



Affinity by Molina Healthcare Essential Plan (EP)

2022 List of Covered Drugs

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

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



Affinity by Molina Healthcare (Affinity) complies with all Federal civil rights laws that relate to healthcare services. Affinity offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Affinity does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Affinity provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Affinity by Molina Healthcare Member Services at 1-800-223-7242 or TTY: 711.

If you think that Affinity by Molina Healthcare failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (310) 507-6186.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-223-7242 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-223-7242 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-223-7242 (TTY: 711)。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-223-7242 (телетайп: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-223-7242 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-223-7242 (TTY: 711) 번으로 전화해 주십시오.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-223-7242 (TTY: 711).
Yiddish	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-223-7242 (TTY: 711).
Bengali	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-২২৩-৭২৪২ (TTY: 711)।
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-223-7242 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-223-7242 (رقم هاتف الصم والبكم: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-223-7242 (ATS: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-223-7242 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-223-7242 (TTY: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-223-7242 (TTY: 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-223-7242 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निमित्त भाषा सहायता सेवाहरु नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-223-7242 (टिटिवाइ: 711) ।

What is the Affinity Essentials Plan (EP) Drug List?

A drug list is a list of covered drugs. Affinity Essentials Plan (EP) works with a team of healthcare providers to choose drugs that provide quality treatment. Affinity Essentials Plan (EP) covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at an Affinity Essentials Plan (EP) network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your subscriber contract.

Can the Drug List change?

We tell affected members about changes at least 60 days before they become effective. Some examples of changes are:

- Removing drugs from our list of covered drugs
- Adding the need for prior approval or authorization (when your doctor needs to explain why you need a specific drug and provide reasons why a preferred drug will not work for you)
- Adding quantity limits (when you can only get a specific amount of a drug at onetime)
- Adding step therapy restrictions (when you have to try one type of drug as a first step in treating your condition, before you try another type of drug)
- Moving a medicine to a higher cost-sharing tier (when you have to cover more of the drug cost)

What else could result in changes to the covered drug list?

We remove drugs from our drug list right away and will let members know when:

- The US Food and Drug Administration (FDA) decides that a drug is unsafe
- The drug maker removes the drug from the market

The enclosed drug list is up to date as of **January 1st, 2022**. To get updated information about the drugs covered by Affinity Essentials Plan (EP), please visit: <https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx> or call Molina Customer Service at 1 (800) 223-7242 Monday through Friday between 8:00 am and 6:00pm EST. TTY/TDD users, please call 711.

How do I use the Drug List?

There are 2 ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page **6**. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “ANTIHYPERTENSIVES”.

- If you know what your drug is used for, look for the category name in the list that starts on page **6**.
- Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the document. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, 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?

Affinity Essentials Plan (EP) 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. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Affinity Essentials Plan (EP) needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Affinity Essentials Plan (EP) before you fill your prescriptions. If you don't get approval, Affinity Essentials Plan (EP) may not cover the drug.
- **Quantity Limits:** For certain drugs, Affinity Essentials Plan (EP) limits the amount of the drug that it will cover. For example Affinity Essentials Plan (EP) provides 15 tabs per 25 days of forzolpidem.
- **Step Therapy:** Affinity Essentials Plan (EP) needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Affinity Essentials Plan (EP) may not cover Drug B unless you try Drug a first. If Drug A does not work for you, Affinity Essentials Plan (EP) will then cover Drug B.

You can find out if your drug has any special requirements or limits by looking on the drug list that starts on page **6**. You can also get more information about the restrictions for specific covered drugs by visiting <https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx>. You can ask Affinity Essentials Plan (EP) to make an exception to these restrictions or limits. See the section, "How do I ask for an exception to the Affinity Essentials Plan (EP) drug list?" on page **4**.

What are over-the-counter (OTC) drugs?

OTC drugs are nonprescription drugs that are not usually covered by a prescription drug plan. Affinity Essentials Plan (EP) pays for certain OTC drugs, but your cost may differ among the covered OTC drugs. Please see the Drug List Table that starts on page **6** for more information. If your plan allows for additional covered OTC drugs you may find a list on the Pharmacy Plan page at <https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx>

Does the Plan cover prescription drugs that are considered “Preventive Services” under the Affordable Care Act?

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share and are designated as tier 0 on this document. These items may include:

- Aspirin to Prevent Cardiovascular Disease
- Fluoride and/or Iron Supplementation in Children
- Folic Acid Supplementation for Women Expecting or planning to be Pregnant
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Women's Health Preventive Services (i.e. birth control, emergency contraception)

A list of the preventive services covered under the Plan will be mailed to you upon request. You may request the list by calling 1 (800) 223-7242 (Customer Service).

What if my drug is not on the Drug List?

If your drug is not on this drug list, call Member Services and make sure that your drug is not covered. If you learn that Affinity Essentials Plan (EP) does not cover your drug, you have 2 choices:

- You can ask Customer Service for a list of similar drugs that are covered by Affinity Essentials Plan (EP). When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Affinity Essentials Plan (EP).
- You can ask Affinity Essentials Plan (EP) to make an exception and cover your drug. Read on for information about how to ask for an exception.

How do I ask for an exception to the Affinity Essentials Plan (EP) Drug List?

You can ask Affinity Essentials Plan (EP) to make an exception to our coverage rules. There are many types of exceptions that you can ask us to make:

- You can ask us to cover your drug, even if it is not on our drug list.
- You can ask us to remove coverage restrictions or limits on your drug. For example; for certain drugs, Affinity Essentials Plan (EP) limits the amount of the drug that we will cover. If your drug has this quantity limit, you can ask us to remove the limit and cover more

How likely is it that I will get an exception?

Generally, Affinity Essentials Plan (EP) will only approve your request for an exception if the preferred drugs included on the plan's drug list would:

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

How do I find out if my exception is granted?

When you ask for a drug list exception, please send a statement from your doctor that supports your request. Then:

- We will make our decision within 3 business days of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 3 business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your doctor’s supporting statement.

For more information

For more information about your Affinity Essentials Plan (EP) prescription drug coverage, please look at your subscriber contract and other plan materials.

If you have any other questions about Affinity Essentials Plan (EP), please call Customer Service at 1 (800) 223-7242 , 8:00 am to 6:00 pm, Monday through Friday. TTY/TDD users, please call 711. Or visit <https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx>

Affinity Essentials Plan (EP) Drug List

The drug list that starts on page **6** gives coverage information about some of the drugs covered by Affinity Essentials Plan (EP). If you have trouble finding your drug on the list, turn to the Index at the end of this document. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g. JANUVIA). Generic drugs are listed in lower-case italics (e.g., metformin). The information in the Requirements/Limits column tells you if Affinity Essentials Plan (EP) has any special requirements for coverage of your drug.

The table below tells you the copayment* or coinsurance amount (i.e., the share of the drug’s cost that you will pay) for drugs in each tier.

This is NY State specific for 3-Tier structure	Preferred Retail Network pharmacy (Up to a 30-day supply)	Specialty and Mail pharmacy (Up to a 90-day supply)
Cost-Sharing Tier 1 (Generic Drugs)	\$0-\$6	\$0-\$15
Cost-Sharing Tier 2 (Preferred Brand Drugs)	\$0-\$15	\$0-\$37.50
Cost-Sharing Tier 3 (Non-preferred Brand Drugs and Specialty Tier Drugs)	\$0-\$30	\$0-\$75

*Copays will vary by plan design; you can contact Customer Service at 1 (800) 223-7242 between 8:00am and 6:00pm EST Monday through Friday. TTY/TDD users, please call 711 for member specific copayment information.



Affinity by Molina Healthcare

Essential Plan (EP)

THIS LIST OF COVERED DRUGS IS CHANGING JANUARY 1, 2022

PLEASE READ: This list of covered drugs is changing. The Molina Healthcare New York Essential Plan list of drugs (“Formulary”) goes into effect for Affinity by Molina Healthcare members on January 1, 2022. Please take time to review the list of changes for any differences that may affect coverage of the drugs, devices, and supplies you are taking or have taken in the past.

Please review these highlighted changes as well as the full list of changes.

Please note the following diabetic supplies are covered January 1, 2022:

- TRUE METRIX METERS
- TRUE METRIX TEST STRIPS
- TECHLITE PEN NEEDLES/SYRINGES
- TRUEPLUS PEN NEEDLES/SYRINGES
- DEXCOM CGM
- FREESTYLE CGM

Please note the following diabetic drugs and supplies are not covered or will only be covered by sending an exception request to the plan if formulary options cannot be used, effective January 1, 2022:

- ACCU-CHEK KIT GUIDE ME
- ACCU-CHEK KIT AVIVA PL
- ACCU-CHEK KIT COMPACT
- ACCU-CHEK KIT GUIDE
- ACCU-CHEK KIT NANO
- ACCU-CHEK LIQ SMART
- ACCU-CHEK MIS AVIVA
- ACCU-CHEK TES AVIVA PL
- ACCU-CHEK TES COMPACT
- ACCU-CHEK TES GUIDE
- ACCU-CHEK TES SMART
- HUMULIN INJ 70/30 (Novolin 70/30 Covered)
- HUMULIN INJ 70/30KWP (Novolin 70/30 Covered)
- HUMULIN N INJ U-100 (Novolin N Covered)
- HUMULIN N INJ U-100KWP (Novolin N Covered)
- HUMULIN R INJ U-100 (Novolin R Covered)
- OMNIPOD KIT STARTER (Covered on Formulary Exception)
- OMNIPOD MIS 5 PACK (Covered on Formulary Exception)
- V-GO 20 KIT (Covered with formulary exception)
- V-GO 20 KIT (Covered with formulary exception)
- V-GO 20 KIT (Covered with formulary exception)

Please note the following drugs are not covered or will only be covered by sending an exception request to the plan if formulary options cannot be used, effective January 1, 2022:

- ALPRAZOLAM ORAL DISINTEGRATING TAB (ODT not covered, regular tablet covered)
- BUPRENORPHINE/NALOXONE FILMS (Tabs on formulary)
- DICLOFENAC GEL (OTC form is covered by prescription on formulary)
- Generic EPINEPHRINE INJ (Brand EPIPEN is covered on formulary)
- HEMLIBRA (Covered with formulary exception)

- REMODULIN INJ (Generic on formulary)
- REXULTI (Covered with formulary exception)
- SUBLOCADE INJ (Covered with formulary exception)

Please note the following drugs will require a prior authorization, effective January 1, 2022:

- | | | |
|------------------------------|----------------|--------------|
| • AIMOVIG | • EMGALITY | • PRADAXA |
| • ASENAPINE | • ENTRESTO | • PREGABALIN |
| • BRILINTA | • EVEROLIMUS | • SAVELLA |
| • CANDESARTAN (STEP THERAPY) | • FETZIMA | • SYMLIN PEN |
| • DEXCOM | • LATUDA | • TRINTELLIX |
| | • PALIPERIDONE | • VIIBRYD |

Changes to the List of Covered Drugs Effective January 1, 2022

The list of changes shows one or a combination of more than one of the following changes:

- | | |
|--|-------------------------------------|
| • REMOVING FROM FORMULARY | • STEP THERAPY REQUIRED |
| • ADDING TO FORMULARY | • STEP THERAPY NO LONGER REQUIRED |
| • PRIOR AUTHORIZATION REQUIRED | • TIER CHANGE (COST SHARING CHANGE) |
| • PRIOR AUTHORIZATION NO LONGER REQUIRED | • AGE LIMIT CHANGE |
| | • QUANTITY LIMIT CHANGE |

CHANGES TO FORMULARY STATUS

REMOVING FROM FORMULARY JANUARY 1, 2022

- | | | |
|-----------------------------|----------------------------|-----------------------------|
| • ABRAXANE INJ 100MG | • ALBUTEROL TAB 4MG ER | • AMLOD/ATORVA TAB 10-80MG |
| • ACCU-CHEK KIT GUIDE ME | • ALBUTEROL TAB 8MG ER | • AMLOD/ATORVA TAB 2.5-10MG |
| • ACCU-CHEK KIT AVIVA PL | • ALCOHOL PREP PAD | • AMLOD/ATORVA TAB 2.5-20MG |
| • ACCU-CHEK KIT COMPACT | • ALENDRONATE SOL 70/75ML | • AMLOD/ATORVA TAB 2.5-40MG |
| • ACCU-CHEK KIT GUIDE | • ALIMTA INJ 100MG | • AMLOD/ATORVA TAB 5-10MG |
| • ACCU-CHEK KIT NANO | • ALIMTA INJ 500MG | • AMLOD/ATORVA TAB 5-20MG |
| • ACCU-CHEK LIQ SMART | • ALLERGY REL CAP 10MG | • AMLOD/ATORVA TAB 5-40MG |
| • ACCU-CHEK MIS AVIVA | • ALLERGY RLF SUS 30/5ML | • AMLOD/ATORVA TAB 5-80MG |
| • ACCU-CHEK TES AVIVA PL | • ALPRAZOLAM CON 1 MG/ML | • AMLOD/ATORVA TAB 5-40MG |
| • ACCU-CHEK TES COMPACT | • ALPRAZOLAM TAB 0.25 ODT | • AMLOD/ATORVA TAB 5-80MG |
| • ACCU-CHEK TES GUIDE | • ALPRAZOLAM TAB 0.5MG OD | • AMLOD/VALSAR TAB /HCTZ |
| • ACCU-CHEK TES SMART | • ALPRAZOLAM TAB 1MG ODT | • AMLOD/VALSAR TAB 10-160MG |
| • ACNE CLEANSI BAR 10% | • ALPRAZOLAM TAB 2MG ODT | • AMLOD/VALSAR TAB 10-320MG |
| • ACTHIB INJ | • ALTAVERA TAB | • AMLOD/VALSAR TAB 5-160MG |
| • ACUVAIL SOL 0.45% | • ALYACEN TAB 1/35 | • AMLOD/VALSAR TAB 5-320MG |
| • ADAPAL/BEN P GEL 0.1-2.5% | • ALYACEN TAB 7/7/7 | • AMOX-POT CLA TAB ER |
| • ADAPALENE CRE 0.1% | • AMIODARONE TAB 400MG | |
| • ADAPALENE GEL 0.1% | • AMLOD/ATORVA TAB 10-10MG | |
| • ADAPALENE GEL 0.3% | • AMLOD/ATORVA TAB 10-20MG | |
| • ADRIAMYCIN INJ 10MG | • AMLOD/ATORVA TAB 10-40MG | |
| • ADRIAMYCIN INJ 50MG | | |
| • AJOVY INJ 225/1.5 | | |

