



2021 Bright Formulary

(List of Covered Drugs)

Bright Health Individual and Family Plans

Florida

PLEASE READ: This document contains information about the drugs Bright Health covers in their Individual and Family plans.

This formulary was updated on 01/26/2021. For more recent information or other questions, please contact us at 833-661-1988 or visit www.brighthealthplan.com.

Welcome to Bright

Enclosed you will find a list of the drugs included in our Bright Health Individual and Family plans from January 1, 2021 - December 31, 2021. As you review, be sure to have your medications on hand so you can confirm your prescriptions are covered and compare dosage and pricing of the drugs you take.

Keep in mind, this document includes a *comprehensive* list of drugs (formulary) included in our Individual and Family plans. 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.

As a Bright Health member, you must generally use in-network pharmacies to fill your prescriptions. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the 2021 calendar year.

Sincerely,
Your Bright Health team

Frequently Asked Questions:

What is a Formulary (drug list)?

A formulary is a list of covered drugs selected by Bright Health 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. Bright Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and the prescription is filled at a Bright Health network pharmacy.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. These types of changes may occur without notice to you. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money, or we can ensure your safety.

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. To get updated information about the drugs covered by Bright Health, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find the drugs you take in the formulary:

1. Medical Condition

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". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the end of the formulary. The Index provides an alphabetical list of all 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?

Bright Health 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:** Bright Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Bright Health before you fill your prescriptions. If you don't get approval, Bright Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Bright Health limits the amount of the drug that we will cover. For example, Bright Health provides 15 tablets every 25 days per prescription for Zolpidem Tartrate 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Bright Health 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, Bright Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website, www.brighthealthplan.com. We have posted online documents that explain our prior authorization restriction 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 Bright Health 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 Bright Health Formulary?" for information about how to request an exception.

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.

If you learn that Bright Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Bright Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Bright Health.
- You can ask Bright Health 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 Bright Health Formulary?

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright Health 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, Bright Health 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.

For more information

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

Our Formulary (drug list)

The formulary below provides coverage information about the drugs covered by our Bright Individual and Family plans. If you have trouble finding your drug in the list, turn to the Index at the end of the formulary.

The first column of the chart lists the drug name. Brand name drugs are capitalized and generic drugs are listed in lower-case italics.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug tiers are how we divide prescription drugs into different levels of cost. How much you will pay will depend on your individual plan, however, here's what the drug tier tells you.

- Tier 1: Preventative drugs with no member cost share under the Affordable Care Act
- Tier 2: Preferred Generic Drugs
- Tier 3: Non-Preferred Generic Drugs; Preferred Brand Drugs
- Tier 4: Non-Preferred Generic Drugs; Non-Preferred Brand Drugs
- Tier 5: Specialty Drugs

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

This formulary was updated on 01/26/2021. For more recent information or other questions, please contact us at 833-661-1988 or visit www.brighthealthplan.com.

Bright Health Florida

CURRENT AS OF 2/1/2021

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	
<i>methamphetamine hcl oral tablet 5 mg</i>	2	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	ST
*Analeptics***		
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	2	
<i>caffeine citrate oral solution 20 mg/ml</i>	2	
<i>caffeine-sodium benzoate injection solution 125-125 mg/ml</i>	2	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg</i>	3	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	2	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	2	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA; SP

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	PA; SP; QL (30 EA per 30 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	3	QL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	5	PA
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; SP
*Interleukin-6 Receptor Inhibitors***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; SP; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; SP; QL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	2	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>fenoprofen calcium oral tablet 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketoprofen oral capsule 50 mg</i>	2	QL (180 EA per 30 days)
<i>ketoprofen oral capsule 75 mg</i>	2	QL (120 EA per 30 days)
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 EA per 5 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	
<i>nabumetone oral tablet 500 mg</i>	2	QL (120 EA per 30 days)
<i>nabumetone oral tablet 750 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	QL (60 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin sodium oral capsule 400 mg</i>	3	
<i>tolmetin sodium oral tablet 600 mg</i>	3	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG	4	PA; SP; QL (60 EA per 30 days)
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; SP; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ANALGESICS - NONNARCOTIC		
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	3	QL (48 EA per 25 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	3	QL (48 EA per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
TENCON ORAL TABLET 50-325 MG	4	
*Salicylates***		
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	OTC; QL (100 EA per 30 days)
<i>aspirin oral tablet 325 mg</i>	1	OTC; QL (30 EA per 30 days)
<i>aspirin oral tablet delayed release 325 mg</i>	1	OTC; QL (30 EA per 30 days)
<i>goodsense aspirin oral tablet chewable 81 mg</i>	1	OTC; QL (100 EA per 30 days)
<i>salsalate oral tablet 500 mg</i>	2	
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	2	QL (390 EA per 30 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	QL (390 EA per 30 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	3	QL (48 EA per 25 days)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	QL (180 EA per 30 days)
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	4	PA; QL (60 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	4	PA
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (240 EA per 30 days)
<i>hydromorphone hcl rectal suppository 3 mg</i>	4	
<i>levorphanol tartrate oral tablet 2 mg</i>	2	
<i>methadone hcl injection solution 10 mg/ml</i>	2	
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	2	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	QL (240 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	
<i>methadone hcl oral tablet soluble 40 mg</i>	2	QL (9 EA per 30 days)
METHADOSE ORAL TABLET SOLUBLE 40 MG	2	QL (9 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml</i>	4	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate intravenous solution 1 mg/ml</i>	2	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>	4	
<i>morphine sulfate rectal suppository 30 mg</i>	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	PA
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	2	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
*Opioid Combinations***		
ENDOCET ORAL TABLET 2.5-325 MG	2	
ENDOCET ORAL TABLET 5-325 MG	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	2	QL (240 EA per 30 days)
*Opioid Partial Agonists***		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	PA; SP
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	2	PA; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	2	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	3	PA; QL (4 EA per 28 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	3	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC		
*Anabolic Steroids***		
ANADROL-50 ORAL TABLET 50 MG	5	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	4	PA; QL (60 EA per 30 days)
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	PA
<i>methyltestosterone oral capsule 10 mg</i>	2	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 1.62 %, 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%)</i>	3	PA
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
COLOCORT RECTAL ENEMA 100 MG/60ML	2	
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %	4	
*Rectal Steroids***		
<i>hydrocortisone acetate rectal suppository 30 mg</i>	2	QL (12 EA per 30 days)
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	4	PA
EMVERM ORAL TABLET CHEWABLE 100 MG	4	QL (12 EA per 365 days)
<i>ivermectin oral tablet 3 mg</i>	2	QL (10 EA per 30 days)
ANTIANGINAL AGENTS		
*Antianginals-Other***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	4	PA; QL (60 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin er oral capsule extended release 9 mg</i>	2	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	
ANTIANSXIETY AGENTS		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	AGE (Max 64 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Benzodiazepines***		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	
<i>procainamide hcl injection solution 100 mg/ml</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
*Antiarrhythmics Type I-B***		
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
*Antiarrhythmics Type Iii***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	5	PA
*Adrenergic Combinations***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	QL (10.2 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
*Beta Adrenergics***		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	2	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (36 GM per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<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</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	4	PA; QL (30 EA per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	4	PA; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	ST
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	2	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	2	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	QL (36 GM per 30 days)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	QL (12.9 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	2	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	QL (30 EA per 30 days)
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	QL (30 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	QL (13 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	3	QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	4	QL (1 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	QL (10.6 GM per 30 days)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<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>	2	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	2	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	PA
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	4	PA
*Thrombin Inhibitors - Selective Direct & Reversible***		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	PA; QL (60 EA per 30 days)
ANTICONVULSANTS		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	5	QL (10 EA per 30 days)
*Anticonvulsants - Misc.***		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA
BANZEL ORAL TABLET 200 MG, 400 MG	4	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	PA
<i>pregabalin oral solution 20 mg/ml</i>	3	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
*Gaba Modulators***		
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>vigabatrin oral packet 500 mg</i>	5	PA; SP
*Hydantoins***		
DILANTIN ORAL CAPSULE 100 MG, 30 MG	4	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium injection solution 50 mg/ml</i>	2	
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	2	
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	4	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	2	
<i>citalopram hydrobromide oral tablet 40 mg</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	3	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	3	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	3	PA
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	2	
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	PA
*Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)***		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	PA
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	2	AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (60 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg</i>	2	
<i>nortriptyline hcl oral capsule 75 mg</i>	2	AGE (Max 64 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>miglitol oral tablet 25 mg, 50 mg</i>	2	
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	2	
*Diabetic Other***		
<i>glucagon emergency injection kit 1 mg</i>	1	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	2	ST; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	ST; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (30 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	4	
*Human Insulin***		
APIDRA INJECTION SOLUTION 100 UNIT/ML	4	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	3	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	3	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	3	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	3	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	OTC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	OTC
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	OTC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	OTC
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	OTC
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	OTC
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
*Insulin-Incretin Mimetic Combinations***		
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	4	PA
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	QL (30 EA per 30 days)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	AGE (Max 64 Years)
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg, 5 mg</i>	2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	AGE (Max 64 Years)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Sulfonylurea-Thiazolidinedione Combinations***		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
*Thiazolidinedione-Biguanide Combinations***		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	2	QL (30 EA per 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>loperamide hcl oral liquid 1 mg/5ml</i>	2	OTC
MOTOFEN ORAL TABLET 1-0.025 MG	4	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferiprone oral tablet 500 mg</i>	5	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; SP
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	PA; SP
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 100 MG, 50 MG	4	ST
<i>granisetron hcl oral tablet 1 mg</i>	4	QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	QL (200 ML per 21 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	QL (2 EA per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL (18 EA per 21 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	QL (18 EA per 21 days)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	3	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	AGE (Max 64 Years)
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	3	QL (60 EA per 30 days)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	ST
ANTIFUNGALS		
*Antifungals***		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	3	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>terbinafine hcl oral tablet 250 mg</i>	2	
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	2	
*Triazoles***		
CRESEMBA ORAL CAPSULE 186 MG	5	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	5	PA
<i>itraconazole oral solution 10 mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	PA
ANTIHISTAMINES		
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	2	
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	QL (300 ML per 30 days)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	2	OTC; QL (30 EA per 30 days)
<i>desloratadine oral tablet 5 mg</i>	2	
<i>eq allergy relief oral tablet 10 mg</i>	2	OTC; QL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 180 mg</i>	2	OTC; QL (30 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine hcl oral tablet 60 mg</i>	2	OTC; QL (60 EA per 30 days)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
*Antihistamines - Phenothiazines***		
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	AGE (Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	2	QL (12 EA per 30 days)
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 1 gm</i>	4	ST; QL (120 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	3	QL (120 EA per 30 days)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	QL (378 GM per 30 days)
<i>colestipol hcl oral granules 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
WELCHOL ORAL PACKET 3.75 GM	2	
WELCHOL ORAL TABLET 625 MG	2	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid oral tablet 105 mg</i>	2	
FIBRICOR ORAL TABLET 105 MG, 35 MG	2	
<i>gemfibrozil oral tablet 600 mg</i>	2	
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium oral tablet 40 mg</i>	2	
<i>atorvastatin calcium oral tablet 80 mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	\$0 copay for members age 40 through 75
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin oral tablet 80 mg</i>	2	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	3	ST
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	5	PA; QL (2 ML per 28 days)
ANTIHYPERTENSIVES		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	2	QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	3	QL (30 EA per 30 days)
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	2	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
*Agents For Pheochromocytoma***		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	2	PA
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	ST
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	2	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	3	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	
*Angiotensin Ii Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>eprosartan mesylate oral tablet 600 mg</i>	2	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	QL (30 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium oral tablet 100 mg</i>	2	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	QL (30 EA per 30 days)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<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>	2	
<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>	3	
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	3	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>methylodopa oral tablet 250 mg, 500 mg</i>	2	
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	2	
*Direct Renin Inhibitors***		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	QL (30 EA per 30 days)
*Dopamine D1 Receptor Agonists***		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	5	
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
*Vasodilators***		
<i>hydralazine hcl injection solution 20 mg/ml</i>	2	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	QL (90 EA per 30 days)

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	5	PA
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>nitazoxanide oral tablet 500 mg</i>	5	PA
*Carbapenem Combinations***		
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	
*Carbapenems***		
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
*Glycopeptides***		
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 10 gm</i>	3	
*Leprostotics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
*Oxazolidinones***		
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	4	
<i>linezolid oral tablet 600 mg</i>	3	QL (60 EA per 30 days)
SIVEXTRO ORAL TABLET 200 MG	4	PA; SP

