Embrace better health®

Individual and Family Formulary

2021 List of Covered Drugs

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

Members must use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

AvMed Individual and Family Plan Formulary 2021

(01/01/2021)

INTRODUCTION

The ***AvMed Commercial 7-Tier Medication Formulary*** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The ***AvMed Commercial 7-Tier Medication Formulary*** is reflective of current medical practice as of the date of review.

The information contained in this ***AvMed Commercial 7-Tier Medication Formulary*** and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This ***AvMed Commercial 7-Tier Medication Formulary*** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the ***AvMed Commercial 7-Tier Medication Formulary*** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at **https://www.ahrq.gov/gam/**, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

The ***AvMed Commercial 7-Tier Medication Formulary*** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at **www.avmed.org**. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms are on the AvMed Commercial 7-Tier Medication Formulary, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the formulary. Any exceptions are noted.

Products on the *AvMed Commercial 7-Tier Medication Formulary* include all strengths and dosage forms of the cited product.

pregabalin

Oral capsules, oral solution and all strengths of pregabalin would be included in this listing.

When a strength or dosage form is specified, only the specified strength and dosage form is on the AvMed Commercial 7-Tier Medication Formulary. Other strengths/dosage forms of the reference product are not.

acyclovir caps, tabs

The acyclovir capsules and tablets are on the AvMed Commercial 7-Tier Medication Formulary. From this entry, the acyclovir ointment cannot be assumed to be on the list unless there is a specific entry.

Extended-release and delayed-release products require their own entry.

sitagliptin/metformin *Janumet*

The immediate-release product listing of Janumet alone would not include the extended-release product Janumet XR.

sitagliptin/metformin ext-rel *Janumet XR*

A separate entry for Janumet XR confirms that the extended-release product is on the AvMed Commercial 7-Tier Medication Formulary.

Dosage forms on the AvMed Commercial 7-Tier Medication Formulary will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone

Since neomycin/polymyxin B/hydrocortisone is listed only in the OTIC section and the OPHTHALMIC section, it is limited to the otic solution and suspension, and the ophthalmic suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the AvMed Commercial 7-Tier Medication Formulary.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable Non-Preferred brand copay.

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy.

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at **www.avmed.org** to obtain a Medication Exception Request Form (MER).

Step Therapy - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications. If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for all self-administered injectable medications, except Insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you

receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in the ***AvMed Commercial 7-Tier Medication Formulary***. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed participating pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine coverage of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per year. Many plans have the opportunity to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

What if my drug is not on the Drug List?

- If your drug is not on this drug list, call Member Engagement and make sure that your drug is not covered. If you learn that AvMed does not cover your drug, you have two choices: Ask Member Engagement for a list of similar drugs that are covered by AvMed.

When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by AvMed. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.

- Ask AvMed to make an exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

How do I ask for an exception to AvMed's Drug List?
You can ask AvMed to make an exception to our coverage rules. You can ask us to cover your drug even if it is not on our drug list.

Certain products are available at $0 cost share when utilized for preventive care. Additional products may be available at $0 cost share, through an exception process, when medically necessary for preventive care.

How likely is it that I will get an exception?

Generally, AvMed will only approve your request for an exception if the preferred drugs included on the plan's drug list, [other utilization restrictions] would:

- Not be as effective in treating your condition
- Cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list [utilization restriction exception], please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three business days for a decision.

If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at:
https://www.avmed.org/documents/20182/1731553/Commercial+MEDICATION+EXCEPTION+REQUEST+FORM+01-2017.pdf/2bb997cd-15e7-4d98-9e57-d5cc4fcd5002.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then selecting "Benefits", "Physician Referrals & Authorizations" and then selecting the link located under "Prescription Medications".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary by "QL". Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described on page 6.

Tier Description

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

- **Tier 1 - (Preferred Generic) -** These are preferred generic medications and are in the low range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
- **Tier 2 – (Generic) -** These are non-preferred generic medications- or higher cost generic medications and are in the low to mid-range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 3 - (Preferred Brand) -** These are preferred brand medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 4 - (Non-Preferred Brand) -** These are non-preferred brand medications and are typically the higher range for out-of-pocket expense.
- **Tier 5 - (Specialty)** - These are brand- or generic-name specialty medications or high cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
- **Tier 6 – (Non Preferred Specialty) -** These are non-preferred brand- or generic-name specialty medications or high cost medications and are typically at the higher out-of-pocket expense than Specialty preferred medications. Distribution of specialty medications is limited to our specialty pharmacy.
- **Tier 7 – (Zero Cost Share Preventive Drug)-**The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations.

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults.
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral Generics	(multiple)	**No cost share**
Non-Oral and OTC	Nuvaring, Xulane, condoms, diaphragms, etc.	**No cost share**. OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	**No cost share** - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	**Tier 4 Copay plus** brand additional charge - can request no cost share if Prior Authorization submitted and medical necessity is established.

Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral, prescription only	Bupropion SR, Chantix	**No cost share**. Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges	**No cost share**. Limit of 168 days' supply per year. Prescription from doctor required.
Brands with Generics	Nicorette, Nicoderm CQ	**Not covered**. Only the generic equivalents are covered.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

HOW CAN I ORDER A FREE Accu-Chek® DIABETIC METER SYSTEM?

AvMed Members with Diabetes can call CVS Caremark® at 1-877-418-4746 to order a new diabetic meter for free. Meters will be sent directly to the Member. Members may also complete the Diabetic Meter Form located in the AvMed website at **www.avmed.org/web/guest/preferred-medications-lists**. Forms may be mailed or emailed to CVS Caremark.

AvMed covers the following meters and accompanying test strips:

Accu-Chek® Aviva Plus, Accu-Chek® Compact Plus, Accu-Chek® Guide, Accu-Chek® Smartview

Members are limited to one meter system per 365 days. A prescription is REQUIRED to receive a new meter. If you do not have a prescription, you may ask CVS Caremark to obtain one for you when you submit your request.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. You can print the request forms from our website at **www.avmed.org**. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called **FastStart®**, a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-7290 to initiate mail service through FastStart.

MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 3-Month supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 3-Month supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 3-Month supplies include: Estring, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The ***AvMed Commercial 7-Tier Medication Formulary*** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card.

For additional information, please visit our website at: **www.avmed.org**.

LEGEND

OTC	Over the counter
PA	Prior Authorization
PA**	Prior Authorization Applies if Step is Not Met
QL	Quantity Limit
ST	Step Therapy

delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

AvMed and CVS Caremark do not operate the websites/organizations listed below, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by AvMed or CVS Caremark.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib CAPS 50mg, 100mg, 200mg	2	
GOUT		
allopurinol TABS 100mg, 300mg	2	
colchicine TABS .6mg	2	
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat TABS 40mg, 80mg	2	ST; PA**
probenecid TABS 500mg	2	
NON-OPIOID ANALGESICS		
butalbital-acetaminophen-caffeine cap 50-300-40 mg	2	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	2	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	2	QL (48 tabs / 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	2	QL (48 caps / 25 days)
tencon	2	QL (48 tabs / 25 days)
NSAIDS, COMBINATIONS		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	
NSAIDS		
diclofenac potassium TABS 50mg	2	
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	2	

Drug Name	Drug Tier	Requirements/Limits
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
fenoprofen calcium TABS 600mg	4	
flurbiprofen TABS 50mg, 100mg	2	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	2	
ketoprofen CAPS 50mg, 75mg	2	
ketorolac tromethamine SOLN 15mg/ml, 30mg/ml	2	
ketorolac tromethamine TABS 10mg	2	QL (20 tabs / 25 days)
meclofenamate sodium CAPS 50mg, 100mg	2	
mefenamic acid CAPS 250mg	2	
meloxicam TABS 7.5mg, 15mg	2	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	2	
oxaprozin TABS 600mg	2	
piroxicam CAPS 10mg, 20mg	2	
sulindac TABS 150mg, 200mg	2	
tolmetin sodium CAPS 400mg; TABS 600mg	2	
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (90 units / 25 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (60 units / 25 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	7	QL (90 tabs / 25 days); $0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	7	QL (90 tabs / 25 days); $0 copay
ZUBSOLV SUB 0.7-0.18	3	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36	3	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71	3	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4	3	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9	3	QL (30 units / 25 days)
OPIOID ANALGESICS		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	2	QL (48 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	2	
butorphanol tartrate SOLN 10mg/ml	2	QL (2 bottles / 25 days)
codeine sulfate TABS 30mg	2	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
CODEINE SULFATE TABS 60mg	4	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
endocet	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
endocet	2	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit
endocet	2	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
fentanyl PT72 12mcg/hr, 25mcg/hr	2	QL (10 patches / 25 days), ST
fentanyl PT72 50mcg/hr, 75mcg/hr, 100mcg/hr	2	PA, ST; High Strength Requires PA
fentanyl citrate LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	2	QL (120 lozenges / 25 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	2	QL (50 tabs / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl SOLN 2mg/ml	2	
HYDROMORPHONE HCL SUPP 3mg	4	QL (120 suppositories / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl T24A 8mg, 12mg, 16mg	2	QL (30 tabs / 25 days), ST
hydromorphone hcl T24A 32mg	2	PA, ST; High Strength Requires PA
hydromorphone hcl TABS 2mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl TABS 4mg	2	QL (150 tabs / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl TABS 8mg	2	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 25 days), ST
HYSINGLA ER T24A 100mg, 120mg	4	PA, ST; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
levorphanol tartrate TABS 2mg	4	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit
levorphanol tartrate TABS 3mg	4	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
methadone hcl CONC 10mg/ml	2	QL (30 ml / 25 days); (indicated for opioid addiction)
methadone hcl SOLN 5mg/5ml	2	QL (450 ml / 25 days), ST
methadone hcl SOLN 10mg/5ml	2	QL (300 mL / 25 days), ST
methadone hcl TABS 5mg	2	QL (90 tabs / 25 days), ST
methadone hcl TABS 10mg	2	QL (60 tabs / 25 days), ST
methadone hcl TBSO 40mg	2	QL (9 tabs / 25 days)
methadone hcl intensol CONC 10mg/ml	2	QL (60 mL / 25 days), ST; (generic of Methadone Intensol, indicated for pain)
methadose TBSO 40mg	2	QL (9 tabs / 25 days)
morphine sulfate CP24 10mg, 20mg, 30mg	2	QL (60 caps / 25 days), ST
morphine sulfate CP24 50mg, 60mg, 80mg	2	QL (30 caps / 25 days), ST
morphine sulfate CP24 100mg; TBCR 60mg, 100mg, 200mg	2	PA, ST; High Strength Requires PA
morphine sulfate SOLN 4mg/ml, 10mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate SOLN 10mg/5ml	2	QL (900 ml / 25 days), ST; Subject to initial 7-day limit
morphine sulfate SOLN 20mg/5ml	2	QL (675 mL / 25 days), ST; Subject to initial 7-day limit
morphine sulfate SOLN 100mg/5ml	2	QL (135 mL / 25 days), ST; Subject to initial 7-day limit
morphine sulfate SUPP 5mg, 10mg	2	QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit
morphine sulfate SUPP 20mg	2	QL (120 supp / 25 days), ST; Subject to initial 7-day limit
morphine sulfate SUPP 30mg	2	QL (90 supp / 25 days), ST; Subject to initial 7-day limit
morphine sulfate TABS 15mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
morphine sulfate TABS 30mg	2	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
morphine sulfate TBCR 15mg, 30mg	2	QL (90 tabs / 25 days), ST
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg	2	QL (30 caps / 25 days), ST
morphine sulfate beads CP24 120mg	2	PA, ST; High Strength Requires PA
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TABS 50mg	3	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA TABS 75mg	3	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA TABS 100mg	3	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA ER TB12 50mg, 100mg	4	QL (60 tabs / 25 days), ST
NUCYNTA ER TB12 150mg, 200mg, 250mg	4	PA, ST; High Strength Requires PA
oxycodone hcl CAPS 5mg	2	QL (180 caps / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl CONC 100mg/5ml	2	QL (90 mL / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl SOLN 5mg/5ml	2	QL (900 ml / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl T12A 10mg, 15mg, 20mg, 30mg	2	QL (60 tabs / 25 days), ST
oxycodone hcl T12A 40mg, 60mg, 80mg	2	PA, ST; High Strength Requires PA
oxycodone hcl TABS 5mg, 10mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl TABS 15mg	2	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl TABS 20mg	2	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl TABS 30mg	2	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	2	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone-aspirin tab 4.8355-325 mg	2	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone-ibuprofen tab 5-400 mg	2	QL (28 tabs / 25 days), ST; Subject to initial 7-day limit
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg	4	QL (60 tabs / 25 days), ST
OXYCONTIN T12A 40mg, 60mg, 80mg	4	PA, ST; High Strength Requires PA
oxymorphone hcl TABS 5mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl TABS 10mg	2	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg	2	QL (60 tabs / 25 days), ST
oxymorphone hcl TB12 20mg, 30mg, 40mg	2	PA, ST; High Strength Requires PA
tramadol hcl TABS 50mg	2	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
tramadol hcl TB24 100mg	2	QL (30 tabs / 25 days), ST
tramadol hcl TB24 200mg, 300mg	2	PA, ST; High Strength Requires PA
tramadol-acetaminophen tab 37.5-325 mg	2	QL (40 tabs / 25 days), ST; Subject to initial 7-day limit
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	3	QL (60 caps / 25 days), ST
XTAMPZA ER C12A 36mg	3	PA, ST; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	3	QL (60 films / 25 days), ST
BELBUCA FILM 600mcg, 750mcg, 900mcg	3	PA, ST; High Strength Requires Prior Auth
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr	2	QL (4 patches / 25 days), ST
buprenorphine PTWK 15mcg/hr, 20mcg/hr	2	PA, ST; High Strength Requires Prior Auth
buprenorphine hcl SOLN .3mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl SUBL 2mg, 8mg	7	QL (90 tabs / 25 days); $0 copay; Must obtain approval after the first 30 day supply
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	
SALICYLATES		
aspirin enteric coated ad TBEC 81mg	7	OTC, QL (100 tabs / 30 days); $0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
diflunisal TABS 500mg	2	
goodsense aspirin CHEW 81mg	7	OTC, QL (100 tabs / 30 days); $0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 2%	2	
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	2	
gentamicin sulfate SOLN 40mg/ml	2	
MONUROL PACK 5.631gm	4	
neomycin sulfate TABS 500mg	2	
paromomycin sulfate CAPS 250mg	2	