**REMOVING FROM
FORMULARY JANUARY 1,
2022 (Continued)**

- AMPHOTERICIN INJ 50MG
- ARANELLE TAB
- ARNUITY ELPT INH 100MCG
- ARNUITY ELPT INH 200MCG
- ARNUITY ELPT INH 50MCG
- ARSENIC TRIO INJ 10/10ML
- ARSENIC TRIO INJ 12MG/6ML
- ATH FOOT SPR AER 1%
- ATHLETE FOOT AER 2%
- AUTOLET PLAT MIS 1.8MM
- AVAGE CRE 0.1%
- AVITA CRE 0.025%
- AZACITIDINE INJ 100MG
- AZEL/FLUTIC SPR 137-50
- AZELAIC ACID GEL 15%
- AZELASTINE SPR 0.15%
- AZTREONAM INJ 1GM
- AZTREONAM INJ 2GM
- BACIT/POLYMY OIN OP
- BACLOFEN TAB 5MG
- BELBUCA MIS 150MCG
- BELBUCA MIS 300MCG
- BELBUCA MIS 450MCG
- BELBUCA MIS 600MCG
- BELBUCA MIS 750MCG
- BELBUCA MIS 75MCG
- BELBUCA MIS 900MCG
- BENZIQ GEL 5.25%
- BENZIQ LS GEL 2.75%
- BENZIQ WASH LIQ 5.25%
- BENZOYL PER GEL 2.5%
- BENZOYL PER LIQ 5% WASH
- BENZOYL PER LIQ 6%
- BETAMETH VAL AER 0.12%
- BETAMETH VAL LOT 0.1%
- BETASERON INJ 0.3MG
- BETIMOL SOL 0.25%
- BETIMOL SOL 0.5%
- BETOPTIC-S SUS 0.25% OP
- BEXSERO INJ
- BIO-STATIN CAP 1000000
- BIO-STATIN CAP 500000
- BIO-STATIN POW
- BLEOMYCIN INJ 15UNIT
- BLEOMYCIN INJ 30UNIT
- BLEPHAMIDE OIN S.O.P.
- BLEPHAMIDE SUS OP
- BOSULIF TAB 100MG
- BOSULIF TAB 400MG
- BOSULIF TAB 500MG
- BP WASH LIQ 2.5%
- BRINZOLAMIDE SUS 1%
- BRIVIACT INJ 50MG/5ML
- BRIVIACT SOL 10MG/ML
- BRIVIACT TAB 100MG
- BRIVIACT TAB 10MG
- BRIVIACT TAB 25MG
- BRIVIACT TAB 50MG
- BRIVIACT TAB 75MG
- BROMPHENIRAM CHW 12MG
- BUDESONIDE SUS 1MG/2ML
- BUPREN/NALOX MIS 12-3MG
- BUPREN/NALOX MIS 2-0.5MG
- BUPREN/NALOX MIS 4-1MG
- BUPREN/NALOX MIS 8-2MG
- BUSULFAN INJ 6MG/ML
- BUT/APAP/CAF CAP
- CABOMETYX TAB 20MG
- CABOMETYX TAB 40MG
- CABOMETYX TAB 60MG
- CALC ACETATE TAB 667MG
- CALCITRIOL SOL 1MCG/ML
- CALQUENCE CAP 100MG
- CAMILA TAB 0.35MG
- CANDESA/HCTZ TAB 16-12.5
- CANDESA/HCTZ TAB 32-12.5
- CANDESA/HCTZ TAB 32-25MG
- CARBAMAZEPIN TAB 200MG
- CARBOPLATIN INJ 150/15ML
- CARBOPLATIN INJ 450/45ML
- CARBOPLATIN INJ 50MG/5ML
- CARBOPLATIN INJ 600/60ML
- CARDIZEM LA TAB 120MG
- CARDURA XL TAB 4MG
- CARDURA XL TAB 8MG
- CAREFINE MIS 32GX6MM
- CARMUSTINE INJ 100MG
- CARTIA XT CAP 120/24HR
- CARTIA XT CAP 180/24HR
- CARTIA XT CAP 240/24HR
- CARTIA XT CAP 300/24HR
- CAZANT PAK
- CEFEPIME INJ 1GM
- CEFTAZIDIME INJ 2GM
- CEFTRIAZONE INJ 10GM
- CEFTRIAZONE INJ 1GM
- CEFTRIAZONE INJ 250MG
- CEFTRIAZONE INJ 2GM
- CEFTRIAZONE INJ 500MG
- CEPHALEXIN CAP 750MG
- CEPHALEXIN TAB 250MG
- CEPHALEXIN TAB 500MG
- CETIRIZINE CHW 10MG
- CETIRIZINE CHW 5MG
- CHATEAL TAB 0.15/30
- CHEMSTRIP 9 TES STRIPS
- CHOLESTYRAM POW 4GM
- CHOLESTYRAM POW 4GM LITE
- CHOR GONADOT INJ 10000UNT
- CICLOPIROX GEL 0.77%
- CICLOPIROX SHA 1%
- CIMETIDINE SOL 300/5ML
- CIPRO (10%) SUS 500MG/5
- CIPROFLOXACN TAB 100MG
- CISPLATIN INJ 100MG
- CISPLATIN INJ 200MG
- CISPLATIN INJ 50/50ML
- CITRANATAL CAP HARMONY
- CITRANATAL CAP MEDLEY
- CITRANATAL MIS
- CITRANATAL MIS 90 DHA
- CITRANATAL MIS B-CALM
- CITRANATAL PAK ASSURE
- CITRANATAL PAK DHA
- CITRANATAL TAB BLOOM
- CITRANATAL TAB RX
- CLADRIBINE INJ 1MG/ML
- CLARITHROMYC TAB 500MG ER
- CLEAN&CLEAR CRE 10%
- CLEAR PORE LIQ 3.5%
- CLEOCIN SUP 100MG
- CLIMARA PRO DIS WEEKLY
- CLINDACIN KIT PAC 1%
- CLINDACIN MIS ETZ 1%
- CLINDAM/BENZ GEL 1.2-2.5%
- CLINDAMY/BEN GEL 1-5%
- CLINDAMYCIN AER 1%
- CLINDAMYCIN CAP 75MG
- CLOBAZAM SUS 2.5MG/ML
- CLOBETASOL AER 0.05%
- CLOBETASOL LOT 0.05%
- CLOBETASOL SHA 0.05%
- CLOBETASOL SPR 0.05%
- CLOCORTOLONE CRE 0.1%
- CLOFARABINE INJ 20/20ML
- CLOPIDOGREL TAB 300MG
- CLOTRIMAZOLE CRE 1%
- CLOTRIMAZOLE SOL 1%
- CLOZAPINE TAB 100/ODT

**REMOVING FROM
FORMULARY JANUARY 1,
2022 (Continued)**

- CLOZAPINE TAB 12.5/ODT
- CLOZAPINE TAB 150/ODT
- CLOZAPINE TAB 200/ODT
- CLOZAPINE TAB 25MG ODT
- COLESTIPOL GRA 5GM
- COMPRO SUP 25MG
- CONDYLOX GEL 0.5%
- CREAMY FACE LIQ WASH 4%
- CRINONE GEL 4% VAG
- CRINONE GEL 8% VAG
- CROTAN LOT 10%
- CRYSELLE-28 TAB 28 TABS
- CUVPOSA SOL 1MG/5ML
- CYCLAFEM TAB 1/35
- CYCLAFEM TAB 7/7/7
- CYCLOPHOSPH INJ 1GM
- CYCLOPHOSPH INJ 2GM
- CYCLOPHOSPH INJ 500MG
- CYTARABINE INJ 100MG/ML
- CYTARABINE INJ 20MG/ML
- DACARBAZINE INJ 100MG
- DACARBAZINE INJ 200MG
- DASETTA TAB 1/35
- DASETTA TAB 7/7/7
- DAUNORUBICIN INJ 20MG/4ML
- DECITABINE INJ 50MG
- DESLORATADIN TAB 2.5 ODT
- DESLORATADIN TAB 5MG ODT
- DESONIDE LOT 0.05%
- DEXAMETHASON CON 1MG/ML
- DEXMETHYLPHENIDATE CAP 10MG ER
- DEXMETHYLPHENIDATE CAP 15MG ER
- DEXMETHYLPHENIDATE CAP 20MG ER
- DEXMETHYLPHENIDATE CAP 30MG ER
- DEXMETHYLPHENIDATE CAP 40MG ER
- DEXMETHYLPHENIDATE CAP 5MG ER
- DEXMETHYLPHENIDATE CAP ER 25MG
- DEXMETHYLPHENIDATE CAP ER 35MG
- DEXRAZOXANE INJ 250MG
- DEXRAZOXANE INJ 500MG
- DEXTROAMPHETAMINE SOL 5MG/5ML
- DIASCREEN 10 MIS
- DIASTIX TES STRIPS
- DIAZEPAM INJ 5MG/ML
- DICLOFENAC GEL 1% (OTC covered)
- DIFICID SUS
- DILTIAZEM CAP 360MG ER
- DILTIAZEM CAP 60MG ER
- DILTIAZEM CAP 90MG ER
- DIP/TET PED INJ 25-5LFU
- DIPHEN/ATROP LIQ 2.5/5
- DIURIL SUS 250/5ML
- DOCETAXEL INJ 160/16ML
- DOCETAXEL INJ 160/8ML
- DOCETAXEL INJ 20MG/2ML
- DOCETAXEL INJ 20MG/ML
- DOCETAXEL INJ 80MG/4ML
- DOCETAXEL INJ 80MG/8ML
- DONEPEZIL TAB HCL 23MG
- DOXEPIN HCL CRE 5%
- DOXORUBICIN INJ 2MG/ML
- DOXYCYC MONO TAB 150MG
- DOXYCYC MONO TAB 75MG
- DOXYCYCL HYC CAP 100MG
- DOXYCYCL HYC CAP 50MG
- DOXYCYCL HYC TAB 100MG
- DOXYCYCLINE SUS 25MG/5ML
- DOXYCYCLINE TAB 20MG
- DROXIA CAP 200MG
- DROXIA CAP 300MG
- DROXIA CAP 400MG
- ED-SPAZ TAB 0.125MG
- ELINEST TAB
- ELITE-OB TAB
- EMVERM CHW 100MG
- ENDOCET TAB 10-325MG
- ENDOCET TAB 2.5-325
- ENDOCET TAB 5-325MG
- ENDOCET TAB 7.5-325
- EPCLUSA TAB 200-50MG
- EPCLUSA TAB 400-100
- EPIDUO FORTE GEL 0.3-2.5%
- EPINEPHRINE INJ 0.15MG
- EPINEPHRINE INJ 0.3MG
- EPIRUBICIN INJ 200MG
- EPIRUBICIN INJ 50/25ML
- ERBITUX INJ 100MG
- ERBITUX INJ 200MG
- ERLEADA TAB 60MG
- ERRIN TAB 0.35MG
- ERY PAD 2%
- ERYTHROM ETH TAB 400MG
- ERYTHROMYCIN CAP 250MG EC
- ERYTHROMYCIN GEL 2%
- ERYTHROMYCIN OIN 5MG/GM
- ESOMEPRA MAG CAP 20MG DR
- ESOMEPRA MAG CAP 40MG DR
- ESOMEPRAZOLE GRA 10MG DR
- ESTRADIOL DIS 0.05MG
- ESTRADIOL DIS 0.1MG
- ETODOLAC CAP 300MG
- ETODOLAC ER TAB 400MG
- ETODOLAC ER TAB 500MG
- ETODOLAC ER TAB 600MG
- ETOPOSIDE INJ 20MG/ML
- ETRAVIRINE TAB 100MG
- ETRAVIRINE TAB 200MG
- EUCRISA OIN 2%
- EVRYSDI SOL
- FAYOSIM TAB
- FENOFIBRATE CAP 150MG
- FENTANYL OT LOZ 1200MCG
- FENTANYL OT LOZ 1600MCG
- FENTANYL OT LOZ 200MCG
- FENTANYL OT LOZ 400MCG
- FENTANYL OT LOZ 600MCG
- FENTANYL OT LOZ 800MCG
- FERPRX 2-DAY TAB 1000MG
- FERRIPROX SOL 100MG/ML
- FINACEA AER 15%
- FLEXICHAMBER MIS MASK SM
- FLOXURIDINE INJ 0.5GM
- FLUAD INJ 2020-21
- FLUAD QUADRI INJ 0.5ML
- FLUDARABINE INJ 50MG
- FLUOCIN ACET CRE 0.01%
- FLUOCIN ACET SOL 0.01%
- FLUORITAB CHW 2.2MG
- FLUOROURACIL INJ 1GM/20ML
- FLUOROURACIL INJ 2.5G/50M
- FLUOROURACIL INJ 500/10ML

**REMOVING FROM
FORMULARY JANUARY 1,
2022 (Continued)**

- FLUOROURACIL INJ 5GM/100M
- FLUOROURACIL SOL 2%
- FLUOROURACIL SOL 5%
- FLUOXETINE TAB 10MG
- FLUOXETINE TAB 20MG
- FLUPHENAZINE CON 5MG/ML
- FLUPHENAZINE ELX 2.5/5ML
- FLUTICASONE LOT 0.05%
- FLUTICASONE SPR 50MCG
- FLUVOXAMINE CAP 100MG ER
- FLUVOXAMINE CAP 150MG ER
- FML FORTE SUS 0.25% OP
- FML OIN 0.1% OP
- FOSAMAX + D TAB 70-2800
- FOSAMAX + D TAB 70-5600
- FOSRENOL POW 1000MG
- FOSRENOL POW 750MG
- FRAGMIN INJ 95000UNT
- FULVESTRANT INJ 250/5ML
- FYCOMPA SUS 0.5MG/ML
- GALANTAMINE SOL 4MG/ML
- GANIRELIX AC INJ 250/0.5
- GAVILYTE-G SOL
- GAVILYTE-H KIT
- GAVILYTE-N SOL FLAV PK
- GAZYVA INJ 25MG/ML
- GEMCITABINE INJ 1GM
- GEMCITABINE INJ 200MG
- GEMCITABINE INJ 2GM
- GEMMILY CAP 1/20
- GENGRAF CAP 100MG
- GENGRAF CAP 25MG
- GENGRAF SOL 100MG/ML
- GLATIRAMER INJ 40MG/ML
- GLATOPA INJ 20MG/ML
- GLIADEL WAF 7.7MG
- GONAL-F INJ 1050UNIT
- GONAL-F INJ 450UNIT
- GONAL-F RFF INJ 300/0.5
- GONAL-F RFF INJ 450/0.75
- GONAL-F RFF INJ 75UNIT
- GONAL-F RFF INJ 900/1.5
- GRISEOFULVIN TAB MICR 500
- GRISEOFULVIN TAB ULTR 125
- GRISEOFULVIN TAB ULTR 250
- HARVONI PAK (Authorized Generic Covered)
- HARVONI PAK 45-200MG (Authorized Generic Covered)
- HARVONI TAB 45-200MG (Authorized Generic Covered)
- HARVONI TAB 90-400MG (Authorized Generic Covered)
- HC BUTYRATE CRE 0.1%
- HC BUTYRATE OIN 0.1%
- HC BUTYRATE SOL 0.1%
- HC VALERATE OIN 0.2%
- HEATHER TAB 0.35MG
- HEMLIBRA INJ 105/0.7
- HEMLIBRA INJ 150/ML
- HEMLIBRA INJ 30MG/ML
- HEMLIBRA INJ 60/0.4
- HEPARIN SOD INJ 20000/ML
- HEPARIN SOD INJ 5000/ML
- HIBERIX SOL 10MCG
- HUMATROPE INJ 12MG
- HUMATROPE INJ 24MG
- HUMATROPE INJ 5MG
- HUMATROPE INJ 6MG
- HUMATROPEN MIS FOR 12MG
- HUMATROPEN MIS FOR 24MG
- HUMATROPEN MIS FOR 6MG
- HUMIRA PEN INJ PS/UV
- HUMULIN INJ 70/30 (Novolin Covered)
- HUMULIN INJ 70/30KWP (Novolin Covered)
- HUMULIN N INJ U-100 (Novolin Covered)
- HUMULIN N INJ U-100KWP (Novolin Covered)
- HUMULIN R INJ U-100 (Novolin Covered)
- HYD POL/CPM SUS 10-8/5ML
- HYDROC/HOMAT TAB 5-1.5MG
- HYDROCO/APAP TAB 10-325MG
- HYDROCODONE TAB 100MG ER
- HYDROCODONE TAB 120MG ER
- HYDROCODONE TAB 20MG ER
- HYDROCODONE TAB 30MG ER
- HYDROCODONE TAB 40MG ER
- HYDROCODONE TAB 60MG ER
- HYDROCODONE TAB 80MG ER
- IDARUBICIN INJ 10/10ML
- IDARUBICIN INJ 20/20ML
- IDARUBICIN INJ 5MG/5ML
- IDHIFA TAB 100MG
- IDHIFA TAB 50MG
- IFOSFAMIDE INJ 1GM
- IFOSFAMIDE INJ 1GM/20ML
- IFOSFAMIDE INJ 3GM/60ML
- ILEVRO DRO 0.3% OP
- IMBRUVICA CAP 70MG (The 140MG CAP is covered with PA)
- IMBRUVICA TAB 140MG (The 140MG CAP is covered with PA)
- IMBRUVICA TAB 280MG (The 140MG CAP is covered with PA)
- IMBRUVICA TAB 420MG (The 140MG CAP is covered with PA)
- IMBRUVICA TAB 560MG (The 140MG CAP is covered with PA)
- IMIPRAM PAM CAP 100MG
- IMIPRAM PAM CAP 125MG
- IMIPRAM PAM CAP 150MG
- IMIPRAM PAM CAP 75MG
- INFANRIX INJ
- INLYTA TAB 1MG
- INLYTA TAB 5MG
- INSTA-GLUCOS GEL 77.4%
- INTRAROSA SUP 6.5MG
- INTROVALE TAB
- IPOL INJ INACTIVE
- IRINOTECAN INJ
- IRINOTECAN INJ 100/5ML
- IRINOTECAN INJ 40MG/2ML
- IRINOTECAN INJ 500MG/25
- ITRACONAZOLE SOL 10MG/ML
- IV PREP WIPE PAD
- JANTOVEN TAB 10MG
- JANTOVEN TAB 1MG
- JANTOVEN TAB 2.5MG
- JANTOVEN TAB 2MG
- JANTOVEN TAB 3MG
- JANTOVEN TAB 4MG
- JANTOVEN TAB 5MG

