2020 Bright Formulary

(List of Covered Drugs)

Bright Health Individual and Family Plans

North Carolina

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

This formulary was updated on 11/23/2020. For more recent information or other questions, please contact us at 833-661-1988 or visit www.brighthealthplan.com.

Welcome to Bright

Enclosed you will find a list of the drugs included in our Bright Health Individual and Family plans from January 1, 2020 - December 31, 2020. As you review, be sure to have your medications on hand so you can confirm your prescriptions are covered and compare dosage and pricing of the drugs you take.

Keep in mind, this document includes a *comprehensive* list of drugs (formulary) included in our Individual and Family plans. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

As a Bright Health Member, you must generally use in-network pharmacies to fill your prescriptions. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the 2020 calendar year.

Have a Bright day!

Sincerely,
Your Bright Health Team

Frequently Asked Questions:

What is a Formulary (drug list)?

A formulary is a list of covered drugs selected by Bright Health in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Bright Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and the prescription is filled at a Bright Health network pharmacy.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. These types of changes may occur without notice to you. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money, or we can ensure your safety.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. To get updated information about the drugs covered by Bright Health, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

1. **Medical Condition**

   The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

2. **Alphabetical Listing**

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

this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Bright Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Bright Health before you fill your prescriptions. If you don't get approval, Bright Health may not cover the drug.

- **Quantity Limits:** For certain drugs, Bright Health limits the amount of the drug that we will cover. For example, Bright Health provides 15 tablets every 25 days per prescription for Zolpidem Tartrate 5mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Bright Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Bright Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright Health will then cover Drug B.

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

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

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

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

How do I request an exception to the Bright Health Formulary?

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For more information

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

Our Formulary (drug list)

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

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

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

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

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

There. Now that's Brighter.

This formulary was updated on 11/23/2020. For more recent information or other questions, please contact us at 833-661-1988 or visit www.brighthealthplan.com.

Bright Health North Carolina

CURRENT AS OF 12/1/2020

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
tobramycin inhalation nebulization solution 300 mg/5ml	5	PA; SP
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	
ANALGESICS - ANTI-INFLAMMATORY		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
XELJANZ ORAL TABLET 5 MG	5	PA; SP; QL (60 EA per 30 days)
Anti-Tnf-Alpha - Monoclonal Antibodies**		
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
Anti-Tnf-Alpha - Monoclonoal Antibodies**		
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
Cyclooxygenase 2 (Cox-2) Inhibitors**		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	2	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	2	QL (30 EA per 30 days)
Gold Compounds**		
RIDAURA ORAL CAPSULE 3 MG	5	PA
Interleukin-1 Blockers**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; SP
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; SP; QL (18.76 ML per 28 days)
Interleukin-6 Receptor Inhibitors**		
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; SP; QL (3.6 ML per 30 days)
Nonsteroidal Anti-Inflammatory Agent Combinations**		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	2	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	2	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
fenoprofen calcium oral tablet 600 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
flurbiprofen oral tablet 100 mg, 50 mg	2	
ibuprofen oral suspension 100 mg/5ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin oral capsule 25 mg, 50 mg	2	
ketoprofen er oral capsule extended release 24 hour 200 mg	2	QL (30 EA per 30 days)
ketoprofen oral capsule 50 mg	2	QL (180 EA per 30 days)
ketoprofen oral capsule 75 mg	2	QL (120 EA per 30 days)
ketorolac tromethamine oral tablet 10 mg	2	QL (20 EA per 5 days)
meclofenamate sodium oral capsule 100 mg, 50 mg	2	
mefenamic acid oral capsule 250 mg	2	
meloxicam oral suspension 7.5 mg/5ml	2	
meloxicam oral tablet 15 mg, 7.5 mg	2	
nabumetone oral tablet 500 mg	2	QL (120 EA per 30 days)
nabumetone oral tablet 750 mg	2	QL (60 EA per 30 days)
naproxen dr oral tablet delayed release 375 mg, 500 mg	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet 600 mg	2	QL (60 EA per 30 days)
piroxicam oral capsule 10 mg, 20 mg	2	
sulindac oral tablet 150 mg, 200 mg	2	
tolmetin sodium oral capsule 400 mg	2	
tolmetin sodium oral tablet 200 mg, 600 mg	2	
Pyrimidine Synthesis Inhibitors**		
leflunomide oral tablet 10 mg, 20 mg	2	
Selective Costimulation Modulators**		
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; SP; QL (4 ML per 28 days)
Soluble Tumor Necrosis Factor Receptor Agents**		

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; SP; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ANALGESICS - NONNARCOTIC		
Analgesics-Sedatives**		
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	2	
TENCON ORAL TABLET 50-325 MG	4	
Salicylates**		
aspirin adult low strength oral tablet delayed release 81 mg	1	OTC; QL (100 EA per 30 days)
aspirin oral tablet 325 mg	1	OTC; QL (30 EA per 30 days)
aspirin oral tablet delayed release 325 mg	1	OTC; QL (30 EA per 30 days)
goodsense aspirin oral tablet chewable 81 mg	1	OTC; QL (100 EA per 30 days)
salsalate oral tablet 500 mg	2	
ANALGESICS - OPIOID		
Codeine Combinations**		
acetaminophen-codeine #2 oral tablet 300-15 mg	2	QL (390 EA per 30 days)
acetaminophen-codeine #3 oral tablet 300-30 mg	2	QL (390 EA per 30 days)
acetaminophen-codeine #4 oral tablet 300-60 mg	2	QL (390 EA per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	2	

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Drug Name	Drug Tier	Requirements/Limits
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	2	
Hydrocodone Combinations**		
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (180 EA per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	2	QL (180 EA per 30 days)
Opioid Agonists**		
codeine sulfate oral tablet 15 mg, 30 mg	2	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; QL (10 EA per 30 days)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	2	PA
hydromorphone hcl oral liquid 1 mg/ml	2	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	2	QL (240 EA per 30 days)
hydromorphone hcl rectal suppository 3 mg	4	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
levorphanol tartrate oral tablet 2 mg	2	
meperidine hcl injection solution 10 mg/ml	2	
methadone hcl injection solution 10 mg/ml	2	
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	2	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	2	
methadone hcl oral tablet 10 mg	2	QL (240 EA per 30 days)
methadone hcl oral tablet 5 mg	2	
methadone hcl oral tablet soluble 40 mg	2	QL (9 EA per 30 days)
METHADOSE ORAL TABLET SOLUBLE 40 MG	2	QL (9 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	2	
morphine sulfate (pf) intravenous solution 10 mg/ml, 15 mg/ml, 4 mg/ml	2	
morphine sulfate (pf) intravenous solution 2 mg/ml	4	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	2	QL (90 EA per 30 days)
morphine sulfate injection solution 10 mg/ml, 8 mg/ml	2	
morphine sulfate intravenous solution 1 mg/ml, 150 mg/30ml	2	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	2	
morphine sulfate oral tablet 15 mg, 30 mg	2	QL (180 EA per 30 days)
morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg	4	
morphine sulfate rectal suppository 30 mg	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA
oxycodone hcl oral capsule 5 mg	2	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	2	
oxycodone hcl oral solution 5 mg/5ml	2	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	QL (180 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	4	PA
oxymorphone hcl oral tablet 10 mg, 5 mg	2	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg	2	QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg	2	QL (30 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	QL (240 EA per 30 days)
Opioid Combinations**		
ENDOCET ORAL TABLET 2.5-325 MG	2	