Drug Name	Drug Tier	Requirements/Limits
SULFADIAZINE TABS 500mg	4	
tinidazole TABS 250mg, 500mg	2	
tobramycin NEBU 300mg/5ml	5	QL (280 mL / 28 days), PA
tobramycin sulfate SOLN 40mg/ml, 80mg/2ml; SOLR 1.2gm	2	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUSR 100mg/5ml	4	QL (540mL / 25 days)
ALINIA TABS 500mg	4	QL (20 tabs / 25 days)
atovaquone SUSP 750mg/5ml	2	
aztreonam SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	QL (84 vials / 28 days), PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	2	
clindamycin phosphate SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml	2	
dapsone TABS 25mg, 100mg	2	
DARAPRIM TABS 25mg	4	PA
EMVERM CHEW 100mg	4	QL (12 tabs / 365 days)
ertapenem sodium SOLR 1gm	2	
ivermectin TABS 3mg	2	
linezolid SOLN 600mg/300ml; SUSR 100mg/5ml; TABS 600mg	2	

Drug Name	Drug Tier	Requirements/Limits
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	2	
meropenem SOLR 1gm, 500mg	2	
methenamine hippurate TABS 1gm	2	
metronidazole CAPS 375mg; TABS 250mg, 500mg	2	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	2	
nitrofurantoin SUSP 25mg/5ml	2	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystal CAPS 25mg, 50mg, 100mg	2	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin monohyd macro CAPS 100mg	2	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate SOLR 300mg	2	
polymyxin b sulfate SOLR 500000unit	2	
praziquantel TABS 600mg	2	QL (24 tabs / 365 days)
PRIMSOL SOLN 50mg/5ml	3	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800-160 mg	2	

Drug Name	Drug Tier	Requirements/Limits
trimethoprim TABS 100mg	2	
vancomycin hcl CAPS 125mg, 250mg	2	QL (80 caps / 10 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
XIFAXAN TABS 200mg	3	QL (9 tabs / 25 days)
XIFAXAN TABS 550mg	3	PA
ANTIFUNGALS		
amphotericin b SOLR 50mg	2	
bio-statin	2	
BIO-STATIN CAPS 500000unit, 1000000unit	3	
CRESEMBA CAPS 186mg	4	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	2	
griseofulvin ultramicrosize TABS 125mg, 250mg	2	
itraconazole CAPS 100mg; SOLN 10mg/ml	2	PA
NOXAFIL SUSP 40mg/ml	3	PA
nystatin TABS 500000unit	2	
posaconazole TBEC 100mg	4	PA
terbinafine hcl TABS 250mg	2	
voriconazole SUSR 40mg/ml; TABS 50mg, 200mg	4	PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
atovaquone-proguanil hcl tab 250-100 mg	2	
chloroquine phosphate TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	2	
primaquine phosphate TABS 26.3mg	2	
quinine sulfate CAPS 324mg	2	
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml	2	QL (900 mL / 30 days)
abacavir sulfate TABS 300mg	2	QL (60 tabs / 30 days)
APTIVUS CAPS 250mg	3	QL (120 caps / 30 days)
APTIVUS SOLN 100mg/ml	3	QL (285 mL / 28 days)
atazanavir sulfate CAPS 150mg, 300mg	2	QL (30 caps / 30 days)
atazanavir sulfate CAPS 200mg	2	QL (60 caps / 30 days)
ATRIPLA TAB	3	QL (30 tabs / 30 days)
COMBIVIR TAB 150-300	4	QL (60 tabs / 30 days)
COMPLERA TAB	3	QL (30 tabs / 30 days)
CRIXIVAN CAPS 200mg	3	QL (450 caps / 30 days)
CRIXIVAN CAPS 400mg	3	QL (180 caps / 30 days)
DELSTRIGO TAB	3	QL (30 tabs / 30 days)
didanosine CPDR 200mg, 250mg, 400mg	2	QL (30 caps / 30 days)
EDURANT TABS 25mg	3	QL (60 tabs / 30 days)
efavirenz CAPS 50mg, 200mg	2	QL (90 caps / 30 days)
efavirenz TABS 600mg	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAPS 200mg	3	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	3	QL (680 ml / 28 days)
EPIVIR SOLN 10mg/ml	4	QL (900 mL / 30 days)
EPIVIR TABS 150mg	4	QL (60 tabs / 30 days)
EPIVIR TABS 300mg	4	QL (30 tabs / 30 days)
EPZICOM TAB 600-300	4	QL (30 tabs / 30 days)
fosamprenavir calcium TABS 700mg	2	QL (120 tabs / 30 days)
FUZEON SOLR 90mg	5	QL (60 vials / 30 days), PA
INTELENCE TABS 25mg, 100mg	3	QL (120 tabs / 30 days)
INTELENCE TABS 200mg	3	QL (60 tabs / 30 days)
INVIRASE TABS 500mg	3	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg, 100mg	3	QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	3	QL (60 packets / 30 days)
ISENTRESS TABS 400mg	3	QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	3	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG	3	QL (30 tabs / 30 days)
KALETRA SOL	4	QL (390 mL / 30 days)
lamivudine SOLN 10mg/ml	2	QL (900 ml / 30 days)
lamivudine TABS 150mg	2	QL (60 tabs / 30 days)
lamivudine TABS 300mg	2	QL (30 tabs / 30 days)
LEXIVA SUSP 50mg/ml	3	QL (1575 mL / 28 days)
LEXIVA TABS 700mg	4	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
nevirapine SUSP 50mg/5ml	2	QL (1200 mL / 30 days)
nevirapine TABS 200mg	2	QL (60 tabs / 30 days)
nevirapine TB24 100mg	2	QL (90 tabs / 30 days)
nevirapine TB24 400mg	2	QL (30 tabs / 30 days)
NORVIR PACK 100mg	3	QL (360 packets / 30 days)
NORVIR SOLN 80mg/ml	3	QL (480 mL / 30 days)
NORVIR TABS 100mg	4	QL (360 tabs / 30 days)
PIFELTRO TABS 100mg	3	QL (30 tabs / 30 days)
PREZISTA SUSP 100mg/ml	3	QL (400 ml / 30 days)
PREZISTA TABS 75mg	3	QL (300 tabs / 30 days)
PREZISTA TABS 150mg	3	QL (180 tabs / 30 days)
PREZISTA TABS 600mg	3	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	3	QL (30 tabs / 30 days)
RESCRIPTOR TABS 100mg	3	QL (900 tabs / 30 days)
RESCRIPTOR TABS 200mg	3	QL (180 tabs / 30 days)
RETROVIR CAPS 100mg	4	QL (180 caps / 30 days)
RETROVIR SYRP 50mg/5ml	4	QL (1800 mL / 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml	3	
REYATAZ CAPS 150mg, 300mg	4	QL (30 caps / 30 days)
REYATAZ CAPS 200mg	4	QL (60 caps / 30 days)
REYATAZ PACK 50mg	3	QL (180 packets / 30 days)
ritonavir TABS 100mg	2	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA TB12 600mg	3	QL (60 tabs / 30 days)
SELZENTRY SOLN 20mg/ml	3	QL (1840 mL / 30 days)
SELZENTRY TABS 25mg	3	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg, 150mg	3	QL (60 tabs / 30 days)
SELZENTRY TABS 300mg	3	QL (120 tabs / 30 days)
stavudine CAPS 15mg, 20mg, 30mg, 40mg	2	QL (60 caps / 30 days)
STRIBILD TAB	3	QL (30 tabs / 30 days)
SUSTIVA CAPS 50mg, 200mg	4	QL (90 caps / 30 days)
SUSTIVA TABS 600mg	4	QL (30 tabs / 30 days)
SYMTUZA TAB	3	QL (30 tabs / 30 days)
tenofovir disoproxil fumarate TABS 300mg	2	QL (30 tabs / 30 days)
TIVICAY TABS 10mg, 25mg, 50mg	3	QL (60 tabs / 30 days)
TIVICAY PD TBSO 5mg	3	QL (180 tabs / 30 days)
TRIZIVIR TAB	4	QL (60 tabs / 30 days)
TROGARZO SOLN 200mg/1.33ml	5	
TYBOST TABS 150mg	3	QL (30 tabs / 30 days)
VIDEX EC CPDR 125mg	3	QL (30 caps / 30 days)
VIDEX EC CPDR 200mg, 250mg, 400mg	4	QL (30 caps / 30 days)
VIDEX PEDIATRIC SOLR 2gm	3	QL (1200 ml / 30 days)
VIRACEPT TABS 250mg	3	QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	3	QL (120 tabs / 30 days)
VIRAMUNE SUSP 50mg/5ml	4	QL (1200 mL / 30 days)
VIRAMUNE TABS 200mg	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE XR TB24 100mg	4	QL (90 tabs / 30 days)
VIRAMUNE XR TB24 400mg	4	QL (30 tabs / 30 days)
VIREAD POWD 40mg/gm	3	QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days)
VIREAD TABS 300mg	4	QL (30 tabs / 30 days)
ZERIT CAPS 15mg, 20mg, 30mg, 40mg	4	QL (60 caps / 30 days)
ZIAGEN SOLN 20mg/ml	4	QL (900 mL / 30 days)
ZIAGEN TABS 300mg	4	QL (60 tabs / 30 days)
zidovudine CAPS 100mg	2	QL (180 caps / 30 days)
zidovudine SYRP 50mg/5ml	2	QL (1800 ml / 30 days)
zidovudine TABS 300mg	2	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	2	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	2	QL (60 tabs / 30 days)
BIKTARVY TAB	3	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	3	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	3	QL (30 tabs / 30 days)
DOVATO	3	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	3	QL (30 tabs / 30 days)
GENVOYA TAB	3	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	3	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	3	QL (120 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2	QL (390 mL / 30 days)
ODEFSEY TAB	3	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	3	QL (30 tabs / 30 days)
SYMFI LO TAB	3	QL (30 tabs / 30 days)
SYMFI TAB	3	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	3	QL (30 tabs / 30 days)
TRIUMEQ TAB	3	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	3	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	3	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	3	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	7	QL (30 tabs / 30 days), ST; PA**; $0 copay; coverage for pre and post-exposure prophylaxis only
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	2	
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SOLN 100mg/ml; SYRP 50mg/5ml; TABS 100mg, 300mg	2	
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
RIFAMATE CAP	3	