**REMOVING FROM
FORMULARY JANUARY 1,
2022 (Continued)**

- JANTOVEN TAB 6MG
- JANTOVEN TAB 7.5MG
- JOLESSA TAB
- JUBLIA SOL 10%
- JUNEL 1/20 TAB
- KADCYLA INJ 100MG
- KADCYLA INJ 160MG
- KALYDECO TAB 150MG
- KETO-DIASTIX TES
- KETOROLAC INJ 15MG/ML
- KETOROLAC INJ 30MG/ML
- KETOROLAC INJ 60MG/2ML
- KEYTRUDA INJ 100MG/4M
- KINRIX INJ
- KLOR-CON 10 TAB 10MEQ ER
- KLOR-CON 8 TAB 8MEQ ER
- KLOR-CON M15 TAB 15MEQ ER
- KLOR-CON M20 TAB 20MEQ ER
- KURVELO TAB 0.15/30
- LACTIC ACID LOT 10%
- LAMOTRIGINE KIT START 35
- LAMOTRIGINE KIT START 49
- LAMOTRIGINE KIT START 98
- LAMOTRIGINE TAB 100MG
- LAMOTRIGINE TAB 100MG ER
- LAMOTRIGINE TAB 200MG
- LAMOTRIGINE TAB 200MG ER
- LAMOTRIGINE TAB 250MG ER
- LAMOTRIGINE TAB 25MG ER
- LAMOTRIGINE TAB 25MG ODT
- LAMOTRIGINE TAB 300MG ER
- LAMOTRIGINE TAB 50MG ER
- LAMOTRIGINE TAB 50MG ODT
- LANCING DEVI MIS
- LANOXIN TAB 0.0625MG
- LARIN TAB 1.5/30
- LEUCOVOR CA INJ 100MG
- LEUCOVOR CA INJ 200MG
- LEUCOVOR CA INJ 350MG
- LEUCOVOR CA INJ 50MG
- LEUCOVORIN INJ CALCIUM
- LEVORA-28 TAB 0.15/30
- LEXIVA SUS 50MG/ML
- LIDO/PRILOCN KIT 2.5-2.5%
- LIDOCAINE SOL 4%
- LOPIN/RITON TAB 100-25MG
- LOPIN/RITON TAB 200-50MG
- LORATADINE CAP 10MG
- LORBRENA TAB 100MG
- LORBRENA TAB 25MG
- LOTRIMIN AF AER 2%
- LOTRIMIN ULT CRE 1%
- LUBIPROSTONE CAP 8MCG
- LUDENT CHW 1MG F
- MANNITOL INJ 20%
- MANNITOL INJ 25%
- MARLISSA TAB 0.15/30
- MATZIM LA TAB 180MG/24
- MATZIM LA TAB 240MG/24
- MATZIM LA TAB 300MG/24
- MATZIM LA TAB 360MG/24
- MATZIM LA TAB 420MG/24
- MAXIDEX SUS 0.1% OP
- MEDROL TAB 2MG
- MENACTRA INJ
- MENVEO INJ
- MESALAMINE CAP 400MG DR
- MESALAMINE KIT 4GM
- MESALAMINE SUP 1000MG
- MESALAMINE TAB 1.2GM
- MESNA INJ 1GM
- MESNEX TAB 400MG
- METHADONE CON 10MG/ML
- METHADONE TAB 40MG
- METHADOSE TAB 40MG
- METHLPHENIDA CHW 2.5MG
- METHOTREXATE INJ 1GM
- METHOTREXATE INJ 1GM/40ML
- METHOXSALEN CAP 10MG
- METHYLPHENID CAP 60MG LA
- METHYLPHENID CHW 10MG
- METHYLPHENID CHW 5MG
- METRONIDAZOL CAP 375MG
- METRONIDAZOL GEL 1%
- MICONAZOLE 1 KIT 1200-2%
- MICONAZOLE 3 SUP 200MG
- MICROGESTIN TAB 1.5/30
- MINITRAN DIS 0.1MG/HR
- MINITRAN DIS 0.2MG/HR
- MINITRAN DIS 0.4MG/HR
- MINOCYCLINE TAB 100MG
- MINOCYCLINE TAB 50MG
- MINOCYCLINE TAB 75MG
- MIRTAZAPINE TAB 15MG ODT
- MIRTAZAPINE TAB 30MG ODT
- MIRTAZAPINE TAB 45MG ODT
- MIRTAZAPINE TAB 7.5MG
- MITOMYCIN INJ 20MG
- MITOMYCIN INJ 40MG
- MITOMYCIN INJ 5MG
- MITOXANTRON INJ 2MG/ML
- M-M-R II INJ
- MONO-LINYAH TAB 0.25-35
- MONTELUKAST GRA 4MG
- MORGIDOX CAP 1X100MG
- MORPHINE SUL CAP 100MG ER (Tablets Covered)
- MORPHINE SUL CAP 10MG ER
- MORPHINE SUL CAP 120MG ER
- MORPHINE SUL CAP 20MG ER
- MORPHINE SUL CAP 30MG ER (Tablets Covered)
- MORPHINE SUL CAP 45MG ER
- MORPHINE SUL CAP 50MG ER
- MORPHINE SUL CAP 60MG ER (Tablets Covered)
- MORPHINE SUL CAP 75MG ER
- MORPHINE SUL CAP 80MG ER
- MORPHINE SUL CAP 90MG ER
- MORPHINE SUL SUP 10MG
- MORPHINE SUL SUP 20MG
- MORPHINE SUL SUP 30MG
- MORPHINE SUL SUP 5MG
- MOXIFLOXACIN SOL 0.5%
- MVC-FLUORIDE CHW 1MG
- MYCOPHENOLAT SUS 200MG/ML
- NAFRINSE CHW 1MG F
- NAFRINSE DRO 0.125MG
- NAFTIFINE CRE HCL 2%
- NALBUPHINE INJ 10MG/ML
- NALBUPHINE INJ 20MG/ML
- NALOXONE INJ 0.4MG/ML
- NAMENDA XR CAP TITRATIO

**REMOVING FROM
FORMULARY JANUARY 1,
2022 (Continued)**

- NECON TAB 0.5/35
- NEO/POLY/HC SUS OP
- NEULASTA INJ 6MG/0.6M (Ziextenzo Covered)
- NEULASTA KIT 6MG/0.6M (Ziextenzo Covered)
- NEXIUM 24HR TAB 20MG
- NEXIUM GRA 2.5MG DR
- NEXIUM GRA 5MG DR
- NEXTSTELLIS TAB 3-14.2MG
- NIACIN ER TAB 1000MG
- NIACIN ER TAB 750MG
- NICOTINE DIS 7MG/24HR
- NIPENT INJ 10MG
- NITRO-DUR DIS 0.3MG/HR
- NITRO-DUR DIS 0.8MG/HR
- NITROFUR MAC CAP 25MG
- NITROGLYCER DIS 0.6MG/HR
- NITROGLYCRN SPR 0.4MG
- NIVESTYM INJ 300/0.5
- NIVESTYM INJ 300MCG
- NIVESTYM INJ 480/0.8
- NIVESTYM INJ 480MCG
- NORA-BE TAB 0.35MG
- NORPACE CAP 100MG CR
- NORPACE CAP 150MG CR
- NORTRIPTYLIN SOL 10MG/5ML
- NORVIR POW 100MG
- NOVOFINE MIS 32GX6MM
- NOXAFIL SUS 40MG/ML
- NUBEQA TAB 300MG
- NUEDEXTA CAP 20-10MG
- NULEV TAB 0.125MG
- NYAMYC POW 100000
- OCELLA TAB 3-0.03MG
- OCTREOTIDE INJ 50MCG/ML
- OLANZAPINE TAB 10MG ODT
- OLANZAPINE TAB 15MG ODT
- OLANZAPINE TAB 20MG ODT
- OLANZAPINE TAB 5MG ODT
- OLM MED/AMLO TAB /HCTZ
- OMEPRA/BICAR CAP 20-1100
- OMEPRAZOLE TAB 20MG
- OMNIPOD KIT STARTER (Covered on Formulary Exception)
- OMNIPOD MIS 5 PACK (Covered on Formulary Exception)
- ONCASPAR INJ 750/ML
- ONDANSETRON TAB 24MG
- ORALONE DENT PST 0.1%
- ORFADIN SUS 4MG/ML
- ORILISSA TAB 150MG
- ORILISSA TAB 200MG
- ORKAMBI GRA 100-125
- ORKAMBI GRA 150-188
- ORKAMBI TAB 100-125
- ORKAMBI TAB 200-125
- ORPHENADRINE INJ 30MG/ML
- OSCIMIN SUB 0.125MG
- OSCIMIN TAB 0.125MG
- OSMITROL INJ 10%
- OSMITROL INJ 15%
- OSMITROL INJ 5%
- OVIDREL INJ
- OXALIPLATIN INJ 100/20ML
- OXALIPLATIN INJ 100MG
- OXALIPLATIN INJ 50/10ML
- OXALIPLATIN INJ 50MG
- OXYCOD/APAP TAB 5-325MG
- OXYCOD/ASA TAB
- OXYCODONE CAP 5MG (Tablet Covered)
- OXYCODONE CON 100/5ML
- PACERONE TAB 100MG
- PACERONE TAB 200MG
- PACLITAXEL INJ 100MG
- PACLITAXEL INJ 150/25ML
- PACLITAXEL INJ 300/50ML
- PACLITAXEL INJ 30MG/5ML
- PAMIDRONATE INJ 30/10ML
- PANDA MASK MIS PEDIATRI
- PARAPLATIN INJ 1000MG
- PAROXETIN ER TAB 12.5MG
- PAROXETIN ER TAB 37.5MG
- PAROXETINE TAB 25MG ER
- PAZEO DRO 0.7%
- PENTAMIDINE INJ 300MG
- PERIOGARD SOL 0.12%
- PHENYLEPHRIN SOL 10% OP
- PHENYLEPHRIN SOL 2.5% OP
- PHOTOFRIN INJ 75MG
- PIOGLIT/GLIM TAB 30-2MG
- PIOGLIT/GLIM TAB 30-4MG
- PIOGLITA/MET TAB 15-500MG
- PIOGLITA/MET TAB 15-850MG
- PIRMELLA TAB 1/35
- PIRMELLA TAB 7/7/7
- PLEGRIDY INJ
- PORTIA-28 TAB
- POSACONAZOLE TAB 100MG DR
- PRALUENT INJ 150MG/ML
- PRALUENT INJ 75MG/ML
- PRAMIPEXOLE TAB 0.375 ER
- PRAMIPEXOLE TAB 0.75 ER
- PRAMIPEXOLE TAB 1.5MG ER
- PRAMIPEXOLE TAB 2.25 ER
- PRAMIPEXOLE TAB 3.75 ER
- PRAMIPEXOLE TAB 3MG ER
- PRAMIPEXOLE TAB 4.5MG ER
- PRED MILD SUS 0.12% OP
- PRED SOD PHO SOL 1% OP
- PREDNISONE CON 5MG/ML
- PREGABALIN SOL 20MG/ML
- PREVALITE POW 4GM
- PREVIFEM TAB
- PRIMOSOL SOL 50MG/5ML
- PROCAINAMIDE INJ 100MG/ML
- PROCTO-PAK CRE 1%
- PROMETHAZINE SUP 25MG
- PROMETHEGAN SUP 12.5MG
- PROMETHEGAN SUP 25MG
- PROMETHEGAN SUP 50MG
- PROPAFENONE CAP 225MG ER
- PROPAFENONE CAP 325MG ER
- PROPAFENONE CAP 425MG ER
- PROPRAN/HCTZ TAB 40/25
- PROPRAN/HCTZ TAB 80/25
- PROQUAD INJ
- PYRIDOSTIGMI SOL 60MG/5ML
- PYRIDOSTIGMI TAB ER 180MG
- PYRIMETHAMIN TAB 25MG
- REMODULIN INJ 10MG/ML (Generic on formulary)
- REMODULIN INJ 1MG/ML (Generic on formulary)