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Polymyxins***		
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine oral packet 3 gm</i>	4	
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	2	AGE (Max 64 Years)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	3	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	3	QL (30 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>primaquine phosphate oral tablet 26.3 mg</i>	4	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	4	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
<i>guanidine hcl oral tablet 125 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	4	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	4	
ANTIMYCOBACTERIAL AGENTS		
*Anti Tb Combinations***		
RIFAMATE ORAL CAPSULE 150-300 MG	4	
RIFATER ORAL TABLET 50-120-300 MG	4	
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral syrup 50 mg/5ml</i>	3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	PA
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG	4	
TRECTOR ORAL TABLET 250 MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
<i>busulfan intravenous solution 6 mg/ml</i>	4	PA; SP
<i>carboplatin intravenous solution 50 mg/5ml</i>	2	SP
<i>cisplatin intravenous solution 50 mg/50ml</i>	2	SP
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	2	SP
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	2	SP
*Androgen Biosynthesis Inhibitors***		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; SP; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA
ZYTIGA ORAL TABLET 500 MG	5	PA; SP
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	3	PA; SP
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	2	
<i>flutamide oral capsule 125 mg</i>	2	
<i>nilutamide oral tablet 150 mg</i>	2	SP
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; SP
*Antimetabolites***		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	2	SP
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	PA; SP
<i>capecitabine oral tablet 150 mg</i>	5	PA; SP; QL (120 EA per 30 days)
<i>capecitabine oral tablet 500 mg</i>	5	PA; SP; QL (300 EA per 30 days)
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	2	SP
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 500 mg/10ml</i>	2	SP
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	4	PA; SP
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	4	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate oral tablet 2.5 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	
TABLOID ORAL TABLET 40 MG	5	PA; SP

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; QL (120 EA per 30 days)
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 20 MG	4	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; SP; QL (21 EA per 21 days)
*Antineoplastic - Monoclonal Antibodies***		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML	4	PA; SP
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	PA; SP
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG	4	PA; SP; QL (60 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	4	PA; SP; QL (90 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PA; SP; QL (30 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP; QL (30 EA per 30 days)
*Antineoplastic - Multikinase Inhibitors***		
NEXAVAR ORAL TABLET 200 MG	4	PA; SP; QL (120 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; SP; QL (30 EA per 30 days)
*Antineoplastic - Tyrosine Kinase Inhibitors***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG	5	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; SP; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; SP; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; SP
ICLUSIG ORAL TABLET 15 MG	4	PA; SP; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; SP; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; SP; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA; SP; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; SP
<i>lapatinib ditosylate oral tablet 250 mg</i>	4	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	4	PA; SP; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	4	PA; SP; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	4	PA; SP; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	4	PA; SP; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	4	PA; SP; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	4	PA; SP; QL (90 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	4	PA; SP; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	4	PA; SP; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; SP
VOTRIENT ORAL TABLET 200 MG	5	PA; SP; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; SP
*Antineoplastic Antibiotics***		
<i>adriamycin intravenous solution reconstituted 10 mg</i>	2	SP
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	2	SP
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	2	SP
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	2	SP
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	2	SP
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	2	SP
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	2	SP
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 200000 UNIT/0.5ML	5	PA; SP
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	4	PA; SP
<i>hydroxyurea oral capsule 500 mg</i>	2	
INTRON A INJECTION SOLUTION 600000 UNIT/ML	5	PA; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 1000000 UNIT, 1800000 UNIT, 5000000 UNIT	5	PA; SP
MATULANE ORAL CAPSULE 50 MG	5	PA; SP

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	2	
<i>exemestane oral tablet 25 mg</i>	2	
<i>letrozole oral tablet 2.5 mg</i>	2	QL (30 EA per 30 days)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; SP; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; SP; QL (21 EA per 28 days)
*Estrogen Receptor Antagonist***		
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	3	PA; SP
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	4	SP
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
*Imidazotetrazines***		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	5	PA; SP
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL (60 EA per 30 days)
*Lhrh Analogs***		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA; SP
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	4	PA; SP

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	4	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	4	PA; SP
*Mitotic Inhibitors***		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	3	SP
<i>docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml</i>	2	SP
<i>docetaxel intravenous solution 20 mg/2ml, 80 mg/8ml</i>	2	SP
<i>etoposide intravenous solution 100 mg/5ml</i>	2	SP
<i>paclitaxel intravenous concentrate 30 mg/5ml</i>	2	SP
<i>teniposide intravenous solution 10 mg/ml</i>	3	SP
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	2	SP
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	2	SP
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	2	SP
*Nitrogen Mustards***		
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	4	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	2	SP
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	2	SP
LEUKERAN ORAL TABLET 2 MG	5	PA; SP
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	2	SP
<i>melphalan oral tablet 2 mg</i>	2	SP
*Nitrosoureas***		
<i>carmustine intravenous solution reconstituted 100 mg</i>	2	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	PA; SP

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	SP
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	4	PA; SP
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	5	PA; SP
*Topoisomerase I Inhibitors***		
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	5	SP
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG	4	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate injection solution 1 mg/ml</i>	2	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	2	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone oral tablet 100 mg</i>	5	PA
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	4	
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 3 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	PA
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	ST; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	ST; QL (30 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
*Antipsychotics - Misc.***		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
*Benzisoxazoles***		
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	5	PA
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	PA
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	
*Dibenzo-Oxepino Pyrroles***		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	PA
*Dibenzothiazepines***		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	2	
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	4	
<i>chlorpromazine hcl oral tablet 50 mg</i>	3	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
*Quinolinone Derivatives***		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	PA
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (60 EA per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
COMBIVIR ORAL TABLET 150-300 MG	3	QL (60 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; SP; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	3	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	3	\$ 0 Copay for HIV Prevention; QL (30 EA per 30 days)
EPZICOM ORAL TABLET 600-300 MG	3	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	3	Maximum Copay will be \$70.00 per 30 day supply; SP; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	3	Maximum Copay will be \$70.00 per 30 day supply; SP; QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (360 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (180 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (60 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (450 ML per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; SP; QL (30 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX ORAL TABLET 800-150 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; SP; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	3	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL SOLUTION 20 MG/ML	3	Maximum Copay will be \$70.00 per 30 day supply; QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (60 EA per 30 days)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	Maximum Copay will be \$200.00 per 30 day supply; SP; QL (60 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD ORAL TABLET 600 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; SP; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	3	Maximum Copay will be \$70.00 per 30 day supply; SP; QL (30 EA per 30 days)
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	3	Maximum Copay will be \$70.00 per 30 day supply; QL (300 ML per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (180 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (120 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
INVIRASE ORAL TABLET 500 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	Maximum Copay will be \$70.00 per 30 day supply; QL (1575 ML per 28 days)
LEXIVA ORAL TABLET 700 MG	3	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	3	Maximum Copay will be \$70.00 per 30 day supply; QL (450 ML per 30 days)
NORVIR ORAL TABLET 100 MG	4	Maximum Copay will be \$150.00 per 30 day supply; QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	3	Maximum Copay will be \$70.00 per 30 day supply; QL (480 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (120 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (60 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (90 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (480 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	Maximum Copay will be \$40.00 per 30 day supply
<i>nevirapine oral tablet 200 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	3	QL (90 EA per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	3	QL (360 EA per 30 days)
SUSTIVA ORAL TABLET 600 MG	3	QL (30 EA per 30 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	3	
VIRAMUNE ORAL TABLET 200 MG	3	QL (60 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	QL (30 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (900 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	3	Maximum Copay will be \$70.00 per 30 day supply; QL (603 ML per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML	3	QL (900 ML per 30 days)
ZIAGEN ORAL TABLET 300 MG	3	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	3	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	3	Maximum Copay will be \$70.00 per 30 day supply; QL (720 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML	3	QL (900 ML per 30 days)
EPIVIR ORAL TABLET 150 MG, 300 MG	3	QL (60 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR ORAL CAPSULE 100 MG	3	QL (180 EA per 30 days)
RETROVIR ORAL SYRUP 50 MG/5ML	3	QL (1800 ML per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	Maximum Copay will be \$40.00 per 30 day supply; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	3	Maximum Copay will be \$70.00 per 30 day supply; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG	3	Maximum Copay will be \$70.00 per 30 day supply; QL (30 EA per 30 days)
*Cmv Agents***		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	4	PA
*Hepatitis B Agents***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	PA; SP
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; SP
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	PA; SP
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	SP; QL (1800 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	SP; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	4	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL TABLET 100-40 MG	4	PA; SP; QL (84 EA per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; SP; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; SP; QL (28 EA per 28 days)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	PA; SP
<i>ribavirin oral capsule 200 mg</i>	4	PA; SP
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	2	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (10 EA per 5 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (120 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (20 EA per 5 days)
*Rsv Agents - Nucleoside Analogues***		
<i>ribavirin inhalation solution reconstituted 6 gm</i>	4	SP

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	2	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg</i>	2	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	4	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	4	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	2	QL (30 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>	2	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
CARDIOVASCULAR AGENTS - MISC.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<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>	3	
*Neprilysin Inhib (Arni)- Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; QL (60 EA per 30 days)
*Prostaglandin Vasodilators***		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; SP

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	4	PA; SP
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; SP
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP
OPSUMIT ORAL TABLET 10 MG	5	PA; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG	4	PA; SP; QL (120 EA per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ALYQ ORAL TABLET 20 MG	4	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	5	PA; SP
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; SP
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	2	

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefditoren pivoxil oral tablet 400 mg</i>	3	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
CHEMICALS		
*Bulk Chemicals - Ce's***		
<i>ceftriaxone sodium powder</i>	4	

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
*Combination Contraceptives - Oral***		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	1	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	1	
DELYLA ORAL TABLET 0.1-20 MG-MCG	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
GIANVI ORAL TABLET 3-0.02 MG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	1	
ZARAH ORAL TABLET 3-0.03 MG	1	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	1	PA
*Combination Contraceptives - Vaginal***		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	
*Copper Contraceptives - Iud***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	1	QL (1 EA per 300 days)
*Emergency Contraceptives***		
ELLA ORAL TABLET 30 MG	1	
<i>levonorgestrel oral tablet 1.5 mg</i>	1	OTC
TAKE ACTION ORAL TABLET 1.5 MG	1	OTC
*Extended-Cycle Contraceptives - Oral***		
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	1	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	QL (1 EA per 300 days)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	QL (1 ML per 90 days)
*Progestin Contraceptives - Iud***		

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	QL (1 EA per 300 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY	1	QL (1 EA per 365 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	QL (1 EA per 300 days)
*Progestin Contraceptives - Oral***		
ERRIN ORAL TABLET 0.35 MG	1	
HEATHER ORAL TABLET 0.35 MG	1	
NORA-BE ORAL TABLET 0.35 MG	1	
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
VELIVET ORAL TABLET 0.1/0.125/0.15-0.025 MG	1	
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>	5	
<i>cortisone acetate oral tablet 25 mg</i>	3	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
<i>prednisone oral solution 5 mg/5ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg</i>	2	
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	2	
*Antitussive-Expectorant***		
<i>cheratussin ac oral syrup 100-10 mg/5ml</i>	2	OTC