Drug Name	Drug Tier	Requirements/Limits
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	
RIFATER TAB	3	
SIRTURO TABS 100mg	6	PA
TRECATOR TABS 250mg	3	
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	2	
adefovir dipivoxil TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	4	
cidofovir SOLN 75mg/ml	2	
entecavir TABS .5mg, 1mg	5	
EPIVIR HBV SOLN 5mg/ml	3	
famciclovir TABS 125mg, 250mg, 500mg	2	
lamivudine (hbv) TABS 100mg	2	
oseltamivir phosphate CAPS 30mg	2	QL (40 caps / 90 days)
oseltamivir phosphate CAPS 45mg, 75mg	2	QL (20 caps / 90 days)
oseltamivir phosphate SUSR 6mg/ml	2	QL (360 mL / 90 days)
RELENZA DISKHALER AEPB 5mg/blister	3	QL (2 inhalers / 90 days)
ribavirin SOLR 6gm	2	
rimantadine hydrochloride TABS 100mg	2	
valacyclovir hcl TABS 500mg, 1000mg	2	
valganciclovir hcl SOLR 50mg/ml	5	QL (1000 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
valganciclovir hcl TABS 450mg	5	QL (102 tabs / 30 days), PA
VEMLIDY TABS 25mg	4	QL (30 tabs / 30 days), PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	2	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	2	
cefazolin sodium SOLR 1gm	2	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
cefditoren pivoxil TABS 200mg, 400mg	2	
cefepime hcl SOLR 1gm, 2gm	2	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
ceftazidime SOLR 2gm	2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil TABS 250mg, 500mg	2	
cephalexin CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
tazicef SOLR 1gm	2	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	2	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID TABS 200mg	3	PA
e.e.s. 400 TABS 400mg	2	
ery-tab TBEC 250mg, 333mg, 500mg	2	
erythrocin stearate TABS 250mg	2	
erythromycin base CPEP 250mg; TABS 250mg, 500mg	2	
erythromycin ethylsuccinate SUSR 200mg/5ml, 400mg/5ml; TABS 400mg	2	
FLUOROQUINOLONES		
BAXDELA TABS 450mg	4	
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin hcl TABS 100mg, 250mg, 500mg, 750mg	2	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	2	
moxifloxacin hcl TABS 400mg	2	
ofloxacin TABS 300mg, 400mg	2	
HEPATITIS C		
EPCLUSA TAB 400-100	5	QL (28 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK	5	QL (28 pellets / 28 days), PA
HARVONI PAK 45-200MG	5	QL (28 pellets / 28 days), PA
HARVONI TAB 45-200MG	5	QL (28 tabs / 28 days), PA
HARVONI TAB 90-400MG	5	QL (28 tabs / 28 days), PA
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	5	PA
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	2	PA
SOVALDI PACK 150mg, 200mg	6	QL (28 pellets / 28 days), PA, ST
SOVALDI TABS 200mg, 400mg	6	QL (28 tabs / 28 days), PA, ST
VOSEVI TAB	5	QL (28 tabs / 28 days), PA
ZEPATIER TAB 50-100MG	6	QL (28 tabs / 28 days), PA, ST
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	2	
amoxicillin & k clavulanate chew tab 200-28.5 mg	2	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
ampicillin CAPS 500mg	2	
ampicillin sodium SOLR 1gm, 2gm	2	
dicloxacillin sodium CAPS 250mg, 500mg	2	
penicillin g potassium SOLR 5000000unit, 20000000unit	2	
penicillin g sodium SOLR 5000000unit	2	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
pfizerpen SOLR 20mu	2	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	2	
TETRACYCLINES		
avidoxy TABS 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
demeclocycline hcl TABS 150mg, 300mg	2	
doxy 100 SOLR 100mg	2	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 150mg	2	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg; TBEC 75mg, 100mg, 150mg	2	
minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	2	
morgidox 1x100mg CAPS 100mg	2	
tetracycline hcl CAPS 250mg, 500mg	2	
VIBRAMYCIN SYRP 50mg/5ml	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
busulfan SOLN 6mg/ml	2	
carmustine SOLR 100mg	2	
cyclophosphamide CAPS 25mg, 50mg	2	
cyclophosphamide SOLR 1gm, 2gm, 500mg	5	
dacarbazine SOLR 100mg, 200mg	2	
EMCYT CAPS 140mg	5	
GLEOSTINE CAPS 10mg, 40mg, 100mg	5	
GLIADEL WAF 7.7MG	3	
ifosfamide SOLN 1gm/20ml, 3gm/60ml; SOLR 1gm	2	
LEUKERAN TABS 2mg	3	

Drug Name	Drug Tier	Requirements/Limits
melphalan TABS 2mg	2	
melphalan hcl SOLR 50mg	2	
TEMODAR SOLR 100mg	5	PA
temozolomide CAPS 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	5	PA
ANTHRACYCLINES		
adriamycin SOLR 10mg, 50mg	2	
daunorubicin hcl SOLN 20mg/4ml	2	
doxorubicin hcl SOLN 2mg/ml	2	
doxorubicin hcl liposomal INJ 2mg/ml	2	
epirubicin hcl SOLN 50mg/25ml, 200mg/100ml	2	
idarubicin hcl SOLN 5mg/5ml, 10mg/10ml, 20mg/20ml	2	
ANTIBIOTICS		
bleomycin sulfate SOLR 15unit, 30unit	2	
mitomycin SOLR 5mg, 20mg, 40mg	2	
ANTIMETABOLITES		
adrucil SOLN 500mg/10ml	2	
ALIMTA SOLR 100mg, 500mg	5	
azacitidine SUSR 100mg	5	PA
capecitabine TABS 150mg	5	QL (120 tabs / 30 days), PA
capecitabine TABS 500mg	5	QL (300 tabs / 30 days), PA
cladribine SOLN 10mg/10ml	2	
clofarabine SOLN 1mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
cytarabine SOLN 20mg/ml, 100mg/ml	2	
decitabine SOLR 50mg	5	PA
floxuridine SOLR .5gm	2	
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	2	
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	5	
mercaptopurine TABS 50mg	2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	
NIPENT SOLR 10mg	3	
TABLOID TABS 40mg	3	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	3	
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	2	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate SOLN 1mg/ml	2	
vincristine sulfate SOLN 1mg/ml	2	
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100mg/50ml, 200mg/100ml	5	PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), PA
FARYDAK CAPS 10mg, 15mg, 20mg	5	QL (6 caps / 21 days), PA
GAZYVA SOLN 1000mg/40ml	5	PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), PA
KADCYLA SOLR 100mg, 160mg	5	PA
KEYTRUDA SOLN 100mg/4ml	5	PA
KISQALI TBPK 200mg	5	QL (21 tabs / 28 days), PA; 200 mg dose
KISQALI TBPK 200mg	5	QL (42 tabs / 28 days), PA; 400 mg dose
KISQALI TBPK 200mg	5	QL (63 tabs / 28 days), PA; 600 mg dose
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	6	QL (224 caps / 28 days), PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	5	QL (120 tabs / 30 days), PA
anastrozole TABS 1mg	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide TABS 50mg	2	
DEPO-PROVERA SUSP 400mg/ml	4	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	5	PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), PA
exemestane TABS 25mg	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
flutamide CAPS 125mg	2	
fulvestrant SOLN 250mg/5ml	5	PA
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	5	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	PA
LYSODREN TABS 500mg	3	
megestrol acetate SUSP 40mg/ml; TABS 20mg, 40mg	2	

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate (appetite) SUSP 625mg/5ml	2	
nilutamide TABS 150mg	2	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), PA
tamoxifen citrate TABS 10mg, 20mg	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate TABS 60mg	2	
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), PA
YONSA TABS 125mg	5	QL (120 tabs / 30 days), PA
ZYTIGA TABS 500mg	5	QL (60 tabs / 30 days), PA
KINASE INHIBITORS		
AFINITOR TABS 10mg	5	QL (30 tabs / 30 days), PA
AFINITOR DISPERZ TBSO 2mg, 5mg	5	QL (60 tabs / 30 days), PA
AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), PA
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), PA
BOSULIF TABS 100mg	5	QL (90 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE CAPS 100mg	6	QL (60 caps / 30 days), PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), PA
COMETRIQ KIT 20mg	5	QL (1 kit / 28 days), PA
COMETRIQ KIT 100MG	5	QL (1 kit / 28 days), PA
COMETRIQ KIT 140MG	5	QL (1 kit / 28 days), PA
erlotinib hcl TABS 25mg	5	QL (60 tabs / 30 days), PA
erlotinib hcl TABS 100mg, 150mg	5	QL (30 tabs / 30 days), PA
everolimus TABS 2.5mg, 5mg, 7.5mg	5	QL (30 tabs / 30 days), PA
ICLUSIG TABS 15mg	5	QL (60 tabs / 30 days), PA
ICLUSIG TABS 45mg	5	QL (30 tabs / 30 days), PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), PA
imatinib mesylate TABS 100mg	5	QL (90 tabs / 30 days), PA
imatinib mesylate TABS 400mg	5	QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), PA
IMBRUVICA CAPS 140mg	5	QL (90 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), PA
INLYTA TABS 1mg	5	QL (240 tabs / 30 days), PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	6	QL (90 tabs / 30 days), PA
LORBRENA TABS 100mg	6	QL (30 tabs / 30 days), PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), PA
SPRYCEL TABS 20mg	5	QL (90 tabs / 30 days), PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), PA
TYKERB TABS 250mg	5	QL (180 tabs / 30 days), PA
VITRAKVI CAPS 25mg	6	QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	6	QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	6	QL (300 mL / 30 days), PA
VOTRIENT TABS 200mg	5	QL (120 tabs / 30 days), PA
XALKORI CAPS 200mg, 250mg	5	QL (60 caps / 30 days), PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS 150mg	5	QL (90 tabs / 30 days), PA
MISCELLANEOUS		
arsenic trioxide SOLN 10mg/10ml, 12mg/6ml	2	
bexarotene CAPS 75mg	5	PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
hydroxyurea CAPS 500mg	2	
MATULANE CAPS 50mg	3	
mitoxantrone hcl CONC 2mg/ml	5	PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), PA
ONCASPAR SOLN 750unit/ml	5	PA
PHOTOFRIN SOLR 75mg	3	
QUADRAMET SOLN 1850mbq/ml	3	
TICE BCG SUSR 50mg	3	
tretinoin (chemotherapy) CAPS 10mg	2	
VISTOGARD PACK 10gm	5	QL (20 packets / 5 days)
PLATINUM-BASED AGENTS		
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml; SOLR 50mg, 100mg	5	
PROTECTIVE AGENTS		
dexrazoxane hcl SOLR 250mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium SOLR 50mg, 100mg, 200mg, 350mg, 500mg; TABS 5mg, 10mg, 15mg, 25mg	2	
mesna SOLN 100mg/ml	2	
MESNEX TABS 400mg	5	
TOPOISOMERASE INHIBITORS		
CAMPTOSAR SOLN 300mg/15ml	3	
etoposide CAPS 50mg; SOLN 100mg/5ml	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 500mg/25ml	5	
TENIPOSIDE SOLN 10mg/ml	3	
toposar SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	
topotecan hcl SOLR 4mg	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	5	QL (120 tabs / 30 days), PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	5	PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	

Drug Name	Drug Tier	Requirements/Limits
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	2	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	
prazosin hcl CAPS 1mg, 2mg, 5mg	2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg	1	
EDARBI TABS 40mg, 80mg	4	ST; PA**
eprosartan mesylate TABS 600mg	1	
irbesartan TABS 75mg, 150mg, 300mg	1	
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg, 20mg, 40mg	1	
telmisartan TABS 20mg, 40mg, 80mg	1	
valsartan TABS 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
amiodarone hcl TABS 200mg, 400mg	2	
disopyramide phosphate CAPS 100mg, 150mg	2	
dofetilide CAPS 125mcg, 250mcg, 500mcg	2	PA
flecainide acetate TABS 50mg, 100mg, 150mg	2	
lidocaine hcl (cardiac) SOSY 50mg/5ml, 100mg/5ml	2	
mexiletine hcl CAPS 150mg, 200mg, 250mg	2	
MULTAQ TABS 400mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
NORPACE CR CP12 100mg, 150mg	3	
pacerone TABS 100mg, 200mg	2	
procainamide hcl SOLN 100mg/ml	2	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
quinidine sulfate TABS 200mg, 300mg	2	
sorine TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine PACK 4gm; POWD 4gm/dose	2	
cholestyramine light PACK 4gm; POWD 4gm/dose	2	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	2	
prevalite POWD 4gm/dose	2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe TABS 10mg	2	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	2	
fenofibrate CAPS 50mg, 150mg; TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 43mg, 67mg, 130mg, 134mg, 200mg	2	

Drug Name	Drug Tier	Requirements/Limits
gemfibrozil TABS 600mg	2	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	2	
ezetimibe-simvastatin tab 10-20 mg	2	
ezetimibe-simvastatin tab 10-40 mg	2	
ezetimibe-simvastatin tab 10-80 mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg	1	$0 copay for members age 40 through 75
atorvastatin calcium TABS 40mg, 80mg	1	
fluvastatin sodium CAPS 20mg, 40mg; TB24 80mg	1	$0 copay for members age 40 through 75
lovastatin TABS 10mg, 20mg, 40mg	1	$0 copay for members age 40 through 75
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium TABS 5mg, 10mg	1	ST; $0 copay for members age 40 through 75; PA**
rosuvastatin calcium TABS 20mg, 40mg	1	
simvastatin TABS 5mg, 10mg, 20mg, 40mg	1	$0 copay for members age 40 through 75
simvastatin TABS 80mg	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	2	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters cap 1 gm	2	PA