**REMOVING FROM
FORMULARY JANUARY 1,
2022 (Continued)**

- REMODULIN INJ 2.5MG/ML
(Generic on formulary)
- REMODULIN INJ 5MG/ML
(Generic on formulary)
- REXULTI TAB 0.25MG
- REXULTI TAB 0.5MG
- REXULTI TAB 1MG
- REXULTI TAB 2MG
- REXULTI TAB 3MG
- REXULTI TAB 4MG
- REYATAZ POW 50MG
- RIFAMATE CAP
- RISEDRON SOD TAB 35MG
DR
- ROSADAN CRE 0.75%
- ROTARIX SUS
- ROTATEQ SOL
- RYDAPT CAP 25MG
- SANCUSO DIS 3.1MG
- SAPROPTERIN POW 100MG
- SAPROPTERIN POW 500MG
- SEVELAMER POW 0.8GM
- SEVELAMER POW 2.4GM
- SHARPS CONT MIS 2QUART
- SILDENAFIL INJ
- SIMPONI ARIA SOL
50MG/4ML
- SIRTURO TAB 20MG
- SM NICOTINE DIS 7MG/24HR
- SOD CHLORIDE INJ 0.45%
- SOD CHLORIDE INJ 0.9%
- SOD CHLORIDE INJ 2.5/ML
- SOD CHLORIDE INJ 3%
- SOD CHLORIDE INJ 5%
- SOD FLUORIDE TAB 1MG F
- SOD POLY SUL SUS 30/120ML
- SODIUM CHLOR NEB 10%
- SOMATULINE INJ 120/.5ML
- SOMATULINE INJ 60/0.2ML
- SOMATULINE INJ 90/0.3ML
- SOMAVERT INJ 25MG
- SOMAVERT INJ 30MG
- SORINE TAB 120MG
- SORINE TAB 160MG
- SORINE TAB 240MG
- SORINE TAB 80MG
- SOVALDI PAK 150MG
- SOVALDI PAK 200MG
- SOVALDI TAB 200MG
- SPRINTEC 28 TAB 28 DAY
- SPS SUS 15GM/60
- SSD CRE 1%
- SUBLOCADE INJ 100/0.5
- SUBLOCADE INJ 300/1.5
- SUCRAID SOL 8500/ML
- SULFACET SOD OIN 10% OP
- SUMATRIPTAN INJ 4MG/0.5
- SUMATRIPTAN INJ 6MG/0.5
- SUMATRIPTAN SPR
20MG/ACT
- SUMATRIPTAN SPR
5MG/ACT
- SUPRAX CHW 100MG
- SUPRAX CHW 200MG
- SUPRAX SUS 500/5ML
- SUTAB TAB
- SYEDA TAB 3-0.03MG
- SYMAX-SL SUB 0.125MG
- SYMDEKO TAB 100-150
- SYMDEKO TAB 50-75MG
- SYNERA DIS 70-70MG
- TADALAFIL TAB 2.5MG
- TADALAFIL TAB 5MG
- TALTZ INJ 80MG/ML
- TARGETD ACNE CRE 2.5%
- TAZICEF INJ 1GM
- TAZTIA XT CAP 120MG/24
- TAZTIA XT CAP 180MG/24
- TAZTIA XT CAP 240MG/24
- TAZTIA XT CAP 300MG ER
- TAZTIA XT CAP 360MG/24
- TELMIS/AMLOD TAB 40-
10MG
- TELMIS/AMLOD TAB 40-5MG
- TELMIS/AMLOD TAB 80-
10MG
- TELMIS/AMLOD TAB 80-5MG
- TELMISA/HCTZ TAB 40-12.5
- TELMISA/HCTZ TAB 80-12.5
- TELMISA/HCTZ TAB 80-
25MG
- TEMAZEPAM CAP 22.5MG
- TEMAZEPAM CAP 7.5MG
- TEMODAR INJ 100MG
- TENIPOSIDE INJ 50MG/5ML
- TESTOSTERONE GEL
1%(25MG)
- TESTOSTERONE GEL
10MG/ACT
- TICE BCG INJ
- TOBRADEX ST SUS 0.3-0.05
- TOBRAMYCIN NEB 300/4ML
- TOLTERODINE CAP 2MG ER
- TOLTERODINE CAP 4MG ER
- TOPOSAR INJ 100/5ML
- TOPOSAR INJ 1GM/50ML
- TOPOSAR INJ 500/25ML
- TOPOTECAN INJ 4MG
- TRANDO/VERAP TAB 1-240
ER
- TRANDO/VERAP TAB 2-180
ER
- TRANDO/VERAP TAB 2-240
ER
- TRANDO/VERAP TAB 4-240
ER
- TRANEX ACID INJ 100MG/ML
- TRAZODONE TAB 300MG
- TRETINOIN GEL 0.025%
- TRETINOIN GEL 0.05%
- TRIDERM CRE 0.1%
- TRIKAFTA TAB
- TRI-LINYAH TAB
- TRI-SPRINTEC TAB
- TROGARZO INJ 150MG/ML
- TRUMENBA INJ
- TUKYSA TAB 150MG
- TUKYSA TAB 50MG
- TUZISTRA XR SUS
- TYBLUME CHW 0.1-0.02
- TYVASO START SOL
0.6MG/ML
- UDENYCA INJ 6MG/.6ML
- UNITHROID TAB 100MCG
- UNITHROID TAB 112MCG
- UNITHROID TAB 125MCG
- UNITHROID TAB 200MCG
- UNITHROID TAB 25MCG
- UNITHROID TAB 300MCG
- UNITHROID TAB 50MCG
- UNITHROID TAB 75MCG
- UNITHROID TAB 88MCG
- URINARY PAIN TAB 95MG
- VANCOMYCIN CAP 125MG
- VANCOMYCIN CAP 250MG
- VANDAZOLE GEL 0.75%
- VARIVAX INJ
- VARUBI TAB 90MG
- VASCEPA CAP 0.5GM
- VASCEPA CAP 1GM
- VAXELIS INJ
- VENCLEXTA TAB 100MG
- VENCLEXTA TAB 10MG
- VENCLEXTA TAB 50MG
- VENCLEXTA TAB START PK
- VENLAFAXINE TAB 150MG
ER
- VENLAFAXINE TAB 37.5 ER

**REMOVING FROM
FORMULARY JANUARY 1,
2022 (Continued)**

- VENLAFAXINE TAB 75MG ER
- VERAPAMIL CAP 200MG ER
- V-GO 20 KIT (Covered with formulary exception)
- V-GO 20 KIT (Covered with formulary exception)
- V-GO 20 KIT (Covered with formulary exception)
- VIDEX SOL 2GM
- VINBLASTINE INJ 1MG/ML
- VINCRISTINE INJ 1MG/ML
- VINORELBINE INJ 10MG/ML
- VINORELBINE INJ 50MG/5ML
- VIOKACE TAB 10440
- VIOKACE TAB 20880
- VIREAD POW 40MG/GM
- VIREAD TAB 150MG
- VIREAD TAB 200MG
- VIREAD TAB 250MG
- VISTOGARD PAK 10GM
- VIT A/C/D/FL DRO 0.25MG
- VITRAKVI CAP 100MG
- VITRAKVI CAP 25MG
- VITRAKVI SOL 20MG/ML
- VORICONAZOLE SUS 40MG/ML
- VYVANSE CHW 10MG
- VYVANSE CHW 20MG
- VYVANSE CHW 30MG
- VYVANSE CHW 40MG
- VYVANSE CHW 50MG
- VYVANSE CHW 60MG
- WERA TAB 0.5/35
- WESTAB MAX TAB 2.5-25-2
- XTAMPZA ER CAP 13.5MG
- XTAMPZA ER CAP 18MG
- XTAMPZA ER CAP 27MG
- XTAMPZA ER CAP 36MG
- XTAMPZA ER CAP 9MG
- YONSA TAB 125MG
- ZARAH TAB 3-0.03MG
- ZELBORAF TAB 240MG
- ZENZEDI TAB 15MG
- ZENZEDI TAB 2.5MG
- ZENZEDI TAB 20MG
- ZENZEDI TAB 30MG
- ZENZEDI TAB 7.5MG
- ZOLEDRONIC INJ 4MG/5ML
- ZOLEDRONIC INJ 5/100ML

- ZOLPIDEM ER TAB 12.5MG
- ZOLPIDEM ER TAB 6.25MG
- ZUBSOLV SUB 0.7-0.18
- ZUBSOLV SUB 1.4-0.36
- ZUBSOLV SUB 11.4-2.9
- ZUBSOLV SUB 2.9-0.71
- ZUBSOLV SUB 5.7-1.4
- ZUBSOLV SUB 8.6-2.1
- ZYKADIA TAB 150MG
- ZYRTEC ALLGY CAP 10MG

**ADDING TO FORMULARY
JANUARY 1, 2022**

- 3 DAY VAGNAL CRE 4%
- 3ML SYRINGE MIS REG TIP
- ABILIFY MAIN INJ 300MG
- ABILIFY MAIN INJ 400MG
- ABREVA CRE 10%
- ACETAMIN SUP 120MG
- ACETAMIN SUP 650MG
- ACETAMIN TAB 500MG
- ACETAMINOPHE TAB 650MG ER
- ACETIC ACID SOL 0.25%IRR
- ACID GONE SUS
- ACTEMRA INJ ACTPEN
- ACTIMMUNE INJ 2MU/0.5
- ACYCLOVIR OIN 5%
- ADAPALENE LOT 0.1%
- ADMELOG INJ 100U/ML
- ADMELOG SOLO INJ 100U/ML
- ADULT MASK MIS LARGE
- ADVIL JR ST TAB 100MG
- AFREZZA POW 12 UNIT
- AFREZZA POW 4-8 UNIT
- AFREZZA POW 4-8-12
- AFREZZA POW 4UNIT
- AFREZZA POW 8 UNIT
- AFREZZA POW 8-12UNIT
- ALBENDAZOLE TAB 200MG
- ALBUTEROL AER HFA
- ALCOHOL PREP PAD MED 70%
- ALENDRONATE TAB 40MG
- ALER-DRYL TAB 50MG
- ALLERGY CHLD LIQ 12.5/5ML
- ALLERGY D TAB 5-120MG
- ALMACONE DBL SUS STRENGTH
- ALMACONE SUS
- ALOG/PIOGLIT TAB 12.5-15

- ALOG/PIOGLIT TAB 12.5-30
- ALOG/PIOGLIT TAB 12.5-45
- ALOG/PIOGLIT TAB 25-15MG
- ALOG/PIOGLIT TAB 25-30MG
- ALOG/PIOGLIT TAB 25-45MG
- ALPHANINE SD INJ 1500UNIT
- ALPHANINE SD INJ 500UNIT
- ALREX SUS 0.2%
- ALTABAX OIN 1%
- AMINOCAPR AC TAB 1000MG
- AMINOCAPR AC TAB 500MG
- AMINOPHYLLIN INJ 25MG/ML
- AMPHETAMI ER SUS 1.25/ML
- ANADROL-50 TAB 50MG
- ANDROXY TAB 10MG
- ANIMAL SHAPE CHW IRON
- ANTACID EXTR CHW 675-135
- ANTACID SUS
- ANTI-DANDRUF SHA 1%
- ANTI-DIARRHE LIQ 1MG/5ML
- ANZEMET TAB 100MG
- ANZEMET TAB 50MG
- APAP ELX 160/5ML
- APAP MELT TAB 80MG
- APAP MELTS TAB 160MG
- APEXICON E CRE 0.05%
- APIDRA INJ SOLOSTAR
- APIDRA INJ U-100
- AQUADEKS DRO
- ARCALYST INJ 220MG
- ARCAPTA CAP 75MCG
- ARMOUR THYRO TAB 120MG
- ARMOUR THYRO TAB 15MG
- ARMOUR THYRO TAB 180MG
- ARMOUR THYRO TAB 240MG
- ARMOUR THYRO TAB 300MG
- ARMOUR THYRO TAB 30MG
- ARMOUR THYRO TAB 60MG
- ARMOUR THYRO TAB 90MG
- ARTIFI TEARS OIN OP
- ARTIFI TEARS SOL 1.4% OP
- ARTIFICIAL SOL TEARS
- ASMANEX 120 AER 220MCG
- ASMANEX 14 AER 220MCG
- ASMANEX 30 AER 110MCG
- ASMANEX 30 AER 220MCG
- ASMANEX 60 AER 220MCG

**ADDING TO FORMULARY
JANUARY 1, 2022 (Continued)**

- ASMANEX 7 AER 110MCG
- ASMANEX HFA AER 100 MCG
- ASMANEX HFA AER 200 MCG
- ASMANEX HFA AER 50MCG
- ASPIRIN TAB 325MG EC
- ATROPINE SUL INJ 0.05MG/1
- ATROPINE SUL INJ 0.1MG/ML
- ATROVENT HFA AER 17MCG
- AUGMENTIN SUS 125/5ML
- AVANDIA TAB 2MG
- AVANDIA TAB 4MG
- AVONEX KIT 30MCG
- AVSOLA INJ 100MG
- AZOPT SUS 1% OP
- B-1 TAB 100MG
- BACITR ZINC OIN 500/GM
- BAQSIMI ONE POW 3MG/DOSE
- BASAGLAR INJ 100UNIT
- BD U-500 MIS 31GX6MM
- BE WELL PAK ROUNDED
- BENZNIDAZOLE TAB 100MG
- BENZNIDAZOLE TAB 12.5MG
- BERINERT INJ 500UNIT
- BIMATOPROST SOL 0.03%
- BISMATROL SUS 262/15ML
- BOTOX INJ 100UNIT
- BOTOX INJ 200UNIT
- BP CLEANSING EMU 10-4%
- BPROTECTED SOL TRI-VITE
- BRAINSTRONG MIS PRENATAL
- BREZTRI AERO AER SPHERE
- BROTAPP DM LIQ 15-1-5/5
- BROVANA NEB 15MCG
- BRUKINSA CAP 80MG
- BUT/APAP/CAF CAP CODEINE
- BYVALSON TAB 5-80MG
- C/ROSE HIPS TAB 500MG
- CA CIT/VIT D TAB 315/200
- CA/MG/ZN TAB
- CAFFEINE CIT SOL 60MG/3ML
- CALC ANTACID CHW 500MG
- CALC CIT+D3 TAB 250-200
- CALC CITR+D TAB 315-250
- CALCIP/BETAM SUS
- CALCIPOTRIEN OIN 0.005%
- CALCITRATE TAB 950MG
- CALCIUM + D3 TAB 600MG
- CALCIUM 500 TAB +D
- CALCIUM 600 CHW +D/MINER
- CALCIUM 600 CHW W/VIT D
- CALCIUM 600 TAB
- CALCIUM CARB SUS 1250/5ML
- CALCIUM CHW
- CALCIUM CITR TAB 200MG
- CALCIUM PLUS CAP D3
- CALCIUM TAB 500MG
- CALCIUM TAB 600MG
- CALCIUM/D CHW 500-400
- CALCIUM/D TAB 500MG
- CALCIUM/D TAB 600-400
- CALCIUM/D TAB 600MG
- CALCIUM/D3 TAB
- CALCIUM/D3 TAB 600-800
- CALNA TAB
- CALTRATE 600 CHW 600-800
- CAPASTAT SUL INJ 1GM
- CAPSAICIN CRE 0.1%
- CARBINOXAMIN SOL 4MG/5ML
- CARIMUNE NF INJ 12GM
- CARISOPRODOL TAB ASA/COD
- CDP/AMITRIP TAB 10-25MG
- CDP/AMITRIP TAB 5-12.5MG
- CEFAZOLIN INJ 10GM
- CEFAZOLIN INJ 1GM
- CEFAZOLIN INJ 20GM
- CEFAZOLIN INJ 500MG
- CELECOXIB CAP 400MG
- CENTRUM SPEC PAK PRENATAL
- CESAMET CAP 1MG
- CHEST CONGES TAB 400MG
- CHEWABL VITE CHW CHILDRENS
- CHILD SILFED LIQ 15MG/5ML
- CHILDRENS CHW PEPTO
- CHLOR GLUC LIQ 4%
- CHLORDIAZEP CAP 10MG
- CHLORDIAZEP CAP 25MG
- CHLORDIAZEP CAP 5MG
- CHLORPHEN SR TAB 12MG
- CHLORPROPAM TAB 100MG
- CHLORPROPAM TAB 250MG
- CIMZIA KIT 200MG
- CIMZIA PREFL KIT 200MG/ML
- CIMZIA START KIT 200MG/ML
- CIPRO HC SUS OTIC
- CIT CALC/D TAB 200-250
- CLINDAMYCIN GEL TRETINOI
- CLONIDINE TAB 0.1MG ER
- CLOTRIMAZOLE CRE 1%
- CLOTRIMAZOLE CRE 3 DAY
- CLR SOLUBLE POW FIBER
- COLD & COUGH LIQ 6.25-2.5
- COLESEVELAM PAK 3.75
- COLESEVELAM TAB 625MG
- COMBIVENT AER 20-100
- COMPLERA TAB
- CO-NATAL FA TAB 29-1MG
- CORDRAN 80X3 TAP 4MCG/CM
- CORLANOR SOL 5MG/5ML
- CORLANOR TAB 5MG
- CORLANOR TAB 7.5MG
- CORTISONE LOT 1%
- CORTISPORIN OIN 1%
- CORTIZONE-10 CRE PLUS
- CORTIZONE-10 GEL 1%
- COUMADIN TAB 10MG
- COUMADIN TAB 1MG
- COUMADIN TAB 2.5MG
- COUMADIN TAB 2MG
- COUMADIN TAB 3MG
- COUMADIN TAB 4MG
- COUMADIN TAB 5MG
- COUMADIN TAB 6MG
- COUMADIN TAB 7.5MG
- CROMOLYN SOD SPR 5.2/ACT
- CUVITRU INJ 4GM/20ML
- CUVITRU SOL 10GM/50M
- CUVITRU SOL 1GM/5ML
- CVD D3 CHW 1000UNIT
- CVS ANTACID SUS SUPREME
- CVS B-12 SUB 500MCG
- CVS BISMUTH SUS MAX STR
- CVS DRY EYE DRO RELIEF
- CVS GAS RELF CHW 125MG
- CVS GAS RELF DRO EX ST
- CVS IBUPROF DRO 50/1.25
- CVS LAXATIVE CHW 15MG
- CVS LUBRICNT DRO 0.5% OP
- CVS NASAL SPR 0.05%
- CVS NATURAL POW FIBER
- CVS NATURAL SOL TEARS