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

Drug Name	Drug Tier	Requirements/Limits
ENDOCET ORAL TABLET 5-325 MG	2	QL (360 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	2	
oxycodone-acetaminophen oral tablet 5-325 mg	2	QL (360 EA per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	2	QL (240 EA per 30 days)
oxycodone-ibuprofen oral tablet 5-400 mg	2	QL (240 EA per 30 days)
XARTEMIS XR ORAL TABLET EXTENDED RELEASE 7.5-325 MG	4	PA
Opioid Partial Agonists**		
buprenorphine hcl injection solution 0.3 mg/ml	2	PA; SP
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg	2	PA; QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg	2	PA; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	QL (90 EA per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	PA; QL (4 EA per 28 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	3	PA; QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	3	PA; QL (90 EA per 30 days)
ANDROGENS-ANABOLIC		
Anabolic Steroids**		
ANADROL-50 ORAL TABLET 50 MG	5	PA
oxandrolone oral tablet 10 mg, 2.5 mg	2	PA
Androgens**		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
danazol oral capsule 100 mg, 200 mg, 50 mg	2	PA
methyltestosterone oral capsule 10 mg	2	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	2	PA
testosterone enanthate intramuscular solution 200 mg/ml	2	PA
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	2	PA
ANORECTAL AGENTS		
Intrarectal Steroids**		
COLOCORT RECTAL ENEMA 100 MG/60ML	2	
Nitrate Vasodilating Agents**		
RECTIV RECTAL OINTMENT 0.4 %	4	
Rectal Steroids**		
hydrocortisone acetate rectal suppository 30 mg	2	QL (12 EA per 30 days)
PROCTO-PAK RECTAL CREAM 1 %	2	
PROCTOZONE-HC RECTAL CREAM 2.5 %	2	
ANTHELMINTICS		
Anthelmintics**		
albendazole oral tablet 200 mg	2	PA
ALBENZA ORAL TABLET 200 MG	4	PA
EMVERM ORAL TABLET CHEWABLE 100 MG	4	QL (12 EA per 365 days)
ivermectin oral tablet 3 mg	2	QL (10 EA per 30 days)
PIN-X ORAL TABLET CHEWABLE 720.5 MG	2	OTC
ANTIANGINAL AGENTS		
Antianginals-Other**		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	4	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	PA; QL (60 EA per 30 days)
Nitrates**		
isosorbide dinitrate er oral tablet extended release 40 mg	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin er oral capsule extended release 9 mg	2	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	2	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
nitroglycerin translingual solution 0.4 mg/spray	2	
ANTIANXIETY AGENTS		
Antianxiety Agents - Misc.**		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	2	AGE (Max 64 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	2	AGE (Max 64 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	AGE (Max 64 Years)
meprobamate oral tablet 200 mg, 400 mg	2	
Benzodiazepines**		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	2	
diazepam injection solution 5 mg/ml	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	
lorazepam oral concentrate 2 mg/ml	2	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	2	
ANTIARRHYTHMICS		
Antiarrhythmics Type I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	
quinidine gluconate er oral tablet extended release 324 mg	2	
quinidine sulfate er oral tablet extended release 300 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
Antiarrhythmics Type I-B**		
lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml	2	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	
Antiarrhythmics Type Iii**		
amiodarone hcl oral tablet 200 mg, 400 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	5	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-Lipoxygenase Inhibitors**		
zileuton er oral tablet extended release 12 hour 600 mg	5	PA
Adrenergic Combinations**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	4	QL (60 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation 100-50 mcg/dose	3	QL (60 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation 113-14 mcg/act	2	QL (1 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation 232-14 mcg/act	2	QL (1 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation 250-50 mcg/dose	3	QL (60 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/dose inhalation 500-50 mcg/dose	3	QL (60 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation 55-14 mcg/act	2	QL (1 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	
Beta Adrenergics**		
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	2	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	3	QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	2	
albuterol sulfate oral syrup 2 mg/5ml	2	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	4	PA; QL (30 EA per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	4	PA; QL (120 ML per 30 days)
FORADIL AEROLIZER INHALATION CAPSULE 12 MCG	4	QL (60 EA per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	ST
metaproterenol sulfate oral syrup 10 mg/5ml	2	
metaproterenol sulfate oral tablet 10 mg, 20 mg	2	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
terbutaline sulfate injection solution 1 mg/ml	2	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
Bronchodilators - Anticholinergics**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	QL (12.9 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
Leukotriene Receptor Antagonists**		
montelukast sodium oral packet 4 mg	2	
montelukast sodium oral tablet 10 mg	2	
montelukast sodium oral tablet chewable 4 mg, 5 mg	2	
zafirlukast oral tablet 10 mg, 20 mg	2	
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	QL (30 EA per 30 days)
Steroid Inhalants**		
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT	4	QL (8.9 GM per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	QL (13 GM per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	2	QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (10.6 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	4	QL (1 EA per 30 days)
Xanthines**		
theophylline er oral tablet extended release 12 hour 450 mg	2	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	
theophylline oral solution 80 mg/15ml	2	
ANTICOAGULANTS		
Coumarin Anticoagulants**		
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	2	
Direct Factor Xa Inhibitors**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	QL (60 EA per 30 days)
Heparins And Heparinoid-Like Agents**		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	2	
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 300 mg/3ml	5	PA
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	PA
Synthetic Heparinoid-Like Agents**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	PA
Thrombin Inhibitors - Selective Direct & Reversible**		
PRADAXA ORAL CAPSULE 150 MG, 75 MG	4	PA; QL (60 EA per 30 days)
ANTICONVULSANTS		
Ampa Glutamate Receptor Antagonists**		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
Anticonvulsants - Benzodiazepines**		
clobazam oral suspension 2.5 mg/ml	2	PA
clobazam oral tablet 10 mg, 20 mg	2	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	5	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	4	PA
ONFI ORAL TABLET 10 MG, 20 MG	4	PA
Anticonvulsants - Misc.**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA
BANZEL ORAL SUSPENSION 40 MG/ML	4	
BANZEL ORAL TABLET 200 MG, 400 MG	4	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
carbamazepine oral suspension 100 mg/5ml	2	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet chewable 100 mg	2	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	2	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	2	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	2	
lamotrigine oral tablet chewable 25 mg, 5 mg	2	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	2	
levetiracetam intravenous solution 500 mg/5ml	2	
levetiracetam oral solution 100 mg/ml	2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	4	PA
LYRICA ORAL SOLUTION 20 MG/ML	4	PA
oxcarbazepine oral suspension 300 mg/5ml	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	4	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	2	PA
pregabalin oral solution 20 mg/ml	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
primidone oral tablet 250 mg, 50 mg	2	
rufinamide oral suspension 40 mg/ml	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
Carbamates**		
felbamate oral suspension 600 mg/5ml	5	
felbamate oral tablet 400 mg, 600 mg	2	
Gaba Modulators**		
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	2	
vigabatrin oral packet 500 mg	5	PA; SP
Hydantoins**		
DILANTIN ORAL CAPSULE 30 MG	4	
PEGANONE ORAL TABLET 250 MG	4	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable 50 mg	2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	
phenytoin sodium injection solution 50 mg/ml	2	
Succinimides**		
CELONTIN ORAL CAPSULE 300 MG	3	
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5ml	2	
Valproic Acid**		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
valproic acid oral capsule 250 mg	2	
valproic acid oral solution 250 mg/5ml	2	
ANTIDEPRESSANTS		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	2	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	2	
Antidepressants - Misc.**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
bupropion hcl oral tablet 100 mg, 75 mg	2	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	2	
Modified Cyclics**		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL KIT 10 & 20 & 40 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	PA
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	4	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
phenelzine sulfate oral tablet 15 mg	2	
tranylcypromine sulfate oral tablet 10 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral solution 10 mg/5ml	2	
citalopram hydrobromide oral tablet 10 mg, 20 mg	2	
citalopram hydrobromide oral tablet 40 mg	2	QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet 10 mg, 5 mg	2	QL (45 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	2	QL (30 EA per 30 days)
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	2	
fluoxetine hcl oral capsule delayed release 90 mg	2	QL (4 EA per 28 days)
fluoxetine hcl oral solution 20 mg/5ml	2	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	3	PA
sertraline hcl oral concentrate 20 mg/ml	2	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	2	
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	2	QL (30 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	PA
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
Tricyclic Agents**		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg	2	
amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg	2	AGE (Max 64 Years)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	2	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	QL (60 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl oral concentrate 10 mg/ml	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
imipramine pamoate oral capsule 100 mg, 75 mg	2	
imipramine pamoate oral capsule 125 mg, 150 mg	2	AGE (Max 64 Years)
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg	2	
nortriptyline hcl oral capsule 75 mg	2	AGE (Max 64 Years)
nortriptyline hcl oral solution 10 mg/5ml	2	
protriptyline hcl oral tablet 10 mg, 5 mg	2	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	2	
ANTIDIABETICS		
Alpha-Glucosidase Inhibitors**		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	
miglitol oral tablet 25 mg, 50 mg	2	
Biguanides**		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	
Diabetic Other**		
GLUCAGON EMERGENCY INJECTION KIT 1 MG	1	
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	2	ST; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	ST; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (30 EA per 30 days)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET ORAL TABLET 0.8 MG	4	
Human Insulin**		
APIDRA INJECTION SOLUTION 100 UNIT/ML	4	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	OTC
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	OTC
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	4	OTC
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	OTC
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	4	OTC
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	3	
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	3	
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	3	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	3	
insulin aspart subcutaneous solution 100 unit/ml	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	OTC
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	OTC

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	3	QL (2.4 ML per 28 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	3	QL (1.2 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	QL (2 ML per 28 days)
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	2	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	2	
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	2	AGE (Max 64 Years)
Sulfonylureas**		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	2	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	QL (60 EA per 30 days)
glipizide oral tablet 10 mg, 5 mg	2	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	2	AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	2	AGE (Max 64 Years)
Sulfonylurea-Thiazolidinedione Combinations**		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	2	
Thiazolidinedione-Biguanide Combinations**		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	2	
Thiazolidinediones**		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	2	QL (30 EA per 30 days)
ANTIDIARRHEALS		
Antiperistaltic Agents**		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	
loperamide hcl oral capsule 2 mg	2	
loperamide hcl oral liquid 1 mg/5ml	2	OTC
MOTOFEN ORAL TABLET 1-0.025 MG	4	PA
ANTIDOTES		
Antidotes - Chelating Agents**		
CHEMET ORAL CAPSULE 100 MG	4	
deferiprone oral tablet 500 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; SP
FERRIPROX ORAL TABLET 500 MG	5	PA
Opioid Antagonists**		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	2	
naloxone hcl injection solution cartridge 0.4 mg/ml	2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	3	
naltrexone hcl oral tablet 50 mg	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	PA; SP
ANTIEMETICS		
5-Ht3 Receptor Antagonists**		
ANZEMET ORAL TABLET 100 MG, 50 MG	4	ST
granisetron hcl oral tablet 1 mg	2	QL (60 EA per 30 days)
ondansetron hcl oral solution 4 mg/5ml	2	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	2	
ondansetron oral tablet dispersible 4 mg, 8 mg	2	
Antiemetics - Anticholinergic**		
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
scopolamine transdermal patch 72 hour 1 mg/3days	2	QL (10 EA per 30 days)
trimethobenzamide hcl oral capsule 300 mg	2	AGE (Max 64 Years)
Antiemetics - Miscellaneous**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
aprepitant oral capsule 125 mg, 80 mg	2	ST
ANTIFUNGALS		
Antifungals**		
flucytosine oral capsule 250 mg, 500 mg	5	PA
griseofulvin microsize oral suspension 125 mg/5ml	2	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
nystatin oral tablet 500000 unit	2	
terbinafine hcl oral tablet 250 mg	2	
Imidazoles**		
ketoconazole oral tablet 200 mg	2	
Triazoles**		
CRESEMBA ORAL CAPSULE 186 MG	5	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	2	QL (30 EA per 30 days)
fluconazole oral tablet 150 mg	2	
itraconazole oral capsule 100 mg	5	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	4	PA
posaconazole oral tablet delayed release 100 mg	2	PA
voriconazole oral tablet 200 mg, 50 mg	5	PA
ANTIHISTAMINES		
Antihistamines - Ethanolamines**		
carbinoxamine maleate oral solution 4 mg/5ml	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet 2.68 mg	2	AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl injection solution 50 mg/ml	2	
diphenhydramine hcl oral elixir 12.5 mg/5ml	2	
Antihistamines - Non-Sedating**		
cetirizine hcl oral solution 1 mg/ml	2	QL (300 ML per 30 days)
cetirizine hcl oral tablet 10 mg, 5 mg	2	OTC; QL (30 EA per 30 days)
desloratadine oral tablet 5 mg	2	
eq allergy relief oral tablet 10 mg	2	OTC; QL (30 EA per 30 days)
fexofenadine hcl oral tablet 180 mg	2	OTC; QL (30 EA per 30 days)
fexofenadine hcl oral tablet 60 mg	2	OTC; QL (60 EA per 30 days)
levocetirizine dihydrochloride oral tablet 5 mg	2	
Antihistamines - Phenothiazines**		
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	2	
promethazine hcl oral syrup 6.25 mg/5ml	2	AGE (Max 64 Years)
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	2	AGE (Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	2	QL (12 EA per 30 days)
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	2	
cyproheptadine hcl oral tablet 4 mg	2	
ANTIHYPERLIPIDEMICS		
Antihyperlipidemics - Misc.**		
omega-3-acid ethyl esters oral capsule 1 gm	2	QL (120 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	4	ST; QL (120 EA per 30 days)
Bile Acid Sequestrants**		
cholestyramine light oral powder 4 gm/dose	2	
cholestyramine oral powder 4 gm/dose	2	QL (378 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl oral packet 3.75 gm	2	
colesevelam hcl oral tablet 625 mg	2	
colestipol hcl oral granules 5 gm	2	
colestipol hcl oral tablet 1 gm	2	
PREVALITE ORAL POWDER 4 GM/DOSE	2	
Fibric Acid Derivatives**		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 150 mg, 50 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	
fenofibric acid oral tablet 105 mg, 35 mg	2	
FIBRICOR ORAL TABLET 105 MG, 35 MG	2	
gemfibrozil oral tablet 600 mg	2	
TRIGLIDE ORAL TABLET 160 MG	2	PA
Hmg Coa Reductase Inhibitors**		
atorvastatin calcium oral tablet 10 mg, 20 mg	2	$0 copay for members age 40 through 75
atorvastatin calcium oral tablet 40 mg	2	
atorvastatin calcium oral tablet 80 mg	2	QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg, 40 mg	2	$0 copay for members age 40 through 75
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	2	$0 copay for members age 40 through 75
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	2	$0 copay for members age 40 through 75
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	$0 copay for members age 40 through 75
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	$0 copay for members age 40 through 75
simvastatin oral tablet 80 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	ST
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	2	QL (30 EA per 30 days)
Nicotinic Acid Derivatives**		
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	2	
NIACOR ORAL TABLET 500 MG	2	
ANTIHYPERTENSIVES		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	2	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	2	QL (30 EA per 30 days)
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	2	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	2	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
Ace Inhibitors**		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	2	
moexipril hcl oral tablet 15 mg, 7.5 mg	2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	2	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	2	
Agents For Pheochromocytoma**		
phenoxybenzamine hcl oral capsule 10 mg	2	PA
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	ST
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	2	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	QL (30 EA per 30 days)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	2	
Angiotensin Ii Receptor Antagonists**		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	QL (30 EA per 30 days)
eprosartan mesylate oral tablet 600 mg	2	QL (30 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	2	QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg	2	QL (30 EA per 30 days)
losartan potassium oral tablet 25 mg, 50 mg	2	QL (60 EA per 30 days)
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	2	QL (30 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	2	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	2	QL (30 EA per 30 days)
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	2	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	2	
Antiadrenergics - Centrally Acting**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	
guanfacine hcl oral tablet 1 mg, 2 mg	2	
methyldopa oral tablet 250 mg, 500 mg	2	
Antiadrenergics - Peripherally Acting**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	2	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	2	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	2	
Direct Renin Inhibitors**		
aliskiren fumarate oral tablet 150 mg, 300 mg	2	QL (30 EA per 30 days)
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	QL (30 EA per 30 days)
Dopamine D1 Receptor Agonists**		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	5	
Reserpine**		
reserpine oral tablet 0.1 mg, 0.25 mg	2	
Selective Aldosterone Receptor Antagonists (Saras)**		
eplerenone oral tablet 25 mg, 50 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
Vasodilators**		
hydralazine hcl injection solution 20 mg/ml	2	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
minoxidil oral tablet 10 mg, 2.5 mg	2	
ANTI-INFECTIVE AGENTS - MISC.		
Anti-Infective Agents - Misc.**		
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	2	
metronidazole oral capsule 375 mg	2	
metronidazole oral tablet 250 mg, 500 mg	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	4	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	4	
pentamidine isethionate inhalation solution reconstituted 300 mg	2	
pentamidine isethionate injection solution reconstituted 300 mg	2	
tinidazole oral tablet 250 mg, 500 mg	2	
trimethoprim oral tablet 100 mg	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	QL (90 EA per 30 days)
Anti-Infective Misc. - Combinations**		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	2	
Antiprotozoal Agents**		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	5	PA
ALINIA ORAL TABLET 500 MG	5	PA
atovaquone oral suspension 750 mg/5ml	2	
Carbapenem Combinations**		