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAPS .5gm, 1gm	3	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	5	QL (2 pens / 28 days), PA
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
propranolol & hydrochlorothiazide tab 40-25 mg	2	
propranolol & hydrochlorothiazide tab 80-25 mg	2	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	2	
atenolol TABS 25mg, 50mg, 100mg	2	
betaxolol hcl TABS 10mg, 20mg	2	
bisoprolol fumarate TABS 5mg, 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	4	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	2	
carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg	2	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	2	
metoprolol tartrate TABS 25mg, 50mg, 100mg	2	
nadolol TABS 20mg, 40mg, 80mg	2	
pindolol TABS 5mg, 10mg	2	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	2	
CARDIZEM LA TB24 120mg	4	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	2	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
isradipine CAPS 2.5mg, 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
nicardipine hcl CAPS 20mg, 30mg	2	
nifedipine TB24 30mg, 60mg, 90mg	2	
nimodipine CAPS 30mg	2	
nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	2	
DIGITALIS GLYCOSIDES		
digox TABS 125mcg, 250mcg	2	
digoxin SOLN .05mg/ml; TABS 125mcg, 250mcg	2	
LANOXIN TABS 62.5mcg	3	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate TABS 150mg, 300mg	2	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	2	
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide TABS .5mg, 1mg, 2mg	2	

Drug Name	Drug Tier	Requirements/Limits
chlorothiazide TABS 250mg, 500mg	2	
chlorthalidone TABS 25mg, 50mg	2	
DIURIL SUSP 250mg/5ml	4	
ethacrynic acid TABS 25mg	4	
furosemide SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	2	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	2	
indapamide TABS 1.25mg, 2.5mg	2	
mannitol SOLN 20%, 25%	2	
methazolamide TABS 25mg, 50mg	2	
metolazone TABS 2.5mg, 5mg, 10mg	2	
osmitrol viaflex SOLN 5%, 10%, 15%	2	
spironolactone TABS 25mg, 50mg, 100mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	
triamterene CAPS 50mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 75-50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
clonidine hcl PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TABS .1mg, .2mg, .3mg	2	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
guanfacine hcl TABS 1mg, 2mg	2	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
methyldopa TABS 250mg, 500mg	2	
midodrine hcl TABS 2.5mg, 5mg, 10mg	2	
minoxidil TABS 2.5mg, 10mg	2	
phenoxybenzamine hcl CAPS 10mg	5	QL (360 caps / 25 days), PA
ranolazine TB12 500mg, 1000mg	2	ST; PA**
NITRATES		
DILATRATE SR CPCR 40mg	4	
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg, 40mg	2	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	2	
minitran PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	2	
NITRO-BID OINT 2%	4	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	6	QL (90 tabs / 30 days), PA
ambrisentan TABS 5mg, 10mg	5	QL (30 tabs / 30 days), PA
bosentan TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), PA
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	5	PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	6	PA
sildenafil citrate (pulmonary hypertension) SOLN 10mg/12.5ml	5	PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	5	QL (90 tabs / 30 days), PA
tadalafil (pulmonary hypertension) TABS 20mg	6	QL (60 tabs / 30 days), PA
TRACLEER TBSO 32mg	5	QL (112 tabs / 28 days), PA
TYVASO STARTER SOLN .6mg/ml	5	QL (28 ampules / 28 days), PA
UPTRAVI TABS 200mcg	5	QL (140 tabs / 28 days), PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 200/800	5	PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	QL (270 ampules / 30 days), PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg; TBDP .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 25 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	QL (300 mL / 25 days)
lorazepam CONC 2mg/ml	2	QL (150 mL / 25 days)
lorazepam TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 25 days)
meprobamate TABS 200mg, 400mg	2	
oxazepam CAPS 10mg, 15mg, 30mg	2	QL (120 caps / 25 days)
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	4	PA
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml; TABS 10mg, 20mg	2	PA
clonazepam TABS .5mg, 1mg, 2mg	2	
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 25 days)
diazepam SOLN 5mg/5ml	2	QL (1200 mL / 25 days)
diazepam SOLN 5mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 25 days)
diazepam intensol CONC 5mg/ml	2	QL (240 mL / 25 days)
DILANTIN CAPS 30mg	4	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	6	QL (600 mL / 30 days), PA
epitol TABS 200mg	2	
ethosuximide CAPS 250mg; SOLN 250mg/5ml	2	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	2	
fosphenytoin sodium SOLN 100mgpe/2ml, 500mgpe/10ml	2	
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	
gabapentin CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	2	
lamotrigine CHEW 5mg, 25mg; KIT 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	2	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	2	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
oxcarbazepine SUSP 60mg/ml; TABS 150mg, 300mg, 600mg	2	
PEGANONE TABS 250mg	4	
phenobarbital ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	
phenytoin CHEW 50mg; SUSP 125mg/5ml	2	
phenytoin sodium SOLN 50mg/ml	2	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	2	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	2	ST; PA**
primidone TABS 50mg, 250mg	2	
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	2	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml, 250mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
valproic acid CAPS 250mg	2	
vigabatrin PACK 500mg	5	QL (180 packets / 30 days), PA
vigabatrin TABS 500mg	5	QL (180 tabs / 30 days), PA
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	4	
zonisamide CAPS 25mg, 50mg, 100mg	2	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg, 10mg, 23mg; TBDP 5mg, 10mg	2	
ergoloid mesylates TABS 1mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	2	
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies for members less than 30 years of age
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	3	PA; PA applies for members less than 30 years of age
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	PA
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg	2	QL (150 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl TABS 25mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl TABS 50mg	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl TABS 75mg, 100mg, 150mg	2	PA; Members 70 and older subject to PA
amoxapine TABS 25mg, 50mg, 100mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
amoxapine TABS 150mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2	
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	2	
desipramine hcl TABS 10mg, 25mg, 50mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl TABS 75mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl TABS 100mg, 150mg	2	QL (30 tabs / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 25 days), ST; (generic of Pristiq) PA**
doxepin hcl CAPS 10mg, 25mg, 50mg	2	QL (90 caps / 25 days); QL applies to members age 65 and older
doxepin hcl CAPS 75mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
doxepin hcl CAPS 100mg, 150mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
doxepin hcl CONC 10mg/ml	2	QL (450 mL / 25 days); QL applies to members age 65 and older
duloxetine hcl CPEP 20mg, 30mg, 60mg	2	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	2	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	4	QL (30 caps / 25 days), ST; PA**
FETZIMA CAP TITRATIO	4	QL (30 caps / 25 days), ST; PA**
fluoxetine hcl CAPS 10mg, 20mg, 40mg; CPDR 90mg; SOLN 20mg/5ml	2	
fluoxetine hcl TABS 10mg, 20mg	2	(generic Sarafem not covered)
imipramine hcl TABS 10mg, 25mg	2	QL (120 tabs / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
imipramine hcl TABS 50mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
imipramine pamoate CAPS 75mg, 100mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
imipramine pamoate CAPS 125mg, 150mg	2	PA; Members 70 and older subject to PA
maprotiline hcl TABS 25mg, 50mg, 75mg	2	
MARPLAN TABS 10mg	4	
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
nortriptyline hcl CAPS 10mg	2	QL (150 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl CAPS 25mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl CAPS 50mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl CAPS 75mg	2	PA; Members 70 and older subject to PA
nortriptyline hcl SOLN 10mg/5ml	2	QL (750 mL / 25 days); QL applies to members age 65 and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg; TB24 12.5mg, 25mg, 37.5mg	2	

Drug Name	Drug Tier	Requirements/Limits
phenelzine sulfate TABS 15mg	2	
protriptyline hcl TABS 5mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
protriptyline hcl TABS 10mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	2	
tranylcypromine sulfate TABS 10mg	2	
trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	2	
trimipramine maleate CAPS 25mg, 50mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
trimipramine maleate CAPS 100mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
TRINTELLIX TABS 5mg, 10mg, 20mg	4	ST; PA**
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	2	
VIIBRYD TABS 10mg, 20mg, 40mg	4	ST; PA**
VIIBRYD KIT STARTER	4	ST; PA**
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg; SYRP 50mg/5ml; TABS 100mg	2	
APOKYN SOCT 30mg/3ml	5	PA

Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	2	
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	2	
carbidopa TABS 25mg	2	
carbidopa & levodopa orally disintegrating tab 10-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-250 mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	