**ADDING TO FORMULARY
JANUARY 1, 2022 (Continued)**

- CVS PINWORM SUS 50MG/ML
- CVS PRENATAL CHW GUMMY
- CVS VIT B-12 TAB 1000 TR
- CYCLOPENTOL SOL 1% OP
- CYCLOSPORINE CAP 100MG
- CYCLOSPORINE CAP 25MG
- D 1000 CAP 1000UNIT
- D3 MAX ST DRO 5000UNIT
- DAILY FIBER POW 48.57%
- DAILY VITE TAB
- DAKLINZA TAB 30MG
- DAKLINZA TAB 60MG
- DAPTOMYCIN INJ 500MG
- DECONGESTANT TAB 120MG ER
- DEFERASIROX TAB 125MG
- DEFERASIROX TAB 250MG
- DEFERASIROX TAB 500MG
- DELSTRIGO TAB
- DERMACERIN CRE
- DESOXIMETAS OIN 0.05%
- DEXAMETH PHO INJ 10MG/ML
- DIABET TUSS SYP ALLERGY
- DIABETIC TUS LIQ MAX ST
- DIACOMIT CAP 250MG
- DIACOMIT CAP 500MG
- DIACOMIT PAK 250MG
- DIACOMIT PAK 500MG
- DIAZEPAM GEL 10MG
- DIAZEPAM GEL 2.5MG
- DIAZEPAM GEL 20MG
- DIAZOXIDE SUS 50MG/ML
- DIBUCAINE OIN 1%
- DIFFERIN GEL 0.1%
- DILANTIN CAP 100MG
- DILANTIN CAP 30MG
- DIPHENHYDRAM CAP 50MG
- DIPHENHYDRAM TAB 25MG
- DIPHENHYDRAM TAB 50MG
- DOCUSATE SOD CAP 250MG
- DOCUSOL PLUS ENE 20-283
- DOK TAB 100MG
- DOUBLE ANTIB OIN
- DOXERCALCIF INJ 4MCG/2ML
- D-PENAMINE TAB 125MG
- DRITHO-CREME CRE HP 1%
- DROXIDOPA CAP 100MG
- DROXIDOPA CAP 200MG
- DROXIDOPA CAP 300MG
- DRY SOL 20%
- DUPIXENT INJ 200/1.14
- DUPIXENT INJ 300/2ML
- EAR DROPS SOL 6.5% OT
- EAR DRYING DRO 95-5%
- EASY FIBER POW
- EASY NEB MIS
- ELECTROLYTE SOL
- ELURYNG MIS
- EMADINE SOL 0.05% OP
- EMBEDA CAP 100-4MG
- EMBEDA CAP 20-0.8MG
- EMBEDA CAP 30-1.2MG
- EMBEDA CAP 50-2MG
- EMBEDA CAP 60-2.4MG
- EMBEDA CAP 80-3.2MG
- ENEMA READY- ENE -TO-USE
- ENFAMIL MIS EXPECTA
- EPIPEN 2-PAK INJ 0.3MG
- EPIPEN-JR INJ 0.15MG
- EPOGEN INJ 10000/ML
- EPOGEN INJ 20000/ML
- EPOGEN INJ 3000/ML
- EPOGEN INJ 4000/ML
- EQ CHLORTABS TAB 4MG
- ERGOMAR SUB 2MG
- ESTAZOLAM TAB 1MG
- ESTAZOLAM TAB 2MG
- ETIDRON DISD TAB 200MG
- ETIDRON DISD TAB 400MG
- EUFLEXXA INJ 10MG/ML
- EXELDERM SOL 1%
- EXTAVIA INJ 0.3MG
- EZFE FORTE CAP
- FALESSA KIT
- FAMOTIDINE TAB 10MG
- FANAPT PAK
- FANAPT TAB 10MG
- FANAPT TAB 12MG
- FANAPT TAB 1MG
- FANAPT TAB 2MG
- FANAPT TAB 4MG
- FANAPT TAB 6MG
- FANAPT TAB 8MG
- FE GLUCONATE TAB 239MG
- FENOFIBRIC CAP 135MG DR
- FENOFIBRIC CAP 45MG DR
- FENOFIBRIC TAB 35MG
- FERATE TAB 27MG
- FERRETT'S TAB 325MG
- FERREX 150 CAP FORTE
- FERROUS FUM TAB 324MG
- FERROUS GLUC TAB 324MG
- FERROUS SUL LIQ 220/5ML
- FERROUS SULF DRO 15MG/ML
- FERROUS SULF ELX 220/5ML
- FERROUS SULF TAB 324MG EC
- FERROUS SULF TAB 325MG
- FERROUS SULF TAB 325MG EC
- FEVERALL INF SUP 80MG
- FEVERALL SUP 325MG
- FIBER LAXTIV CAP 0.52GM
- FIBER TAB 625MG
- FIBER THERAP TAB 500MG
- FIRMAGON INJ 80MG
- FIRST-OMEPRAS SUS 2MG/ML
- FIRVANQ SOL 25MG/ML
- FIRVANQ SOL 50MG/ML
- FISH OIL CAP 1000MG
- FISH OIL CAP 1200MG
- FISH OIL CAP 500MG
- FLEBOGAMMA INJ DIF 5%
- FLOVENT HFA AER 110MCG
- FLOVENT HFA AER 44MCG
- FLUCYTOSINE CAP 250MG
- FLUCYTOSINE CAP 500MG
- FLUOCINONIDE CRE E 0.05%
- FLUOROMETHOL SUS 0.1% OP
- FLUPHENAZ DE INJ 25MG/ML
- FLUPHENAZINE INJ 2.5MG/ML
- FLURANDRENOL CRE 0.05%
- FLURANDRENOL LOT 0.05%
- FLURAZEPAM CAP 15MG
- FLURAZEPAM CAP 30MG
- FOAM ANTACID CHW 80-20MG
- FOLBEE PLUS TAB
- FORTEO INJ 620/2.48
- FREESTY LIBR KIT 2 SENSOR
- FREESTY LIBR MIS 2 READER
- FREESTYLE KIT SENSOR
- FREESTYLE MIS READER
- GAMASTAN INJ
- GAMMAGARD INJ 1GM/10ML
- GAMMAGARD SD INJ 10GM HU
- GAS RELIEF CAP 125MG
- GAS RELIEF DRO 20/0.3ML

**ADDING TO FORMULARY
JANUARY 1, 2022 (Continued)**

- GENTEAL TEAR OIN NT-TIME
- GENTLE LAXAT SUP 10MG
- GILOTRIF TAB 20MG
- GILOTRIF TAB 30MG
- GILOTRIF TAB 40MG
- GLUCAGEN INJ HYPOKIT
- GLYB/METFORM TAB 1.25-250
- GLYB/METFORM TAB 2.5-500
- GLYB/METFORM TAB 5-500MG
- GLYBURID MCR TAB 1.5MG
- GLYBURID MCR TAB 3MG
- GLYBURID MCR TAB 6MG
- GLYBURIDE TAB 1.25MG
- GLYBURIDE TAB 2.5MG
- GLYBURIDE TAB 5MG
- GLYCERIN SUP 2GM
- GNP ALLERGY CHW 12.5MG
- GNP ANTACID CHW 1000MG
- GNP CALCIUM TAB 500/D
- GNP DAYHIST TAB 1.34MG
- GNP GLUCOSE CHW ORANGE
- GNP GLYCERIN SUP 1.2GM
- GNP GLYCERIN SUP 2.1GM
- GNP MUCUS ER TAB 600MG
- GUAIFENESIN LIQ 100/5ML
- GUAIFENESIN TAB 200MG
- HALCINONIDE CRE 0.1%
- HALOG OIN 0.1%
- HALOPERIDOL INJ 5MG/ML
- HC/ALOE CRE 0.5%
- HEARTBRN RLF CHW 160-105
- HELIXATE FS INJ 2000UNIT
- HELIXATE FS INJ 3000UNIT
- HELIXATE FS INJ 500UNIT
- HEPLISAV-B INJ 20MCG
- HERZUMA INJ 150MG
- HERZUMA INJ 420MG
- HETLIOZ CAP 20MG
- HIZENTRA INJ 10/50ML
- HIZENTRA INJ 1GM/5ML
- HIZENTRA INJ 2GM/10ML
- HIZENTRA INJ 4GM/20ML
- HIZENTRA SOL 20%
- HM FISH OIL CAP 1000MG
- HUMALOG INJ 100/ML
- HUMALOG JR INJ 100/ML
- HUMALOG KWIK INJ 100/ML
- HUMALOG MIX INJ 50/50
- HUMALOG MIX INJ 50/50KWP
- HUMALOG MIX INJ 75/25KWP
- HUMALOG MIX SUS 75/25
- HYDROCOD/IBU TAB 7.5-200
- HYDROCORT CRE 0.5%
- HYDROCORT OIN 0.5%
- HYDROCORTISO OIN ABSORBAS
- HYDROPHOR OIN
- HYDROXY CAPR INJ 1.25/5ML
- HYDROXYPROG INJ 250MG/ML
- HYOSCYAMINE DRO 0.125/ML
- HYOSCYAMINE TAB 0.375 SR
- HYOSYNE ELX 0.125/5
- HYSINGLA ER TAB 100 MG
- HYSINGLA ER TAB 120 MG
- HYSINGLA ER TAB 20 MG
- HYSINGLA ER TAB 30 MG
- HYSINGLA ER TAB 40 MG
- HYSINGLA ER TAB 60 MG
- HYSINGLA ER TAB 80 MG
- IBUPROFEN IB CHW 100MG
- IMIPENEM/CIL INJ 500MG
- INATAL GT TAB
- INDOMETHACIN CAP 25MG
- INDOMETHACIN CAP 50MG
- INFLECTRA INJ 100MG
- INSULIN ASPA INJ 100/ML
- INSULIN ASPA INJ 70/30
- INSULIN ASPA INJ FLEXPEN
- INSULIN ASPA INJ PENFILL
- INSULIN LISP INJ 100/ML
- INVEGA SUST INJ 117/0.75
- INVEGA SUST INJ 156MG/ML
- INVEGA SUST INJ 234/1.5
- INVEGA SUST INJ 39/0.25
- INVEGA SUST INJ 78/0.5ML
- INVEGA TRINZ INJ 273MG
- INVEGA TRINZ INJ 410MG
- INVEGA TRINZ INJ 546MG
- INVEGA TRINZ INJ 819MG
- IRON CHW PEDIATRI
- IRON TAB 45MG
- JENTADUETO TAB 2.5-1000
- JENTADUETO TAB 2.5-500
- JENTADUETO TAB 2.5-850
- JULUCA TAB 50-25MG
- K CITRATE SOL CITR ACD
- KANJINTI INJ 420MG
- KANJINTI SOL 150MG
- KETOCONAZOLE TAB 200MG
- KINERET INJ
- KISQALI 200 PAK FEMARA
- KISQALI 400 PAK FEMARA
- KISQALI 600 PAK FEMARA
- KOGENATE FS INJ 1000UNIT
- KOGENATE FS INJ 2000UNIT
- KOGENATE FS INJ 250UNIT
- KOGENATE FS INJ 3000UNIT
- KONSYL DAILY POW 100%
- KONSYL DAILY POW 28.3%
- KONSYL POW 30.9%
- KONSYL-D POW 52.3%
- KPN PRENATAL TAB
- LANACORT 10 CRE 1%
- LAND BFR TIM CHW VIT/C
- LANOXIN TAB 0.125MG
- LANOXIN TAB 0.25MG
- LANSOPR/AMOX MIS /CLARITH
- LANTHANUM CHW 1000MG
- LANTHANUM CHW 500MG
- LANTHANUM CHW 750MG
- LEDIP-SOFOSB TAB 90-400MG
- LEVOCARNITIN SOL 1GM/10ML
- LEVOCARNITIN TAB 330MG
- LICE KILLING SHA 0.33-4%
- LICE TRTMNT LIQ
- LIDOCAINE CRE 4%
- LIDOCAINE PAD 5%
- LIOTHYRONINE INJ 10MCG/ML
- LIQ CA/VIT D CAP 600MG
- LONSURF TAB 15-6.14
- LONSURF TAB 20-8.19
- LOPERAMIDE SUS 1MG/7.5
- LORATADINE-D TAB 10-240MG
- LORATADINE-D TAB 5-120MG
- LOTEMAX GEL 0.5%
- LOTEMAX OIN 0.5%
- LUBRICATING DRO 0.5%
- LUBRICNT EYE DRO
- LUBRICNT EYE DRO 0.4-0.3%
- LULICONAZOLE CRE 1%
- LUPRON DEPOT INJ 11.25MG
- LUPRON DEPOT INJ 22.5MG
- LUPRON DEPOT INJ 3.75MG

**ADDING TO FORMULARY
JANUARY 1, 2022 (Continued)**

- LUPRON DEPOT INJ 7.5MG
- MAFENIDE ACE PAK 5%
- MAG CITRATE SOL LEMON
- MAG OXIDE CAP 500MG
- MAG OXIDE TAB 400MG
- MAG64 TAB 64MG
- MAGDELAY TAB 64MG
- MAGDELAY TAB 70MG
- MAG-G TAB 500MG
- MAGNESIUM GL TAB 500MG
- MAGNESIUM SU INJ 50%
- MAGNESIUM TAB 250MG
- MAGNESIUM TAB 500MG
- MAGNESIUM-OX TAB 400MG
- MAOX TAB 420MG
- MAPAP LIQ 160/5ML
- MAPAP TAB 325MG
- MAYZENT TAB 0.25MG
- MAYZENT TAB 2MG
- MEDI-LAXX CAP 8.6-50MG
- MEDI-PROFEN CAP 200MG
- MELATONIN CAP 3MG
- MELATONIN CAP 5MG
- MELATONIN LIQ 1MG/4ML
- MELATONIN TAB 10MG CR
- MELATONIN TAB 1-10MG
- MELATONIN TAB 300MCG
- MELATONIN TAB 3MG
- MELATONIN TAB 5MG
- MELATONIN TR TAB /VIT-B6
- MELATONIN/ TAB VIT B-6
- MEPERIDINE SOL 50MG/5ML
- MEPERIDINE TAB 100MG
- MEPERIDINE TAB 50MG
- MEROPENEM INJ 500MG
- METAMUCIL POW 28%ORG
- METAMUCIL POW 58.12%
- METAMUCIL WAF
- METAPROTEREN TAB 10MG
- METAPROTEREN TAB 20MG
- METHITEST TAB 10MG
- METHYCLOTHIA TAB 5MG
- METHYLERGON TAB 0.2MG
- METHYLPHENID TAB 18MG ER
- METHYLPHENID TAB 27MG ER
- METHYLPHENID TAB 36MG ER
- METHYLPHENID TAB 54MG ER
- METHYPHENID CAP 10MG ER
- METOCLOPRAM INJ 10MG/2ML
- METOCLOPRAM INJ 5MG/ML
- MI-ACID CHW
- MICONAZOLE 7 SUP 100MG
- MIGLUSTAT CAP 100MG
- MILK OF MAGN SUS
- MILK OF MAGN SUS 2400MG
- MINERAL OIL
- MINERAL OIL ENE
- MINTOX PLUS CHW
- MONISTAT 7 KIT COMBO PK
- MONOCLATE-P INJ 1000UNIT
- MOTION SICK CHW 25MG
- MOTION SICK TAB 50MG
- MUCUS RELIEF TAB 60-600MG
- MUCUS-DM TAB 30-600MG
- MULT VITAM DRO
- MULTI-DELYN LIQ
- MULTIVITAMIN DRO /IRON
- MULTIVITAMIN LIQ MINERAL
- MV-ONE CAP
- MVW COMPLETE CHW ORANGE
- MYNATAL CAP
- MYNATAL TAB
- MYNATE 90 TAB PLUS
- MYRBETRIQ TAB 25MG
- MYRBETRIQ TAB 50MG
- NAFCILLIN INJ 10GM
- NAFTIFINE GEL 1%
- NAFTIN GEL 2%
- NAPROXEN DR TAB 375MG
- NAPROXEN DR TAB 500MG
- NAPROXEN SOD TAB 220MG
- NAPROXEN SUS 125/5ML
- NASAL DECON SYP 30MG/5ML
- NASAL DECONG LIQ 30MG/5ML
- NASAL DECONG TAB 10MG
- NASAL DECONG TAB 30MG
- NAT FIBER POW 58.6%
- NAT VEG LAX TAB 8.6MG
- NATALVIT TAB 75-1MG
- NATURE THROI TAB 162.5MG
- NATURE-THROI TAB 113.75MG
- NATURE-THROI TAB 130MG
- NATURE-THROI TAB 146.25MG
- NATURE-THROI TAB 16.25MG
- NATURE-THROI TAB 195MG
- NATURE-THROI TAB 260MG
- NATURE-THROI TAB 32.5MG
- NATURE-THROI TAB 325MG
- NATURE-THROI TAB 48.75MG
- NATURE-THROI TAB 65MG
- NATURE-THROI TAB 97.5MG
- NATURL FIBER POW 28.3%
- NAUSEA LIQ RELIEF
- NEO/BAC/POLY OIN OP
- NEORAL CAP 100MG
- NEORAL CAP 25MG
- NESTABS TAB
- NEUPRO DIS 1MG/24HR
- NEUPRO DIS 2MG/24HR
- NEUPRO DIS 3MG/24HR
- NEUPRO DIS 4MG/24HR
- NEUPRO DIS 6MG/24HR
- NEUPRO DIS 8MG/24HR
- NEXLETOL TAB 180MG
- NEXLIZET TAB 180/10MG
- NIACIN CAP 500MG
- NIACIN ER CAP 250MG
- NIACIN ER CAP 500MG
- NIACIN TAB 100MG
- NIACIN TAB 250MG
- NIACIN TAB 250MG PR
- NIACIN TAB 500MG
- NIACIN TAB 500MG TR
- NIACIN TAB 50MG
- NIACIN TAB 750MG TR
- NIACINAMIDE TAB 500MG
- NIACOR TAB 500MG
- NICOTINE SYS KIT TRANSDER
- NIFEDIPINE CAP 10MG
- NIFEDIPINE CAP 20MG
- NITROFURANTN SUS 25MG/5ML
- NON-ASPIRIN CHW 160MG JR
- NORTEMP SUS INFANTS
- NOVOLIN INJ 70/30
- NOVOLIN INJ 70/30 FP
- NOVOLIN N INJ U-100
- NOVOLIN R INJ U-100
- NP THYROID TAB 120MG
- NP THYROID TAB 15MG
- NP THYROID TAB 30MG
- NP THYROID TAB 60MG