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Drug Name	Drug Tier	Requirements/Limits
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	2	
Carbapenems**		
meropenem intravenous solution reconstituted 1 gm, 500 mg	2	
Ketolides**		
KETEK ORAL TABLET 300 MG	4	
KETEK ORAL TABLET 400 MG	4	PA
Leprostatics**		
dapsone oral tablet 100 mg, 25 mg	2	
Lincosamides**		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	
Oxazolidinones**		
linezolid intravenous solution 600 mg/300ml	2	
linezolid oral suspension reconstituted 100 mg/5ml	2	
linezolid oral tablet 600 mg	2	QL (28 EA per 14 days)
SIVEXTRO ORAL TABLET 200 MG	4	PA; SP
Polymyxins**		
polymyxin b sulfate injection solution reconstituted 500000 unit	2	
ANTIMALARIALS		
Antimalarial Combinations**		
atovaquone-proguanil hcl oral tablet 250-100 mg	2	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	2	QL (30 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
Antimalarials**		
chloroquine phosphate oral tablet 250 mg, 500 mg	2	
DARAPRIM ORAL TABLET 25 MG	5	PA; SP

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

Drug Name	Drug Tier	Requirements/Limits
hydroxychloroquine sulfate oral tablet 200 mg	2	
mefloquine hcl oral tablet 250 mg	2	
primaquine phosphate oral tablet 26.3 mg	4	
pyrimethamine oral tablet 25 mg	5	PA; SP
quinine sulfate oral capsule 324 mg	2	
ANTIMYASTHENIC AGENTS		
Antimyasthenic Agents**		
guanidine hcl oral tablet 125 mg	2	
MESTINON ORAL SOLUTION 60 MG/5ML	3	PA
pyridostigmine bromide er oral tablet extended release 180 mg	2	
pyridostigmine bromide oral solution 60 mg/5ml	2	PA
pyridostigmine bromide oral tablet 60 mg	2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	4	
Antimyasthenic/Cholinergic Agents**		
guanidine hcl oral tablet 125 mg	2	
MESTINON ORAL SYRUP 60 MG/5ML	3	PA
pyridostigmine bromide er oral tablet extended release 180 mg	2	
pyridostigmine bromide oral solution 60 mg/5ml	2	PA
pyridostigmine bromide oral tablet 60 mg	2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	4	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
guanidine hcl oral tablet 125 mg	2	
MESTINON ORAL SYRUP 60 MG/5ML	3	PA
pyridostigmine bromide er oral tablet extended release 180 mg	2	
pyridostigmine bromide oral solution 60 mg/5ml	2	PA
pyridostigmine bromide oral tablet 60 mg	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
Antiandrogens**		
bicalutamide oral tablet 50 mg	2	
flutamide oral capsule 125 mg	2	
nilutamide oral tablet 150 mg	2	SP
Antiestrogens**		
FARESTON ORAL TABLET 60 MG	5	PA; SP
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
toremifene citrate oral tablet 60 mg	5	PA; SP
Antimetabolites**		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	2	SP
capecitabine oral tablet 150 mg, 500 mg	5	PA; SP
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 500 mg/10ml	2	SP
mercaptopurine oral tablet 50 mg	2	
methotrexate oral tablet 2.5 mg	2	
methotrexate sodium (pf) injection solution 50 mg/2ml	2	
methotrexate sodium injection solution 50 mg/2ml	2	
methotrexate sodium injection solution reconstituted 1 gm	2	
TABLOID ORAL TABLET 40 MG	5	PA; SP
Antineoplastic - Braf Kinase Inhibitors**		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP
Antineoplastic - Histone Deacetylase Inhibitors**		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP
Antineoplastic - Immunomodulators**		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; SP

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

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Monoclonal Antibodies**		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 440 MG	5	PA; SP
Antineoplastic - Mtor Kinase Inhibitors**		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; SP
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	5	PA; SP
Antineoplastic - Multikinase Inhibitors**		
NEXAVAR ORAL TABLET 200 MG	5	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	5	PA; SP
Antineoplastic - Tyrosine Kinase Inhibitors**		
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA; SP
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	5	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA; SP
imatinib mesylate oral tablet 100 mg, 400 mg	5	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; SP
lapatinib ditosylate oral tablet 250 mg	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; SP; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; SP; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; SP; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; SP; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; SP; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA; SP
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; SP
TYKERB ORAL TABLET 250 MG	5	PA; SP
VOTRIENT ORAL TABLET 200 MG	5	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP
ZYKADIA ORAL TABLET 150 MG	5	PA; SP
Antineoplastic Antibiotics**		
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	2	SP
doxorubicin hcl intravenous solution 2 mg/ml	2	SP
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	2	SP
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	2	SP
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	2	SP
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	2	SP
Antineoplastics Misc.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; SP
hydroxyurea oral capsule 500 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	PA; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	PA; SP
MATULANE ORAL CAPSULE 50 MG	5	PA; SP
Aromatase Inhibitors**		
anastrozole oral tablet 1 mg	2	
exemestane oral tablet 25 mg	2	
letrozole oral tablet 2.5 mg	2	QL (30 EA per 30 days)
Estrogen Receptor Antagonist**		
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	5	PA; SP
fulvestrant intramuscular solution 250 mg/5ml	5	PA; SP
Estrogens-Antineoplastic**		
EMCYT ORAL CAPSULE 140 MG	4	SP
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
Imidazotetrazines**		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	5	PA; SP
Janus Associated Kinase (Jak) Inhibitors**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP
Lhrh Analogs**		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	5	PA; SP
leuprolide acetate injection kit 1 mg/0.2ml	5	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; SP
Mitotic Inhibitors**		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	3	SP
docetaxel (non-alcohol) intravenous solution 160 mg/8ml	3	SP
docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml	2	SP
docetaxel intravenous solution 20 mg/2ml, 80 mg/8ml	2	SP
etoposide intravenous solution 100 mg/5ml	2	SP
teniposide intravenous solution 10 mg/ml	3	SP
vinblastine sulfate intravenous solution 1 mg/ml	2	SP
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	2	SP
vincristine sulfate intravenous solution 1 mg/ml	2	SP
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	2	SP
Nitrogen Mustards**		
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	2	SP
cyclophosphamide oral capsule 25 mg, 50 mg	2	
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	2	SP
ifosfamide intravenous solution reconstituted 1 gm	2	SP
LEUKERAN ORAL TABLET 2 MG	5	PA; SP
melphalan hcl intravenous solution reconstituted 50 mg	2	SP
melphalan oral tablet 2 mg	2	SP
Nitrosoureas**		

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

Drug Name	Drug Tier	Requirements/Limits
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	SP
carmustine intravenous solution reconstituted 100 mg	2	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	PA; SP
GLEOSTINE ORAL CAPSULE 5 MG	5	SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	SP
Progestins-Antineoplastic**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	SP
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral tablet 20 mg, 40 mg	2	
Retinoids**		
tretinoin oral capsule 10 mg	5	PA; SP
Selective Retinoid X Receptor Agonists**		
bexarotene oral capsule 75 mg	5	PA; SP
Topoisomerase I Inhibitors**		
topotecan hcl intravenous solution 4 mg/4ml	5	SP
Urinary Tract Protective Agents**		
MESNEX ORAL TABLET 400 MG	5	PA; SP
ANTIPARKINSON AGENTS		
Antiparkinson Anticholinergics**		
benztropine mesylate injection solution 1 mg/ml	2	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	2	
trihexyphenidyl hcl oral elixir 0.4 mg/ml	2	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	

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

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Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	ST; QL (30 EA per 30 days)
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
Peripheral Comt Inhibitors**		
entacapone oral tablet 200 mg	2	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	2	
lithium carbonate oral tablet 300 mg	2	
lithium oral solution 8 meq/5ml	2	
Antipsychotics - Misc.**		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
Benzisoxazoles**		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	5	PA
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	2	PA
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
Butyrophenones**		

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

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Drug Name	Drug Tier	Requirements/Limits
prochlorperazine rectal suppository 25 mg	2	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
Quinolinone Derivatives**		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	PA
aripiprazole oral solution 1 mg/ml	2	PA
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	2	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA
Thienbenzodiazepines**		
olanzapine intramuscular solution reconstituted 10 mg	2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
ANTIVIRALS		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine oral tablet 600-300 mg	2	QL (30 EA per 30 days)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	2	QL (60 EA per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	5	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	5	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	SP; QL (30 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	5	QL (360 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QL (180 EA per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	2	QL (60 EA per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5ml	5	QL (450 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	SP; QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	QL (30 EA per 30 days)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	5	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days)
Antiretrovirals - Fusion Inhibitors**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	SP; QL (60 EA per 30 days)
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS ORAL TABLET 400 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	5	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	5	SP; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	SP; QL (30 EA per 30 days)
Antiretrovirals - Protease Inhibitors**		

