SYNAREL	79	tigecycline	8	trimethoprim	8
SYNDROS	21	TIGLUTIK	59	TRI-MILI.....	76
SYNJARDY	46	timolol maleate	53, 87	trimipramine maleate.....	20
SYNJARDY XR	46	tinidazole	8	TRINTELLIX.....	18
SYNRIBO	31	TIVICAY.....	42	TRI-PREVIFEM.....	76
SYNTHROID.....	79	tizanidine hcl	94	TRI-SPRINTEC	76
T		TOBI PODHALER	93	TRIUMEQ.....	41
TABLOID	27	tobramycin.....	7, 88	TRIVORA (28).....	76
tacrolimus	63, 81	tobramycin sulfate	7	TRI-VYLIBRA.....	76
TAFINLAR	31	tobramycin-dexamethasone..	89	TROPHAMINE.....	67
TAGRISSO	31	TOLAK	32	TRULICITY	46
TAKHZYRO.....	55	tolmetin sodium.....	24	TRUMENBA.....	84
TALZENNA.....	32	tolterodine tartrate	70	TRUVADA.....	41
tamoxifen citrate.....	32	tolterodine tartrate er	70	TUKYSA.....	32
tamsulosin hcl.....	70	topiramate	16	TURALIO.....	32
TARGRETIN	32	topiramate er.....	16	TWINRIX.....	84
TARINA 24 FE	76	toremifene citrate.....	32	TYBOST.....	42
TARINA FE 1/20	76	torsemide	56	TYKERB	32
TASIGNA	32	TOUJEO MAX SOLOSTAR		TYMLOS.....	85
tazarotene	63	.....	47	TYPHIM VI.....	84
TAZORAC.....	63	TOUJEO SOLOSTAR	47	U	
TAZTIA XT	54	TPN ELECTROLYTES	67	UCERIS	64
TAZVERIK.....	32	TRACLEER	92	UNITHROID	79
TDVAX.....	84	tramadol hcl.....	5	UPTRAVI.....	92
TECFIDERA.....	60	tramadol-acetaminophen	5	ursodiol	68
TEFLARO.....	10	trandolapril	51	V	
TEGSEDI	59	tranexamic acid.....	49	valacyclovir hcl	39
TEKTURN HCT	52	TRANSDERM-SCOP (1.5		VALCHLOR	32
telmisartan	50	MG)	21	valganciclovir hcl	38
telmisartan-hctz	52	tranylcyromine sulfate.....	19	valproic acid	16
temazepam.....	94	TRAVASOL.....	67	valsartan.....	50
TENIVAC	84	travoprost (bak free)	89	valsartan-hydrochlorothiazide	
tenofovir disoproxil fumarate		trazodone hcl	18	.....	53
.....	41	TRECATOR.....	26	VALTOCO 10 MG DOSE ...	15
terazosin hcl.....	50	TRELEGY ELLIPTA.....	93	VALTOCO 15 MG DOSE ...	15
terbinafine hcl.....	23	TRELSTAR MIXJECT	79	VALTOCO 20 MG DOSE ...	15

VALTOCO 5 MG DOSE.....	15	VOSEVI	39	XTAMPZA ER.....	4
vancomycin hcl	8	VOTRIENT	32	XTANDI.....	33
VANDAZOLE	71	VRAYLAR.....	38	XULTOPHY	46
VAQTA.....	84	VYFEMLA.....	77	XURIDEN	70
VARIVAX	84	VYLIBRA	77	XYREM.....	95
VARIZIG	84	VYNDAMAX	55	Y	
VARUBI (180 MG DOSE) ..	21	VYZULTA	89	YF-VAX	84
VASCEPA.....	57	W		YONSA	33
VELIVET	76	warfarin sodium.....	48	Z	
VELPHORO.....	71	X		zafirlukast	90
VEMLIDY	39	XALKORI.....	32	zaleplon.....	94
VENCLEXTA.....	32	XARELTO	48	ZARXIO	49
VENCLEXTA STARTING		XARELTO STARTER PACK		ZEJULA	33
PACK	32	.....	49	ZELBORAF	33
venlafaxine hcl	20	XATMEP.....	81	ZEMDRI.....	7
venlafaxine hcl er	20	XCOPRI	14	ZENPEP	68
VENTOLIN HFA.....	91	XCOPRI (250 MG DAILY		zidovudine	41
verapamil hcl	55	DOSE)	14	ZIEXTENZO	49
verapamil hcl er	55	XCOPRI (350 MG DAILY		ZIOPTAN.....	89
VERSACLOZ	36	DOSE)	14	ziprasidone hcl.....	38
VERZENIO.....	32	XELJANZ	82	ziprasidone mesylate	44
VICTOZA	46	XELJANZ XR.....	82	ZIRGAN	38
VIENVA.....	77	XGEVA	86	ZOHYDRO ER	4
vigabatrin.....	16	XIFAXAN	8	ZOLINZA.....	33
VIGADRONE	16	XOFLUZA (40 MG DOSE) ..	43	zolmitriptan.....	25
VIIBRYD	19	XOFLUZA (80 MG DOSE) ..	43	zolpidem tartrate	94
VIIBRYD STARTER PACK		XOLAIR.....	93, 94	zonisamide	15
.....	19	XOSPATA.....	32	ZORTRESS	81
VIMPAT.....	17	XPOVIO (100 MG ONCE		ZOSTAVAX.....	84
VIRACEPT	42	WEEKLY).....	32	ZOVIA 1/35E (28)	77
VIRAMUNE	40	XPOVIO (60 MG ONCE		ZYDELIG.....	33
VIREAD.....	41	WEEKLY).....	32	ZYKADIA.....	33
VITRAKVI.....	32	XPOVIO (80 MG ONCE		ZYLET	89
VIVITROL	6	WEEKLY).....	33	ZYPREXA RELPREVV	38
VIZIMPRO.....	32	XPOVIO (80 MG TWICE		ZYTIGA	33
voriconazole	23	WEEKLY).....	33		

Non-Discrimination Statement

Integra Managed Care, Inc. (“Integra”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability. Integra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Integra Managed Care provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Integra Managed Care at 1-877-388-5195 (TTY/TDD: 711)

If you believe that Integra Managed Care has not provided you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Integra by:

- Mail: Appeals and Grievance Manager
Integra Managed Care, Inc.
1981 Marcus Avenue, Suite 100
Lake Success, NY 11042
- Phone: 1-877-388-5195 (TTY/TDD: 711) Monday through Friday 8:00 AM to 5:00 PM.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-868-1019 (TTY/TDD: 1-800-537-7697)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-388-5195. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-388-5195. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-388-5195。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-388-5195。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-388-5195. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-388-5195. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-388-5195 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-388-5195. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-388-5195번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-388-5195. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: اننا نقدم خدمات المترجم الفوري للإجابة عن أي أسئلة تتعلق بخططنا للصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري؛ ليس عليك سوى الاتصال على الرقم التالي 1-877-388-5195. سيقوم شخص ما يتحدث اللغة الانجليزية بمساعدتك. هذه خدمة مجانية

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-388-5195. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-388-5195. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-388-5195. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-388-5195. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-388-5195 फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えする ために、無料の通訳サービスがあります。通訳をご用命になるには、 1-877-388-5195 にお電話ください。日本語を話す人 者が支援いたします。これは 無料のサービスです。