Drug Name	Drug Tier	Requirements/Limits
entacapone TABS 200mg	2	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	
rasagiline mesylate TABS .5mg, 1mg	2	
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
selegiline hcl CAPS 5mg; TABS 5mg	2	
tolcapone TABS 100mg	2	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	2	
ANTIPSYCHOTICS		
aripiprazole SOLN 1mg/ml; TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; TBDP 10mg, 15mg	2	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	
ARISTADA INITIO PRSY 675mg/2.4ml	3	
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	4	
chlorpromazine hcl TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
clozapine TABS 25mg, 50mg, 100mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	2	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine decanoate SOLN 25mg/ml	2	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	2	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	2	
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	ST; PA**
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	2	
olanzapine SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg	2	
paliperidone TB24 1.5mg, 3mg, 6mg, 9mg	2	
perphenazine TABS 2mg, 4mg, 8mg, 16mg	2	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	2	
quetiapine fumarate er TB24 50mg, 150mg, 200mg, 300mg, 400mg	2	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	4	ST; PA**
risperidone SOLN 1mg/ml; TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
SAPHRIS SUBL 2.5mg, 5mg, 10mg	4	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	2	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	2	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	QL (30 caps / 25 days)
amphetamine-dextroamphetamine tab 5 mg	2	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 10 mg	2	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 15 mg	2	QL (60 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 20 mg	2	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 30 mg	2	QL (30 tabs / 25 days)
atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	2	
dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg	2	QL (60 caps / 25 days)
dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg	2	QL (30 caps / 25 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	2	QL (120 tabs / 25 days)
dexmethylphenidate hcl TABS 10mg	2	QL (60 tabs / 25 days)
dextroamphetamine sulfate CP24 5mg, 10mg	2	QL (120 caps / 25 days)
dextroamphetamine sulfate CP24 15mg	2	QL (60 caps / 25 days)
dextroamphetamine sulfate SOLN 5mg/5ml	2	QL (1,200 mL / 25 days)
dextroamphetamine sulfate TABS 5mg, 10mg	2	QL (120 tabs / 25 days)
guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg	2	ST; PA**
methamphetamine hcl TABS 5mg	2	QL (150 tabs / 25 days)
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	2	QL (180 chew tabs / 25 days)
methylphenidate hcl CP24 20mg, 30mg; CPCR 10mg, 20mg, 30mg	2	QL (60 caps / 25 days)
methylphenidate hcl CP24 40mg, 60mg; CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 25 days)
methylphenidate hcl SOLN 5mg/5ml	2	QL (1800 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl SOLN 10mg/5ml	2	QL (900 mL / 25 days)
methylphenidate hcl TABS 5mg, 10mg	2	QL (180 tabs / 25 days)
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 25 days)
methylphenidate hcl TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	2	QL (60 tabs / 25 days)
methylphenidate hcl TB24 54mg; TBCR 54mg	2	QL (30 tabs / 25 days)
VYVANSE CAPS 10mg, 20mg, 30mg	3	QL (60 caps / 25 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	3	QL (30 caps / 25 days)
VYVANSE CHEW 10mg, 20mg, 30mg	3	QL (60 tabs / 25 days)
VYVANSE CHEW 40mg, 50mg, 60mg	3	QL (30 tabs / 25 days)
zenzedi TABS 2.5mg, 7.5mg	2	QL (120 tabs / 25 days)
zenzedi TABS 15mg, 20mg	2	QL (60 tabs / 25 days)
zenzedi TABS 30mg	2	QL (30 tabs / 25 days)
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	3	ST; PA**
cvs sleep-aid nighttime TABS 25mg	2	OTC
doxepin hcl (sleep) TABS 3mg, 6mg	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
eszopiclone TABS 1mg, 2mg, 3mg	2	QL (15 tabs / 25 days)
HETLIOZ CAPS 20mg	6	QL (30 caps / 30 days), PA
ramelteon TABS 8mg	2	QL (15 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
temazepam CAPS 7.5mg, 15mg, 22.5mg, 30mg	2	QL (15 caps / 25 days)
zaleplon CAPS 5mg, 10mg	2	QL (15 caps / 25 days)
zolpidem tartrate TABS 5mg, 10mg; TBCR 6.25mg, 12.5mg	2	QL (15 tabs / 25 days)
MIGRAINE		
AIMOVIG SOAJ 70mg/ml	3	QL (2 injections / 25 days), ST; PA**
AIMOVIG SOAJ 140mg/ml	3	QL (1 injection / 25 days), ST; PA**
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	3	QL (3 injections / 75 days), ST; PA**
almotriptan malate TABS 6.25mg, 12.5mg	2	QL (12 tabs / 25 days)
dihydroergotamine mesylate SOLN 1mg/ml	2	
eletriptan hydrobromide TABS 20mg, 40mg	2	QL (12 tabs / 25 days)
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	3	QL (2 injections / 25 days), ST; PA**
EMGALITY SOSY 100mg/ml	3	QL (3 injections / 25 days), ST; PA**
ergotamine w/ caffeine tab 1-100 mg	4	
frovatriptan succinate TABS 2.5mg	2	QL (18 tabs / 25 days)
naratriptan hcl TABS 1mg, 2.5mg	2	QL (12 tabs / 25 days)
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 25 days)
sumatriptan SOLN 5mg/act	2	QL (24 sprays / 25 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan SOLN 20mg/act	2	QL (12 sprays / 25 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 syringes / 25 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOSY 6mg/0.5ml	2	QL (12 units / 25 days)
sumatriptan succinate SOLN 6mg/0.5ml	2	QL (12 vials / 25 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 25 days)
sumatriptan-naproxen sodium tab 85-500 mg	4	QL (9 tabs / 25 days), ST; PA**
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	QL (12 tabs / 25 days)
ZOMIG SOLN 2.5mg, 5mg	4	QL (12 sprays / 25 days)
MISCELLANEOUS		
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	2	
clomipramine hcl CAPS 25mg, 50mg	2	QL (150 caps / 25 days); QL applies to members age 65 and older
clomipramine hcl CAPS 75mg	2	QL (90 caps / 25 days); QL applies to members age 65 and older
fluvoxamine maleate CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	2	
GUANIDINE HCL TABS 125mg	4	
LITHIUM SOLN 8meq/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	3	PA
pimozide TABS 1mg, 2mg	2	
pyridostigmine bromide SOLN 60mg/5ml; TABS 60mg; TBCR 180mg	2	
riluzole TABS 50mg	2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	ST; PA**
SAVELLA MIS TITR PAK	4	ST; PA**
tetrabenazine TABS 12.5mg	5	QL (120 tabs / 30 days), PA
tetrabenazine TABS 25mg	5	QL (60 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg	5	QL (30 tabs / 30 days), PA
AVONEX PSKT 30mcg/0.5ml	6	QL (4 injections / 28 days), PA, ST
AVONEX PEN AJKT 30mcg/0.5ml	6	QL (4 injections / 28 days), PA, ST
BETASERON KIT .3mg	5	QL (14 injections / 28 days), PA
COPAXONE INJ 20MG/ML SOSY 20mg/ml	5	QL (30 injections / 30 days), PA
COPAXONE INJ 40MG/ML SOSY 40mg/ml	5	QL (12 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
dalfampridine TB12 10mg	6	QL (60 tabs / 30 days), PA
GILENYA CAPS .5mg	5	QL (30 caps / 30 days), PA
glatiramer acetate SOSY 40mg/ml	3	QL (12 syringes / 28 days), PA
glatopa SOSY 20mg/ml	3	QL (30 injections / 30 days), PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	6	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ STARTER	6	QL (1 kit / 28 days), PA, ST
PLEGRIDY PEN INJ STARTER	6	QL (1 pack / 28 days), PA, ST
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ TITRATN	5	QL (1 box / 28 days), PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	QL (12 syringes / 28 days), PA
REBIF TITRTN INJ PACK	5	QL (1 box / 28 days), PA
TECFIDERA CPDR 120mg	5	QL (14 caps / 28 days), PA
TECFIDERA CPDR 240mg	5	QL (60 caps / 30 days), PA
TECFIDERA MIS STARTER	5	QL (1 kit / 30 days), PA
TYSABRI CONC 300mg/15ml	5	QL (1 vial / 28 days), PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg, 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
carisoprodol TABS 250mg, 350mg	2	PA; High Risk Medications require PA for members age 70 and older
chlorzoxazone TABS 500mg	2	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl TABS 5mg, 10mg	2	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	2	
metaxalone TABS 400mg, 800mg	2	PA; High Risk Medications require PA for members age 70 and older
methocarbamol TABS 500mg, 750mg	2	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate SOLN 30mg/ml	2	
orphenadrine citrate TB12 100mg	2	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg, 150mg, 200mg, 250mg	2	PA
modafinil TABS 100mg, 200mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	2	PA
bupropion hcl (smoking deterrent) TB12 150mg	7	$0 limited to 2 treatment cycles/year
CHANTIX TABS .5mg, 1mg	7	$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH TABS 1mg	7	$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	7	$0 limited to 2 treatment cycles/year
disulfiram TABS 250mg, 500mg	2	
goodsense nicotine polacr GUM 4mg; LOZG 4mg	7	OTC; $0 limited to 2 treatment cycles/year
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
naltrexone hcl TABS 50mg	7	$0 copay
NARCAN LIQD 4mg/0.1ml	3	
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	7	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg	7	OTC; $0 limited to 2 treatment cycles/year
nicotine step 3 PT24 7mg/24hr	7	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	7	QL (max 168 days / year); $0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	7	QL (max 168 days / year); $0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	7	OTC; $0 limited to 2 treatment cycles/year
VIVITROL SUSR 380mg	5	QL (1 vial / 28 days), PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 TABS 50mg	4	PA
INTRAROSA INST 6.5mg	4	
methyltestosterone CAPS 10mg	2	PA
oxandrolone TABS 2.5mg, 10mg	2	PA
testosterone GEL 10mg/act, 25mg/2.5gm	2	PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose TABS 25mg, 50mg, 100mg	2	
miglitol TABS 25mg, 50mg, 100mg	2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	ST; PA**
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl TABS 500mg, 850mg, 1000mg; TB24 500mg, 750mg	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg	1	ST; PA**
JANUVIA TABS 25mg, 50mg, 100mg	3	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8mg	4	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	3	ST; PA**
JANUMET TAB 50-1000	3	ST; PA**
JANUMET XR TAB 50-500MG	3	ST; PA**
JANUMET XR TAB 50-1000	3	ST; PA**
JANUMET XR TAB 100-1000	3	ST; PA**
JENTADUETO XR TAB 2.5-1000MG	4	ST; PA**
JENTADUETO XR TAB 5-1000MG	4	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/1.5ml	3	ST; PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml	3	ST; PA**
VICTOZA SOPN 18mg/3ml	3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	3	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N SUSP 100unit/ml	4	OTC
HUMULIN N KWIKPEN SUPN 100unit/ml	4	OTC
HUMULIN R SOLN 100unit/ml	4	OTC
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml	3	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	3	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	3	
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG MIX INJ 70/30	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SOCT 100unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide TABS 60mg, 120mg	1	
repaglinide TABS .5mg, 1mg, 2mg	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB 5-500MG	3	ST; PA**
SYNJARDY TAB 5-1000MG	3	ST; PA**
SYNJARDY TAB 12.5-500	3	ST; PA**
SYNJARDY TAB 12.5-1000MG	3	ST; PA**
SYNJARDY XR TAB 5-1000MG	3	ST; PA**
SYNJARDY XR TAB 10-1000	3	ST; PA**
SYNJARDY XR TAB 12.5-1000MG	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 25-1000	3	ST; PA**
XIGDUO XR TAB 2.5-1000	3	ST; PA**
XIGDUO XR TAB 5-500MG	3	ST; PA**
XIGDUO XR TAB 5-1000MG	3	ST; PA**
XIGDUO XR TAB 10-500MG	3	ST; PA**
XIGDUO XR TAB 10-1000	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	3	ST; PA**
GLYXAMBI TAB 25-5 MG	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TABS 5mg, 10mg	3	ST; PA**
JARDIANCE TABS 10mg, 25mg	3	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride TABS 1mg, 2mg, 4mg	1	
glipizide TABS 5mg, 10mg; TB24 2.5mg, 5mg, 10mg	1	
BISPHOSPHONATES		
alendronate sodium SOLN 70mg/75ml; TABS 5mg, 10mg, 35mg, 70mg	2	
FOSAMAX + D TAB 70-2800	4	ST; PA**
FOSAMAX + D TAB 70-5600	4	ST; PA**
ibandronate sodium SOLN 3mg/3ml; TABS 150mg	2	
pamidronate disodium SOLN 30mg/10ml	2	
risedronate sodium TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	

Drug Name	Drug Tier	Requirements/Limits
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	5	PA
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl TABS 30mg, 60mg	5	QL (60 tabs / 30 days), PA
cinacalcet hcl TABS 90mg	5	QL (120 tabs / 30 days), PA
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	5	PA
FERRIPROX TWICE-A-DAY TABS 1000mg	5	PA
kionex SUSP 15gm/60ml	2	
penicillamine TABS 250mg	2	PA
sodium polystyrene sulfonate SUSP 15gm/60ml, 30gm/120ml	2	
CONTRACEPTIVES		
altavera	7	
alyacen 1/35	7	
alyacen 7/7/7	7	
amethia	7	
amethyst	7	
ANNOVERA MIS	7	QL (1 / 300 days)
apri	7	
aranelle	7	
ashlyna	7	
aviane	7	

Drug Name	Drug Tier	Requirements/Limits
azurette	7	
BALCOLTRA TAB 0.1-20	7	
camila TABS .35mg	7	
caziant	7	
chateal	7	
cryselle-28	7	
cyclafem 1/35	7	
cyclafem 7/7/7	7	
dasetta 1/35	7	
dasetta 7/7/7	7	
delyla	7	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	7	QL (4 inj / 300 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	7	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	7	
drospirenone-ethinyl estradiol tab 3-0.03 mg	7	
elinest	7	
ELLA TABS 30mg	7	
emoquette	7	
enpresse-28	7	
enskyce	7	
errin TABS .35mg	7	

Drug Name	Drug Tier	Requirements/Limits
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	7	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	7	QL (13 / 300 days)
falmina	7	
fayosim	7	
gianvi	7	
heather TABS .35mg	7	
introvale	7	
jolessa	7	
junel 1.5/30	7	
junel 1/20	7	
junel fe 1.5/30	7	
junel fe 1/20	7	
kariva	7	
kelnor 1/35	7	
kurvelo	7	
KYLEENA IUD 19.5mg	7	QL (1 / 300 days)
larin 1.5/30	7	
leena	7	
lessina	7	
levonest	7	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	7	

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	7	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	7	
levora 0.15/30-28	7	
LILETTA IUD 19.5mcg/day	7	QL (1 / 300 days)
LO LOESTRIN TAB 1-10-10	7	
loryna	7	
low-ogestrel	7	
lutera	7	
marlissa	7	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	7	QL (4 inj / 300 days)
mibelas 24 fe	7	
microgestin 1.5/30	7	
MIRENA IUD 20mcg/24hr	7	QL (1 / 300 days)
mono-linyah	7	
NATAZIA TAB	7	
necon 0.5/35-28	7	
NEXPLANON IMPL 68mg	7	QL (1 / 300 days)
nikki	7	
nora-be TABS .35mg	7	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	7	

Drug Name	Drug Tier	Requirements/Limits
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	7	
norethindrone (contraceptive) TABS .35mg	7	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	7	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	7	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	7	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	7	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	7	
nortrel 0.5/35 (28)	7	
nortrel 1/35	7	
nortrel 7/7/7	7	
ocella	7	
ogestrel	7	
orsythia	7	
PARAGARD IUD T380A	7	QL (1 unit / 300 days)
pirmella 1/35	7	
pirmella 7/7/7	7	
portia-28	7	
previfem	7	
reclipsen	7	
rivelsa	7	

Drug Name	Drug Tier	Requirements/Limits
SKYLA IUD 13.5mg	7	QL (1 / 300 days)
SLYND TABS 4mg	7	
sprintec 28	7	
sronyx	7	
syeda	7	
take action TABS 1.5mg	7	OTC
TAYTULLA CAP 1MG/20MC	7	
tilia fe	7	
tri-linyah	7	
tri-sprintec	7	
trivora-28	7	
velivet	7	
viorele	7	
vyfemla	7	
wera	7	
xulane	7	
zarah	7	
zovia 1/35e	7	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	2	
ORILISSA TABS 150mg, 200mg	3	
SYNAREL SOLN 2mg/ml	6	PA
ENZYME REPLACEMENTS		
CARBAGLU TABS 200mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
CERDELGA CAPS 84mg	5	QL (60 caps / 30 days), PA
CYSTADANE POW	5	PA
CYSTAGON CAPS 50mg, 150mg	5	PA
KUVAN PACK 100mg, 500mg; TBSO 100mg	5	PA
MYALEPT SOLR 11.3mg	5	QL (30 vials / 30 days), PA
nitisinone CAPS 2mg, 5mg, 10mg	5	PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	5	PA
sodium phenylbutyrate TABS 500mg	5	QL (1200 tabs / 30 days), PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful POWD 3gm/tsp	5	QL (600g / 30 days), PA
ESTROGENS		
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADIOL OIL 5mg/ml	4	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	4	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL .06%	4	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	2	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol vaginal cream CREA .1mg/gm	2	
estradiol valerate OIL 20mg/ml, 40mg/ml	2	
ESTROGEL GEL .06%	4	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SOLN 1.53mg/spray	4	PA; High Risk Medications require PA for members age 70 and older
jinteli	2	
MENEST TABS .3mg, .625mg, 1.25mg	4	PA; High Risk Medications require PA for members age 70 and older
mimvey	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
PREMARIN CREA .625mg/gm	4	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	4	PA; High Risk Medications require PA for members age 70 and older
yuvafem TABS 10mcg	2	
GLUCOCORTICOIDS		
cortisone acetate TABS 25mg	2	
DEPO-MEDROL SUSP 20mg/ml	4	
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	2	
MEDROL TABS 2mg	3	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg; TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	2	
methylprednisolone sod succ SOLR 125mg, 1000mg	2	
prednisolone SOLN 15mg/5ml	2	
prednisolone sodium phosphate SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	2	