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Drug Name	Drug Tier	Requirements/Limits
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	5	QL (300 ML per 30 days)
atazanavir sulfate oral capsule 150 mg, 200 mg	5	QL (60 EA per 30 days)
atazanavir sulfate oral capsule 300 mg	5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	5	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	5	QL (180 EA per 30 days)
fosamprenavir calcium oral tablet 700 mg	5	QL (120 EA per 30 days)
INVIRASE ORAL CAPSULE 200 MG	5	QL (300 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	5	QL (1575 ML per 28 days)
NORVIR ORAL CAPSULE 100 MG	5	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	5	QL (450 ML per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (480 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	5	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	QL (30 EA per 30 days)
ritonavir oral tablet 100 mg	5	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT ORAL TABLET 25 MG	5	QL (60 EA per 30 days)
efavirenz oral capsule 200 mg	5	QL (90 EA per 30 days)
efavirenz oral capsule 50 mg	5	QL (360 EA per 30 days)
efavirenz oral tablet 600 mg	5	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	5	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	5	QL (480 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 100 mg	2	
nevirapine er oral tablet extended release 24 hour 400 mg	2	QL (30 EA per 30 days)
nevirapine oral suspension 50 mg/5ml	2	
nevirapine oral tablet 200 mg	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	5	QL (900 ML per 30 days)
abacavir sulfate oral tablet 300 mg	2	QL (60 EA per 30 days)
didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg	2	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	5	QL (603 ML per 30 days)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine oral capsule 200 mg	5	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	5	
lamivudine oral solution 10 mg/ml	2	QL (900 ML per 30 days)
lamivudine oral tablet 150 mg, 300 mg	2	QL (60 EA per 30 days)
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	2	QL (60 EA per 30 days)
zidovudine oral capsule 100 mg	2	QL (180 EA per 30 days)
zidovudine oral syrup 50 mg/5ml	2	QL (1800 ML per 30 days)
zidovudine oral tablet 300 mg	2	QL (60 EA per 30 days)
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate oral tablet 300 mg	2	QL (30 EA per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
Cmv Agents**		
valganciclovir hcl oral solution reconstituted 50 mg/ml	5	PA
valganciclovir hcl oral tablet 450 mg	5	PA
Hepatitis B Agents**		
adefovir dipivoxil oral tablet 10 mg	5	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; SP
entecavir oral tablet 0.5 mg, 1 mg	5	PA; SP
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	SP; QL (1800 ML per 30 days)
lamivudine oral tablet 100 mg	2	SP; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	4	
Hepatitis C Agents**		
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG	5	PA; SP
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML	5	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP
PEG-INTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	5	PA; SP
REBETOL ORAL SOLUTION 40 MG/ML	5	PA; SP
RIBASPHERE ORAL TABLET 200 MG	5	PA; SP
RIBASPHERE RIBAPAK ORAL TABLET 400 MG	5	PA; SP
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 400 & 600 MG	5	PA; SP
RIBATAB ORAL TABLET 600 MG	5	PA; SP
ribavirin oral capsule 200 mg	5	PA; SP
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet 400 mg, 800 mg	2	
valacyclovir hcl oral tablet 1 gm, 500 mg	2	
Herpes Agents - Thymidine Analogues**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	2	
Neuraminidase Inhibitors**		

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Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	QL (10 EA per 5 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	QL (120 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (20 EA per 5 days)
ASSORTED CLASSES		
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP
Chelating Agents**		
DEPEN TITRATABS ORAL TABLET 250 MG	5	SP
penicillamine oral tablet 250 mg	5	SP
Cyclosporine Analogs**		
cyclosporine modified oral capsule 100 mg, 25 mg	2	
cyclosporine modified oral solution 100 mg/ml	2	
cyclosporine oral capsule 100 mg, 25 mg	2	
GENGRAF ORAL SOLUTION 100 MG/ML	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	5	PA
Immunomodulators For Myelodysplastic Syndromes**		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP
Inosine Monophosphate Dehydrogenase Inhibitors**		
mycophenolate mofetil oral capsule 250 mg	2	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	5	
mycophenolate mofetil oral tablet 500 mg	2	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	PA

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Drug Name	Drug Tier	Requirements/Limits
Irrigation Solutions**		
TIS-U-SOL IRRIGATION SOLUTION	2	
Macrolide Immunosuppressants**		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	5	PA
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	PA
sirolimus oral solution 1 mg/ml	5	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	5	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA
Potassium Removing Resins**		
KIONEX ORAL SUSPENSION 15 GM/60ML	2	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml	2	
Purine Analogs**		
AZASAN ORAL TABLET 100 MG, 75 MG	4	PA
azathioprine oral tablet 50 mg	2	
BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB**		
Beta Blocker & Angiotensin Ii Receptor Antagonist Comb**		
BYVALSON ORAL TABLET 5-80 MG	4	
BETA BLOCKERS		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	2	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	2	ST
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
Beta Blockers Cardio-Selective**		
acebutolol hcl oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	2	
betaxolol hcl oral tablet 10 mg, 20 mg	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	2	QL (45 EA per 30 days)
metoprolol succinate er oral tablet extended release 24 hour 200 mg	2	QL (60 EA per 30 days)
metoprolol tartrate intravenous solution 5 mg/5ml	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	2	
Beta Blockers Non-Selective**		
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
pindolol oral tablet 10 mg, 5 mg	2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	ST
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	2	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	2	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	
CALCIUM CHANNEL BLOCKERS		

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

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blockers**		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	2	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	2	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	2	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
nicardipine hcl oral capsule 20 mg, 30 mg	2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	2	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	
nimodipine oral capsule 30 mg	2	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	2	
verapamil hcl er oral capsule extended release 24 hour 360 mg	2	QL (30 EA per 30 days)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	
verapamil hcl intravenous solution 2.5 mg/ml	2	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	2	
CARDIOTONICS		
Cardiac Glycosides**		
digoxin oral solution 0.05 mg/ml	2	
digoxin oral tablet 125 mcg, 250 mcg	2	
CARDIOVASCULAR AGENTS - MISC.		
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	2	
Prostaglandin Vasodilators**		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; SP
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; SP
Pulmonary Hypertension - Endothelin Receptor Antagonists**		

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Drug Name	Drug Tier	Requirements/Limits
ambrisentan oral tablet 10 mg, 5 mg	5	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	5	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; SP
OPSUMIT ORAL TABLET 10 MG	5	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
ADCIRCA ORAL TABLET 20 MG	5	PA; SP
ALYQ ORAL TABLET 20 MG	5	PA; SP
sildenafil citrate oral tablet 20 mg	5	PA; SP
tadalafil (pah) oral tablet 20 mg	5	PA; SP
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	PA; QL (6 EA per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	2	QL (30 EA per 30 days)
CEPHALOSPORINS		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	
cefadroxil oral tablet 1 gm	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cephalexin oral tablet 250 mg, 500 mg	2	
Cephalosporins - 2Nd Generation**		
cefaclor oral capsule 250 mg, 500 mg	2	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	2	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	

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Drug Name	Drug Tier	Requirements/Limits
cefprozil oral tablet 250 mg, 500 mg	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
Cephalosporins - 3Rd Generation**		
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefditoren pivoxil oral tablet 400 mg	3	
cefixime oral suspension reconstituted 200 mg/5ml	2	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	2	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	2	
ceftibuten oral capsule 400 mg	4	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
CONTRACEPTIVES		
Biphasic Contraceptives - Oral**		
NECON 10/11 (28) ORAL TABLET 35 MCG	1	
Combination Contraceptives - Oral**		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	1	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	1	
DELYLA ORAL TABLET 0.1-20 MG-MCG	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
GIANVI ORAL TABLET 3-0.02 MG	1	
GILDESS 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
marlissa oral tablet 0.15-30 mg-mcg	1	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	1	

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Drug Name	Drug Tier	Requirements/Limits
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	1	
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	1	
ZARAH ORAL TABLET 3-0.03 MG	1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	1	
Combination Contraceptives - Transdermal**		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	1	PA
Combination Contraceptives - Vaginal**		

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Drug Name	Drug Tier	Requirements/Limits
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	PA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PA
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	1	PA
Copper Contraceptives - Iud**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	1	QL (1 EA per 300 days)
Copper Contraceptives - Iud (New)**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	1	QL (1 EA per 300 days)
Emergency Contraceptives**		
ELLA ORAL TABLET 30 MG	1	
levonorgestrel oral tablet 0.75 mg	1	
TAKE ACTION ORAL TABLET 1.5 MG	1	OTC
Extended-Cycle Contraceptives - Oral**		
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	1	
QUASENSE ORAL TABLET 0.15-0.03 MG	1	
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	QL (1 EA per 300 days)
Progestin Contraceptives - Injectable**		
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	QL (1 ML per 90 days)
Progestin Contraceptives - Iud**		

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Drug Name	Drug Tier	Requirements/Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	QL (1 EA per 300 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY	1	QL (1 EA per 300 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR	1	QL (1 EA per 300 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	QL (1 EA per 300 days)
Progestin Contraceptives - Oral**		
ERRIN ORAL TABLET 0.35 MG	1	
HEATHER ORAL TABLET 0.35 MG	1	
NORA-BE ORAL TABLET 0.35 MG	1	
Triphasic Contraceptives - Oral**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	
CORTICOSTEROIDS		
Glucocorticosteroids**		

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

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

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Drug Name	Drug Tier	Requirements/Limits
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS**		
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; SP
CYSTIC FIBROSIS AGENT - COMBINATIONS**		
Cystic Fibrosis Agent - Combinations**		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; SP
DERMATOLOGICALS		
Acne Antibiotics**		
clindamycin phosphate external foam 1 %	2	
clindamycin phosphate external gel 1 %	2	
clindamycin phosphate external lotion 1 %	2	
clindamycin phosphate external solution 1 %	2	
clindamycin phosphate external swab 1 %	2	
erythromycin external gel 2 %	2	
erythromycin external pad 2 %	2	
erythromycin external solution 2 %	2	
Acne Combinations**		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	2	ST
benzoyl peroxide-erythromycin external gel 5-3 %	2	
clindamycin phos-benzoyl perox external gel 1-5 %	2	
Acne Products**		
adapalene external cream 0.1 %	2	AGE (Max 34 Years)
adapalene external gel 0.1 %, 0.3 %	2	AGE (Max 34 Years)
adapalene external lotion 0.1 %	2	AGE (Max 34 Years)