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Decongestant & Antihistamine***		
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	2	
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	3	
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	2	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	2	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	2	
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	2	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	4	
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	2	
DERMATOLOGICALS		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Acne Antibiotics***		
<i>clindamycin phosphate external foam 1 %</i>	4	
<i>clindamycin phosphate external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	2	
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>ery external pad 2 %</i>	2	
<i>erythromycin external gel 2 %</i>	2	
<i>erythromycin external solution 2 %</i>	2	
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	ST
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	3	
*Acne Products***		
<i>adapalene external cream 0.1 %</i>	2	AGE (Max 34 Years)
<i>adapalene external gel 0.1 %, 0.3 %</i>	2	AGE (Max 34 Years)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	PA
AVITA EXTERNAL GEL 0.025 %	3	QL (45 GM per 30 days); AGE (Max 34 Years)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
DIFFERIN EXTERNAL LOTION 0.1 %	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	3	QL (45 GM per 30 days); AGE (Max 34 Years)
<i>tretinoin external gel 0.01 %</i>	3	QL (45 GM per 30 days); AGE (Max 34 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
*Antibiotic Steroid Combinations - Topical***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN EXTERNAL OINTMENT 1 %	4	
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 %	4	ST
<i>gentamicin sulfate external cream 0.1 %</i>	2	
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>mupirocin external ointment 2 %</i>	2	
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	QL (60 ML per 30 days)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	
*Antifungals - Topical***		
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	3	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
MENTAX EXTERNAL CREAM 1 %	4	
<i>naftifine hcl external gel 1 %</i>	4	PA; QL (60 GM per 30 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel 1 %</i>	2	
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	3	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil external solution 2 %, 5 %</i>	3	
*Antipruritics - Topical***		
<i>doxepin hcl external cream 5 %</i>	4	
*Antipsoriatics - Systemic***		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; SP; QL (2 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; SP; QL (2 ML per 28 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	4	PA; SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; SP; QL (1 EA per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; SP; QL (1 ML per 28 days)
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	4	
<i>calcipotriene external ointment 0.005 %</i>	3	
<i>calcipotriene external solution 0.005 %</i>	3	
<i>calcitriol external ointment 3 mcg/gm</i>	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	5	PA; AGE (Max 34 Years)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>selenium sulfide external shampoo 2.25 %</i>	2	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	3	PA
DENAVIR EXTERNAL CREAM 1 %	5	PA
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	2	
SSD EXTERNAL CREAM 1 %	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	3	QL (56.7 GM per 30 days)
*Corticosteroids - Topical***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate external cream 0.05 %</i>	2	
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	
<i>amcinonide external cream 0.1 %</i>	4	
<i>amcinonide external lotion 0.1 %</i>	4	
<i>amcinonide external ointment 0.1 %</i>	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	QL (100 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	QL (100 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone valerate external foam 0.12 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	2	QL (90 GM per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	3	
<i>clocortolone pivalate external cream 0.1 %</i>	4	
<i>desonide external cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desonide external lotion 0.05 %</i>	3	
<i>desonide external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	3	QL (200 GM per 30 days)
<i>desoximetasone external gel 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	QL (200 GM per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	QL (120 GM per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	QL (120 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	4	
<i>fluticasone propionate external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>halcinonide external cream 0.1 %</i>	4	QL (100 GM per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>	3	QL (100 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	3	QL (100 GM per 30 days)
HALOG EXTERNAL OINTMENT 0.1 %	4	QL (100 GM per 30 days)
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	
<i>hydrocortisone external cream 1 %</i>	2	QL (120 GM per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	QL (120 ML per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	2	QL (90 GM per 30 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	2	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	QL (120 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>prednicarbate external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>prednicarbate external ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	3	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	2	
<i>clotrimazole external solution 1 %</i>	2	
<i>econazole nitrate external cream 1 %</i>	2	QL (85 GM per 30 days)
ERTACZO EXTERNAL CREAM 2 %	4	
EXELDERM EXTERNAL CREAM 1 %	4	QL (60 GM per 30 days)
EXELDERM EXTERNAL SOLUTION 1 %	4	QL (30 ML per 30 days)
<i>ketconazole external cream 2 %</i>	2	QL (60 GM per 28 days)
<i>ketconazole external shampoo 2 %</i>	2	QL (120 ML per 30 days)
<i>oxiconazole nitrate external cream 1 %</i>	4	
OXISTAT EXTERNAL LOTION 1 %	4	
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	2	QL (12 EA per 28 days)
*Keratolytic/Antimitotic Agents***		
<i>podofilox external solution 0.5 %</i>	2	
*Local Anesthetics - Topical***		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine external ointment 5 %</i>	2	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external cream 3 %</i>	2	QL (85 GM per 30 days)
<i>lidocaine hcl external lotion 3 %</i>	2	QL (100 ML per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	QL (100 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	2	QL (90 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	2	QL (90 ML per 30 days)
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus external cream 1 %</i>	4	PA; QL (100 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	3	
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	4	PA
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external lotion 0.75 %</i>	3	
MIRVASO EXTERNAL GEL 0.33 %	4	PA
*Scabicides & Pediculicides***		
CROTAN EXTERNAL LOTION 10 %	2	ST
<i>ivermectin external lotion 0.5 %</i>	4	PA
<i>lindane external shampoo 1 %</i>	2	
<i>malathion external lotion 0.5 %</i>	2	
<i>permethrin external cream 5 %</i>	2	
<i>spinosad external suspension 0.9 %</i>	3	ST; QL (120 ML per 30 days)
ULESFIA EXTERNAL LOTION 5 %	4	ST; QL (454 GM per 30 days)
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	QL (30 GM per 30 days)
*Topical Steroid Combinations***		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	ST; QL (120 GM per 30 days)
*Wound Care - Growth Factor Agents***		
REGRANEX EXTERNAL GEL 0.01 %	5	PA
DIAGNOSTIC PRODUCTS		
*Diagnostic Drugs***		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	4	
*Diagnostic Tests***		
DIASTIX IN VITRO STRIP	2	OTC
ONETOUCH ULTRA IN VITRO STRIP	3	Non Insulin QL (100 per 33 days); Insulin QL (150 per 30 days); OTC
ONETOUCH VERIO IN VITRO STRIP	3	Non Insulin QL (100 per 33 days); Insulin QL (150 per 30 days); OTC
*Multiple Urine Tests***		
CHEMSTRIP 9 IN VITRO STRIP	3	OTC
KETO-DIASTIX IN VITRO STRIP	3	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
*Dietary Management Product Combinations***		
FOLBIC ORAL TABLET 2.5-25-2 MG	2	
*Infant Foods***		
CALCILO XD ORAL POWDER	3	OTC
RCF LOW-IRON ORAL CONCENTRATE	3	OTC
SIMILAC EXPERT CARE NEOSURE/FE ORAL LIQUID	3	OTC
SIMILAC EXPERT CARE NEOSURE/FE ORAL POWDER	3	OTC
SIMILAC HUMAN MILK FORTIFIER ORAL POWDER	3	OTC
SIMILAC NEOSURE ADVANCE/IRON ORAL LIQUID	3	OTC
SIMILAC PM ORAL POWDER	3	OTC

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
SIMILAC SPECIAL CARE/IRON ORAL LIQUID	3	OTC
*Nutritional Supplements***		
CYCLINEX-1 ORAL POWDER	3	OTC
CYCLINEX-2 ORAL POWDER	3	OTC
ELECARE DHA/ARA INFANT ORAL POWDER	3	OTC
ELECARE JR ORAL POWDER	3	OTC
GLUCERNA 1.0 CAL/CARBSTEADY ORAL LIQUID	3	OTC
GLUCERNA 1.0 CAL/FIBER ORAL LIQUID	3	OTC
GLUCERNA 1.2 CAL ORAL LIQUID	3	OTC
GLUCERNA 1.5 CAL ORAL LIQUID	3	OTC
GLUCERNA ORAL LIQUID	3	OTC
GLUTAREX-1 ORAL POWDER	3	OTC
GLUTAREX-2 ORAL POWDER	3	OTC
HOMINEX-1 ORAL POWDER	3	OTC
HOMINEX-2 ORAL POWDER	3	OTC
I-VALEX-1 ORAL POWDER	3	OTC
I-VALEX-2 ORAL POWDER	3	OTC
JEVITY 1 CAL ORAL LIQUID	3	OTC
JEVITY 1 CAL/FIBER ORAL LIQUID	3	OTC
JEVITY 1.2 CAL ORAL LIQUID	3	OTC
JEVITY 1.2 CAL/FIBER ORAL LIQUID	3	OTC
JEVITY 1.5 CAL/FIBER ORAL LIQUID	3	OTC
KETONEX-1 ORAL POWDER	3	OTC
KETONEX-2 ORAL POWDER	3	OTC
NEPRO/CARBSTEADY ORAL LIQUID	3	OTC
OSMOLITE 1 CAL ORAL LIQUID	3	OTC
OSMOLITE 1.2 CAL ORAL LIQUID	3	OTC
OSMOLITE 1.5 CAL ORAL LIQUID	3	OTC
PEDIASURE 1.5 CAL ORAL LIQUID	3	OTC
PEDIASURE 1.5 CAL/FIBER ORAL LIQUID	3	OTC
PEDIASURE ENTERAL 1.0 CAL ORAL LIQUID	3	OTC

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
PEDIASURE ENTERAL 1.0CAL/FIBER ENTERAL LIQUID	3	OTC
PEDIASURE ORAL LIQUID	3	OTC
PEDIASURE PEPTIDE 1.0 CAL ORAL LIQUID	3	OTC
PEDIASURE PEPTIDE 1.5 CAL ORAL LIQUID	3	OTC
PEDIASURE SIDEKICKS ORAL LIQUID	3	OTC
PEDIASURE/FIBER ORAL LIQUID	3	OTC
PERATIVE 1.3 CAL ORAL LIQUID	3	OTC
PERATIVE ORAL LIQUID	3	OTC
PHENEX-1 ORAL POWDER	3	OTC
PHENEX-2 ORAL POWDER	3	OTC
PIVOT 1.5 CAL ORAL LIQUID	3	OTC
PKU AIR15 GOLD ORAL LIQUID	3	PA; OTC
PKU AIR15 GREEN ORAL LIQUID	3	PA; OTC
PKU AIR15 YELLOW ORAL LIQUID	3	PA; OTC
PKU AIR20 GOLD ORAL LIQUID	3	PA; OTC
PKU AIR20 GREEN ORAL LIQUID	3	PA; OTC
PKU AIR20 YELLOW ORAL LIQUID	3	PA; OTC
PKU COOLER 10 ORAL LIQUID	3	PA; OTC
PKU COOLER 15 ORAL LIQUID	3	PA; OTC
PKU COOLER 20 ORAL LIQUID	3	PA; OTC
PKU EXPRESS ORAL PACKET	3	PA; OTC
PKU EXPRESS20 ORAL PACKET	3	PA; OTC
PKU GEL ORAL PACKET	3	PA; OTC
PKU SPHERE 20 ORAL PACKET	3	PA; OTC
PROMOD ORAL LIQUID	3	OTC
PROMOTE 1.0 ORAL LIQUID	3	OTC
PROMOTE 1.0 WITH FIBER ORAL LIQUID	3	OTC
PROMOTE ORAL LIQUID	3	OTC
PROMOTE/FIBER ORAL LIQUID	3	OTC
PRO-PHREE ORAL POWDER	3	OTC
PROPIMEX-1 ORAL POWDER	3	OTC
PROPIMEX-2 ORAL POWDER	3	OTC
PROVIMIN ORAL POWDER	3	OTC
PULMOCARE 1.5 ORAL LIQUID	3	OTC

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
PULMOCARE ORAL LIQUID	3	OTC
SUPLENA 1.8/CARBSTEADY ORAL LIQUID	3	OTC
SUPLENA/CARB STEADY ORAL LIQUID	3	OTC
TWOCAL HN 2.0 ORAL LIQUID	3	OTC
TWOCAL HN ORAL LIQUID	3	OTC
TYREX-1 ORAL POWDER	3	OTC
TYREX-2 ORAL POWDER	3	OTC
VITAL 1.0 CAL ORAL LIQUID	3	OTC
VITAL 1.5 CAL ORAL LIQUID	3	OTC
VITAL AF 1.2 CAL ADV FORMULA ORAL LIQUID	3	OTC
VITAL AF 1.2 CAL ORAL LIQUID	3	OTC
VITAL HIGH PROTEIN ORAL LIQUID	3	OTC
VITAL HP 1.0 CAL ORAL LIQUID	3	OTC
VITAL PEPTIDE 1.5 CAL ORAL LIQUID	3	OTC
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
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	3	
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	QL (60 EA per 30 days)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	2	
*Loop Diuretics***		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>triamterene oral capsule 100 mg</i>	2	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	2	QL (4 EA per 28 days)

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	PA
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	3	SP
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	3	SP
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium tablet 35 mg oral 35 mg</i>	2	
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	5	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	PA
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	3	
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; SP
*Growth Hormones***		
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; SP
*Homocystinuria Treatment - Agents***		
CYSTADANE ORAL POWDER	5	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	3	PA
<i>paricalcitol oral capsule 4 mcg</i>	2	PA
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	4	PA; SP
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL NASAL SOLUTION 2 MG/ML	4	
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	5	PA; SP
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	1	PA
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	5	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	4	PA; SP
*Vasopressin***		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	3	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	3	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	5	PA; SP