Drug Name	Drug Tier	Requirements/Limits
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	3	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
SOLU-MEDROL SOLR 2gm	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGON EMERGENCY KIT KIT 1mg	3	
INSTA-GLUCOSE GEL 77.4%	3	OTC
HUMAN GROWTH HORMONES		
HUMATROPE SOLR 6mg, 12mg, 24mg	5	PA
HUMATROPE COMBO PACK SOLR 5mg	5	PA
MISCELLANEOUS		
cabergoline TABS .5mg	2	
calcitonin (salmon) SOLN 200unit/act	2	
CHORIONIC GONADOTROPIN SOLR 10000unit	5	PA
INCRELEX SOLN 40mg/4ml	5	PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	5	QL (90 ml / 30 days), PA
octreotide acetate SOLN 200mcg/ml	5	QL (225 ml / 30 days), PA
octreotide acetate SOLN 1000mcg/ml	5	QL (45 ml / 30 days), PA
OSPHENA TABS 60mg	3	
PROLIA SOSY 60mg/ml	5	QL (60mg / 24 weeks), PA

Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl TABS 60mg	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
SAMSCA TABS 15mg	5	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	6	QL (60 ampules / 30 days), PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	QL (1 injection / 28 days), PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (30 vials / 30 days), PA
tolvaptan TABS 30mg	5	PA
TYMLOS SOPN 3120mcg/1.56ml	5	QL (1 pen / 30 days), PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg	2	
FOSRENOL PACK 750mg, 1000mg	4	
PHOSLYRA SOLN 667mg/5ml	3	
sevelamer carbonate PACK .8gm, 2.4gm; TABS 800mg	2	
VELPHORO CHEW 500mg	4	
PROGESTINS		
CRINONE GEL 4%, 8%	3	
LUPANETA KIT 3.75-5	6	PA
LUPANETA KIT 11.25-5	6	PA
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	2	
norethindrone acetate TABS 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
progesterone micronized CAPS 100mg, 200mg	2	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	2	
methimazole TABS 5mg, 10mg	2	
propylthiouracil TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	2	
VASOPRESSINS		
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	2	
desmopressin acetate spray SOLN .01%	2	
desmopressin acetate spray refrigerated SOLN .01%	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate SOSY .25mg/5ml, 1mg/10ml	2	

Drug Name	Drug Tier	Requirements/Limits
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml, 10mg/ml; TABS 20mg	2	
ed-spaz TBDP .125mg	2	
glycopyrrolate SOLN 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	2	
hyoscyamine sulfate SUBL .125mg; TABS .125mg; TB12 .375mg; TBDP .125mg	2	
methscopolamine bromide TABS 2.5mg, 5mg	2	PA; High Risk Medications require PA for members age 70 and older
nulev TBDP .125mg	2	
oscimin SUBL .125mg; TABS .125mg	2	
oscimin sr TB12 .375mg	2	
symax-sl SUBL .125mg	2	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	4	QL (2 caps / 21 days)
aprepitant CAPS 40mg	2	QL (3 caps / 180 days)
aprepitant CAPS 80mg	2	QL (4 caps / 21 days)
aprepitant CAPS 125mg	2	QL (2 caps / 21 days)
aprepitant pak 80 & 125	2	QL (2 packs / 21 days)
compro SUPP 25mg	2	
dronabinol CAPS 2.5mg, 5mg, 10mg	2	QL (60 caps / 25 days)
granisetron hcl SOLN 1mg/ml	2	QL (2 mL / 21 days)
granisetron hcl TABS 1mg	2	QL (12 tabs / 21 days)
meclizine hcl TABS 12.5mg, 25mg	2	

Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl SOLN 5mg/ml, 10mg/10ml; TABS 5mg, 10mg; TBDP 5mg	2	
ondansetron TBDP 4mg, 8mg	2	QL (18 tabs / 21 days)
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	2	QL (20 mL / 21 days)
ondansetron hcl SOLN 4mg/5ml	2	QL (200 mL / 21 days)
ondansetron hcl TABS 4mg, 8mg	2	QL (18 tabs / 21 days)
ondansetron hcl TABS 24mg	2	QL (2 tabs / 21 days)
phenadoz SUPP 25mg	2	
prochlorperazine SUPP 25mg	2	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SUPP 12.5mg, 25mg	2	
promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; High Risk Medications require PA for members age 70 and older
promethegan SUPP 12.5mg, 25mg, 50mg	2	
SANCUSO PTCH 3.1mg/24hr	3	QL (2 patches / 21 days)
scopolamine PT72 1mg/3days	2	
trimethobenzamide hcl CAPS 300mg	2	
VARUBI TBPK 90mg	3	
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	2	
cimetidine hcl SOLN 300mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
famotidine SOLN 20mg/2ml; SUSR 40mg/5ml; TABS 20mg, 40mg	2	
famotidine in nacl 0.9% iv soln 20 mg/50ml	2	
nizatidine CAPS 150mg, 300mg; SOLN 15mg/ml	2	
ranitidine hcl SOLN 50mg/2ml	2	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	2	
budesonide CPEP 3mg	2	
colocort ENEM 100mg/60ml	2	
DIPENTUM CAPS 250mg	4	PA
mesalamine CP24 .375gm; CPDR 400mg; ENEM 4gm; SUPP 1000mg; TBEC 1.2gm, 800mg	2	
mesalamine w/ cleanser KIT 4gm	2	
sulfasalazine TABS 500mg; TBEC 500mg	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAPS 8mcg, 24mcg	3	
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl TABS .5mg, 1mg	2	PA
LAXATIVES		
CLENPIQ SOL	7	$0 copay for members age 50 through 74, otherwise not covered
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	

Drug Name	Drug Tier	Requirements/Limits
gavilyte-g	2	
gavilyte-h	7	$0 copay for members age 50 through 74, otherwise not covered
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	2	
GOLYTELY SOL	3	
lactulose SOLN 10gm/15ml	2	
MOVIPREP SOL	7	$0 copay for members age 50 through 74; Tier 3 for all others
OSMOPREP TAB 1.5GM	4	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	7	$0 copay for members age 50 through 74, otherwise not covered
polyethylene glycol 3350 POWD 17gm/scoop	2	OTC
PREPOPIK PAK	7	$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT	7	$0 copay for members age 50 through 74; Tier 3 for all others
MISCELLANEOUS		
cromolyn sodium (mastocytosis) CONC 100mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
loperamide hcl CAPS 2mg	2	
misoprostol TABS 100mcg, 200mcg	2	
MOTOFEN TAB 1-0.025	4	
MOVANTIK TABS 12.5mg, 25mg	3	
SUCRAID SOLN 8500unit/ml	4	QL (354 mL / 25 days), PA
sucralfate TABS 1gm	2	
ursodiol CAPS 300mg; TABS 250mg, 500mg	2	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	PA
CREON CAP 6000UNIT	3	PA
CREON CAP 12000UNT	3	PA
CREON CAP 24000UNT	3	PA
CREON CAP 36000UNT	3	PA
VIOKACE TAB 10440	3	PA
VIOKACE TAB 20880	3	PA
ZENPEP CAP 3000UNIT	3	PA
ZENPEP CAP 5000UNIT	3	PA
ZENPEP CAP 10000UNT	3	PA
ZENPEP CAP 15000UNT	3	PA
ZENPEP CAP 20000UNT	3	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 25000	3	PA
ZENPEP CAP 40000	3	PA
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	4	QL (90 caps / 365 days), ST; PA**
esomeprazole magnesium CPDR 20mg, 40mg	2	QL (90 caps / 365 days)
lansoprazole CPDR 15mg, 30mg	2	QL (90 caps / 365 days)
omeprazole CPDR 10mg, 20mg, 40mg	2	QL (90 caps / 365 days)
pantoprazole sodium TBEC 20mg, 40mg	2	QL (90 tabs / 365 days)
rabeprazole sodium TBEC 20mg	2	QL (90 tabs / 365 days)
RECTAL,CORTICOSTEROIDS		
procto-pak CREA 1%	2	
proctosol hc CREA 2.5%	2	
proctozone-hc CREA 2.5%	2	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	
CARDURA XL TB24 4mg, 8mg	4	ST; PA**
dutasteride CAPS .5mg	2	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	
finasteride TABS 5mg	2	
silodosin CAPS 4mg, 8mg	2	
tadalafil TABS 2.5mg, 5mg	2	QL (30 tabs / 25 days), PA
tamsulosin hcl CAPS .4mg	2	

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
ENCARE SUPP 100mg	7	OTC
OPTIONS CONCEPTROL VAGINA GEL 4%	7	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	7	OTC
SHUR-SEAL GEL 2%	7	OTC
TODAY SPONGE MISC 1000mg	7	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%	7	OTC
MISCELLANEOUS		
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	2	
ELMIRON CAPS 100mg	4	
flavoxate hcl TABS 100mg	2	
phenazopyridine tab 95mg TABS 95mg	2	OTC
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	2	
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	2	
solifenacin succinate TABS 5mg, 10mg	2	
tolterodine tartrate CP24 2mg, 4mg; TABS 1mg, 2mg	2	
TOVIAZ TB24 4mg, 8mg	3	
trospium chloride CP24 60mg; TABS 20mg	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate vaginal CREA 2%	2	
GYNAZOLE-1 CREA 2%	4	
metronidazole vaginal GEL .75%	2	
miconazole 3 SUPP 200mg	2	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	2	
vandazole GEL .75%	2	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS TABS 2.5mg, 5mg	3	
enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	2	
fondaparinux sodium SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	4	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	
PRADAXA CAPS 75mg, 110mg, 150mg	4	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	3	
XARELTO STAR TAB 15/20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	6	PA
NEULASTA SOSY 6mg/0.6ml	5	QL (2 injections / 28 days), PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	5	QL (2 injections / 28 days), PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	PA
PROMACTA TABS 12.5mg, 25mg	6	QL (30 tabs / 30 days), PA
PROMACTA TABS 50mg, 75mg	6	QL (60 tabs / 30 days), PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 40000unit/ml	5	PA
UDENYCA SOSY 6mg/0.6ml	5	QL (2 injections / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	2	
cilostazol TABS 50mg, 100mg	2	
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	6	PA
icatibant acetate SOLN 30mg/3ml	5	QL (45 syringes / 90 days), PA
pentoxifylline TBCR 400mg	2	
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg, 300mg	2	
dipyridamole TABS 25mg, 50mg, 75mg	2	PA; High Risk Medications require PA for members age 70 and older
prasugrel hcl TABS 5mg, 10mg	2	
YOSPRALA TAB 81-40MG	4	
YOSPRALA TAB 325-40MG	4	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA SOLN 80mg/4ml	6	QL (5 vials / 28 days), PA, ST
ACTEMRA SOLN 200mg/10ml	6	QL (4 vials / 14 days), PA, ST