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Drug Name	Drug Tier	Requirements/Limits
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	PA
AVITA EXTERNAL GEL 0.025 %	2	QL (45 GM per 30 days); AGE (Max 34 Years)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	PA
tretinoin external cream 0.05 %, 0.1 %	2	QL (45 GM per 30 days); AGE (Max 34 Years)
tretinoin external gel 0.01 %	2	QL (45 GM per 30 days); AGE (Max 34 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	PA
Antibiotic Steroid Combinations - Topical**		
CORTISPORIN EXTERNAL OINTMENT 1 %	4	
Antibiotics - Topical**		
ALTABAX EXTERNAL OINTMENT 1 %	4	ST
gentamicin sulfate external cream 0.1 %	2	
gentamicin sulfate external ointment 0.1 %	2	
mupirocin external ointment 2 %	2	
Antifungals - Topical Combinations**		
clotrimazole-betamethasone external cream 1-0.05 %	2	QL (90 GM per 30 days)
clotrimazole-betamethasone external lotion 1-0.05 %	2	QL (60 ML per 30 days)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
Antifungals - Topical**		
ciclopirox external gel 0.77 %	2	
ciclopirox external shampoo 1 %	2	

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Drug Name	Drug Tier	Requirements/Limits
ciclopirox olamine external suspension 0.77 %	2	
MENTAX EXTERNAL CREAM 1 %	4	
naftifine hcl external gel 1 %	2	PA; QL (60 GM per 30 days)
NAFTIN EXTERNAL GEL 1 %	4	PA; QL (60 GM per 30 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	
nystatin external cream 100000 unit/gm	2	
nystatin external ointment 100000 unit/gm	2	
nystatin external powder 100000 unit/gm	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	
Anti-Inflammatory Agents - Topical**		
diclofenac sodium transdermal gel 1 %	2	
Antineoplastic Antimetabolites - Topical**		
fluorouracil external cream 5 %	2	
fluorouracil external solution 2 %, 5 %	2	
Antipruritics - Topical**		
doxepin hcl external cream 5 %	4	
Antipsoriatics - Systemic**		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	5	PA
methoxsalen rapid oral capsule 10 mg	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; SP; QL (1 ML per 28 days)
Antipsoriatics**		
calcipotriene external cream 0.005 %	2	
calcipotriene external ointment 0.005 %	2	
calcipotriene external solution 0.005 %	2	
calcitriol external ointment 3 mcg/gm	2	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	5	PA; AGE (Max 34 Years)
Antiseborrheic Products**		
selenium sulfide external lotion 2.5 %	2	

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Drug Name	Drug Tier	Requirements/Limits
selenium sulfide external shampoo 2.25 %	2	
Antivirals - Topical**		
acyclovir external ointment 5 %	5	PA
DENAVIR EXTERNAL CREAM 1 %	5	PA
Burn Products**		
mafenide acetate external packet 5 %	2	
silver sulfadiazine external cream 1 %	2	
SSD EXTERNAL CREAM 1 %	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	QL (56.7 GM per 30 days)
Corticosteroids - Topical**		
alclometasone dipropionate external cream 0.05 %	2	
alclometasone dipropionate external ointment 0.05 %	2	
amcinonide external cream 0.1 %	4	
amcinonide external lotion 0.1 %	4	
amcinonide external ointment 0.1 %	4	
betamethasone dipropionate aug external cream 0.05 %	2	QL (100 GM per 30 days)
betamethasone dipropionate aug external lotion 0.05 %	2	QL (120 ML per 30 days)
betamethasone dipropionate aug external ointment 0.05 %	2	QL (100 GM per 30 days)
betamethasone dipropionate external cream 0.05 %	2	QL (90 GM per 30 days)
betamethasone dipropionate external lotion 0.05 %	2	QL (120 ML per 30 days)
betamethasone dipropionate external ointment 0.05 %	2	QL (90 GM per 30 days)
betamethasone valerate external cream 0.1 %	2	QL (90 GM per 30 days)
betamethasone valerate external foam 0.12 %	2	
betamethasone valerate external lotion 0.1 %	2	QL (120 ML per 30 days)
betamethasone valerate external ointment 0.1 %	2	QL (90 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate external shampoo 0.05 %	2	
clocortolone pivalate external cream 0.1 %	4	
desonide external cream 0.05 %	2	QL (120 GM per 30 days)
desonide external lotion 0.05 %	2	
desonide external ointment 0.05 %	2	QL (120 GM per 30 days)
desoximetasone external cream 0.05 %, 0.25 %	2	QL (200 GM per 30 days)
desoximetasone external gel 0.05 %	2	QL (120 GM per 30 days)
desoximetasone external ointment 0.05 %	2	QL (120 GM per 30 days)
desoximetasone external ointment 0.25 %	2	QL (200 GM per 30 days)
diflorasone diacetate external cream 0.05 %	2	QL (120 GM per 30 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	QL (120 GM per 30 days)
fluocinolone acetonide external ointment 0.025 %	2	QL (120 GM per 30 days)
fluocinolone acetonide external solution 0.01 %	2	
fluocinolone acetonide scalp external oil 0.01 %	2	
fluocinonide external gel 0.05 %	2	QL (120 GM per 30 days)
fluocinonide external ointment 0.05 %	2	QL (120 GM per 30 days)
fluocinonide external solution 0.05 %	2	QL (120 ML per 30 days)
flurandrenolide external cream 0.05 %	2	PA
flurandrenolide external lotion 0.05 %	2	PA
fluticasone propionate external cream 0.05 %	2	QL (120 GM per 30 days)
fluticasone propionate external lotion 0.05 %	2	
fluticasone propionate external ointment 0.005 %	2	QL (120 GM per 30 days)
halcinonide external cream 0.1 %	2	QL (100 GM per 30 days)
halobetasol propionate external cream 0.05 %	2	QL (100 GM per 30 days)
halobetasol propionate external ointment 0.05 %	2	QL (100 GM per 30 days)
HALOG EXTERNAL CREAM 0.1 %	4	QL (100 GM per 30 days)
HALOG EXTERNAL OINTMENT 0.1 %	4	QL (100 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyr lipo base external cream 0.1 %	2	
hydrocortisone butyrate external ointment 0.1 %	2	
hydrocortisone butyrate external solution 0.1 %	2	
hydrocortisone external cream 1 %	2	QL (120 GM per 30 days)
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	QL (120 ML per 30 days)
hydrocortisone external ointment 1 %, 2.5 %	2	QL (90 GM per 30 days)
hydrocortisone valerate external cream 0.2 %	2	QL (120 GM per 30 days)
hydrocortisone valerate external ointment 0.2 %	2	QL (120 GM per 30 days)
mometasone furoate external cream 0.1 %	2	
mometasone furoate external ointment 0.1 %	2	
mometasone furoate external solution 0.1 %	2	
prednicarbate external cream 0.1 %	2	QL (120 GM per 30 days)
prednicarbate external ointment 0.1 %	2	QL (120 GM per 30 days)
scalacort external lotion 2 %	2	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	2	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	2	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
Emollients**		
ammonium lactate external cream 12 %	2	
ammonium lactate external lotion 12 %	2	
lactic acid external lotion 10 %	2	
Enzymes - Topical**		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	

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Drug Name	Drug Tier	Requirements/Limits
Imidazole-Related Antifungals - Topical**		
clotrimazole external cream 1 %	2	
clotrimazole external solution 1 %	2	
econazole nitrate external cream 1 %	2	QL (85 GM per 30 days)
ERTACZO EXTERNAL CREAM 2 %	4	
EXELDERM EXTERNAL CREAM 1 %	4	QL (60 GM per 30 days)
EXELDERM EXTERNAL SOLUTION 1 %	4	QL (30 ML per 30 days)
ketoconazole external cream 2 %	2	
ketoconazole external shampoo 2 %	2	
oxiconazole nitrate external cream 1 %	2	
OXISTAT EXTERNAL LOTION 1 %	4	
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 5 %	2	QL (12 EA per 28 days)
Keratolytic/Antimitotic Agents**		
CONDYLOX EXTERNAL GEL 0.5 %	4	PA
podofilox external solution 0.5 %	2	
Local Anesthetics - Topical**		
lidocaine external ointment 5 %	2	QL (50 GM per 30 days)
lidocaine external patch 5 %	2	PA
lidocaine hcl external cream 3 %	2	QL (85 GM per 30 days)
lidocaine hcl external lotion 3 %	2	QL (100 ML per 30 days)
lidocaine hcl external solution 4 %	2	QL (100 ML per 30 days)
lidocaine hcl urethral/mucosal external gel 2 %	2	QL (90 ML per 30 days)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	2	QL (90 ML per 30 days)
Macrolide Immunosuppressants - Topical**		
ELIDEL EXTERNAL CREAM 1 %	4	PA; QL (100 GM per 30 days)
pimecrolimus external cream 1 %	2	PA; QL (100 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tacrolimus external ointment 0.03 %, 0.1 %	2	
Rosacea Agents**		
azelaic acid external gel 15 %	2	PA
FINACEA EXTERNAL GEL 15 %	4	PA
metronidazole external cream 0.75 %	2	
metronidazole external gel 0.75 %	2	
metronidazole external lotion 0.75 %	2	
MIRVASO EXTERNAL GEL 0.33 %	4	PA
Scabicides & Pediculicides**		
CROTAN EXTERNAL LOTION 10 %	2	ST
EURAX EXTERNAL CREAM 10 %	3	ST
EURAX EXTERNAL LOTION 10 %	3	ST
lindane external lotion 1 %	2	
lindane external shampoo 1 %	2	
malathion external lotion 0.5 %	2	
permethrin external cream 5 %	2	
SKLICE EXTERNAL LOTION 0.5 %	4	PA
spinosad external suspension 0.9 %	2	ST; QL (120 ML per 30 days)
ULESFIA EXTERNAL LOTION 5 %	4	ST; QL (454 GM per 30 days)
Topical Anesthetic Combinations**		
lidocaine-prilocaine external cream 2.5-2.5 %	2	QL (30 GM per 30 days)
Topical Steroid Combinations**		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	2	ST; QL (120 GM per 30 days)
Wound Care - Growth Factor Agents**		
REGRANEX EXTERNAL GEL 0.01 %	5	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs**		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
Diagnostic Tests**		
DIASTIX IN VITRO STRIP	3	OTC
ONETOUCH ULTRA IN VITRO STRIP	3	OTC; QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	3	OTC; QL (200 EA per 30 days)
Multiple Urine Tests**		
CHEMSTRIP 9 IN VITRO STRIP	3	OTC
KETO-DIASTIX IN VITRO STRIP	3	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Product Combinations**		
virt-vite forte oral tablet 2.5-25-2 mg	2	
Nutritional Supplements**		
PKU AIR15 GOLD ORAL LIQUID	3	PA; OTC
PKU AIR15 GREEN ORAL LIQUID	3	PA; OTC
PKU AIR15 YELLOW ORAL LIQUID	3	PA; OTC
PKU AIR20 GOLD ORAL LIQUID	3	PA; OTC
PKU AIR20 GREEN ORAL LIQUID	3	PA; OTC
PKU AIR20 YELLOW ORAL LIQUID	3	PA; OTC
PKU COOLER 10 ORAL LIQUID	3	PA; OTC
PKU COOLER 15 ORAL LIQUID	3	PA; OTC
PKU COOLER 20 ORAL LIQUID	3	PA; OTC
PKU EXPRESS ORAL PACKET	3	PA; OTC
PKU EXPRESS20 ORAL PACKET	3	PA; OTC
PKU GEL ORAL PACKET	3	PA; OTC
PKU SPHERE 20 ORAL PACKET	3	PA; OTC
DIGESTIVE AIDS		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
DIRECT-ACTING P2Y12 INHIBITORS**		
Direct-Acting P2y12 Inhibitors**		
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 EA per 30 days)
DIURETICS		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	QL (60 EA per 30 days)
acetazolamide oral tablet 125 mg, 250 mg	2	
methazolamide oral tablet 25 mg, 50 mg	2	
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
spironolactone-hctz oral tablet 25-25 mg	2	
triamterene-hctz oral capsule 37.5-25 mg	2	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	2	
Loop Diuretics**		
bumetanide injection solution 0.25 mg/ml	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
ethacrynic acid oral tablet 25 mg	2	
furosemide injection solution 10 mg/ml	2	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	2	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	
Potassium Sparing Diuretics**		