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
JINTELI ORAL TABLET 1-5 MG-MCG	1	QL (28 EA per 28 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	QL (28 EA per 28 days)
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	AGE (Max 64 Years)
<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>	2	QL (8 EA per 28 days); AGE (Max 64 Years)
<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>	2	QL (4 EA per 28 days); AGE (Max 64 Years)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	AGE (Max 64 Years)
FLUOROQUINOLONES		
*Fluoroquinolones***		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	4	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	
<i>ofloxacin oral tablet 400 mg</i>	2	
GASTROINTESTINAL AGENTS - MISC.		
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	4	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	QL (60 EA per 30 days)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	4	PA
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	4	PA
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	4	QL (180 EA per 30 days)
<i>mesalamine rectal enema 4 gm</i>	3	QL (1680 ML per 28 days)
<i>mesalamine rectal suppository 1000 mg</i>	5	PA
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
*Intestinal Acidifiers***		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	3	PA
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	4	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	2	PA
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	4	PA
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	5	PA; SP; QL (1 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	5	PA; SP; QL (3 EA per 180 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; SP; QL (1 EA per 28 days)
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	
*Anti-Infective Genitourinary Irrigants***		
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Citrates***		
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML	2	OTC
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	2	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	2	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
*Genitourinary Irrigants***		
<i>acetic acid irrigation solution 0.25 %</i>	2	
RENACIDIN IRRIGATION SOLUTION	4	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	2	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	2	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG	5	PA
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	2	
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral capsule 0.6 mg</i>	3	ST
<i>colchicine oral tablet 0.6 mg</i>	3	ST
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	2	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC.		
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	4	PA; SP
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 EA per 30 days)
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	QL (90 EA per 30 days)
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	QL (60 EA per 30 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	AGE (Max 64 Years)
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG	4	QL (30 EA per 30 days)
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	QL (30 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	QL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	
*Erythropoiesis-Stimulating Agents (Esas)***		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	5	PA; SP
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; SP
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>	1	QL (30 EA per 30 days)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	OTC; QL (30 EA per 30 days)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; SP
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; SP
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
HEMOSTATICS		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	4	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	2	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	QL (30 EA per 30 days)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	4	QL (30 EA per 30 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
*Selective Melatonin Receptor Agonists***		
<i>ramelteon oral tablet 8 mg</i>	4	ST; QL (30 EA per 30 days)
LAXATIVES		
*Bowel Evacuant Combinations***		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	3	\$0 copay for members age 50 through 74
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	3	\$0 copay for members age 50 through 74
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	\$0 copay for members age 50 through 74
*Laxatives - Miscellaneous***		
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	PA
<i>lactulose oral solution 10 gm/15ml</i>	2	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM	4	
MACROLIDES		
*Azithromycin***		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet 1 gm</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>azithromycin oral tablet 600 mg</i>	2	
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
*Erythromycins***		
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
*Fidaxomicin***		
DIFICID ORAL TABLET 200 MG	4	PA
MEDICAL DEVICES AND SUPPLIES		
*Applicators,Cotton Balls,Etc***		
BD SWAB SINGLE USE REGULAR PAD	3	OTC
BD SWABS SINGLE USE BUTTERFLY PAD	3	OTC
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	1	QL (1 EA per 300 days)
*Condoms - Female***		
FC2 FEMALE CONDOM	1	OTC
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM	1	QL (1 EA per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
*Glucose Monitoring Test Supplies***		
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	3	QL (1 EA per 365 days)
DEXCOM G4 PLAT PED RECEIVER DEVICE	3	QL (1 EA per 365 days)
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	3	QL (1 EA per 365 days)
DEXCOM G4 PLATINUM RECEIVER DEVICE	3	QL (1 EA per 365 days)
DEXCOM G4 PLATINUM TRANSMITTER	3	QL (1 EA per 84 days)
DEXCOM G4 SENSOR	3	QL (12 EA per 84 days)
DEXCOM G5 MOB/G4 PLAT SENSOR	3	QL (12 EA per 84 days)
DEXCOM G5 MOBILE RECEIVER DEVICE	3	QL (1 EA per 365 days)
DEXCOM G5 MOBILE TRANSMITTER	3	QL (1 EA per 84 days)
DEXCOM G5 RECEIVER KIT DEVICE	3	QL (1 EA per 365 days)
DEXCOM G6 RECEIVER DEVICE	3	QL (1 EA per 365 days)
DEXCOM G6 SENSOR	3	QL (9 EA per 90 days)
DEXCOM G6 TRANSMITTER	3	QL (1 EA per 90 days)
DIASCREEN 10	2	OTC
FREESTYLE LIBRE 14 DAY READER DEVICE	3	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE	3	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	3	QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE	3	QL (1 EA per 365 days)
FREESTYLE LIBRE SENSOR SYSTEM	3	QL (2 EA per 28 days)
ONETOUCH DELICA LANCETS 30G	3	OTC
ONETOUCH DELICA LANCETS 33G	3	OTC
ONETOUCH DELICA LANCING DEV	3	OTC
ONETOUCH DELICA PLUS LANCET30G	3	OTC
ONETOUCH DELICA PLUS LANCET33G	3	OTC
ONETOUCH DELICA PLUS LANCING	3	OTC
ONETOUCH SURESOFT LANCING DEV	3	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION	3	OTC
ONETOUCH ULTRA MINI KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH ULTRASOFT LANCETS	3	OTC
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO SOLUTION	3	OTC
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
*Iv Sets/Tubing***		
BD SAFETY-LOK SET	2	
*Needles & Syringes***		
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	OTC
BD AUTOSHIELD DUO 30G X 5 MM	2	OTC
BD DISP NEEDLE 23G X 1"	2	OTC
BD DISP NEEDLES 16G X 1-1/2" , 18G X 1-1/2" , 19G X 1" , 20G X 1" , 20G X 1-1/2" , 21G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8" , 25G X 7/8" , 27G X 1/2" , 30G X 1/2"	2	OTC
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 22G X 1-1/2" , 23G X 3/4" , 25G X 1-1/2" , 26G X 1/2" , 26G X 3/8"	2	OTC
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	OTC
BD INSULIN SYRINGE 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	OTC
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	2	OTC

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.3 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	OTC
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	2	OTC
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	OTC
BD INSULIN SYRINGE U-40 25G X 5/8" 1 ML	2	OTC
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	OTC
BD INTEGRA SYRINGE 25G X 1" 1 ML	2	OTC
BD PEN	2	OTC
BD PEN MINI	2	OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	2	OTC
BD PEN NEEDLE MINI U/F 31G X 5 MM	2	OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	2	OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	2	OTC
BD PEN NEEDLE SHORT U/F 31G X 8 MM	2	OTC
BD PRECISIONGLIDE NEEDLE 27G X 1-1/2"	2	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	OTC
BD SAFETYGLIDE NEEDLE 25G X 5/8"	2	OTC
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	2	OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	2	OTC

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	2	OTC
BD YALE LNR REUSABLE NEEDLE 26G X 1/2"	2	OTC
YALE DISP NEEDLES 21G X 1-1/4"	2	OTC
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER PLUS FLO-VU	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
OPTICHAMBER FACE MASK-SMALL	3	OTC
PEDIATRIC PANDA MASK	3	OTC
MIGRAINE PRODUCTS		
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4	PA
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA
*Ergot Combinations***		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	QL (40 EA per 28 days)
*Migraine Products***		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	4	QL (8 ML per 30 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	ST; QL (9 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	2	ST
<i>frovatriptan succinate oral tablet 2.5 mg</i>	4	ST; QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	QL (9 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	PA; QL (12 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	PA; QL (24 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	PA; QL (12 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	3	PA; QL (12 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	4	QL (6 EA per 30 days)
MINERALS & ELECTROLYTES		
*Fluoride***		
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>	1	\$0 copay for 5 yrs of age and younger
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	\$0 copay for 5 yrs of age and younger
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	1	\$0 copay for 5 yrs of age and younger
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	1	
*Magnesium***		
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 40 gm/1000ml</i>	2	
*Potassium***		
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	3	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
*Sodium***		
<i>sodium chloride intravenous solution 0.9 %</i>	2	
MISCELLANEOUS THERAPEUTIC CLASSES		
*Antileptotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	4	SP
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	PA
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; SP; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	5	PA; SP; QL (21 EA per 28 days)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	3	PA
*Irrigation Solutions***		
TIS-U-SOL IRRIGATION SOLUTION	2	
*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	4	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	
*Potassium Removing Agents***		
KIONEX ORAL SUSPENSION 15 GM/60ML	2	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	2	
*Purine Analogs***		
AZASAN ORAL TABLET 100 MG, 75 MG	4	PA
<i>azathioprine oral tablet 50 mg</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	
*Saliva Stimulants***		
<i>cevimeline hcl oral capsule 30 mg</i>	2	PA

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
MULTIVITAMINS		
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	2	
*Ped Mv W/ Fluoride***		
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	2	
MVC-FLUORIDE ORAL TABLET CHEWABLE 1 MG	2	
<i>poly-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
*Ped Vitamins Acid W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	2	
<i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	2	
<i>vitamins acid-fluoride oral solution 0.25 mg/ml</i>	2	
*Prenatal Mv & Min W/Fe-Fa***		
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	3	
CITRANATAL RX ORAL TABLET 27-1 MG	3	
PRENATABS RX ORAL TABLET 29-1 MG	2	
MUSCULOSKELETAL THERAPY AGENTS		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 350 mg</i>	2	AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	AGE (Max 64 Years)
<i>metaxalone oral tablet 400 mg</i>	2	AGE (Max 64 Years)
<i>metaxalone oral tablet 800 mg</i>	3	PA; AGE (Max 64 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	QL (90 EA per 30 days)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (15 ML per 30 days)
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>olopatadine hcl nasal solution 0.6 %</i>	2	QL (31 GM per 30 days)
*Nasal Steroids***		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	4	ST
<i>budesonide nasal suspension 32 mcg/act</i>	2	QL (8.43 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	3	ST
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	ST
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	2	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS		
*Benzothiazoles***		
<i>riluzole oral tablet 50 mg</i>	5	SP
*Neuromuscular Blocking Agent - Neurotoxins***		
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT	5	PA; SP
OPHTHALMIC AGENTS		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	QL (8 ML per 30 days)
*Beta-Blockers - Ophthalmic Combinations***		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	4	PA
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	2	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	2	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	2	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	2	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
*Ophthalmic Antiallergic***		
ALOCRILOPHTHALMIC SOLUTION 2 %	4	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	4	PA
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	QL (6 ML per 30 days)
BEPREVE OPHTHALMIC SOLUTION 1.5 %	4	PA
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	4	PA
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	4	PA
*Ophthalmic Antibiotics***		
AZASITE OPHTHALMIC SOLUTION 1 %	4	PA
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 %	4	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	PA
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophthalmic solution 0.3 %</i>	2	
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %	4	PA
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	4	QL (15 ML per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
*Ophthalmic Immunomodulators***		
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
*Ophthalmic Local Anesthetics***		
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	2	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	4	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	4	QL (3.5 GM per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	QL (5 ML per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %	4	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
FML OPHTHALMIC OINTMENT 0.1 %	3	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	3	QL (5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	2	QL (5 ML per 30 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	4	ST; QL (7.5 ML per 30 days)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	QL (5 ML per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	ST; QL (30 EA per 30 days)
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	2	
*Otic Anti-Infectives***		
<i>ofloxacin otic solution 0.3 %</i>	2	
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	PA
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	4	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
*Otic Steroids***		
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
OXYTOCICS		
*Oxytocics***		
METHERGINE ORAL TABLET 0.2 MG	2	
<i>oxytocin injection solution 10 unit/ml</i>	4	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	5	PA; SP
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	4	PA; SP
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	2	QL (28 EA per 14 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	PA
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
PROGESTINS		
*Progestins***		
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	3	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	3	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	3	
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA
*Movement Disorder Drug Therapy***		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; SP
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; SP
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	4	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	4	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	4	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	4	PA; SP
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	5	PA; SP
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	4	PA; SP
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	4	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	2	PA; SP
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	QL (49 EA per 365 days)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>	2	
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral tablet 1 mg</i>	4	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	\$0 limited to 2 treatment cycles/year; QL (60 EA per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	\$0 limited to 2 treatment cycles/year; QL (60 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	1	OTC; QL (810 EA per 365 days)
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC; QL (810 EA per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC; QL (90 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	1	\$0 limited to 2 treatment cycles/year
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	\$0 limited to 2 treatment cycles/year
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP
RESPIRATORY AGENTS - MISC.		
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	4	PA; SP; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; QL (112 EA per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; SP
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE 267 MG	4	PA; SP
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	4	
TETRACYCLINES		
*Tetracyclines***		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	3	
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
EUTHYROX ORAL TABLET 25 MCG	2	
LEVO-T ORAL TABLET 25 MCG	2	
<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>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine-liothyronine oral tablet 30 mg, 60 mg</i>	2	
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	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 195 MG, 32.5 MG	2	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg</i>	2	
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	3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	4	
UNITHROID ORAL TABLET 100 MCG	2	
WESTHROID ORAL TABLET 65 MG	2	
TOXOIDS		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	\$0 copay for 18 years of age and younger
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	\$0 copay for 18 years of age and younger
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	\$0 copay for 18 years of age and younger
KINRIX INTRAMUSCULAR SUSPENSION	1	\$0 copay for 18 years of age and younger
PEDIARIX INTRAMUSCULAR SUSPENSION	1	\$0 copay for 18 years of age and younger
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	\$0 copay for 19 years of age and older

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	\$0 copay for 19 years of age and older
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	2	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine intravenous solution 20 mg/2ml</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 15 mg/ml</i>	2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	2	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension 1 gm/10ml</i>	3	PA
<i>sucralfate oral tablet 1 gm</i>	2	
*Proton Pump Inhibitors***		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	QL (30 EA per 30 days)

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	QL (30 EA per 30 days)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	2	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	3	ST
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	3	ST
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	3	ST
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	ST
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	3	ST
<i>tropium chloride oral tablet 20 mg</i>	3	ST

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>	2	
VACCINES		
*Bacterial Vaccines***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	\$0 copay for 18 years of age and younger
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	\$0 copay for 18 years of age and younger
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	1	
PREVNAR 13 INTRAMUSCULAR SUSPENSION	1	QL (5 ML per 365 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
*Viral Vaccine Combinations***		
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	\$0 copay for 19 years of age and older
*Viral Vaccines***		
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	

PA-Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	1	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	1	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	1	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	1	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
IPOL INJECTION INJECTABLE	1	\$0 copay for 18 years of age and younger
<i>moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml</i>	1	
<i>pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml</i>	1	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
ROTATEQ ORAL SOLUTION	1	\$0 copay for 18 years of age and younger
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	\$0 copay for 19 years of age and older; QL (1 EA per 1 day)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	\$0 copay for 19 years of age and older
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
*Miscellaneous Vaginal Products***		
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
*Spermicides***		
OPTIONS CONCEPTROL VAGINAL GEL 4 %	1	OTC
TODAY SPONGE VAGINAL 1000 MG	1	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	1	OTC
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
*Vaginal Estrogens***		