**ADDING TO FORMULARY
JANUARY 1, 2022 (Continued)**

- NP THYROID TAB 90MG
- NUTRIENTS TAB PRENATAL
- O-CAL TAB PRENATAL
- OCTAGAM INJ 5GM
- OCTREOTIDE INJ 50MCG/ML
- OCUVITE TAB LUTEIN
- OFEV CAP 100MG
- OFEV CAP 150MG
- OGIVRI INJ 150MG
- OGIVRI INJ 420MG
- OMEGA-3 CAP 1200MG
- OMEGA-3 FISH CAP 300MG
- OMEPRAZOLE TAB 20MG DR
- OMNITROPE INJ 10/1.5ML
- OMNITROPE INJ 5.8MG
- OMNITROPE INJ 5/1.5ML
- ONDANSETRON INJ 4MG/2ML
- ONE A DAY MIS PRENATAL
- ONTRUZANT INJ 150MG
- ONTRUZANT INJ 420MG
- ORAVIG TAB 50MG
- ORENCIA CLCK INJ 125MG/ML
- ORENCIA INJ 125MG/ML
- ORENCIA INJ 250MG
- ORENCIA INJ 50/0.4ML
- ORENCIA INJ 87.5/0.7
- OXANDROLONE TAB 10MG
- OXANDROLONE TAB 2.5MG
- OXISTAT LOT 1%
- OXYTROL/WOMN DIS 3.9MG/24
- OYS SHELL CA TAB /VIT D
- OYSCO 500+D CHW
- OYST SHELL/D TAB 250MG
- OYST SHELL/D TAB 500-125
- OYST SHELL/D TAB 600MG
- OYSTER SHELL TAB 500MG
- OYSTERCAL-D TAB 500MG
- PAIN & FEVER SOL 160/5ML
- PAIN & FEVER SUS 160/5ML
- PAIN RELIEF LIQ 500/15ML
- PAIN RELIEVR CHW 80MG
- PALONOSETRON INJ 0.25/5ML
- PANRETIN GEL 0.1%
- PARICALCITOL INJ 2MCG/ML
- PARICALCITOL INJ 5MCG/ML
- PATADAY SOL 0.1%
- PATADAY SOL 0.2%
- PEAK AIR FLO MIS ADLT/PED
- PEDIA-LAX LIQ 50MG
- PEGINTRON KIT 50MCG
- PERPHEN/AMIT TAB 2-10MG
- PERPHEN/AMIT TAB 2-25MG
- PERPHEN/AMIT TAB 4-10MG
- PERPHEN/AMIT TAB 4-25MG
- PERPHEN/AMIT TAB 4-50MG
- PERRY PRENAT CAP
- PHARBEDRYL CAP 25MG
- PHENAZOPYRID TAB 100MG
- PHENAZOPYRID TAB 200MG
- PHENYTEK CAP 200MG
- PHENYTEK CAP 300MG
- PIFELTRO TAB 100MG
- PILOCARPINE SOL 2% OP
- PILOCARPINE SOL 4% OP
- PINK BISMUTH CHW 262MG
- PIPER/TAZOBA INJ 3-0.375G
- PIPER/TAZOBA INJ 4-0.5GM
- POLY-IRON CAP 150 FORT
- POLY-IRON CAP 150MG
- POLY-VI-SOL SOL 50MG/ML
- POLYVITAMIN CHW /IRON
- POLY-VITE DRO
- POLY-VITE SOL /IRON
- PRED-G SUS OP
- PREMPHASE TAB
- PREMPRO TAB
- PREMPRO TAB 0.3-1.5
- PREMPRO TAB 0.45-1.5
- PREMPRO TAB 0.625-5
- PRENAT MULTI CAP +DHA
- PRENATAL 19 CHW TAB
- PRENATAL 19 TAB
- PRENATAL 19 TAB 29-1MG
- PRENATAL CAP FORMULA
- PRENATAL CAP OMEGA-3
- PRENATAL DHA CAP 200MG
- PRENATAL DHA PAK MULTI
- PRENATAL FRM TAB A-FREE
- PRENATAL MUL CAP +DHA
- PRENATAL TAB
- PRENATAL TAB COMPLETE
- PRENATAL TAB FORMULA
- PRENATAL/FE TAB
- PRENATAL+DHA MIS
- PRILOSEC OTC TAB 20MG
- PRIVIGEN INJ 20GRAMS
- PROCIT INJ 2000/ML
- PROCIT INJ 3000/ML
- PROCIT INJ 40000/ML
- PROGESTERONE SUP VGS 100
- PROGESTERONE SUP VGS 200
- PROMACTA TAB 12.5MG
- PROMACTA TAB 25MG
- PROMACTA TAB 50MG
- PROMACTA TAB 75MG
- PROMETHAZINE INJ 25MG/ML
- PROPARACAINE SOL 0.5% OP
- PSEUDOEPHEDR TAB 60MG
- PSYLLIUM POW 100%
- PULMICORT INH 180MCG
- PULMICORT INH 90MCG
- PULMONEB LT MIS NEBULIZE
- PULMOZYME SOL 1MG/ML
- PURE & GENTL DRO 0.3%
- PX IRON TAB 200MG
- PYRIME/LEUCO CAP 12.5/2.5
- PYRIME/LEUCO CAP 25/10MG
- PYRIME/LEUCO CAP 25/5MG
- PYRIME/LEUCO CAP 50/10MG
- PYRIME/LEUCO CAP 50/20MG
- PYRIME/LEUCO CAP 50/25MG
- PYRIME/LEUCO CAP 75/25MG
- QC NATURAL POW VEGETABL
- QUINIDINE SU TAB 200MG
- QUINIDINE SU TAB 300MG
- RA CA/VIT D3 CHW MINERALS
- RA COL-RITE CAP 50MG
- RA GLYCERIN SUP 80.7%
- RA HEMORRHOI CRE
- RA IBUPROFEN TAB 200MG
- RA LAXATIVE POW
- RA LAXATIVE TAB 25MG
- RA LICE KIT SOLUTION
- RA MELATONIN TAB 3MG
- RA OYS SHL/D TAB 500MG
- RA PRENATAL TAB FORMULA
- RECOMBINATE INJ
- RECOMBINATE INJ 220-400
- RECOMBINATE INJ 401-800

**ADDING TO FORMULARY
JANUARY 1, 2022 (Continued)**

- RECOMBINATE INJ 801-1240
- RECOMBIVA HB INJ 10MCG/ML
- REGENECARE GEL HA 2%
- REGULOID CAP 400MG
- RELION KETON TES
- RELION TRUE KIT MET AIR
- RELION TRUE TES METRIX
- RELISTOR INJ 12/0.6ML
- RELISTOR TAB 150MG
- RENA-VITE TAB
- RENFLEXIS INJ 100MG
- REPATHA INJ 140MG/ML
- REPATHA PUSH INJ 420/3.5
- REPATHA SURE INJ 140MG/ML
- RESCRIPTOR TAB 200MG
- REYVOW TAB 100MG
- REYVOW TAB 50MG
- RHOGAM PLUS INJ 300MCG
- RIDAURA CAP 3MG
- RISACAL-D TAB
- RISPERDAL INJ 12.5MG
- RISPERDAL INJ 25MG
- RISPERDAL INJ 37.5MG
- RISPERDAL INJ 50MG
- RIVASTIGMINE DIS 13.3/24
- RIVASTIGMINE DIS 4.6MG/24
- RIVASTIGMINE DIS 9.5MG/24
- ROBAFEN SYP 100/5ML
- ROBITUSSIN SYP 7.5/5ML
- RUBRACA TAB 200MG
- RUBRACA TAB 250MG
- RUBRACA TAB 300MG
- RUXIENCE INJ 100/10ML
- RUXIENCE INJ 500/50ML
- RYBELSUS TAB 14MG
- RYBELSUS TAB 3MG
- RYBELSUS TAB 7MG
- SALINE NASAL SPR 0.65%
- SALSALATE TAB 500MG
- SALSALATE TAB 750MG
- SANDIMMUNE CAP 100MG
- SANDIMMUNE CAP 25MG
- SANDOSTATIN KIT LAR 10MG
- SANDOSTATIN KIT LAR 20MG
- SANDOSTATIN KIT LAR 30MG
- SANTYL OIN 250/GM
- SB FIB LAX POW 33%
- SE-NATAL 19 CHW
- SENNA SYP 8.8MG/5
- SENNA/DSS TAB 8.6-50MG
- SEREVENT DIS AER 50MCG
- SF 5000 PLUS CRE 1.1%
- SF GEL 1.1%
- SILACE LIQ 10MG/ML
- SILACE SYP 60/15ML
- SILTUSSIN-DM LIQ DIABETIC
- SILTUSSIN-DM SYP ALC FREE
- SIMETHICONE CAP 180MG
- SIMETHICONE CHW 80MG
- SLEEP AID TAB 25MG
- SLOW FE TAB 45MG
- SLOW IRON TAB 160MG CR
- SLOW IRON TAB 50MG
- SLOW RELEASE TAB 47.5MG
- SLOW-RELEASE TAB FE 45MG
- SM ANTI-ITCH CRE 2-0.1%
- SM ARTIFICIA SOL TEARS
- SM ASPIRIN TAB 325MG
- SM BEDDING AER LICE
- SM ONE DAILY MIS PRENATAL
- SM PAIN REL TAB 500MG
- SMOOTH ANTAC CHW 750MG
- SOD CHLORIDE OIN 5% OP
- SOD CHLORIDE SOL 5% OP
- SOD CHLORIDE TAB 1GM
- SOD CITRATE SOL CITR ACD
- SOD POLY SUL POW
- SODIUM BICAR TAB 325MG
- SODIUM BICAR TAB 650MG
- SODIUM PHENY TAB 500MG
- SOFOS/VELPAT TAB 400-100
- STELARA INJ 45MG/0.5
- STELARA INJ 5MG/ML
- STERIL WATER SOL IRRIG
- STIM LAXAT TAB 5MG EC
- STIMATE SOL 1.5MG/ML
- STIOLTO AER 2.5-2.5
- STOMACH RELF TAB 262MG
- STOOL SOFTNR CAP 100MG
- STOOL SOFTNR CAP 240MG
- STOP LICE KIT COMPLETE
- STOP LICE LIQ MAX ST
- STRESS FORMU TAB W/IRON
- STRIBILD TAB
- SUDAFED PE SOL CHILDREN
- SYMJEPI INJ 0.15MG
- SYMJEPI INJ 0.3MG
- SYMPROIC TAB 0.2MG
- SYMTUZA TAB
- SYNAGIS INJ 100MG/ML
- SYNAGIS INJ 50MG
- TAGRISSO TAB 40MG
- TAGRISSO TAB 80MG
- TASIGNA CAP 150MG
- TASIGNA CAP 200MG
- TASIGNA CAP 50MG
- TEFLARO INJ 400MG
- TEFLARO INJ 600MG
- TGT GLUCOSE CHW GRAPE
- THEOPHYLLINE TAB 100MG CR
- THEOPHYLLINE TAB 200MG CR
- THERANATAL MIS COMPLETE
- THYROGEN INJ 0.9MG
- THYROLAR-1 TAB 60MG
- THYROLAR-1/2 TAB 30MG
- THYROLAR-1/4 TAB 15MG
- THYROLAR-2 TAB 120MG
- THYROLAR-3 TAB 180MG
- TIOCONAZOLE OIN 6.5% VAG
- TL FOLATE TAB
- TOLAZAMIDE TAB 250MG
- TOLAZAMIDE TAB 500MG
- TOLBUTAMIDE TAB 500MG
- TOLMETIN SOD TAB 200MG
- TOUJEO MAX INJ 300IU/ML
- TOUJEO SOLO INJ 300IU/ML
- TRADJENTA TAB 5MG
- TRAMADOL HCL TAB 100MG ER
- TRAMADOL HCL TAB 200MG ER
- TRAMADOL HCL TAB 300MG ER
- TRAZIMERA INJ 150MG
- TRAZIMERA INJ 420MG
- TRELSTAR MIX INJ 11.25MG
- TRELSTAR MIX INJ 3.75MG
- TREPROSTINIL INJ 10MG/ML
- TREPROSTINIL INJ 1MG/ML
- TREPROSTINIL INJ 2.5MG/ML
- TREPROSTINIL INJ 5MG/ML
- TRIAZOLAM TAB 0.125MG
- TRIAZOLAM TAB 0.25MG
- TRICON CAP
- TRIJARDY XR TAB

**ADDING TO FORMULARY
JANUARY 1, 2022 (Continued)**

- TRINATAL RX TAB 1
- TRINATE TAB
- TRIPLE ANTIB OIN PLUS
- TRI-VI-SOL SOL A/C/D
- TRUE METRIX KIT AIR
- TRUE METRIX TES GLUCOSE
- UBRELVY TAB 100MG
- UBRELVY TAB 50MG
- ULESFIA LOT 5%
- ULTRA CHOICE CHW KIDS
- UNIFIBER POW
- VALTOCO SPR 10MG
- VALTOCO SPR 15MG
- VALTOCO SPR 20MG
- VALTOCO SPR 5MG
- VAQTA INJ 50UNT/ML
- V-C FORTE CAP
- VECAMYL TAB 2.5MG
- VEREGEN OIN 15%
- VINATE II TAB
- VINATE M TAB
- VIRT-CAPS CAP
- VIRT-PHOS TAB 250 NEUT
- VISCO-3 INJ 25/2.5ML