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Drug Name	Drug Tier	Requirements/Limits
amiloride hcl oral tablet 5 mg	2	
DYRENIUM ORAL CAPSULE 100 MG	4	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	2	
triamterene oral capsule 100 mg	2	
Thiazides And Thiazide-Like Diuretics**		
chlorothiazide oral tablet 250 mg, 500 mg	2	
chlorthalidone oral tablet 25 mg, 50 mg	2	
hydrochlorothiazide oral capsule 12.5 mg	2	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	2	
indapamide oral tablet 1.25 mg, 2.5 mg	2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
Bisphosphonates**		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	2	QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	2	QL (4 EA per 28 days)
etidronate disodium oral tablet 200 mg, 400 mg	4	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	PA
ibandronate sodium oral tablet 150 mg	2	QL (1 EA per 28 days)
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	2	SP
pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg	2	SP
risedronate sodium oral tablet 150 mg	2	QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg, 5 mg	2	QL (30 EA per 30 days)
risedronate sodium oral tablet 35 mg	2	
Calcimimetic Agents**		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA
Calcitonins**		
calcitonin (salmon) nasal solution 200 unit/act	2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	2	
Gnrh/Lhrh Antagonists**		
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	5	PA; SP
Growth Hormone Receptor Antagonists**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; SP
Growth Hormones**		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA; Coverage only for 18 years of age and younger; SP
GENOTROPIN SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS 5 MG	5	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG	5	PA; Coverage only for 18 years of age and younger; SP
Homocystinuria Treatment - Agents**		
CYSTADANE ORAL POWDER	5	PA
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml	2	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	2	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	2	PA

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Drug Name	Drug Tier	Requirements/Limits
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; SP
Ovulation Stimulants-Gonadotropins**		
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML	5	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	4	PA; SP
Ovulation Stimulants-Synthetic**		
clomiphene citrate oral tablet 50 mg	2	PA
Rank Ligand (Rankl) Inhibitors**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	5	PA; SP
Selective Estrogen Receptor Modulators (Serms)**		
OSPHENA ORAL TABLET 60 MG	4	QL (30 EA per 30 days)
raloxifene hcl oral tablet 60 mg	1	PA
Somatostatic Agents**		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	5	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	5	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA; SP
Vasopressin**		
desmopressin ace rhinal tube nasal solution 0.01 %	2	

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Drug Name	Drug Tier	Requirements/Limits
desmopressin ace spray refrig nasal solution 0.01 %	2	
desmopressin acetate injection solution 4 mcg/ml	5	PA; SP
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	
ESTROGENS		
Estrogen & Progestin**		
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
JINTELI ORAL TABLET 1-5 MG-MCG	2	QL (28 EA per 28 days)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	2	QL (28 EA per 28 days)
Estrogens**		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	2	AGE (Max 64 Years)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (8 EA per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (4 EA per 28 days); AGE (Max 64 Years)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	2	AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	AGE (Max 64 Years)
FLUOROQUINOLONES		
Fluoroquinolones**		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	4	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	2	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	2	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	2	
FACTIVE ORAL TABLET 320 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
moxifloxacin hcl oral tablet 400 mg	2	
ofloxacin oral tablet 400 mg	2	
GASTROINTESTINAL AGENTS - MISC.		
Gallstone Solubilizing Agents**		
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg, 500 mg	2	
Gastrointestinal Antiallergy Agents**		
cromolyn sodium oral concentrate 100 mg/5ml	2	
Gastrointestinal Chloride Channel Activators**		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 EA per 30 days)
Gastrointestinal Stimulants**		
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	2	
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl oral tablet 0.5 mg, 1 mg	2	PA
Inflammatory Bowel Agents**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	4	QL (120 EA per 30 days)
balsalazide disodium oral capsule 750 mg	2	
CANASA RECTAL SUPPOSITORY 1000 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
DIPENTUM ORAL CAPSULE 250 MG	4	PA
mesalamine er oral capsule extended release 24 hour 0.375 gm	2	QL (120 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm	2	QL (120 EA per 30 days)
mesalamine oral tablet delayed release 800 mg	2	QL (180 EA per 30 days)
mesalamine rectal enema 4 gm	2	QL (1680 ML per 28 days)
mesalamine rectal suppository 1000 mg	5	PA
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet delayed release 500 mg	2	
Intestinal Acidifiers**		
enulose oral solution 10 gm/15ml	2	
generlac oral solution 10 gm/15ml	2	
Phosphate Binder Agents**		
calcium acetate (phos binder) oral capsule 667 mg	2	
calcium acetate (phos binder) oral tablet 667 mg	2	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	3	PA
RENAGEL ORAL TABLET 400 MG, 800 MG	4	PA
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	PA
sevelamer carbonate oral tablet 800 mg	2	PA
sevelamer hcl oral tablet 800 mg	2	PA
Tumor Necrosis Factor Alpha Blockers**		
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	5	PA; SP; QL (1 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	5	PA; SP; QL (3 EA per 180 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; SP; QL (1 EA per 28 days)
GENITOURINARY AGENTS - MISCELLANEOUS		

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Drug Name	Drug Tier	Requirements/Limits
5-Alpha Reductase Inhibitors**		
dutasteride oral capsule 0.5 mg	2	
finasteride oral tablet 5 mg	2	
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	4	PA
silodosin oral capsule 4 mg, 8 mg	2	PA
tamsulosin hcl oral capsule 0.4 mg	2	
Anti-Infective Genitourinary Irrigants**		
neomycin-polymyxin b gu irrigation solution 40-200000	2	
Citrates**		
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML	2	OTC
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	2	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	2	
sod citrate-citric acid oral solution 500-334 mg/5ml	2	
Cystinosis Agents**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
Genitourinary Irrigants**		
acetic acid irrigation solution 0.25 %	2	
RENACIDIN IRRIGATION SOLUTION	4	
sorbitol irrigation solution 3 %, 3.3 %	2	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	2	
Interstitial Cystitis Agents**		

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Drug Name	Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE 100 MG	5	PA
Urinary Analgesics**		
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
GLYCOPEPTIDES**		
Glycopeptides**		
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	2	
GOUT AGENTS		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	2	
Gout Agents**		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet 0.6 mg	2	
febuxostat oral tablet 40 mg, 80 mg	2	ST
ULORIC ORAL TABLET 40 MG, 80 MG	3	ST
Uricosurics**		
probenecid oral tablet 500 mg	2	
HEMATOLOGICAL AGENTS - MISC.		
Bradykinin B2 Receptor Antagonists**		
icatibant acetate subcutaneous solution 30 mg/3ml	5	PA; SP
C1 Inhibitors**		
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA; SP
Cyclopentyltriazolopyrimidine (Cptp) Derivatives**		
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 EA per 30 days)
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	2	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	2	
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	QL (60 EA per 30 days)
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	AGE (Max 64 Years)
Quinazoline Agents**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 300 mg	2	
clopidogrel bisulfate oral tablet 75 mg	2	QL (30 EA per 30 days)
prasugrel hcl oral tablet 10 mg, 5 mg	2	QL (30 EA per 30 days)
ticlopidine hcl oral tablet 250 mg	2	QL (60 EA per 30 days)
HEMATOPOIETIC AGENTS		
Cobalamins**		
cyanocobalamin injection solution 1000 mcg/ml	2	
Erythropoiesis-Stimulating Agents (Esas)**		
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; SP
PROCRIT SOLUTION 10000 UNIT/ML INJECTION 10000 UNIT/ML	5	PA
PROCRIT SOLUTION 2000 UNIT/ML INJECTION 2000 UNIT/ML	5	PA
PROCRIT SOLUTION 20000 UNIT/ML INJECTION 20000 UNIT/ML	5	PA
PROCRIT SOLUTION 3000 UNIT/ML INJECTION 3000 UNIT/ML	5	PA
PROCRIT SOLUTION 4000 UNIT/ML INJECTION 4000 UNIT/ML	5	PA

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

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Drug Name	Drug Tier	Requirements/Limits
HEPATITIS C AGENT - COMBINATIONS**		
Hepatitis C Agent - Combinations**		
MAVYRET ORAL TABLET 100-40 MG	5	PA; SP
sofosbuvir-velpatasvir oral tablet 400-100 mg	5	PA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; SP
HYPNOTICS		
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	2	
Benzodiazepine Hypnotics**		
estazolam oral tablet 1 mg, 2 mg	2	
flurazepam hcl oral capsule 15 mg, 30 mg	2	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	2	
triazolam oral tablet 0.125 mg, 0.25 mg	2	
Hypnotics - Tricyclic Agents**		
doxepin hcl oral tablet 3 mg, 6 mg	2	QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 EA per 30 days)
Non-Benzodiazepine - Gaba-Receptor Modulators**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	2	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	2	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	2	
zolpidem tartrate oral tablet 10 mg, 5 mg	2	QL (30 EA per 30 days)
Selective Melatonin Receptor Agonists**		
ramelteon oral tablet 8 mg	2	ST; QL (30 EA per 30 days)
ROZEREM ORAL TABLET 8 MG	4	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INSULIN-INCRETIN MIMETIC COMBINATIONS**		
Insulin-Incretin Mimetic Combinations**		
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	4	PA
LAXATIVES		
Bowel Evacuant Combinations**		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	3	QL (1 EA per 365 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	4	$0 copay for members age 50 through 74
peg 3350/electrolytes oral solution reconstituted 240 gm	1	
peg-3350/electrolytes oral solution reconstituted 236 gm	1	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	4	$0 copay for members age 50 through 74
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	4	$0 copay for members age 50 through 74
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	$0 copay for members age 50 through 74
Laxatives - Miscellaneous**		
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	PA
lactulose oral solution 10 gm/15ml	2	
polyethylene glycol 3350 oral powder 17 gm/scoop	2	
Saline Laxative Mixtures**		
OSMOPREP ORAL TABLET 1.102-0.398 GM	4	

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Drug Name	Drug Tier	Requirements/Limits
MACROLIDES		
Azithromycin**		
azithromycin intravenous solution reconstituted 500 mg	2	
azithromycin oral packet 1 gm	2	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	
Clarithromycin**		
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	2	
Erythromycins**		
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
erythromycin base oral capsule delayed release particles 250 mg	2	
erythromycin base oral tablet 250 mg, 500 mg	2	
erythromycin ethylsuccinate oral tablet 400 mg	4	
Fidaxomicin**		
DIFICID ORAL TABLET 200 MG	4	PA
MEDICAL DEVICES		
Applicators,Cotton Balls,Etc**		
BD SWAB SINGLE USE REGULAR PAD	3	OTC
BD SWABS SINGLE USE BUTTERFLY PAD	3	OTC
Cervical Caps**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	1	QL (1 EA per 300 days)
Condoms - Female**		