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
ESTRING VAGINAL RING 2 MG	4	
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %, 8 %	5	PA
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (4 EA per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	4	QL (4 EA per 30 days)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
VITAMINS		
*Vitamin B-3***		
<i>niacin oral tablet 500 mg</i>	2	OTC
*Vitamin B-6***		
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	2	OTC
*Vitamin D***		
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	2	OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>	2	

PA-Prior Authorization **ST**- Step Therapy **QL**- Quantity Limit **SP**- Specialty Pharmacy

Index

A

- abacavir sulfate..... 54
abacavir sulfate-lamivudine
..... 48
abacavir-lamivudine-
zidovudine..... 48
ABILIFY MAINTENA 48
abiraterone acetate..... 38
ABRAXANE..... 43
acamprosate calcium....106
acarbose 21
acebutolol hcl..... 57
acetaminophen-codeine... 6
acetaminophen-codeine #2
..... 6
acetaminophen-codeine #3
..... 6
acetaminophen-codeine #4
..... 6
acetazolamide 78
acetazolamide er 78
acetic acid 85, 104
acetylcysteine 67
acitretin 70
ACTHIB114
ACTIMMUNE..... 41
acyclovir 56, 70
ADACEL.....111
adapalene 68
adapalene-benzoyl peroxide
..... 68
adc/f (0.5mg/ml)..... 98
adefovir dipivoxil 55
ADEMPAS 60
adriamycin 41
ADRIAMYCIN..... 41
ADRUCIL 38
ADVAIR DISKUS 12
ADVAIR HFA 12
AEROCHAMBER PLUS FLO-
VU..... 94
AFEDITAB CR..... 58
AFINITOR 39
AFINITOR DISPERZ..... 39
AIMOVIG..... 94
albendazole 9
albuterol sulfate 13
albuterol sulfate er 12
albuterol sulfate hfa 12
alclometasone dipropionate
..... 71
alendronate sodium 79
alfuzosin hcl er 84
ALIMTA..... 38
ALINIA..... 35
aliskiren fumarate 34
allopurinol..... 85
almotriptan malate 94
ALOCRIL 101
alogliptin benzoate 21
ALOMIDE 101
alose tron hcl 83
alprazolam 11
ALTABAX..... 69
ALTACAINE 102
ALTAVERA..... 62
alyacen 1/35 62
alyacen 7/7/7 65
ALYQ..... 60
amantadine hcl 44, 45
ambrisentan 60
amcinonide 71
amikacin sulfate..... 2
amiloride hcl..... 79
amiloride-
hydrochlorothiazide 78
aminocaproic acid 87
amiodarone hcl 12
AMITIZA 83
amitriptyline hcl 20
amlodipine besy-benazepril
hcl 31
amlodipine besylate..... 58
amlodipine besylate-
valsartan 32
amlodipine-atorvastatin .. 59
amlodipine-olmesartan ... 32
amlodipine-valsartan-hctz33
ammonium lactate 73
AMNESTEEM..... 68
amoxapine 20
amoxicillin..... 105
amoxicillin-pot clavulanate
..... 106
amoxicillin-pot clavulanate
er 106
amphetamine-dextroamphet
er 1
amphetamine-
dextroamphetamine 1
ampicillin..... 105
ANADROL-50..... 9
anagrelide hcl 86
anastrozole..... 42
ANORO ELLIPTA 12
ANZEMET 27
APIDRA 22
APIDRA SOLOSTAR 22
APOKYN 45
apraclonidine hcl..... 103
aprepitant..... 27
APRI 62
APTIOM 16
APTIVUS..... 51
ARCALYST 3
ARCAPTA NEOHALER 13
aripiprazole..... 48
armodafinil 2
ARMOUR THYROID 110
ARNUITY ELLIPTA 14
ASHLYNA..... 64
ASMANEX (120 METERED
DOSES)..... 14
ASMANEX (30 METERED
DOSES)..... 14
ASMANEX (60 METERED
DOSES)..... 14
ASMANEX HFA..... 14
aspirin..... 6
aspirin adult low strength.. 6
aspirin-dipyridamole er ... 86
atazanavir sulfate 51
atenolol 57
atenolol-chlorthalidone ... 33
atomoxetine hcl..... 1
atorvastatin calcium..... 30
atovaquone..... 35
atovaquone-proguanil hcl 36
atropine sulfate 100
ATROVENT HFA 13
AUBAGIO..... 107
AUGMENTIN..... 106
AVIANE 62
AVITA 68
AVONEX PEN..... 107
AVONEX PREFILLED 107
AZASAN 97

AZASITE	101	BD SAFETYGLIDE INSULIN	bromfenac sodium (once-
azathioprine.....	97	SYRINGE.....	daily)
azelaic acid.....	74	BD SAFETYGLIDE NEEDLE	bromocriptine mesylate ..
azelastine hcl.....	99, 101	93	BROVANA
azithromycin	89	BD SAFETY-LOK INSULIN	budesonide.....
AZOPT	102	SYRINGE.....	14, 65, 99
AZURETTE	62	BD SAFETY-LOK SET.....	budesonide-formoterol
B		92	fumarate
bacitracin	101	BD SWAB SINGLE USE	12
bacitracin-polymyxin b ..	102	REGULAR	bumetanide
bacitra-neomycin-		90	buprenorphine.....
polymyxin-hc	103	BD SWABS SINGLE USE	buprenorphine.....
baclofen	99	BUTTERFLY	buprenorphine hcl.....
balsalazide disodium	83	90	buprenorphine hcl-naloxone
BANZEL.....	16	BD VEO INSULIN SYR U/F	hcl.....
BARACLUDGE	55	1/2UNIT.....	8
BD AUTOSHIELD	92	BD VEO INSULIN SYRINGE	bupropion hcl
BD AUTOSHIELD DUO	92	U/F	19
BD DISP NEEDLE	92	94	bupropion hcl er (smoking
BD DISP NEEDLES	92	BD YALE LNR REUSABLE	det)
BD HYPODERMIC NEEDLE	92	NEEDLE	108
BD INSULIN SYR		94	bupropion hcl er (sr)
ULTRAFINE II.....	92	BECONASE AQ	19
BD INSULIN SYRINGE	92	benazepril hcl	bupropion hcl er (xl)
BD INSULIN SYRINGE HALF-		benazepril-	19
UNIT.....	92	hydrochlorothiazide	buspirone hcl
BD INSULIN SYRINGE		31	busulfan
MICROFINE.....	93	benzonatate	37
BD INSULIN SYRINGE U/F		benzoyl peroxide-	butalbital-apap-caff-cod....
.....	93	erythromycin	6
BD INSULIN SYRINGE U/F		benztropine mesylate	butalbital-apap-caffeine
1/2UNIT	93	BEPREVE.....	5
BD INSULIN SYRINGE U-40		BESIVANCE	butalbital-aspirin-caffeine .5
.....	93	betamethasone dipropionate	BYSTOLIC
BD INSULIN SYRINGE		.....	C
ULTRAFINE	93	71	cabergoline
BD INTEGRA SYRINGE....	93	betamethasone dipropionate	caffeine citrate
BD PEN	93	aug	caffeine-sodium benzoate .1
BD PEN MINI.....	93	71	CALCILO XD.....
BD PEN NEEDLE MICRO U/F		betamethasone valerate..	75
.....	93	71	calcipotriene
BD PEN NEEDLE MINI U/F		BETASERON	calcipotriene-betameth
93		107	diprop
BD PEN NEEDLE NANO 2ND		betaxolol hcl.....	75
GEN.....	93	57, 100	calcitonin (salmon)
BD PEN NEEDLE NANO U/F		bethanechol chloride....	80
.....	93	BETOPTIC-S	calcitriol
BD PEN NEEDLE ORIGINAL		100	70, 81
U/F.....	93	bexarotene.....	calcium acetate (phos
BD PEN NEEDLE SHORT U/F		BEXSERO	binder).....
.....	93	114	84
BD PRECISIONGLIDE		bicalutamide.....	candesartan cilexetil.....
NEEDLE.....	93	BIKTARVY	32
		bimatoprost.....	candesartan cilexetil-hctz
		bisoprolol fumarate	32
		57	capecitabine.....
		bisoprolol-	CAPRELSA
		hydrochlorothiazide	40
		34	captopril
		bleomycin sulfate	31
		BLEPHAMIDE S.O.P.	hydrochlorothiazide.....
		103	31
		BOOSTRIX	carbamazepine
		111	16, 17
		bosentan.....	carbamazepine er
		60	16
		BOSULIF.....	carbidopa
		40	45
		BREO ELLIPTA	carbidopa-levodopa.....
		12	45
		BRILINTA	carbidopa-levodopa er
		86	45
		brimonidine tartrate	carbinoxamine maleate... 28
		103	carboplatin
			37
			carisoprodol
			99
			carmustine
			43
			carteolol hcl
			100

CARTIA XT.....	58	ciprofloxacin-		CROTAN	74
carvedilol	57	dexamethasone	104	cyanocobalamin.....	87
CAYA	90	cisplatin	37	CYCLAFEM 1/35.....	62
cefaclor	61	citalopram hydrobromide.	19	CYCLAFEM 7/7/7.....	65
cefadroxil	60, 61	CITRANATAL B-CALM	98	CYCLINEX-1	76
cefdinir	61	CITRANATAL RX	98	CYCLINEX-2	76
cefditoren pivoxil	61	CLARAVIS	68	cyclobenzaprine hcl.....	99
cefixime	61	clarithromycin.....	89	cyclopentolate hcl	100
cefepodoxime proxetil.....	61	clarithromycin er.....	89	cyclophosphamide	43
cefprozil	61	clemastine fumarate	28	CYCLOSET	22
ceftriaxone sodium	61	CLEOCIN.....	116	cyclosporine	96
cefuroxime axetil	61	clindamycin hcl	35	cyclosporine modified	96
celecoxib	3	clindamycin palmitate hcl	35	cyproheptadine hcl.....	29
CELONTIN	18	clindamycin phos-benzoyl		CYSTADANE	80
cephalexin	61	perox	68	CYSTAGON	85
cetirizine hcl	28	clindamycin phosphate... 68,	116	cytarabine (pf)	38
cevimeline hcl	97			CYTRA-3.....	85
CHANTIX.....	108	clobazam	16	D	
CHANTIX CONTINUING		clobetasol propionate.....	71	dacarbazine	41
MONTH PAK	108	clocortolone pivalate.....	71	dalfampridine er	108
CHANTIX STARTING MONTH		clomipramine hcl.....	21	DALIRESP	14
PAK	109	clonazepam	16	danazol	9
CHATEAL.....	62	clonidine	33	dantrolene sodium	99
CHEMET	26	clonidine hcl	33	dapsone	35
CHEMSTRIP 9.....	75	clopidogrel bisulfate.....	86	DAPTACEL	111
cheratussin ac.....	66	clorazepate dipotassium ..	11	darifenacin hydrobromide er	
chlordiazepoxide hcl.....	11	clotrimazole.....	73, 97	.....	113
chlordiazepoxide-		clotrimazole-betamethasone		DASETTA 1/35	62
amitriptyline	106	.....	69	DASETTA 7/7/7	65
chlorhexidine gluconate ..	97	clozapine	47	DDAVP RHINAL TUBE	81
chloroquine phosphate ...	36	COARTEM.....	36	deferiprone.....	26
chlorothiazide	79	codeine sulfate	6	DELSTRIGO	49
chlorpromazine hcl.....	47	colchicine	85	DELYLA	62
chlorthalidone	79	colchicine-probenecid	85	demeclocycline hcl	110
chlorzoxazone	99	colestipol hcl	29	DENAVIR.....	70
cholestyramine.....	29	COLOCORT.....	9	DEPO-MEDROL	66
cholestyramine light.....	29	COMBIGAN.....	100	DESCOVY	49
ciclopirox.....	69	COMBIVIR.....	49	desipramine hcl	21
ciclopirox olamine.....	69	COMPLERA	49	desloratadine	28
cilostazol	86	CORLANOR.....	60	desmopressin ace spray	
CILOXAN	101	CORLOPAM.....	34	refrig	81
CIMDUO	48	cortisone acetate	65	desmopressin acetate 81, 82	
cimetidine	112	CORTISPORIN.....	69	desonide	71
cimetidine hcl.....	112	CORTISPORIN-TC.....	104	desoximetasone	71
CIMZIA	84	COSENTYX	70	desvenlafaxine succinate er	
CIMZIA PREFILLED	84	COSENTYX (300 MG DOSE)		.....	20
CIMZIA STARTER KIT	84	.....	70	dexamethasone.....	66
cinacalcet hcl	80	CREON	78	DEXAMETHASONE	
CIPRO.....	82	CRESEMBA	28	INTENSOL.....	66
CIPRO HC	104	CRINONE	117	dexamethasone sodium	
ciprofloxacin hcl	82, 101	CRIXIVAN	51	phosphate	66, 103
		cromolyn sodium.....	83, 101		