- VITA-BEE/C TAB
- VITAFOL-OB TAB 65-1MG
- VITAMIN B1 TAB 250MG
- VITAMIN B-1 TAB 50MG
- VITAMIN B-12 SUB 1000MCG
- VITAMIN B-12 SUB 2500MCG
- VITAMIN B-12 TAB 1000MCG
- VITAMIN B-12 TAB 100MCG
- VITAMIN B-12 TAB 250MCG
- VITAMIN B-12 TAB 500MCG
- VITAMIN B-2 TAB 100MG
- VITAMIN B-6 TAB 100MG
- VITAMIN B-6 TAB 200MG TR
- VITAMIN D CAP 2000UNIT
- VITAMIN D CHW 400UNIT
- VITAMIN D3 CAP 10000UNT
- VITAMIN D3 CAP 5000UNIT
- VITAMIN D3 DRO 10MCG/ML
- VITAMIN D3 TAB 1000UNIT
- VITAMIN D3 TAB 2000UNIT
- VITAMIN D3 TAB 400UNIT
- VITAMIN D-3 TAB 5000UNIT
- VITE/IRON CHW CHILDREN
- VOL-PLUS TAB
- VOL-TAB RX TAB
- VRAYLAR CAP 1.5MG
- VRAYLAR CAP 3MG

- VRAYLAR CAP 4.5MG
- VRAYLAR CAP 6MG
- WAL-DRYL ALR TAB 12.5MG
- WAL-DRYL PE TAB 25-10MG
- WAL-TAP ELX CLD/ALLE
- WEE CARE SUS 15/1.25
- WP THYROID TAB 81.25MG
- XGEVA INJ
- XOFLUZA TAB 20MG
- XOFLUZA TAB 40MG
- XYREM SOL 500MG/ML
- ZARXIO INJ 300/0.5
- ZARXIO INJ 480/0.8
- ZIEXTENZO INJ 6/0.6ML
- ZINC-220 CAP
- ZINC-OXYDE OIN 0.44-20%
- ZOLADEX IMP 10.8MG
- ZOLADEX IMP 3.6MG
- ZORTRESS TAB 0.25MG
- ZORTRESS TAB 0.5MG
- ZORTRESS TAB 0.75MG
- Z-TUSS AC LIQ 2-9/5ML
- ZYKADIA CAP 150MG
- ZYLET SUS 0.5-0.3%
- ZYPREXA RELP INJ 210MG
- ZYPREXA RELP INJ 300MG
- ZYPREXA RELP INJ 405MG

CHANGES TO PRIOR AUTHORIZATION REQUIREMENT STATUS

**Adding Prior Authorization
Requirement January 1, 2022**

- ACITRETIN CAP 10MG
- ACITRETIN CAP 17.5MG
- ACITRETIN CAP 25MG
- AKYNZEO CAP 300-0.5
- ALINIA SUS 100/5ML
- ALOCRI SOL 2%
- ALOMIDE SOL 0.1% OP
- APREPITANT CAP 125MG
- APREPITANT CAP 40MG
- APREPITANT CAP 80MG
- APREPITANT PAK 80 & 125
- ASA/DIPYRIDA CAP 25-200MG
- ASENAPINE SUB 10MG
- ASENAPINE SUB 2.5MG
- ASENAPINE SUB 5MG
- ATOVAQUONE SUS 750/5ML
- BARACLUDE SOL
- BAXDELA TAB 450MG
- BEPOTASTINE DRO 1.5%
- BEPREVE DRO 1.5%

- BESIVANCE SUS 0.6%
- BUDESONIDE CAP 3MG DR
- BUPRENORPHIN DIS 10MCG/HR
- BUPRENORPHIN DIS 5MCG/HR
- BUPRENORPHIN DIS 7.5/HR
- BYSTOLIC TAB 10MG
- BYSTOLIC TAB 2.5MG
- BYSTOLIC TAB 20MG
- BYSTOLIC TAB 5MG
- CALCIPOTRIEN SOL 0.005%
- CEFDITOREN TAB 200MG
- CEFDITOREN TAB 400MG
- CEVIMELINE CAP 30MG
- CHEMET CAP 100MG
- CIPRO/DEXA SUS 0.3-0.1%
- CLINDAMY/BEN GEL 1.2-5%
- CRESEMBA CAP 186 MG
- CYCLOPHOSPH CAP 25MG
- CYCLOPHOSPH CAP 50MG
- DENAVIR CRE 1%
- DESMOPRESSIN SPR 0.01%

- DIHYDROERGOT INJ 1MG/ML
- DOXEPIN TAB 3MG
- DOXEPIN TAB 6MG
- DOXERCALCIF CAP 0.5MCG
- DOXERCALCIF CAP 1MCG
- DOXERCALCIF CAP 2.5MCG
- DRONABINOL CAP 10MG
- DRONABINOL CAP 2.5MG
- DRONABINOL CAP 5MG
- ECONAZOLE CRE 1%
- ELMIRON CAP 100MG
- EMCYT CAP 140MG
- ENTRESTO TAB 24-26MG
- ENTRESTO TAB 49-51MG
- ENTRESTO TAB 97-103MG
- ERGOLOID MES TAB 1MG ORAL
- ERTACZO CRE 2%
- ERY/BENZOYL GEL 5-3%
- ETOPOSIDE CAP 50MG
- EVEROLIMUS TAB 0.25MG
- EVEROLIMUS TAB 0.5 MG
- EVEROLIMUS TAB 0.75MG

Adding Prior Authorization Requirement January 1, 2022 (Continued)

- EXEMESTANE TAB 25MG
- EZETIM/SIMVA TAB 10-10MG
- EZETIM/SIMVA TAB 10-20MG
- EZETIM/SIMVA TAB 10-40MG
- EZETIM/SIMVA TAB 10-80MG
- FENTANYL DIS 12MCG/HR
- FENTANYL DIS 25MCG/HR
- FETZIMA CAP 120MG
- FETZIMA CAP 20MG
- FETZIMA CAP 40MG
- FETZIMA CAP 80MG
- FETZIMA CAP TITRATIO
- FONDAPARINUX INJ 10/0.8ML
- FONDAPARINUX INJ 2.5/0.5
- FONDAPARINUX INJ 5/0.4ML
- FONDAPARINUX INJ 7.5/0.6
- FRAGMIN INJ 10000/ML
- FRAGMIN INJ 12500UNT
- FRAGMIN INJ 15000UNT
- FRAGMIN INJ 18000UNT
- FRAGMIN INJ 2500/0.2
- FRAGMIN INJ 5000/0.2
- FRAGMIN INJ 7500/0.3
- GATIFLOXACIN SOL 0.5%
- GLEOSTINE CAP 100MG
- GLEOSTINE CAP 10MG
- GLEOSTINE CAP 40MG
- HEPARIN SOD INJ 1000/ML
- HEPARIN SOD INJ 10000/ML
- HEPARIN SOD INJ 5000/0.5
- HYDROMORPHON TAB 12MG ER
- HYDROMORPHON TAB 16MG ER

- HYDROMORPHON TAB 8MG ER
- LACRISERT MIS 5MG OP
- LINEZOLID SUS 100/5ML
- LINEZOLID TAB 600MG
- LINZESS CAP 145MCG
- LINZESS CAP 290MCG
- LINZESS CAP 72MCG
- LOTEPIREDNOL SUS 0.5%
- MARPLAN TAB 10MG
- MECLOFEN SOD CAP 100MG
- MECLOFEN SOD CAP 50MG
- MEFENAM ACID CAP 250MG
- MELPHALAN TAB 2MG
- MOTOFEN TAB 1-0.025
- NAFTIFINE CRE HCL 1%
- NILUTAMIDE TAB 150MG
- NISOLDIPINE TAB 17MG ER
- NISOLDIPINE TAB 20MG ER
- NISOLDIPINE TAB 25.5MG
- NISOLDIPINE TAB 30MG ER
- NISOLDIPINE TAB 34MG ER
- NISOLDIPINE TAB 40MG ER
- NISOLDIPINE TAB 8.5MG ER
- NITAZOXANIDE TAB 500MG
- NUCYNTA ER TAB 100MG
- NUCYNTA ER TAB 50MG
- OMNARIS SPR
- OSMOPREP TAB 1.5GM
- OXYCODONE TAB 10MG ER
- OXYCODONE TAB 15MG ER
- OXYCODONE TAB 20MG ER
- OXYCODONE TAB 30MG ER
- OXYCONTIN TAB 10MG CR
- OXYCONTIN TAB 15MG CR
- OXYCONTIN TAB 20MG CR
- OXYCONTIN TAB 30MG CR
- OXYMORPHONE TAB HCL 10MG

- OXYMORPHONE TAB HCL 5MG
- PALIPERIDONE TAB ER 1.5MG
- PALIPERIDONE TAB ER 3MG
- PALIPERIDONE TAB ER 6MG
- PALIPERIDONE TAB ER 9MG
- PARICALCITOL CAP 1 MCG
- PARICALCITOL CAP 2 MCG
- PARICALCITOL CAP 4 MCG
- PICATO GEL 0.015%
- PICATO GEL 0.05%
- PRADAXA CAP 110MG
- PRADAXA CAP 150MG
- PRADAXA CAP 75MG
- PRAZICQUANTEL TAB 600MG
- RAMELTEON TAB 8MG
- SAVELLA MIS TITR PAK
- SAVELLA TAB 100MG
- SAVELLA TAB 12.5MG
- SAVELLA TAB 25MG
- SAVELLA TAB 50MG
- SULCONAZOLE CRE 1%
- SULCONAZOLE SOL 1%
- SYMLINPEN 60 INJ 1000MCG
- SYMLINPEN 120 INJ 1000MCG
- TOLCAPONE TAB 100MG
- TRETINOIN CAP 10MG
- TRINTELLIX TAB 10MG
- TRINTELLIX TAB 20MG
- TRINTELLIX TAB 5MG
- VELPHORO CHW 500MG
- VIIBRYD KIT STARTER
- VIIBRYD TAB 10MG
- VIIBRYD TAB 20MG
- VIIBRYD TAB 40MG
- ZIRGAN GEL 0.15%

ADDING PRIOR AUTHORIZATION AND OTHER REQUIREMENTS

Adding Prior Authorization Requirement that Applies to members of all ages effective January 1, 2022

- MEMANTINE HC CAP 14MG ER
- MEMANTINE HC CAP 21MG ER

Adding Prior Authorization Requirement AND Age Limit(s) effective January 1, 2022

- ARIPIRAZOLE SOL 1MG/ML
- DEXTROAMPHET CAP 10MG ER
- DEXTROAMPHET CAP 15MG ER
- METHAMPHETAM TAB 5MG
- METHYLPHENID CAP 30MG ER

Adding Prior Authorization Requirement AND Quantity Limit Change effective January 1, 2022

- ALISKIREN TAB 150MG
- ALISKIREN TAB 300MG
- ARIPIRAZOLE TAB 10MG ODT
- ARIPIRAZOLE TAB 15MG ODT
- BUTORPHANOL SOL 10MG/ML

- CLOMIPHENE TAB 50MG
- DEXCOM G5 MIS RECEIVER
- DEXCOM G5 MIS TRANSMIT
- DEXCOM G6 MIS RECEIVER
- DEXCOM G6 MIS SENSOR
- DEXCOM G6 MIS TRANSMIT
- DUTAST/TAMSU CAP 0.5-0.4
- FEBUXOSTAT TAB 40MG
- FEBUXOSTAT TAB 80MG
- G5/G4 MIS SENSOR
- HYDROCOD/IBU TAB 10-200MG
- IMIQUIMOD CRE 5%
- IVERMECTIN LOT 0.5%
- KETOPROFEN CAP 50MG
- KETOPROFEN CAP 75MG
- MORPHINE SUL TAB 100MG ER
- OXAPROZIN TAB 600MG
- OXICONAZOLE CRE NITRATE
- OXYMORPHONE TAB 10MG ER
- OXYMORPHONE TAB 15MG ER
- OXYMORPHONE TAB 5MG ER
- OXYMORPHONE TAB 7.5MG ER
- PIROXICAM CAP 10MG
- PIROXICAM CAP 20MG
- PREGABALIN CAP 100MG
- PREGABALIN CAP 150MG
- PREGABALIN CAP 200MG
- PREGABALIN CAP 225MG
- PREGABALIN CAP 25MG
- PREGABALIN CAP 300MG
- PREGABALIN CAP 50MG
- PREGABALIN CAP 75MG
- PRIMAQUINE TAB 26.3MG
- RILUZOLE TAB 50MG
- SILODOSIN CAP 4MG
- SILODOSIN CAP 8MG
- TACROLIMUS OIN 0.03%
- TACROLIMUS OIN 0.1%
- TOLMETIN SOD CAP 400MG
- TOLMETIN SOD TAB 600MG
- TOREMIFENE TAB 60MG
- TRAMADOL HCL TAB 100MG ER

Adding Prior Authorization Requirement AND Tier Change (cost sharing) effective January 1, 2022

- AIMOVIG INJ 140MG/ML
- AIMOVIG INJ 70MG/ML
- AZASITE SOL 1%
- BELSOMRA TAB 10MG
- BELSOMRA TAB 15MG
- BELSOMRA TAB 20MG
- BELSOMRA TAB 5MG
- DUREZOL EMU 0.05%
- EMGALITY INJ 100MG/ML
- EMGALITY INJ 120MG/ML
- EMGALITY INJ 120MG/ML
- ERGOT/CAFFEN TAB 1-100MG
- LASTACFT SOL 0.25%
- LATUDA TAB 120MG
- LATUDA TAB 20MG
- LATUDA TAB 40MG
- LATUDA TAB 60MG
- LATUDA TAB 80MG
- LEUKERAN TAB 2MG
- LUBIPROSTONE CAP 24MCG
- LYSODREN TAB 500MG
- MATULANE CAP 50MG
- MOVANTIK TAB 12.5MG
- MOVANTIK TAB 25MG
- NATACYN SUS 5% OP
- NEVANAC SUS 0.1%
- NUCYNTA TAB 100MG
- NUCYNTA TAB 50MG
- NUCYNTA TAB 75MG
- RESTASIS EMU 0.05%
- TABLOID TAB 40MG
- XIFAXAN TAB 200MG
- ZILEUTON ER TAB 600MG
- ZORTRESS TAB 1MG

Adding Prior Authorization Requirement AND Age Limit(s) AND Quantity Limit Change effective January 1, 2022

- ATOMOXETINE CAP 100MG
- ATOMOXETINE CAP 10MG
- ATOMOXETINE CAP 18MG
- ATOMOXETINE CAP 25MG
- ATOMOXETINE CAP 40MG
- ATOMOXETINE CAP 60MG
- ATOMOXETINE CAP 80MG
- GUANFACINE TAB 1MG ER
- GUANFACINE TAB 2MG ER
- GUANFACINE TAB 3MG ER

- GUANFACINE TAB 4MG ER
- DEXTROAMPHET CAP 5MG ER
- METHYLPHENID CAP 20MG ER
- METHYLPHENID CAP 40MG ER

Adding Prior Authorization Requirement AND Quantity Limit Change AND Tier Change effective January 1, 2022

- BRILINTA TAB 60MG
- BRILINTA TAB 90MG
- CALCIPOTRIEN OIN BETAMETH
- CALCITRIOL OIN 3MCG/GM
- EPIVIR HBV SOL 5MG/ML
- FENOPROFEN TAB 600MG
- OSPHENA TAB 60MG
- TOVIAZ TAB 4MG
- TOVIAZ TAB 8MG
- ZONTIVITY TAB 2.08MG

Adding Prior Authorization Requirement AND Age Limit(s) AND Quantity Limit Change AND Tier Change effective January 1, 2022

- VYVANSE CAP 10MG
- VYVANSE CAP 20MG
- VYVANSE CAP 30MG
- VYVANSE CAP 40MG
- VYVANSE CAP 50MG
- VYVANSE CAP 60MG
- VYVANSE CAP 70MG

(List continued on next page)