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Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE CONDOM	1	OTC
Diaphragms**		
CAYA VAGINAL DIAPHRAGM	1	QL (1 EA per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
Glucose Monitoring Test Supplies**		
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	3	
DEXCOM G4 PLAT PED RECEIVER DEVICE	3	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	3	
DEXCOM G4 PLATINUM RECEIVER DEVICE	3	
DEXCOM G4 PLATINUM TRANSMITTER	3	
DEXCOM G4 SENSOR	3	
DEXCOM G5 MOB/G4 PLAT SENSOR	3	
DEXCOM G5 MOBILE RECEIVER DEVICE	3	
DEXCOM G5 MOBILE TRANSMITTER	3	
DEXCOM G5 RECEIVER KIT DEVICE	3	
DEXCOM G6 RECEIVER DEVICE	3	
DEXCOM G6 SENSOR	3	

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Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 TRANSMITTER	3	
DIASCREEN 10	3	OTC
ONETOUCH CLUB LANCETS FINE PT	3	OTC
ONETOUCH COMBO PACK	3	OTC
ONETOUCH DELICA LANCETS 30G	3	OTC
ONETOUCH DELICA LANCETS 33G	3	OTC
ONETOUCH DELICA LANCING DEV	3	OTC
ONETOUCH DELICA PLUS LANCET30G	3	OTC
ONETOUCH DELICA PLUS LANCET33G	3	OTC
ONETOUCH DELICA PLUS LANCING	3	OTC
ONETOUCH FINEPOINT LANCETS	3	OTC
ONETOUCH PING METER REMOTE SUPPLIES	3	OTC
ONETOUCH SURESOFT LANCING DEV	3	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION	3	OTC
ONETOUCH ULTRA MINI KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH ULTRASOFT LANCETS	3	OTC
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO SOLUTION	3	OTC
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	3	OTC; QL (1 EA per 365 days)
Needles & Syringes**		
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	3	OTC
NOVOFINE 32G X 6 MM	3	OTC
Spacer/Aerosol-Holding Chambers & Supplies**		

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Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLO-VU	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
OPTICHAMBER FACE MASK-SMALL	3	OTC
PEDIATRIC PANDA MASK	3	OTC
MIGRAINE PRODUCTS		
Ergot Combinations**		
ergotamine-caffeine oral tablet 1-100 mg	2	QL (40 EA per 28 days)
Migraine Combinations**		
isometheptene-caffeine-apap oral tablet 65-20-325 mg	2	
Migraine Products**		
dihydroergotamine mesylate nasal solution 4 mg/ml	2	QL (8 ML per 30 days)
MIGRANAL NASAL SOLUTION 4 MG/ML	2	QL (8 ML per 30 days)
Selective Serotonin Agonists 5-Ht(1)**		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	2	ST; QL (9 EA per 30 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	2	ST
frovatriptan succinate oral tablet 2.5 mg	2	ST; QL (9 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	2	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	2	QL (12 EA per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	PA
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (9 EA per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	PA; QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	2	PA; QL (10 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	QL (6 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	2	QL (6 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
Fluoride**		
fluoritab oral tablet chewable 1.1 (0.5 f) mg	1	$0 copay for 5 yrs of age and younger
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	$0 copay for 5 yrs of age and younger
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	1	$0 copay for 5 yrs of age and younger
sodium fluoride oral tablet chewable 2.2 (1 f) mg	1	
Magnesium**		
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 40 gm/1000ml	2	
Potassium**		
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	4	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	2	
potassium chloride er oral capsule extended release 10 meq, 8 meq	2	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	2	
potassium chloride intravenous solution 0.4 meq/ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml	2	
potassium chloride oral packet 20 meq	2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	
Sodium**		
sodium chloride intravenous solution 0.9 %	2	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral**		

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Drug Name	Drug Tier	Requirements/Limits
lidocaine viscous hcl mouth/throat solution 2 %	2	
Anti-Infectives - Throat**		
clotrimazole mouth/throat troche 10 mg	2	
nystatin mouth/throat suspension 100000 unit/ml	2	
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	2	
Saliva Stimulants**		
cevimeline hcl oral capsule 30 mg	2	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	2	
Steroids - Mouth/Throat**		
triamcinolone acetonide mouth/throat paste 0.1 %	2	
MULTIVITAMINS		
Ped Multi Vitamins W/Fl & Fe**		
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	2	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	2	
Ped Mv W/ Fluoride**		
multi-vit/fluoride oral solution 0.5 mg/ml	2	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	2	
MVC-FLUORIDE ORAL TABLET CHEWABLE 1 MG	2	
Ped Vitamins Acd Fluoride & Iron**		
tri-vit/fluoride/iron oral solution 0.25-10 mg/ml	2	
Ped Vitamins Acd W/ Fluoride**		
tri-vit/fluoride oral solution 0.5 mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
vitamins acd-fluoride oral solution 0.25 mg/ml	2	
Prenatal Mv & Min W/Fe-Fa**		
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	3	
CITRANATAL RX ORAL TABLET 27-1 MG	3	
PRENATABS RX ORAL TABLET 29-1 MG	2	
MUSCULOSKELETAL THERAPY AGENTS		
Central Muscle Relaxants**		
baclofen oral tablet 10 mg, 20 mg	2	
carisoprodol oral tablet 350 mg	2	AGE (Max 64 Years)
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	AGE (Max 64 Years)
metaxalone oral tablet 400 mg	2	AGE (Max 64 Years)
metaxalone oral tablet 800 mg	2	PA; AGE (Max 64 Years)
methocarbamol oral tablet 500 mg, 750 mg	2	AGE (Max 64 Years)
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	AGE (Max 64 Years)
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	QL (90 EA per 30 days)
tizanidine hcl oral tablet 2 mg, 4 mg	2	QL (90 EA per 30 days)
Direct Muscle Relaxants**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	2	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
Nasal Antibiotics**		
BACTROBAN NASAL NASAL OINTMENT 2 %	4	
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %	2	QL (30 ML per 30 days)
ipratropium bromide nasal solution 0.06 %	2	QL (15 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %, 0.15 %	2	
olopatadine hcl nasal solution 0.6 %	2	QL (31 GM per 30 days)
Nasal Steroids**		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	4	ST
budesonide nasal suspension 32 mcg/act	2	QL (8.43 GM per 30 days)
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY	2	OTC; QL (15.8 ML per 30 days)
flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (50 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	2	QL (16 GM per 30 days)
mometasone furoate nasal suspension 50 mcg/act	2	ST
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	ST
triamcinolone acetonide nasal aerosol 55 mcg/act	2	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	4	ST
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB**		
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; QL (60 EA per 30 days)
NEUROMUSCULAR AGENTS		
Benzathiazoles**		
riluzole oral tablet 50 mg	5	SP
Neuromuscular Blocking Agent - Neurotoxins**		
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT	5	PA; SP
OPHTHALMIC AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	QL (8 ML per 30 days)
Beta-Blockers - Ophthalmic Combinations**		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	2	
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic solution 0.5 %	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	PA
carteolol hcl ophthalmic solution 1 %	2	
levobunolol hcl ophthalmic solution 0.5 %	2	
metipranolol ophthalmic solution 0.3 %	2	
timolol maleate ophthalmic gel forming solution 0.5 %	4	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	2	
Cycloplegic Mydriatics**		
atropine sulfate ophthalmic solution 1 %	2	
cyclopentolate hcl ophthalmic solution 1 %, 2 %	2	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	2	
tropicamide ophthalmic solution 0.5 %, 1 %	2	
Miotics - Cholinesterase Inhibitors**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Antiallergic**		
ALOCRIL OPHTHALMIC SOLUTION 2 %	4	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	4	PA
azelastine hcl ophthalmic solution 0.05 %	2	QL (6 ML per 30 days)
BEPREVE OPHTHALMIC SOLUTION 1.5 %	4	PA
cromolyn sodium ophthalmic solution 4 %	2	
EMADINE OPHTHALMIC SOLUTION 0.05 %	4	
epinastine hcl ophthalmic solution 0.05 %	2	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	4	PA
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	2	
Ophthalmic Antibiotics**		
AZASITE OPHTHALMIC SOLUTION 1 %	4	PA
bacitracin ophthalmic ointment 500 unit/gm	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	4	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	
erythromycin ophthalmic ointment 5 mg/gm	2	
gatifloxacin ophthalmic solution 0.5 %	2	
gentamicin sulfate ophthalmic ointment 0.3 %	2	
gentamicin sulfate ophthalmic solution 0.3 %	2	
levofloxacin ophthalmic solution 0.5 %	2	PA
moxifloxacin hcl ophthalmic solution 0.5 %	2	
ofloxacin ophthalmic solution 0.3 %	2	
tobramycin ophthalmic solution 0.3 %	2	
Ophthalmic Antifungal**		
NATACYN OPHTHALMIC SUSPENSION 5 %	4	PA

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-Infective Combinations**		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	
Ophthalmic Antivirals**		
trifluridine ophthalmic solution 1 %	2	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Ophthalmic Carbonic Anhydrase Inhibitors**		
AZOPT OPHTHALMIC SUSPENSION 1 %	4	QL (15 ML per 30 days)
dorzolamide hcl ophthalmic solution 2 %	2	
Ophthalmic Decongestants**		
naphazoline hcl ophthalmic solution 0.1 %	2	
Ophthalmic Immunomodulators**		
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
Ophthalmic Local Anesthetics**		
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	2	
proparacaine hcl ophthalmic solution 0.5 %	2	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	2	
diclofenac sodium ophthalmic solution 0.1 %	2	
flurbiprofen sodium ophthalmic solution 0.03 %	2	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	2	

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

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

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Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	4	
neomycin-polymyxin-hc otic solution 3.5-10000-1	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
Otic Steroids**		
fluocinolone acetonide otic oil 0.01 %	2	
hydrocortisone-acetic acid otic solution 1-2 %	2	
OXYTOCICS		
Oxytocics**		
METHERGINE ORAL TABLET 0.2 MG	2	
oxytocin injection solution 10 unit/ml	4	
PASSIVE IMMUNIZING AGENTS - COMBINATIONS**		
Passive Immunizing Agents - Combinations**		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	4	PA; SP
HYQVIA SUBCUTANEOUS KIT 20 GM/200ML, 30 GM/300ML	5	PA; SP
PASSIVE IMMUNIZING AGENTS		
Antiviral Monoclonal Antibodies**		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	5	PA; SP
PCSK9 INHIBITORS**		
Pcsk9 Inhibitors**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	5	PA; QL (2 ML per 28 days)
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	5	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	2	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	2	
amoxicillin oral tablet 500 mg, 875 mg	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
ampicillin oral capsule 250 mg, 500 mg	2	
ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
Natural Penicillins**		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	2	
Penicillin Combinations**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	2	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	2	
amoxicillin-pot clavulanate oral tablet 875-125 mg	2	QL (28 EA per 14 days)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	PA
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS**		