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOLN 400mg/20ml	6	QL (2 vials / 14 days), PA, ST
ACTEMRA SOSY 162mg/0.9ml	6	QL (4 syringes / 28 days), PA, ST
ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	5	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	5	QL (2 injections / 28 days), PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (4 injections / 28 days), PA
HUMIRA PEDIA INJ CROHNS	5	QL (2 injections / 28 days), PA; (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	QL (3 injections / 28 days), PA; (80mg single strength kit)
HUMIRA PEN PNKT 40mg/0.4ml	5	QL (4 injections / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	5	QL (1 kit / 28 days), PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	5	QL (6 pens / 28 days), PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	QL (1 kit / 28 days), PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	QL (4 pens / 28 days), PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TB24 15mg	5	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	6	QL (1 injection / 28 days), PA, ST
SIMPONI ARIA SOLN 50mg/4ml	6	QL (200 mg / 8 weeks), PA
SKYRIZI PSKT 75mg/0.83ml	5	QL (2 syringes / 12 weeks), PA; Preferred agent for Psoriasis
STELARA SOSY 45mg/0.5ml	5	QL (1 syringe / 84 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 90mg/ml	5	QL (1 syringe / 56 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (1 injection / 28 days), PA; Preferred agent for Psoriasis
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	5	QL (1 injection / 56 days), PA; Preferred agent for Psoriasis
XELJANZ TABS 5mg	5	QL (60 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ TABS 10mg	5	QL (60 tabs / 30 days), PA; Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg	5	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ XR TB24 22mg	5	QL (30 tabs / 30 days), PA; Preferred agent for Ulcerative Colitis (after failure of Humira)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	2	
leflunomide TABS 10mg, 20mg	2	
methotrexate sodium TABS 2.5mg	2	
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	5	QL (55 tabs / 28 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis
IMMUNOGLOBULIN		
HYQVIA INJ 2.5-200	5	PA
HYQVIA INJ 5-400	5	PA
HYQVIA INJ 10-800	5	PA
HYQVIA INJ 20-1600	5	PA
HYQVIA INJ 30-2400	5	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	PA
ARCALYST SOLR 220mg	5	QL (4 vials / 28 days), PA
INTRON A SOLN 10mu/ml, 6000000unit/ml	5	PA
INTRON A W/DILUENT SOLR 10mu, 18mu, 50mu	5	PA
POMALYST CAPS 1mg, 2mg	5	QL (21 caps / 21 days), PA
POMALYST CAPS 3mg, 4mg	5	QL (21 caps / 28 days), PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), PA
IMMUNOSUPPRESSANTS		
AZASAN TABS 75mg, 100mg	4	
azathioprine TABS 50mg	2	
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	2	
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	2	
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	2	
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	2	
mycophenolate mofetil hcl SOLR 500mg	2	
mycophenolate sodium TBEC 180mg, 360mg	2	
PROGRAF SOLN 5mg/ml	4	
SANDIMMUNE SOLN 100mg/ml	4	
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	2	
tacrolimus CAPS .5mg, 1mg, 5mg	2	
ZORTRESS TABS 1mg	3	
VACCINES		
ACTHIB INJ	7	$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	7	
AFLURIA QUAD INJ 2019-20	7	
BEXSERO INJ	7	
BOOSTRIX INJ	7	
DAPTACEL INJ	7	$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	7	$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10mcg/0.5ml, 20mcg/ml; SUSP 10mcg/0.5ml, 20mcg/ml	7	
FLUAD INJ 2019-20	7	
FLUAD QUADRIVALENT INFLUE PRSY .5ml	7	
FLUARIX QUAD INJ 2019-20	7	
FLUBLOK QUAD INJ 2019-20	7	
FLUCLVX QUAD INJ 2019-20	7	
FLULAVAL QUA INJ 2019-20	7	
FLUMIST QUAD SUS 2019-20	7	
FLUZONE HD INJ PF 19-20	7	
FLUZONE QUAD INJ 2019-20	7	
GARDASIL 9 INJ	7	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	7	
HEPLISAV-B SOSY 20mcg/0.5ml	7	
HIBERIX SOLR 10mcg	7	$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ	7	$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	7	$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	7	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	7	
MENACTRA INJ	7	
MENVEO INJ	7	
PEDIARIX INJ 0.5ML	7	$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5mcg/0.5ml	7	$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	7	$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	7	
PREVNAR 13 INJ	7	
PROQUAD INJ	7	$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	7	
ROTARIX SUS	7	$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOL	7	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	7	$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF	7	$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	7	$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	7	
TWINRIX INJ	7	$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	7	
VARIVAX INJ 1350pfu/0.5ml	7	
ZOSTAVAX SUSR 19400unt/0.65ml	7	$0 copay for members age 19 and older, otherwise not covered
MEDICAL DEVICES		
CONTRACEPTIVES		
CAYA DPR	7	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	7	OTC
FEMCAP MIS 22MM	7	QL (1 / 300 days)
FEMCAP MIS 26MM	7	QL (1 / 300 days)
FEMCAP MIS 30MM	7	QL (1 / 300 days)
OMNIFLEX DPR	7	QL (1 / 300 days)

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHR DPRH 2%	7	QL (1 / 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS	3	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	3	OTC, QL (204 Test Strips / 25 days)
ALCOHOL PREP PAD	3	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	3	OTC
DEXCOM G5 MIS RECEIVER	3	
DEXCOM G5 MIS TRANSMIT	3	
DEXCOM G6 MIS RECEIVER	3	
DEXCOM G6 MIS SENSOR	3	
DEXCOM G6 MIS TRANSMIT	3	
G4 PLAT PED MIS RVC/SHAR	3	
G4 PLATINUM MIS PEDIATRC	3	
G4 PLATINUM MIS RCV/SHAR	3	
G4 PLATINUM MIS RECEIVER	3	
G4 PLATINUM MIS TRANSMIT	3	
G4 SENSOR MIS	3	
G5/G4 MIS SENSOR	3	
GLUCOSE URINE TEST STRIPS	3	OTC
INSULIN PEN NEEDLES	3	OTC
INSULIN PEN NEEDLES/SYRINGES	3	OTC
KETONE URINE TEST STRIPS	3	OTC
LANCETS	3	OTC

Drug Name	Drug Tier	Requirements/Limits
LANCING DEVICE	3	OTC
OMNIPOD DASH	3	
OMNIPOD KIT STARTER	3	
OMNIPOD MIS 5 PACK	3	
SHARPS CONTAINER	3	OTC
ULTRALANCE MIS 1.8MM	3	OTC
URINE GLUCOSE MONITORING SUPPLIES	3	OTC
URINE TEST STRIPS	3	OTC
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
MISCELLANEOUS		
ADULT RESPIRATORY MASK	3	
ADULT RESPIRATORY MASK	3	OTC
HUMATROPEN	3	OTC
PEDIATRIC RESPIRATORY MASK	3	
PEDIATRIC RESPIRATORY MASK	3	OTC
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
effer-k TBEF 25meq	2	
FLUORABON SOLN .55mg/0.6ml	7	$0 applies for ages 5 and under, otherwise not covered
fluoritab CHEW 1mg	2	

Drug Name	Drug Tier	Requirements/Limits
fluoritab CHEW .25mg, .5mg; SOLN .125mg/drop	7	$0 applies for ages 5 and under, otherwise not covered
flura-drops SOLN .25mg/drop	7	$0 applies for ages 5 and under, otherwise not covered
klor-con 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
ludent CHEW 1mg	2	
ludent CHEW .25mg, .5mg	7	$0 applies for ages 5 and under, otherwise not covered
magnesium sulfate SOLN 2gm/50ml, 50%	2	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	2	
monoject sodium chloride SOLN .9%	2	
nafrinse CHEW 2.2mg	2	
nafrinse drops SOLN .125mg/drop	7	$0 applies for ages 5 and under, otherwise not covered
potassium chloride CPCR 8meq, 10meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	2	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	2	
sodium chloride SOLN 2.5meq/ml	2	
sodium fluoride CHEW 1mg; TABS 1mg	2	

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride CHEW .25mg, .5mg; SOLN .5mg/ml; TABS .5mg	7	$0 applies for ages 5 and under, otherwise not covered
IV REPLACEMENT SOLUTIONS		
potassium chloride SOLN 2meq/ml	2	
sodium chloride SOLN .45%, .9%, 3%, 5%	2	
VITAMINS		
calcitriol CAPS .25mcg, .5mcg; SOLN 1mcg/ml	2	
cholecalciferol CAPS 50000unit	2	OTC
CITRANATAL CAP HARMONY	3	
CITRANATAL CAP MEDLEY	3	
CITRANATAL MIS	3	
CITRANATAL MIS 90 DHA	3	
CITRANATAL MIS B-CALM	3	
CITRANATAL PAK ASSURE	3	
CITRANATAL PAK DHA	3	
CITRANATAL TAB BLOOM	3	
CITRANATAL TAB RX	3	
cyanocobalamin SOLN 1000mcg/ml	2	
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	2	
elite-ob	2	
ergocalciferol CAPS 50000unit	2	

Drug Name	Drug Tier	Requirements/Limits
folic acid CAPS 800mcg	7	OTC, QL (100 caps / 30 days); $0 copay for women ages 55 and under, otherwise not covered
folic acid TABS 1mg	2	
folic acid TABS 400mcg, 800mcg	7	OTC, QL (100 tabs / 30 days); $0 copay for women ages 55 and under, otherwise not covered
multi-vit/iron/fluoride	2	
multi-vitamin/fluoride dr	2	
multi-vitamin/fluoride/ir	2	
multivitamin with fluorid	2	
mvc-fluoride	2	
paricalcitol CAPS 1mcg, 2mcg, 4mcg	2	
phytonadione TABS 5mg	2	
prenatabs rx	2	
pyridoxine hcl TABS 25mg, 50mg	2	OTC
tri-vite/fluoride	2	
vitamins a/c/d/fluoride	2	
westab max	2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
BLEPHAMIDE OIN S.O.P.	3	

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE SUS OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin (ophthalmic) OINT 500unit/gm	2	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUSP .6%	4	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	2	
gentak OINT .3%	2	
gentamicin sulfate (ophth) SOLN .3%	2	
levofloxacin (ophth) SOLN .5%	2	
moxifloxacin hcl (ophth) SOLN .5%	2	
NATACYN SUSP 5%	3	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin (ophth) SOLN .3%	2	
polycin	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	2	
tobramycin (ophth) SOLN .3%	2	
trifluridine SOLN 1%	2	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	3	
bromfenac sodium (ophth) SOLN .09%	2	
dexamethasone sodium phosphate (ophth) SOLN .1%	2	
diclofenac sodium (ophth) SOLN .1%	2	
DUREZOL EMUL .05%	3	
flurbiprofen sodium SOLN .03%	2	
FML OINT .1%	3	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%, .5%	2	
loteprednol etabonate SUSP .5%	2	
MAXIDEX SUSP .1%	3	

Drug Name	Drug Tier	Requirements/Limits
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
prednisolone acetate (ophth) SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
ALOCRIL SOLN 2%	4	
ALOMIDE SOLN .1%	4	
azelastine hcl (ophth) SOLN .05%	2	
BEPREVE SOLN 1.5%	4	
cromolyn sodium (ophth) SOLN 4%	2	
epinastine hcl (ophth) SOLN .05%	2	
LASTACAFT SOLN .25%	3	
olopatadine hcl SOLN .1%	2	
olopatadine hydrochloride SOLN .2%	2	
PAZEO SOLN .7%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	4	
apraclonidine hcl SOLN .5%	2	
AZOPT SUSP 1%	3	
betaxolol hcl (ophth) SOLN .5%	2	
BETIMOL SOLN .25%, .5%	4	
BETOPTIC-S SUSP .25%	3	
bimatoprost SOLN .03%	4	
brimonidine tartrate SOLN .15%, .2%	2	

Drug Name	Drug Tier	Requirements/Limits
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	
IOPIDINE SOLN 1%	4	
latanoprost SOLN .005%	2	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	ST; PA**
PHOSPHOLINE IODIDE SOLR .125%	4	
pilocarpine hcl SOLN 1%	2	
SIMBRINZA SUS 1-0.2%	3	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	2	
travoprost SOLN .004%	2	
ZIOPTAN SOLN .015mg/ml	4	ST; PA**
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	4	
CYSTARAN SOLN .44%	6	QL (4 bottles / 28 days), PA
LACRISERT INST 5mg	4	
phenylephrine hcl (mydriatic) SOLN 2.5%, 10%	2	
proparacaine hcl SOLN .5%	2	
RESTASIS EMUL .05%	3	
tropicamide SOLN .5%, 1%	2	