DEXCOM G4 PLAT PED RCV/SHARE	91	dimethyl fumarate.....	108	ELMIRON.....	85
DEXCOM G4 PLAT PED RECEIVER.....	91	dimethyl fumarate starter pack.....	108	ELURYNG.....	64
DEXCOM G4 PLATINUM RCV/SHARE	91	DIPENTUM	83	EMCYT	42
DEXCOM G4 PLATINUM RECEIVER.....	91	diphenhydramine hcl	28	EMGALITY.....	94
DEXCOM G4 PLATINUM TRANSMITTER.....	91	diphenoxylate-atropine ...	26	EMGALITY (300 MG DOSE)	94
DEXCOM G4 SENSOR	91	diphtheria-tetanus toxoids dt	111	EMOQUETTE.....	62
DEXCOM G5 MOB/G4 PLAT SENSOR	91	dipyridamole	86	EMSAM.....	19
DEXCOM G5 MOBILE RECEIVER.....	91	disopyramide phosphate .	11	emtricitabine.....	54
DEXCOM G5 MOBILE TRANSMITTER.....	91	disulfiram.....	106	emtricitabine-tenofovir df	49
DEXCOM G5 RECEIVER KIT	91	divalproex sodium	18	EMTRIVA	54
DEXCOM G6 RECEIVER... ..	91	divalproex sodium er	18	EMVERM.....	9
DEXCOM G6 SENSOR	91	docetaxel	43	enalapril maleate	31
DEXCOM G6 TRANSMITTER	91	dofetilide	12	enalapril- hydrochlorothiazide.....	31
DEXILANT.....	112	donepezil hcl	106, 107	ENBREL	5
dexmethylphenidate hcl....	2	dorzolamide hcl	102	ENBREL SURECLICK.....	5
dexmethylphenidate hcl er	2	dorzolamide hcl-timolol mal	100	ENDOCET	8
dextroamphetamine sulfate	1	DOVATO	49	ENGERIX-B.....	114
dextroamphetamine sulfate er.....	1	doxazosin mesylate	33	enoxaparin sodium.....	15
DIASCREEN 10.....	91	doxepin hcl	21, 70, 88	ENPRESSE-28	65
DIASTIX.....	75	doxercalciferol	81	ENSKYCE.....	62
diazepam	11	doxorubicin hcl	41	entacapone.....	46
diclofenac potassium	4	doxorubicin hcl liposomal	41	entecavir	55
diclofenac sodium 4, 69, 102		doxycycline hyclate	110	ENTRESTO	59
diclofenac sodium er	4	doxycycline monohydrate	110	enulose	84
diclofenac-misoprostol.....	4	dronabinol.....	27	epinastine hcl.....	101
dicloxacillin sodium	106	drospiren-eth estrad- levomefol.....	62	epinephrine.....	117
dicyclomine hcl.....	112	drospirenone-ethinyl estradiol	62	EPIPEN JR 2-PAK	117
didanosine.....	54	duloxetine hcl	20	epirubicin hcl	41
DIFFERIN	68	DUREZOL.....	103	EPIVIR	54
DIFICID	90	dutasteride.....	84	EPIVIR HBV	55
digoxin.....	59	DYSPORT	100	eplerenone	34
dihydroergotamine mesylate	94	E		eprosartan mesylate	32
DILANTIN	18	econazole nitrate.....	73	EPZICOM.....	49
diltiazem hcl	58	EDURANT.....	53	eq allergy relief	28
diltiazem hcl er.....	58	efavirenz.....	53	ERBITUX	39
diltiazem hcl er beads	58	efavirenz-emtricitab- tenofovir.....	49	ergoloid mesylates	108
diltiazem hcl er coated beads	58	ELECARE DHA/ARA INFANT	76	ergotamine-caffeine	94
dilt-xr	58	ELECARE JR.....	76	erlotinib hcl.....	40
		eletriptan hydrobromide..	94	ERRIN	65
		ELIGARD.....	42	ERTACZO.....	73
		ELIQUIS.....	15	ery	68
		ELIQUIS DVT/PE STARTER PACK.....	15	ERY-TAB.....	89
		ELLA	64	ERYTHROCIN STEARATE .	89
				erythromycin	68, 101
				erythromycin base	90
				erythromycin ethylsuccinate	90
				ESBRIET.....	110
				escitalopram oxalate	19

esomeprazole magnesium	112	FLOVENT HFA	14	FREESTYLE LIBRE 2 READER	91
estazolam.....	88	FLUAD	114	FREESTYLE LIBRE 2 SENSOR	91
estradiol.....	82, 117	FLUAD QUADRIVALENT .	115	FREESTYLE LIBRE READER	91
estradiol valerate.....	82	FLUBLOK QUADRIVALENT	115	FREESTYLE LIBRE SENSOR SYSTEM.....	91
estradiol-norethindrone acet	82	FLUCELVAX QUADRIVALENT	115	frovatriptan succinate.....	94
ESTRING	117	fluconazole.....	28	fulvestrant	42
eszopiclone.....	88	flucytosine	27	furosemide	79
ethacrynic acid	79	fludrocortisone acetate....	66	FUZEON	50
ethambutol hcl	37	FLULAVAL QUADRIVALENT	115	FYCOMPA.....	16
ethosuximide	18	flunisolide	99	G	
etodolac	4	fluocinolone acetonide ...	71, 72, 105	gabapentin	17
etodolac er	4	fluocinolone acetonide scalp	72	galantamine hydrobromide	107
etonogestrel-ethinyl estradiol.....	64	fluocinonide.....	72	galantamine hydrobromide er.....	107
etoposide	43	fluoritab.....	95	GARDASIL 9.....	115
EUTHYROX	110	fluorometholone.....	103	gatifloxacin	101
everolimus.....	39, 97	fluorouracil.....	38, 69, 70	GAVILYTE-C	88
EVOTAZ	49	fluoxetine hcl.....	19	GAVILYTE-G.....	88
EXELDERM.....	73	fluphenazine decanoate...	47	GAVILYTE-N WITH FLAVOR PACK	88
exemestane	42	fluphenazine hcl.....	47	gemcitabine hcl	38
ezetimibe	30	flurazepam hcl.....	88	gemfibrozil.....	30
ezetimibe-simvastatin	30	flurbiprofen	4	generlac	84
F		flurbiprofen sodium	102	GENTAK	101
FALMINA	62	flutamide	38	gentamicin in saline	2
famciclovir.....	56	fluticasone propionate72, 99		gentamicin sulfate	2, 69, 101
famotidine	112	fluticasone-salmeterol....	12	GENVOYA	49
FARYDAK.....	39	fluvastatin sodium.....	30	GIANVI	62
FC2 FEMALE CONDOM	90	flvoxamine maleate	19	GILENYA.....	109
febuxostat	85	FLUZONE HIGH-DOSE...	115	GILOTRIF	40
felbamate	18	FLUZONE HIGH-DOSE QUADRIVALENT	115	glatiramer acetate	108
felodipine er.....	58	FLUZONE QUADRIVALENT	115	GLATOPA.....	108
FEMCAP.....	90	FML.....	103	GLEOSTINE.....	43
fenofibrate.....	29	FOLBIC	75	GLIADEL WAFER	44
fenofibrate micronized....	29	folic acid	87	glimepiride	25
fenofibric acid	29, 30	fondaparinux sodium	16	glipizide.....	25
fenoprofen calcium	4	FOSAMAX PLUS D.....	80	glipizide er.....	25
fenentanyl	6	fosamprenavir calcium	51	glipizide-metformin hcl ...	25
FERRIPROX.....	26	fosfomycin tromethamine	36	GLUCAGEN DIAGNOSTIC	75
FETZIMA	20	fosinopril sodium.....	31	glucagon emergency	21
fexofenadine hcl	28, 29	fosinopril sodium-hctz....	31	GLUCERNA.....	76
FIASP	22	FRAGMIN	16	GLUCERNA 1.0 CAL/CARBSTEADY.....	76
FIASP FLEXTOUCH	22	FREESTYLE LIBRE 14 DAY READER.....	91	GLUCERNA 1.0 CAL/FIBER	76
FIASP PENFILL	22	FREESTYLE LIBRE 14 DAY SENSOR.....	91	GLUCERNA 1.2 CAL.....	76
FIBRICOR	30				
finasteride	84				
flavoxate hcl	114				
flecainide acetate	11				
FLEXICHAMBER CHILD MASK/SMALL	94				
FLOVENT DISKUS	14				

GLUCERNA 1.5 CAL.....	76	hydrocortisone butyr lipo		ipratropium-albuterol	12
GLUTAREX-1	76	base.....	72	irbesartan	32
GLUTAREX-2	76	hydrocortisone butyrate ..	72	irbesartan-	
glyburide.....	25	hydrocortisone valerate...	72	hydrochlorothiazide.....	32
glyburide micronized	25	hydrocortisone-acetic acid		ISENTRESS.....	51
glyburide-metformin	25	.....	105	ISENTRESS HD.....	51
glycopyrrolate	113	hydromorphone hcl	7	isoniazid	37
GOLYTELY	89	hydromorphone hcl er.....	7	isosorbide dinitrate	10
goodsense aspirin.....	6	hydroxychloroquine sulfate		isosorbide mononitrate ...	10
goodsense nicotine	109	.....	36	isosorbide mononitrate er	10
granisetron hcl	27	hydroxyurea	41	isotretinoin	68
griseofulvin microsize.....	27	hydroxyzine hcl.....	10	isradipine	58
griseofulvin ultramicrosize		hydroxyzine pamoate	10	itraconazole	28
.....	28	hyoscyamine sulfate	112	I-VALEX-1	76
guanfacine hcl.....	33	HYQVIA	105	I-VALEX-2	76
guanfacine hcl er	1	I		ivermectin	9, 74
guanidine hcl	36	ibandronate sodium.....	80	J	
GYNAZOLE-1.....	116	IBRANCE.....	42	JAKAFI	42
H		ibuprofen	4	JANUMET	22
halcinonide	72	icatibant acetate	86	JANUMET XR	22
halobetasol propionate ...	72	ICLUSIG	40	JANUVIA.....	21
HALOG.....	72	icosapent ethyl	29	JARDIANCE.....	25
haloperidol	47	idarubicin hcl.....	41	JEVITY 1 CAL	76
haloperidol decanoate	46	ifosfamide	43	JEVITY 1 CAL/FIBER.....	76
haloperidol lactate	46	imatinib mesylate.....	40	JEVITY 1.2 CAL.....	76
HAVRIX	115	IMBRUVICA	40	JEVITY 1.2 CAL/FIBER	76
HEATHER.....	65	imipenem-cilastatin	35	JEVITY 1.5 CAL/FIBER	76
heparin sodium (porcine) 15		imipramine hcl.....	21	JINTELI	82
heparin sodium (porcine) pf		imiquimod.....	73	JULUCA	49
.....	15	INCRELEX	81	JUNEL 1.5/30	62
HERCEPTIN.....	39	indapamide	79	JUNEL 1/20.....	62
HIBERIX.....	114	indomethacin.....	4	JUNEL FE 1.5/30	62
HOMATROPAIRE	100	INFANRIX.....	111	JUNEL FE 1/20	62
HOMINEX-1	76	INLYTA	40	K	
HOMINEX-2	76	insulin asp prot & asp		KALETRA	49
HUMIRA	3	flexpen	22	ketoconazole.....	28, 73
HUMIRA PEN.....	3	insulin aspart.....	22	KETO-DIASTIX	75
HUMIRA PEN-CD/UC/HS		insulin aspart flexpen.....	22	KETONEX-1.....	76
STARTER.....	3	insulin aspart penfill	22	KETONEX-2.....	76
HUMIRA PEN-PS/UV/ADOL		insulin aspart prot & aspart		ketoprofen	4
HS START.....	3	.....	22	ketorolac tromethamine... 4,	
hydralazine hcl	34	INTELENCE.....	53	103	
hydrochlorothiazide.....	79	INTRAROSA.....	116	KEVZARA.....	4
hydrocodone bitartrate er .	6	INTRON A	41	KINRIX.....	111
hydrocodone-		INVEGA SUSTENNA	46	KIONEX	97
acetaminophen.....	6	INVIRASE.....	52	KLOR-CON M15	95
hydrocodone-homatropine		INVOKAMET	25	KLOR-CON M20	95
.....	66	INVOKAMET XR.....	25	KRISTALOSE	89
hydrocodone-ibuprofen.....	6	INVOKANA	25	KURVELO.....	62
hydrocortisone	66, 72	IOPIDINE	103	KYLEENA	65
hydrocortisone acetate	9	IPOL.....	115	L	
		ipratropium bromide. 13, 99		labetalol hcl	57