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Drug Name	Drug Tier	Requirements/Limits
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; SP
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**		
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 30 MG	5	PA; SP; QL (60 EA per 30 days)
POTASSIUM REMOVING AGENTS**		
Potassium Removing Agents**		
KIONEX ORAL SUSPENSION 15 GM/60ML	2	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml	2	
PROGESTINS		
Progestins**		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	2	
norethindrone acetate oral tablet 5 mg	2	
progesterone micronized oral capsule 100 mg, 200 mg	2	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS**		
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY ORAL TABLET 2.08 MG	4	QL (30 EA per 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
Alcohol Deterrents**		

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Drug Name	Drug Tier	Requirements/Limits
acamprosate calcium oral tablet delayed release 333 mg	2	
disulfiram oral tablet 250 mg, 500 mg	2	
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	2	
Cholinomimetics - Ache Inhibitors**		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	2	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
Fibromyalgia Agent - Snris**		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA
Movement Disorder Drug Therapy**		
tetrabenazine oral tablet 12.5 mg, 25 mg	5	PA; SP
Ms Agents - Pyrimidine Synthesis Inhibitors**		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; SP
Multiple Sclerosis Agents - Interferons**		
AVONEX INTRAMUSCULAR KIT 30 MCG	5	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	5	PA
dimethyl fumarate starter pack oral 120 & 240 mg	5	PA
TECFIDERA ORAL 120 & 240 MG	5	PA; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	5	PA; SP
Multiple Sclerosis Agents - Potassium Channel Blockers**		
dalfampridine er oral tablet extended release 12 hour 10 mg	5	PA; SP
Multiple Sclerosis Agents**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	5	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; SP
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl oral solution 2 mg/ml	2	PA
memantine hcl oral tablet 10 mg, 5 mg	2	QL (60 EA per 30 days)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	QL (49 EA per 365 days)
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg	2	
Psychotherapeutic And Neurological Agents - Misc.**		
ergoloid mesylates oral tablet 1 mg	4	PA
pimozide oral tablet 1 mg, 2 mg	2	
Smoking Deterrents**		

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Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	$0 limited to 2 treatment cycles/year; QL (60 EA per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	$0 limited to 2 treatment cycles/year; QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	$0 limited to 2 treatment cycles/year
goodsense nicotine mouth/throat lozenge 4 mg	1	OTC; $0 limited to 2 treatment cycles/year; OTC
NICORELIEF MOUTH/THROAT GUM 4 MG	1	OTC; $0 limited to 2 treatment cycles/year; OTC; QL (810 EA per 365 days)
nicotine polacrilex mouth/throat gum 2 mg	1	OTC; QL (810 EA per 365 days)
nicotine polacrilex mouth/throat gum 4 mg	1	OTC; $0 limited to 2 treatment cycles/year; OTC; QL (810 EA per 365 days)
nicotine polacrilex mouth/throat lozenge 2 mg	1	OTC; $0 limited to 2 treatment cycles/year; OTC
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	OTC; $0 limited to 2 treatment cycles/year; OTC
nicotine transdermal patch 24 hour 14 mg/24hr	1	OTC; $0 limited to 2 treatment cycles/year; OTC
nicotine transdermal patch 24 hour 21 mg/24hr	1	OTC; $0 limited to 2 treatment cycles/year; OTC; QL (90 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	1	$0 limited to 2 treatment cycles/year
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	$0 limited to 2 treatment cycles/year
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
GILENYA ORAL CAPSULE 0.5 MG	5	PA; SP
PULMONARY FIBROSIS AGENTS**		
Pulmonary Fibrosis Agents**		

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET ORAL CAPSULE 267 MG	5	PA; SP
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**		
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; SP
RESPIRATORY AGENTS - MISC.		
Cftr Potentiators**		
KALYDECO ORAL TABLET 150 MG	5	PA; SP
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP
SEROTONIN MODULATORS**		
Serotonin Modulators**		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL KIT 10 & 20 & 40 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	PA
SINUS NODE INHIBITORS*		
Sinus Node Inhibitors*		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**		

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Drug Name	Drug Tier	Requirements/Limits
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	QL (30 EA per 30 days)
STEROIDS - MOUTH/THROAT/DENTAL**		
Steroids - Mouth/Throat/Dental**		
triamcinolone acetonide mouth/throat paste 0.1 %	2	
SULFONAMIDES		
Sulfonamides**		
sulfadiazine oral tablet 500 mg	4	
TETRACYCLINES		
Tetracyclines**		
demeclocycline hcl oral tablet 150 mg, 300 mg	2	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	2	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	2	
tetracycline hcl oral capsule 250 mg, 500 mg	2	
THYROID AGENTS		
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	2	
propylthiouracil oral tablet 50 mg	2	
Thyroid Hormones**		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
EUTHYROX ORAL TABLET 25 MCG	2	
LEVO-T ORAL TABLET 25 MCG	2	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 195 MG, 32.5 MG	2	
np thyroid oral tablet 15 mg	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG	2	
WESTHROID ORAL TABLET 65 MG	2	
TOXOIDS		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	$0 copay for 18 years of age and younger
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	1	$0 copay for 18 years of age and younger
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	$0 copay for 18 years of age and younger
KINRIX INTRAMUSCULAR SUSPENSION	1	$0 copay for 18 years of age and younger
PEDIARIX INTRAMUSCULAR SUSPENSION	1	$0 copay for 18 years of age and younger
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	$0 copay for 18 years of age and younger
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	$0 copay for 19 years of age and older
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	$0 copay for 19 years of age and older
ULCER DRUGS		
Antispasmodics**		
dicyclomine hcl oral capsule 10 mg	2	
dicyclomine hcl oral solution 10 mg/5ml	2	
dicyclomine hcl oral tablet 20 mg	2	
Belladonna Alkaloids**		
hyoscyamine sulfate oral tablet 0.125 mg	2	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	2	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	2	
H-2 Antagonists**		
cimetidine hcl oral solution 300 mg/5ml	2	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	2	
famotidine intravenous solution 20 mg/2ml	2	
famotidine oral suspension reconstituted 40 mg/5ml	2	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine oral capsule 150 mg, 300 mg	2	
nizatidine oral solution 15 mg/ml	2	
ranitidine hcl oral capsule 150 mg, 300 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl oral syrup 75 mg/5ml	2	
ranitidine hcl oral tablet 150 mg, 300 mg	2	
Misc. Anti-Ulcer**		
CARAFATE ORAL SUSPENSION 1 GM/10ML	4	PA
sucralfate oral suspension 1 gm/10ml	2	PA
sucralfate oral tablet 1 gm	2	
Proton Pump Inhibitors**		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	ST; QL (30 EA per 30 days)
lansoprazole oral capsule delayed release 30 mg	2	QL (30 EA per 30 days)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	2	QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	QL (60 EA per 30 days)
rabeprazole sodium oral tablet delayed release 20 mg	2	QL (30 EA per 30 days)
Quaternary Anticholinergics**		
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	2	
Ulcer Drugs - Prostaglandins**		
misoprostol oral tablet 100 mcg, 200 mcg	2	
URINARY ANTI-INFECTIVES		
Urinary Anti-Infectives**		
fosfomycin tromethamine oral packet 3 gm	4	
methenamine hippurate oral tablet 1 gm	2	
MONUROL ORAL PACKET 3 GM	4	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	AGE (Max 64 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	2	AGE (Max 64 Years)
nitrofurantoin oral suspension 25 mg/5ml	2	AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	2	ST
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride oral syrup 5 mg/5ml	2	
oxybutynin chloride oral tablet 5 mg	2	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	ST
tolterodine tartrate oral tablet 1 mg, 2 mg	2	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	ST
trospium chloride er oral capsule extended release 24 hour 60 mg	2	ST
trospium chloride oral tablet 20 mg	2	ST
VESICARE ORAL TABLET 10 MG, 5 MG	4	ST
Urinary Antispasmodic - Antimuscarinics (Antichol)(New)**		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	2	ST
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride oral syrup 5 mg/5ml	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate oral tablet 10 mg, 5 mg	2	ST
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	ST
tolterodine tartrate oral tablet 1 mg, 2 mg	2	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	ST
trospium chloride er oral capsule extended release 24 hour 60 mg	2	ST
trospium chloride oral tablet 20 mg	2	ST

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Drug Name	Drug Tier	Requirements/Limits
VESICARE ORAL TABLET 10 MG, 5 MG	4	ST
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
Urinary Antispasmodics - Cholinergic Agonists (New)**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl oral tablet 100 mg	2	
Urinary Antispasmodics - Direct Muscle Relaxants (New)**		
flavoxate hcl oral tablet 100 mg	2	
VACCINES		
Bacterial Vaccine Combinations*		
MENHIBRIX INTRAMUSCULAR SOLUTION RECONSTITUTED 5-5-2.5 MCG	1	$0 copay for 18 years of age and younger
Bacterial Vaccines**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	$0 copay for 18 years of age and younger
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	$0 copay for 18 years of age and younger
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENOMUNE SUBCUTANEOUS INJECTABLE	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	$0 copay for 18 years of age and younger

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Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	1	
PREVNAR 13 INTRAMUSCULAR SUSPENSION	1	QL (5 ML per 365 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
Mixed Vaccine Combinations**		
COMVAX INTRAMUSCULAR SUSPENSION 7.5-5 MCG/0.5ML	1	$0 copay for 18 years of age and younger
Viral Vaccine Combinations**		
M-M-R II SUBCUTANEOUS INJECTABLE	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	$0 copay for 18 years of age and younger
TWINRIX INTRAMUSCULAR SUSPENSION 720-20 ELU-MCG/ML	1	$0 copay for 19 years of age and older
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	$0 copay for 19 years of age and older
Viral Vaccines**		
AFLURIA INTRAMUSCULAR SUSPENSION	1	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	1	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	1	
FLUBLOK INTRAMUSCULAR SOLUTION	1	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUVIRIN INTRAMUSCULAR SUSPENSION	1	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	1	
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR 9 MCG/STRAIN	1	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	1	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
IPOL INJECTION INJECTABLE	1	$0 copay for 18 years of age and younger
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	$0 copay for 18 years of age and younger
ROTATEQ ORAL SOLUTION	1	$0 copay for 18 years of age and younger
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	$0 copay for 19 years of age and older; QL (1 EA per 1 day)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	$0 copay for 19 years of age and older
VAGINAL PRODUCTS		
Imidazole-Related Antifungals**		
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	2	
Miscellaneous Vaginal Products**		
INTRAROSA VAGINAL INSERT 6.5 MG	4	
Spermicides**		
OPTIONS CONCEPTROL VAGINAL GEL 4 %	1	OTC
TODAY SPONGE VAGINAL 1000 MG	1	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	1	OTC
Vaginal Anti-Infectives**		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
clindamycin phosphate vaginal cream 2 %	2	
metronidazole vaginal gel 0.75 %	2	
Vaginal Estrogens**		
estradiol vaginal cream 0.1 mg/gm	2	
ESTRING VAGINAL RING 2 MG	4	
Vaginal Progestins**		

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

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