Drug Name	Drug Tier	Requirements/Limits
OTHER		
IRRIGATION SOLUTIONS		
physiolyte	2	
physiosol irrigation	2	
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	2	QL (4 auto-injectors / 25 days)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml	2	QL (4 auto-injectors / 25 days); (generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	QL (4 auto-injectors / 25 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	QL (4 auto-injectors / 25 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	4	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	3	QL (1 package / 25 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	QL (6 boxes / 25 days)
TRELEGY AER ELLIPTA	3	QL (1 package / 25 days)
ANTICHOLINERGICS		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (1 package / 25 days)
ipratropium bromide SOLN .02%	2	QL (5 boxes / 25 days)
ipratropium bromide (nasal) SOLN .03%, .06%	2	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS 18mcg	3	QL (1 package / 25 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL (1 package / 25 days)
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	2	QL (1 package / 25 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%, .15%	2	QL (2 bottles / 25 days)
brompheniramine tannate CHEW 12mg	2	
carbinoxamine maleate SOLN 4mg/5ml; TABS 4mg	2	
clemastine fumarate TABS 2.68mg	2	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	2	
desloratadine TABS 5mg; TBDP 2.5mg, 5mg	2	
diphenhydramine hcl ELIX 12.5mg/5ml	2	PA; High Risk Medications require PA for members age 70 and older
diphenhydramine hcl SOLN 50mg/ml	2	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate CAPS 25mg, 50mg, 100mg	2	PA; High Risk Medications require PA for members age 70 and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	2	
olopatadine hcl (nasal) SOLN .6%	2	QL (1 container / 25 days)
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 25 days)
albuterol sulfate NEBU 2.5mg/0.5ml	2	QL (60 mL / 25 days)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml	2	QL (5 boxes / 25 days)
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg	2	
levalbuterol hcl NEBU 1.25mg/0.5ml	2	QL (45 mL / 25 days)
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	2	QL (300 mL / 25 days)
levalbuterol tartrate AERO 45mcg/act	2	QL (2 inhalers / 25 days)
metaproterenol sulfate SYRP 10mg/5ml	2	
PERFOROMIST NEBU 20mcg/2ml	3	QL (2 boxes / 25 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 package / 25 days)
terbutaline sulfate TABS 2.5mg, 5mg	2	
BIOLOGIC RESPONSE MODIFIERS		
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	5	QL (3 injections / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOLR 150mg	5	QL (6 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml	5	QL (2 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	5	QL (4 syringes / 28 days), PA
COLD/COUGH		
benzonatate CAPS 100mg, 200mg	2	
guaifenesin ac	2	OTC
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	2	
hydrocodone w/ homatropine tab 5-1.5 mg	2	
hydromet	2	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	
promethazine w/ codeine syrup 6.25-10 mg/5ml	2	
promethazine-dm syrup 6.25-15 mg/5ml	2	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
TUZISTRA XR SUS	4	
LEUKOTRIENE MODIFIERS		
zileuton TB12 600mg	4	

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	2	
zafirlukast TABS 10mg, 20mg	2	
MAST CELL STABILIZERS		
cromolyn sodium NEBU 20mg/2ml	2	QL (2 boxes / 25 days)
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	
DALIRESP TABS 250mcg, 500mcg	4	PA
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), PA
ESBRIET TABS 267mg	5	QL (270 tabs / 30 days), PA
ESBRIET TABS 801mg	5	QL (90 tabs / 30 days), PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	5	QL (56 tabs / 28 days), PA; carton consists of 56 tablets
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), PA; packet consists of 60 tablets
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	PA
sodium chloride (inhalant) NEBU .9%, 3%, 7%, 10%	2	
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), PA
TRIKAFTA TAB	5	QL (84 tabs / 28 days), PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	2	QL (3 containers / 25 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 container / 25 days)
OMNARIS SUSP 50mcg/act	4	QL (1 package / 25 days), ST; PA**
triamcinolone acetonide (nasal) AERO 55mcg/act	2	OTC, QL (1 bottle / 25 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (1 package / 25 days)
budesonide (inhalation) SUSP 1mg/2ml	2	QL (1 box / 25 days)
budesonide (inhalation) SUSP .5mg/2ml	2	QL (2 boxes / 25 days)
budesonide (inhalation) SUSP .25mg/2ml	2	QL (3 boxes / 25 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	3	QL (2 packages / 25 days)

Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	2	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50	2	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50	2	QL (1 package / 25 days)
ADVAIR HFA AER 45/21	3	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	3	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	3	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	3	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	3	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	3	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	3	QL (1 package / 25 days)
XANTHINES		
aminophylline SOLN 25mg/ml	2	
ELIXOPHYLLIN ELIX 80mg/15ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	2	

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
adapalene CREA .1%; GEL .1%, .3%	2	PA; PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	2	
avita CREA .025%; GEL .025%	2	PA; PA applies for members age 35 and older
BENZIQ GEL 5.25%	3	
BENZIQ LS GEL 2.75%	3	
benziq wash LIQD 5.25%	2	
benzoyl peroxide-erythromycin gel 5-3%	2	
bp wash LIQD 2.5%	2	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2	
clindamycin phosphate (topical) FOAM 1%; SWAB 1%	2	
clindamycin phosphate (topical) GEL 1%	2	QL (75g / 25 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	2	QL (60mL / 25 days)
clindamycin phosphate-benzoyl peroxide gel 1-5%	2	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	2	
EPIDUO FORTE GEL 0.3-2.5%	4	
ery PADS 2%	2	
erythromycin (acne aid) GEL 2%	2	QL (60g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
erythromycin (acne aid) SOLN 2%	2	QL (60mL / 25 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	2	PA
sulfacetamide sodium (acne) LOTN 10%	2	
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	2	PA; PA applies for members age 35 and older
tretinoin microsphere GEL .04%, .1%	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil (topical) CREA 5%; SOLN 2%, 5%	2	
imiquimod CREA 5%	2	
PICATO GEL .015%, .05%	4	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	2	
IV PREP WIPE PAD	3	OTC
mupirocin OINT 2%	2	QL (30g / 25 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL .77%	2	QL (120g / 25 days)
ciclopirox SHAM 1%	2	QL (120mL / 25 days)
ciclopirox SOLN 8%	2	
ciclopirox olamine CREA .77%	2	QL (120g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
ciclopirox olamine SUSP .77%	2	QL (120mL / 25 days)
clotrimazole (topical) CREA 1%	2	QL (120g / 25 days)
clotrimazole (topical) SOLN 1%	2	QL (120mL / 25 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	QL (60g / 25 days)
clotrimazole w/ betamethasone lotion 1-0.05%	2	QL (60mL / 25 days)
econazole nitrate CREA 1%	2	QL (60g / 25 days)
ERTACZO CREA 2%	4	QL (60g / 25 days)
EXELDERM SOLN 1%	4	QL (60mL / 25 days), ST; PA**
JUBLIA SOLN 10%	4	QL (4mL / 21 days), PA
ketoconazole (topical) CREA 2%	2	QL (120g / 25 days)
MENTAX CREA 1%	4	QL (60g / 25 days)
naftifine hcl CREA 1%, 2%	2	QL (60g / 25 days)
nyamyc POWD 100000unit/gm	2	QL (120g / 25 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	2	QL (120g / 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2	QL (60g / 25 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	QL (60g / 25 days)
nystop POWD 100000unit/gm	2	QL (120g / 25 days)
oxiconazole nitrate CREA 1%	2	QL (60g / 25 days)
sulconazole nitrate CREA 1%	2	QL (60g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl (antipruritic) CREA 5%	4	QL (90 grams / 25 days), ST; PA**
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	2	
calcipotriene SOLN .005%	2	
calcitriol (topical) OINT 3mcg/gm	4	
COSENTYX SOSY 150mg/ml	5	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
methoxsalen rapid CAPS 10mg	2	
tazarotene CREA .1%	2	PA
TAZORAC CREA .05%; GEL .05%, .1%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	2	
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	2	QL (120g / 25 days)
alclometasone dipropionate CREA .05%; OINT .05%	2	QL (120g / 25 days)
amcinonide CREA .1%	2	QL (120g / 25 days)
amcinonide LOTN .1%	2	QL (120mL / 25 days)
AMCINONIDE OINT .1%	3	QL (120g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate (topical) CREA .05%; OINT .05%	2	QL (120g / 25 days)
betamethasone dipropionate (topical) LOTN .05%	2	QL (120mL / 25 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	2	QL (120g / 25 days)
betamethasone dipropionate augmented LOTN .05%	2	QL (120mL / 25 days)
betamethasone valerate CREA .1%; FOAM .12%; OINT .1%	2	QL (120g / 25 days)
betamethasone valerate LOTN .1%	2	QL (120mL / 25 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	4	
clobetasol propionate CREA .05%; FOAM .05%; GEL .05%; OINT .05%	2	QL (120g / 25 days)
clobetasol propionate LIQD .05%; LOTN .05%; SHAM .05%; SOLN .05%	2	QL (120mL / 25 days)
clocortolone pivalate CREA .1%	2	QL (120g / 25 days)
desonide CREA .05%; OINT .05%	2	QL (120g / 25 days)
desonide LOTN .05%	2	QL (120mL / 25 days)
desoximetasone CREA .05%, .25%; GEL .05%; OINT .05%, .25%	2	QL (120g / 25 days)
diflorasone diacetate CREA .05%; OINT .05%	4	QL (120g / 25 days)
fluocinolone acetonide CREA .01%, .025%; OINT .025%	2	QL (120g / 25 days)
fluocinolone acetonide OIL .01%; SOLN .01%	2	QL (120mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinonide CREA .05%; GEL .05%; OINT .05%	2	QL (120g / 25 days)
fluocinonide SOLN .05%	2	QL (120mL / 25 days)
fluticasone propionate CREA .05%; OINT .005%	2	QL (120g / 25 days)
fluticasone propionate LOTN .05%	2	QL (120mL / 25 days)
halobetasol propionate CREA .05%; OINT .05%	2	QL (120g / 25 days)
hydrocortisone (topical) CREA 1%, 2.5%; OINT 2.5%	2	QL (120g / 25 days)
hydrocortisone (topical) LOTN 2.5%	2	QL (120mL / 25 days)
hydrocortisone butyrate CREA .1%; OINT .1%	2	QL (120g / 25 days)
hydrocortisone butyrate SOLN .1%	2	QL (120mL / 25 days)
hydrocortisone valerate CREA .2%; OINT .2%	2	QL (120g / 25 days)
mometasone furoate CREA .1%; OINT .1%	2	QL (120g / 25 days)
mometasone furoate SOLN .1%	2	QL (120mL / 25 days)
prednicarbate CREA .1%; OINT .1%	2	QL (120g / 25 days)
triamcinolone acetonide (topical) CREA .025%, .1%, .5%; OINT .025%, .1%, .5%	2	QL (120g / 25 days)
triamcinolone acetonide (topical) LOTN .025%, .1%	2	QL (120mL / 25 days)
triderm CREA .1%	2	QL (120g / 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine OINT 5%	2	QL (50gm / 25 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine PTCH 5%	2	QL (90 patches / 25 days), PA
lidocaine hcl GEL 2%; PRSY 2%	2	QL (60mL / 25 days)
lidocaine hcl SOLN 4%	2	QL (50mL / 25 days)
lidocaine pain relief pat PTCH 4%	2	OTC, QL (30 patches / 25 days)
lidocaine-prilocaine cream 2.5-2.5%	2	QL (30gm / 25 days)
lidocaine-prilocaine cream kit 2.5-2.5%	2	
pramox gel GEL 1%	2	
SYNERA DIS 70-70MG	4	QL (2 patches / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL .5%	4	
DENAVIR CREA 1%	4	
diclofenac sodium (topical) GEL 1%	2	QL (300g / 25 days)
EUCRISA OINT 2%	3	QL (60 grams / 25 days), ST; PA**
lactic acid (ammonium lactate) CREA 12%; LOTN 10%, 12%	2	
podofilox SOLN .5%	2	
RECTIV OINT .4%	4	
tacrolimus (topical) OINT .03%, .1%	2	
TARGRETIN GEL 1%	5	PA
VOLTAREN GEL 1%	2	OTC, QL (300g / 25 days)
DERMATOLOGY, ROSACEA		
azelaic acid GEL 15%	2	

Drug Name	Drug Tier	Requirements/Limits
FINACEA AER 15% FOAM 15%	3	
metronidazole (topical) CREA .75%; GEL .75%, 1%; LOTN .75%	2	
MIRVASO GEL .33%	4	PA
rosadan CREA .75%	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan LOTN 10%	2	
EURAX CREA 10%	4	
lice treatment LOTN 1%	2	OTC
lindane SHAM 1%	2	
malathion LOTN .5%	2	
permethrin CREA 5%	2	
sb lice treatment LIQD 1%	2	OTC
SKLICE LOTN .5%	4	ST; PA**
spinosad SUSP .9%	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	4	PA
sodium chloride (gu irrigant) SOLN .9%	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	2	
chlorhexidine gluconate (mouth-throat) SOLN .12%	2	
clotrimazole TROC 10mg	2	
lidocaine hcl (mouth-throat) SOLN 2%, 4%	2	

Drug Name	Drug Tier	Requirements/Limits
nystatin (mouth-throat) SUSP 100000unit/ml	2	
oralone dental paste PSTE .1%	2	
ORAVIG TABS 50mg	4	QL (14 tabs / 25 days)
periogard SOLN .12%	2	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	2	
triamcinolone acetonide (mouth) PSTE .1%	2	
OTIC		
acetic acid (otic) SOLN 2%	2	
CIPRODEX SUS 0.3-0.1%	3	
ciprofloxacin hcl (otic) SOLN .2%	2	
COLY-MYCIN S SUS OTIC	4	
fluocinolone acetonide (otic) OIL .01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin (otic) SOLN .3%	2	

Index