lactulose	89	levorphanol tartrate.....	7	MARPLAN.....	19
LAMICTAL ODT	17	LEVO-T	110	MATULANE.....	41
lamivudine.....	54, 55	levothyroxine sodium....	110	MATZIM LA	58
lamivudine-zidovudine....	49	levothyroxine-liothyronine		MAVYRET.....	56
lamotrigine	17	.....	111	meclizine hcl	27
lamotrigine er	17	LEVOXYL.....	111	meclofenamate sodium....	4
lansoprazole	113	LEXIVA	52	medroxyprogesterone	
LANTUS.....	22	lidocaine	74	acetate.....	64
LANTUS SOLOSTAR.....	22	lidocaine hcl	74	mefenamic acid	4
lapatinib ditosylate	40	lidocaine hcl (cardiac) pf .	11	mefloquine hcl.....	36
LARIN 1.5/30.....	63	lidocaine hcl		megestrol acetate.....	44
LASTACAPT.....	101	urethral/mucosal.....	74	meloxicam	4
latanoprost.....	104	lidocaine viscous hcl	97	melphalan	43
LATUDA	46	lidocaine-prilocaine.....	74	melphalan hcl.....	43
leflunomide.....	5	LILETTA (52 MG).....	65	memantine hcl	108
LENVIMA (10 MG DAILY		lindane	74	MENACTRA	114
DOSE)	40	linezolid	35	MENEST	82
LENVIMA (12 MG DAILY		LINZESS	83	MENTAX	69
DOSE)	40	liothyronine sodium	111	MENVEO.....	114
LENVIMA (14 MG DAILY		lisinopril.....	31	meprobamate.....	10
DOSE)	40	lisinopril-		mercaptapurine	38
LENVIMA (18 MG DAILY		hydrochlorothiazide	31	meropenem	35
DOSE)	40	lithium.....	46	mesalamine	83
LENVIMA (20 MG DAILY		lithium carbonate	46	mesalamine er	83
DOSE)	40	lithium carbonate er	46	MESNEX	44
LENVIMA (24 MG DAILY		LIVALO	30	metaproterenol sulfatae ...	13
DOSE)	40	loperamide hcl	26	metaxalone.....	99
LENVIMA (4 MG DAILY		lopinavir-ritonavir.....	49	metformin hcl.....	21
DOSE)	41	lorazepam.....	11	metformin hcl er.....	21
LENVIMA (8 MG DAILY		losartan potassium	33	methadone hcl	7
DOSE)	41	losartan potassium-hctz ..	32	METHADONE HCL INTENSOL	
LESSINA	63	LOTEMAX	104	.....	7
letrozole.....	42	loteprednol etabonate...	104	METHADOSE	7
leucovorin calcium	42	lovastatin.....	30	methamphetamine hcl.....	1
LEUKERAN	43	LOW-OGESTREL.....	63	methazolamide.....	78
LEUKINE	87	loxapine succinate.....	47	methenamine hippurate..	36
leuprolide acetate.....	42	LUMIGAN	104	METHERGINE	105
levabuterol hcl.....	13	LUPRON DEPOT (1-MONTH)		methimazole	110
LEVEMIR	23	.....	42	methocarbamol	99
LEVEMIR FLEXTOUCH	23	LUPRON DEPOT (3-MONTH)		methotrexate	38
levetiracetam.....	17	.....	42	methotrexate sodium	38
levetiracetam er	17	LUPRON DEPOT (4-MONTH)		methotrexate sodium (pf)	38
levobunolol hcl	100	.....	43	methoxsalen rapid	70
levocetirizine		LUPRON DEPOT (6-MONTH)		methscopolamine bromide	
dihydrochloride	29	.....	43	.....	113
levofloxacin	82, 101	LUTERA	63	methyl dopa.....	33
levonorgest-eth estrad 91-		LYSODREN	38	methylphenidate hcl.....	2
day.....	64	M		methylphenidate hcl er	2
levonorgestrel	64	magnesium sulfate	95	methylphenidate hcl er (cd)	
levonorgestrel-ethinyl		malathion	74	.....	2
estrad	63	maprotiline hcl.....	19	methylphenidate hcl er (la)	2
LEVORA 0.15/30 (28).....	63	marlissa.....	63	methylprednisolone.....	66

methyltestosterone	9	naproxen dr	5	NORA-BE	65
metoclopramide hcl.....	83	naproxen sodium	5	norethin ace-eth estrad-fe	63
metolazone.....	79	naratriptan hcl.....	94	.....	63
metoprolol succinate er ..	57	NARCAN	27	norethindrone acetate ..	106
metoprolol tartrate	57	NATACYN	102	norethindrone-eth estradiol	82
metoprolol-		nateglinide	24	.....	82
hydrochlorothiazide.....	34	NATURE-THROID.....	111	norethin-eth estradiol-fe.	63
metronidazole ...	34, 74, 116	NAYZILAM.....	16	norgestimate-eth estradiol	63
metronidazole in nacl	34	NECON 0.5/35 (28)	63	.....	63
mexiletine hcl	11	NECON 1/35 (28).....	63	norgestim-eth estrad	
MIACALCIN.....	80	nefazodone hcl	20	triphasic	65
midodrine hcl.....	117	neomycin sulfate.....	2	NORPACE CR.....	11
miglitol	21	neomycin-polymyxin b gu	84	NORTREL 0.5/35 (28).....	63
MINITRAN	10	neomycin-polymyxin-		NORTREL 1/35 (21)	63
minocycline hcl.....	110	dexameth	103	NORTREL 7/7/7	65
minoxidil	34	neomycin-polymyxin-		nortriptyline hcl	21
mirtazapine	18, 19	gramicidin.....	102	NORVIR.....	52
MIRVASO	74	neomycin-polymyxin-hc	103,	NOVOLIN 70/30.....	23
misoprostol.....	113	104, 105		NOVOLIN 70/30 FLEXPEN	23
MITIGARE.....	85	NEPRO/CARBSTEADY	76	RELION	23
modafinil	2	NEUPRO.....	45	NOVOLIN 70/30 RELION .	23
moderna covid-19 vaccine		NEVANAC.....	103	NOVOLIN N.....	23
.....	115	nevirapine.....	53	NOVOLIN N FLEXPEN.....	23
moexipril hcl	31	nevirapine er	53	NOVOLIN N FLEXPEN	
mometasone furoate .	72, 99	NEXAVAR	39	RELION	23
MONO-LINYAH	63	NEXPLANON	64	NOVOLIN N RELION	23
montelukast sodium.....	13	niacin	117	NOVOLIN R.....	23
morphine sulfate	7	nicardipine hcl	58	NOVOLIN R FLEXPEN	23
morphine sulfate		nicotine	109	NOVOLIN R FLEXPEN	
(concentrate).....	7	nicotine polacrilex	109	RELION	23
morphine sulfate (pf)	7	nicotine step 3.....	109	NOVOLIN R RELION	23
morphine sulfate er.....	7	NICOTROL.....	109	NOVOLOG.....	24
MOTOFEN	26	NICOTROL NS.....	109	NOVOLOG FLEXPEN.....	23
moxifloxacin hcl	82, 101	NIFEDICAL XL.....	58	NOVOLOG MIX 70/30	24
multivitamin/fluoride.....	98	nifedipine er	58	NOVOLOG MIX 70/30	
multi-vitamin/fluoride	98	nifedipine er osmotic		FLEXPEN.....	23
multi-vitamin/fluoride/iron		release	58	NOVOLOG PENFILL.....	24
.....	98	nilutamide.....	38	np thyroid.....	111
mupirocin	69	nimodipine	58	NUCYNTA ER.....	7
MVC-FLUORIDE	98	nisoldipine er.....	59	NYAMYC	69
mycophenolate mofetil ..	96,	nitazoxanide.....	35	nystatin.....	28, 69, 97
97		NITRO-BID.....	10	nystatin-triamcinolone....	69
mycophenolate sodium...	97	NITRO-DUR	10	NYSTOP.....	69
MYORISAN.....	68	nitrofurantoin	36	O	
N		nitrofurantoin macrocrystal		octreotide acetate.....	81
nabumetone	4	.....	36	ODEFSEY.....	49
nadolol.....	57	nitrofurantoin monohyd		ofloxacin	82, 101, 104
naftifine hcl	69	macro.....	36	olanzapine	48
nalbuphine hcl.....	8	nitroglycerin	10	olmesartan medoxomil ...	33
naloxone hcl	26	nitroglycerin er	10	olmesartan medoxomil-hctz	
naltrexone hcl	27	nitroglycerin in d5w.....	10	.....	32
naproxen.....	5	nizatidine	112		

olmesartan-amlodipine-hctz	33	OSMOPREP.....	89	peg- 3350/electrolytes/ascorba t.....	89
olopatadine hcl.....	99	OTEZLA.....	5	PEGANONE.....	18
omega-3-acid ethyl esters	29	oxaliplatin.....	37	PEGASYS.....	56
omeprazole.....	113	oxandrolone.....	9	PEGINTRON.....	56
OMNARIS.....	99	oxaprozin.....	5	peg-kcl-nacl-nasulf-na asc-c	89
OMNIFLEX DIAPHRAGM ..	90	oxazepam.....	11	penicillamine.....	96
OMNITROPE.....	80	oxcarbazepine.....	17	penicillin v potassium ...	105
ondansetron.....	27	oxiconazole nitrate.....	73	PENTACEL.....	111
ondansetron hcl.....	27	OXISTAT.....	73	pentamidine isethionate..	34
ONETOUCH DELICA LANCETS 30G.....	91	oxybutynin chloride.....	113	pentoxifylline er.....	86
ONETOUCH DELICA LANCETS 33G.....	91	oxybutynin chloride er ..	113	PERATIVE.....	77
ONETOUCH DELICA LANCING DEV.....	91	oxycodone hcl.....	8	PERATIVE 1.3 CAL.....	77
ONETOUCH DELICA PLUS LANCET30G.....	91	oxycodone-acetaminophen	8	perindopril erbumine.....	31
ONETOUCH DELICA PLUS LANCET33G.....	91	oxycodone-aspirin.....	8	permethrin.....	74
ONETOUCH DELICA PLUS LANCING.....	91	oxycodone-ibuprofen.....	8	perphenazine.....	47
ONETOUCH SURESOFT LANCING DEV.....	91	oxymorphone hcl.....	8	perphenazine-amitriptyline	108
ONETOUCH ULTRA.....	75	oxymorphone hcl er.....	8	pfizer-biontech covid-19 vacc.....	115
ONETOUCH ULTRA 2.....	91	oxytocin.....	105	phenazopyridine hcl.....	85
ONETOUCH ULTRA CONTROL.....	92	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	24	phenelzine sulfate.....	19
ONETOUCH ULTRA MINI .	92	OZEMPIC (1 MG/DOSE)...	24	PHENEX-1.....	77
ONETOUCH ULTRASOFT LANCETS.....	92	P		PHENEX-2.....	77
ONETOUCH VERIO	75, 92	paclitaxel.....	43	phenobarbital.....	88
ONETOUCH VERIO FLEX SYSTEM.....	92	paliperidone er.....	46	phenoxybenzamine hcl ...	32
ONETOUCH VERIO IQ SYSTEM.....	92	pamidronate disodium	80	phenytoin.....	18
ONETOUCH VERIO REFLECT	92	pantoprazole sodium	113	phenytoin sodium.....	18
ONGLYZA.....	21	PARAGARD INTRAUTERINE COPPER.....	64	phenytoin sodium extended	18
OPSUMIT.....	60	paricalcitol.....	81	PHOSLYRA.....	84
OPTICHAMBER FACE MASK- SMALL.....	94	paroxetine hcl.....	20	PHOSPHOLINE IODIDE .	101
OPTIONS CONCEPTROL .	116	paroxetine hcl er.....	19	phytonadione.....	117
ORENITRAM.....	59	PASER.....	37	PIFELTRO.....	53
ORKAMBI.....	109	PAXIL.....	20	pilocarpine hcl.....	98, 101
orphenadrine citrate er ...	99	PEDIARIX.....	111	pimecrolimus.....	74
ORSYTHIA.....	63	PEDIASURE.....	77	pimozide.....	108
oseltamivir phosphate	56	PEDIASURE 1.5 CAL.....	76	pindolol.....	57
OSMOLITE 1 CAL.....	76	PEDIASURE 1.5 CAL/FIBER	76	pioglitazone hcl.....	26
OSMOLITE 1.2 CAL.....	76	PEDIASURE ENTERAL 1.0 CAL.....	76	pioglitazone hcl-glimepiride	26
OSMOLITE 1.5 CAL.....	76	PEDIASURE ENTERAL 1.0CAL/FIBER.....	77	pioglitazone hcl-metformin hcl.....	26
		PEDIASURE PEPTIDE 1.0 CAL.....	77	PIRMELLA 1/35.....	63
		PEDIASURE PEPTIDE 1.5 CAL.....	77	PIRMELLA 7/7/7.....	65
		PEDIASURE SIDEKICKS...	77	piroxicam.....	5
		PEDIASURE/FIBER.....	77	PIVOT 1.5 CAL.....	77
		PEDIATRIC PANDA MASK.	94	PKU AIR15 GOLD.....	77
		PEDVAX HIB.....	114	PKU AIR15 GREEN.....	77
		peg-3350/electrolytes.....	89	PKU AIR15 YELLOW.....	77

PKU AIR20 GOLD.....	77	PRIFTIN	37	Q	
PKU AIR20 GREEN	77	primaquine phosphate	36	quetiapine fumarate.....	47
PKU AIR20 YELLOW	77	primidone	17	quinapril hcl	32
PKU COOLER 10	77	probenecid	85	quinapril-	
PKU COOLER 15	77	procainamide hcl.....	11	hydrochlorothiazide.....	31
PKU COOLER 20	77	prochlorperazine	47	quinidine gluconate er	11
PKU EXPRESS	77	prochlorperazine edisylate		quinidine sulfate	11
PKU EXPRESS20	77	.....	47	quinine sulfate	36
PKU GEL.....	77	prochlorperazine maleate	47	QVAR REDIHALER.....	15
PKU SPHERE 20.....	77	PROCRIT.....	87	R	
PLEGRIDY.....	107	progesterone micronized	106	rabeprazole sodium.....	113
PLEGRIDY STARTER PACK		PROLIA	81	raloxifene hcl	81
.....	107	PROMACTA.....	87	ramelteon	88
PNEUMOVAX 23.....	114	promethazine hcl	29	ramipril	32
podofilox	73	promethazine vc	67	ranitidine hcl.....	112
polyethylene glycol 3350	89	promethazine vc plain.....	67	ranolazine er.....	9
polymyxin b sulfate.....	36	promethazine vc/codeine.	67	rasagiline mesylate	45
polymyxin b-trimethoprim		promethazine-codeine.....	67	RCF LOW-IRON	75
.....	102	promethazine-dm.....	67	RECLIPSEN	63
poly-vitamin/fluoride.....	98	promethazine-		RECOMBIVAX HB	116
POMALYST	39	phenylephrine.....	67	RECTIV	9
PORTIA-28	63	PROMETHEGAN	29	REGONOL	37
posaconazole	28	PROMOD	77	REGRANEX.....	75
potassium chloride.....	96	PROMOTE.....	77	RELENZA DISKHALER	56
potassium chloride crys er		PROMOTE 1.0	77	RENACIDIN.....	85
.....	95	PROMOTE 1.0 WITH FIBER		repaglinide.....	24
potassium chloride er 95,	96	.....	77	RESTASIS.....	102
potassium citrate er.....	85	PROMOTE/FIBER	77	RETROVIR	54
potassium citrate-citric acid		propafenone hcl	11	REVLIMID	96
.....	85	propafenone hcl er	11	REXULTI.....	48
PRADAXA	16	proparacaine hcl	102	REYATAZ	52
PRALUENT	30	PRO-PHREE	77	ribavirin	56
pramipexole dihydrochloride		PROPIMEX-1.....	77	RIDAURA.....	3
.....	45	PROPIMEX-2.....	77	rifabutin	37
pramipexole dihydrochloride		propranolol hcl.....	57	RIFAMATE.....	37
er.....	45	propranolol hcl er	57	rifampin	37
prasugrel hcl.....	86	propranolol-hctz.....	34	RIFATER.....	37
pravastatin sodium	30	propylthiouracil.....	110	riluzole.....	100
prazosin hcl	33	PROQUAD	114	rimantadine hcl	56
PRED MILD	104	protriptyline hcl	21	RINVOQ	3
prednicarbate.....	73	PROVIMIN	77	risedronate sodium	80
prednisolone	66	pseudoeph-bromphen-dm	67	risperidone	46
prednisolone acetate	104	PULMICORT FLEXHALER ..	14	ritonavir	52
prednisolone sodium		PULMOCARE	78	rivastigmine tartrate	107
phosphate	66, 104	PULMOCARE 1.5.....	77	rizatriptan benzoate	95
prednisone	66	PULMOZYME.....	109	ropinirole hcl.....	46
PREDNISON INTENSOL .	66	pyrazinamide.....	37	ropinirole hcl er	45
pregabalin	17	pyridostigmine bromide...	37	rosuvastatin calcium	30
PRENATABS RX	98	pyridostigmine bromide er		ROTARIX	116
PREVNAR 13	114	.....	36	ROTATEQ.....	116
PREZCOBIX	50	pyridoxine hcl	117	rufinamide	17
PREZISTA	52	pyrimethamine	36	RYBELSUS	24

S		
salsalate.....	6	
SANDIMMUNE	96	
SANTYL	73	
SAPHRIS	47	
SAVELLA	107	
scopolamine.....	27	
selegiline hcl	45	
selenium sulfide	70	
SELZENTRY.....	50	
SEREVENT DISKUS	13	
sertraline hcl.....	20	
sevelamer carbonate	84	
sevelamer hcl.....	84	
SHINGRIX	116	
SIGNIFOR.....	81	
SIGNIFOR LAR	81	
sildenafil citrate.....	60	
silodosin.....	84	
silver sulfadiazine	70	
SIMBRINZA.....	100	
SIMILAC EXPERT CARE		
NEOSURE/FE.....	75	
SIMILAC HUMAN MILK		
FORTIFIER.....	75	
SIMILAC NEOSURE		
ADVANCE/IRON.....	75	
SIMILAC PM	75	
SIMILAC SPECIAL		
CARE/IRON.....	76	
simvastatin.....	30	
sirolimus	97	
SIRTURO.....	37	
SIVEXTRO	35	
SKYLA.....	65	
SKYRIZI (150 MG DOSE)	70	
sod citrate-citric acid	85	
sodium chloride.....	67, 96	
sodium fluoride	95	
sodium polystyrene		
sulfonate.....	97	
sofosbuvir-velpatasvir	56	
solifenacin succinate	113	
SOMATULINE DEPOT	81	
SOMAVERT	80	
sorbitol	85	
sorbitol-mannitol	85	
SORINE.....	57	
sotalol hcl.....	57	
sotalol hcl (af).....	57	
spinosad.....	74	
SPIRIVA HANDIHALER....	13	
SPIRIVA RESPIMAT.....	13	
spironolactone	79	
spironolactone-hctz	79	
SPRINTEC 28.....	63	
SPRYCEL.....	41	
SRONYX.....	63	
SSD	70	
SSKI	67	
stavudine.....	55	
STELARA.....	70	
streptomycin sulfate	2	
STRIBILD	50	
sucralfate.....	112	
sulfacetamide sodium ...	104	
sulfacetamide-prednisolone		
.....	103	
sulfadiazine	110	
sulfamethoxazole-		
trimethoprim	35	
SULFAMYLON.....	70	
sulfasalazine.....	83	
sulindac	5	
sumatriptan.....	95	
sumatriptan succinate.....	95	
SUPLENA 1.8/CARBSTEADY		
.....	78	
SUPLENA/CARB STEADY..	78	
SUPRAX	61	
SUPREP BOWEL PREP KIT	89	
SUSTIVA.....	53	
SUTENT	39	
SYEDA.....	63	
SYMDEKO	109	
SYMFI.....	50	
SYMFI LO	50	
SYMTUZA.....	50	
SYNAGIS.....	105	
SYNAREL	81	
SYNJARDY.....	25	
SYNJARDY XR.....	25	
SYNTHROID	111	
T		
TABLOID.....	38	
tacrolimus.....	74, 97	
tadalafil	60	
tadalafil (pah).....	60	
TAFINLAR	39	
TAKE ACTION	64	
tamoxifen citrate.....	38	
tamsulosin hcl	84	
TASIGNA.....	41	
TAZORAC.....	70	
TAZTIA XT	59	
TDVAX	111	
telmisartan	33	
telmisartan-hctz	32	
temazepam.....	88	
TEMODAR	42	
temozolomide	42	
TENCON	6	
teniposide.....	43	
TENIVAC	112	
tenofovir disoproxil		
fumarate	55	
terazosin hcl	33	
terbinafine hcl	28	
terbutaline sulfate.....	13	
terconazole.....	116	
testosterone.....	9	
testosterone cypionate	9	
testosterone enanthate.....	9	
tetrabenazine.....	107	
tetracycline hcl	110	
THALOMID	96	
theophylline	15	
theophylline er	15	
thioridazine hcl.....	48	
thiothixene	48	
THYROLAR-1/4	111	
tiagabine hcl	18	
timolol maleate	58, 100	
tinidazole.....	34	
TIS-U-SOL.....	97	
TIVICAY	51	
tizanidine hcl.....	99	
TOBRADEX.....	103	
tobramycin	2, 102	
tobramycin sulfate	3	
tobramycin-dexamethasone		
.....	103	
TODAY SPONGE.....	116	
tolcapone	45	
tolmetin sodium	5	
tolterodine tartrate	113	
tolterodine tartrate er...	113	
topiramate.....	17	
topotecan hcl	44	
toremifene citrate	38	
torsemide	79	
TOUJEO MAX SOLOSTAR.	24	
TOUJEO SOLOSTAR.....	24	
TOVIAZ	113	
TRACLEER	60	
TRADJENTA.....	21	

tramadol hcl	8	V	WELCHOL	29	
tramadol hcl er.....	8	valacyclovir hcl	56	WESTHROID	111
tramadol hcl er (biphasic) .	8	valganciclovir hcl.....	55	WIDE-SEAL DIAPHRAGM	60
trandolapril.....	32	valproic acid	18	.....	90
trandolapril-verapamil hcl er		valsartan	33	WIDE-SEAL DIAPHRAGM	65
.....	31	valsartan-		.....	90
tranexamic acid.....	87	hydrochlorothiazide	32	WIDE-SEAL DIAPHRAGM	70
tranylcypromine sulfate ..	19	vancomycin hcl	35	.....	90
travoprost (bak free).....	104	VAQTA.....	116	WIDE-SEAL DIAPHRAGM	75
trazodone hcl	20	VARIVAX.....	116	.....	90
TRECTOR.....	37	VCF VAGINAL		WIDE-SEAL DIAPHRAGM	80
TRELEGY ELLIPTA	12	CONTRACEPTIVE.....	116	.....	90
TRESIBA	24	VELIVET.....	65	WIDE-SEAL DIAPHRAGM	85
TRESIBA FLEXTOUCH	24	VEMLIDY.....	55	.....	90
tretinoin	44, 68	venlafaxine hcl.....	20	WIDE-SEAL DIAPHRAGM	90
triamcinolone acetonide. 73,		venlafaxine hcl er.....	20	.....	90
98, 99		VENTAVIS	60	WIDE-SEAL DIAPHRAGM	95
triamterene	79	VENTOLIN HFA	13	.....	91
triamterene-hctz	79	verapamil hcl.....	59	X	
triazolam.....	88	verapamil hcl er.....	59	XALKORI	41
trifluoperazine hcl.....	48	VICTOZA.....	24	XARELTO	15
trifluridine	102	VIDEX	54	XARELTO STARTER PACK	15
trihexyphenidyl hcl	44	vigabatrin	18	XIFAXAN	34
trimethobenzamide hcl ...	27	VIIBRYD	20	XULANE.....	64
trimethoprim.....	34	VIIBRYD STARTER PACK .	20	XULTOPHY	24
trimipramine maleate.....	21	VIMPAT.....	17	Y	
TRINTELLIX	20	vinblastine sulfate	43	YALE DISP NEEDLES	94
TRI-SPRINTEC.....	65	vincristine sulfate	43	Z	
TRIUMEQ.....	50	vinorelbine tartrate.....	43	zafirlukast	13
tri-vitamin/fluoride	98	VIRACEPT	52	zaleplon	88
tri-vite/fluoride.....	98	VIRAMUNE	53	ZARAH	63
TRIVORA (28)	65	VIRAMUNE XR	54	ZARXIO	87
TRIZIVIR.....	50	VIREAD	55	ZENATANE.....	68
tropicamide	100	VITAL 1.0 CAL	78	ZENPEP	78
tropium chloride.....	113	VITAL 1.5 CAL	78	ZERVIAE	101
tropium chloride er.....	113	VITAL AF 1.2 CAL.....	78	ZIAGEN	54
TRULICITY.....	24	VITAL AF 1.2 CAL ADV		zidovudine	55
TRUMENBA	114	FORMULA.....	78	ZIEXTENZO.....	87
TRUVADA	50	VITAL HIGH PROTEIN	78	zileuton er	12
TUZISTRA XR.....	67	VITAL HP 1.0 CAL.....	78	ZIOPTAN	104
TWINRIX	114	VITAL PEPTIDE 1.5 CAL... 78		ziprasidone hcl	46
TWOCAL HN.....	78	vitamin d (ergocalciferol)		ZIRGAN	102
TWOCAL HN 2.0	78	.....	117	ZOLINZA	39
TYBOST.....	55	vitamin d3	117	zolmitriptan	95
TYREX-1.....	78	vitamins acd-fluoride	98	zolpidem tartrate	88
TYREX-2.....	78	VIVITROL.....	27	zolpidem tartrate er	88
U		voriconazole	28	zonisamide	18
ULESFIA.....	74	VOSEVI	56	ZONTIVITY	86
UNITHROID	111	VOTRIENT	41	ZOSTAVAX.....	116
UPTRAVI	60	VYVANSE	1	ZOVIA 1/35E (28).....	64
ursodiol.....	82, 83	W		ZYDELIG.....	44
		warfarin sodium	15	ZYKADIA	41