PRIOR AUTHORIZATION REMOVED, OTHER NEW REQUIREMENTS IN EFFECT AS NOTED

Prior Authorization No Longer Required effective January 1, 2022

- APTIOM TAB 200MG
- APTIOM TAB 400MG
- APTIOM TAB 600MG
- APTIOM TAB 800MG
- BANZEL TAB 200MG
- BANZEL TAB 400MG
- CLEMASTINE TAB 2.68MG
- CLOBAZAM TAB 10MG
- CLOBAZAM TAB 20MG
- DIPENTUM CAP 250MG
- DIPYRIDAMOLE TAB 25MG
- DIPYRIDAMOLE TAB 50MG
- DIPYRIDAMOLE TAB 75MG
- DOFETILIDE CAP 125MCG
- DOFETILIDE CAP 250MCG
- DOFETILIDE CAP 500MCG
- ESTRADIOL TAB 0.5MG
- ESTRADIOL TAB 1MG
- ESTRADIOL TAB 2MG
- MEMANTINE HC SOL 2MG/ML
- METHSCOPOLAM TAB 2.5MG
- METHSCOPOLAM TAB 5MG
- PENICILLAMIN TAB 250MG
- RIBASPHERE CAP 200MG
- RIBAVIRIN TAB 200MG
- RIVASTIGMINE CAP 1.5MG
- RIVASTIGMINE CAP 3MG
- RIVASTIGMINE CAP 4.5MG
- RIVASTIGMINE CAP 6MG
- RUFINAMIDE SUS 40MG/ML
- RUFINAMIDE TAB 200MG
- RUFINAMIDE TAB 400MG
- SIRTURO TAB 100MG

Prior Authorization No Longer Required BUT Age Limit(s) Added effective January 1, 2022

- DIPHENHYDRAM ELX 12.5/5ML

- PROMETHAZINE SYP 6.25/5ML
- PROMETHAZINE TAB 12.5MG
- PROMETHAZINE TAB 25MG
- PROMETHAZINE TAB 50MG

Prior Authorization No Longer Required BUT will have a Quantity Limit Change effective January 1, 2022

- CARISOPRODOL TAB 350MG
- CHLORZOXAZON TAB 500MG
- CREON CAP 12000UNT
- CREON CAP 24000UNT
- CREON CAP 3000UNIT
- CREON CAP 36000UNT
- CREON CAP 6000UNIT
- CYCLOBENZAPR TAB 10MG
- CYCLOBENZAPR TAB 5MG
- ESTRADIOL DIS 0.025MG
- ESTRADIOL DIS 0.0375MG
- ESTRADIOL DIS 0.05MG
- ESTRADIOL DIS 0.06MG
- ESTRADIOL DIS 0.075MG
- ESTRADIOL DIS 0.1MG
- ITRACONAZOLE CAP 100MG
- MEMANT TITRA PAK 5-10MG
- MEMANTINE TAB HCL 10MG
- MEMANTINE TAB HCL 5MG
- NORTRIPTYLIN CAP 75MG
- ORPHENADRINE TAB 100MG ER
- TESTOST CYP INJ 100MG/ML
- TESTOST CYP INJ 200MG/ML
- TESTOST ENAN INJ 200MG/ML
- ZENPEP CAP 10000UNT
- ZENPEP CAP 15000UNT
- ZENPEP CAP 20000UNT
- ZENPEP CAP 25000
- ZENPEP CAP 3000UNIT
- ZENPEP CAP 40000
- ZENPEP CAP 5000UNIT

Prior Authorization No Longer Required BUT will have a Tier Change effective January 1, 2022

- PHENOXYBENZA CAP 10MG
- VIGABATRIN TAB 500MG
- VIGADRONE POW 500MG

Prior Authorization No Longer Required BUT will have Age Limit(s) AND Quantity Limit Changes effective January 1, 2022

- AMITRIPTYLIN TAB 100MG
- AMITRIPTYLIN TAB 150MG
- AMITRIPTYLIN TAB 75MG
- HYDROXYZ HCL TAB 10MG
- HYDROXYZ HCL TAB 25MG
- HYDROXYZ HCL TAB 50MG
- HYDROXYZ PAM CAP 25MG
- HYDROXYZ PAM CAP 50MG
- HYDROXYZ HCL SYP 10MG/5ML
- HYDROXYZ PAM CAP 100MG
- METHOCARBAM TAB 500MG
- METHOCARBAM TAB 750MG
- NITROFUR MAC CAP 100MG
- NITROFUR MAC CAP 50MG
- NITROFURANTN CAP 100MG

Prior Authorization No Longer Required BUT Quantity Limit Changes AND Tier Change effective January 1, 2022

- MENEST TAB 0.3MG
- MENEST TAB 0.625MG
- MENEST TAB 1.25MG
- PREMARIN TAB 0.3MG
- PREMARIN TAB 0.45MG
- PREMARIN TAB 0.625MG
- PREMARIN TAB 0.9MG
- PREMARIN TAB 1.25MG

CHANGES TO STEP THERAPY REQUIREMENT STATUS

Adding Step Therapy Requirement effective January 1, 2022

- CLONIDINE DIS 0.1/24HR
- CLONIDINE DIS 0.2/24HR
- CLONIDINE DIS 0.3/24HR
- DESVENLAFAX TAB 100MG ER
- DESVENLAFAX TAB 25MG ER

- DESVENLAFAX TAB 50MG ER
- SEVELAMER TAB 800MG

Adding Step Therapy

Requirement AND Quantity Limit Change effective January 1, 2022

- ALMOTRIPTAN TAB 12.5MG
- ALMOTRIPTAN TAB 6.25MG
- AZELASTINE SPR 0.1%
- CANDESARTAN TAB 16MG
- CANDESARTAN TAB 32MG
- CANDESARTAN TAB 4MG
- CANDESARTAN TAB 8MG
- DARIFENACIN TAB 15MG
- DARIFENACIN TAB 7.5MG
- ELETRIPTAN TAB 20MG
- ELETRIPTAN TAB 40MG
- EPROSART MES TAB 600MG
- EZETIMIBE TAB 10MG
- FLUNISOLIDE SPR 0.025%
- FROVATRIPTAN TAB 2.5MG
- LANSOPRAZOLE CAP 15MG DR
- LANSOPRAZOLE CAP 30MG DR
- LEVALBUTEROL NEB 0.31MG
- LEVALBUTEROL NEB 0.63MG
- LEVALBUTEROL NEB 1.25/0.5
- LEVALBUTEROL NEB 1.25MG
- OLOPATADINE SPR 0.6%
- RABEPRAZOLE TAB 20MG
- SOLIFENACIN TAB 10MG
- SOLIFENACIN TAB 5MG
- TELMISARTAN TAB 20MG
- TELMISARTAN TAB 40MG
- TELMISARTAN TAB 80MG
- TOLTERODINE TAB 1MG
- TOLTERODINE TAB 2MG
- TRAVOPROST DRO 0.004%
- TROSPIUM CHL CAP 60MG ER
- TROSPIUM CL TAB 20MG
- ZOLMITRIPTAN SPR 2.5MG

- ZOLMITRIPTAN SPR 5MG
- ZOLMITRIPTAN TAB 2.5 MG
- ZOLMITRIPTAN TAB 2.5MG
- ZOLMITRIPTAN TAB 5MG
- ZOLMITRIPTAN TAB 5MG ODT

Adding Step Therapy

Requirement AND Age Limit(s) AND Quantity Limit Change effective January 1, 2022

- AVITA GEL 0.025%
- TRETINOIN CRE 0.025%
- TRETINOIN CRE 0.05%
- TRETINOIN CRE 0.1%
- TRETINOIN GEL 0.01%

Adding Step Therapy

Requirement AND Quantity Limit Change AND Tier Change effective January 1, 2022

- EURAX CRE 10%
- FLUVASTATIN CAP 20MG
- FLUVASTATIN CAP 40MG
- FLUVASTATIN TAB 80MG ER

Step Therapy No Longer

Required BUT Quantity Limit Change effective January 1, 2022

- APAP/CODEINE TAB 300-15MG
- APAP/CODEINE TAB 300-30MG
- AZELASTINE DRO 0.05%
- CICLOPIROX SUS 0.77%
- CODEINE SULF TAB 30MG
- CODEINE SULF TAB 60MG
- DESLORATADIN TAB 5MG
- EPINASTINE DRO 0.05%
- FENTANYL DIS 100MCG/H

- FENTANYL DIS 50MCG/HR
- FENTANYL DIS 75MCG/HR
- HYDROCO/APAP TAB 5-325MG
- HYDROMORPHON TAB 2MG
- HYDROMORPHON TAB 4MG
- HYDROMORPHON TAB 8MG
- METHADONE SOL 10MG/5ML
- METHADONE SOL 5MG/5ML
- METHADONE TAB 10MG
- METHADONE TAB 5MG
- MORPHINE SUL SOL 100/5ML
- MORPHINE SUL SOL 10MG/5ML
- MORPHINE SUL SOL 20MG/5ML
- MORPHINE SUL TAB 15MG
- MORPHINE SUL TAB 200MG ER
- MORPHINE SUL TAB 30MG
- MORPHINE SUL TAB 60MG ER
- NYSTOP POW 100000
- OLOPATADINE DRO 0.1%
- OLOPATADINE SOL 0.2%
- OXYCOD/APAP TAB 2.5-325
- OXYCOD/APAP TAB 5-325MG
- OXYCOD/APAP TAB 7.5-325
- OXYCOD/IBU TAB 5-400MG
- OXYCODONE TAB 20MG
- OXYCODONE TAB 30MG
- OXYMORPHONE TAB 20MG ER
- OXYMORPHONE TAB 30MG ER
- OXYMORPHONE TAB 40MG ER
- SIMVASTATIN TAB 80MG
- TRAMADL/APAP TAB 37.5-325
- TRAMADOL HCL TAB 200MG ER
- TRAMADOL HCL TAB 300MG ER
- TRAMADOL HCL TAB 50MG

CHANGES TO AGE LIMITS – Stimulant drugs to treat Attention Deficit and related disorders require an exception for members ages 18 and older, unless the prescription claim or member health profile is submitted with a qualifying diagnosis; Liquid and chewable formulations require exception for ages 12 and older.

**Adding Age Limit(s) effective
January 1, 2022**

- AMITRIPTYLIN TAB 25MG
- AMITRIPTYLIN TAB 50MG
- AMOX/K CLAV CHW 200MG
- AMOX/K CLAV CHW 400MG
- AMOX/K CLAV SUS 200/5ML
- AMOX/K CLAV SUS 250/5ML
- AMOX/K CLAV SUS 400/5ML
- AMOX/K CLAV SUS 600/5ML
- AMOXICILLIN CHW 125MG
- AMOXICILLIN CHW 250MG
- AMOXICILLIN SUS 125/5ML
- AMOXICILLIN SUS 200/5ML
- AMOXICILLIN SUS 250/5ML
- AMOXICILLIN SUS 400/5ML
- AMPHET/DEXTR CAP 15MG ER
- AMPHET/DEXTR CAP 20MG ER
- AMPHET/DEXTR CAP 25MG ER
- AMPHET/DEXTR CAP 30MG ER
- AMPHET/DEXTR TAB 10MG
- AMPHET/DEXTR TAB 15MG
- AMPHET/DEXTR TAB 20MG
- AMPHET/DEXTR TAB 30MG
- AMPHET/DEXTR TAB 5MG
- AMPHET/DEXTR TAB 7.5MG
- AZITHROMYCIN SUS 100/5ML
- AZITHROMYCIN SUS 200/5ML
- BENZTROPINE TAB 0.5MG
- BENZTROPINE TAB 1MG
- BENZTROPINE TAB 2MG
- BUDESONIDE SUS 0.5MG/2
- BUT/ASA/CAFF CAP
- CEFACLOR SUS 125/5ML
- CEFACLOR SUS 250/5ML
- CEFACLOR SUS 375/5ML
- CEFADROXIL SUS 250/5ML
- CEFADROXIL SUS 500/5ML
- CEFDINIR SUS 125/5ML
- CEFDINIR SUS 250/5ML
- CEFIXIME SUS 100/5ML
- CEFIXIME SUS 200/5ML
- CEFPODO PROX SUS 100/5ML
- CEFPODO PROX SUS 50MG/5ML
- CEFPROZIL SUS 125/5ML
- CEFPROZIL SUS 250/5ML
- CEPHALEXIN SUS 125/5ML
- CEPHALEXIN SUS 250/5ML
- CHLORPROMAZ TAB 100MG
- CHLORPROMAZ TAB 10MG
- CHLORPROMAZ TAB 200MG
- CHLORPROMAZ TAB 25MG
- CHLORPROMAZ TAB 50MG
- CLARITHROMYC SUS 125/5ML
- CLARITHROMYC SUS 250/5ML
- CLINDAMYCIN SOL 75MG/5ML
- CLORAZ DIPOT TAB 3.75MG
- CYPROHEPTAD SYP 2MG/5ML
- CYPROHEPTAD TAB 4MG
- DEXMETHYLPH TAB 10MG
- DEXTROAMPHET TAB 10MG
- DEXTROAMPHET TAB 5MG
- DICYCLOMINE CAP 10MG
- DICYCLOMINE SOL 10MG/5ML
- DICYCLOMINE TAB 20MG
- DIGOXIN SOL 50MCG/ML
- DOXEPIN HCL CAP 100MG
- DOXEPIN HCL CAP 10MG
- DOXEPIN HCL CAP 150MG
- DOXEPIN HCL CAP 25MG
- DOXEPIN HCL CAP 75MG
- DOXEPIN HCL CON 10MG/ML
- ERYTHROM ETH SUS 200/5ML
- ERYTHROM ETH SUS 400/5ML
- ESCITALOPRAM SOL 5MG/5ML
- ESZOPICLONE TAB 2MG
- ESZOPICLONE TAB 3MG
- FLUOXETINE SOL 20MG/5ML
- FLUPHENAZINE TAB 10MG
- FLUPHENAZINE TAB 1MG
- FLUPHENAZINE TAB 2.5MG
- FLUPHENAZINE TAB 5MG
- FLUTICASONE SPR 50MCG
- FUROSEMIDE SOL 10MG/ML
- FUROSEMIDE SOL 8MG/ML
- HALOPER DEC INJ 100MG/ML
- HALOPER DEC INJ 50MG/ML
- HALOPERIDOL CON 2MG/ML
- HALOPERIDOL TAB 0.5MG
- HALOPERIDOL TAB 10MG
- HALOPERIDOL TAB 1MG
- HALOPERIDOL TAB 20MG
- HALOPERIDOL TAB 2MG
- HALOPERIDOL TAB 5MG
- HYOSCYAMINE SUB 0.125MG
- HYOSCYAMINE TAB 0.125MG
- IBUPROFEN CH SUS 100/5ML
- KETOROLAC TAB 10MG
- LEVOFLOXACIN SOL 25MG/ML
- LITHIUM CARB CAP 150MG
- LITHIUM CARB CAP 300MG
- LITHIUM CARB CAP 600MG
- LITHIUM CARB TAB 300MG
- LITHIUM CARB TAB 300MG ER
- LITHIUM CARB TAB 450MG ER
- LOXAPINE CAP 10MG
- LOXAPINE CAP 25MG
- LOXAPINE CAP 50MG
- LOXAPINE CAP 5MG
- METHYLPHENID CAP 50MG
- METHYLPHENID TAB 36MG ER
- NIZATIDINE SOL 15MG/ML
- PENICILLN VK SOL 125/5ML
- PENICILLN VK SOL 250/5ML
- PERPHENAZINE TAB 16MG
- PERPHENAZINE TAB 2MG
- PERPHENAZINE TAB 4MG
- PERPHENAZINE TAB 8MG
- PROCHLORPER SUP 25MG
- PROCHLORPER TAB 10MG
- PROCHLORPER TAB 5MG
- SMZ-TMP SUS 200-40/5

- TEMAZEPAM CAP 15MG
- TEMAZEPAM CAP 30MG
- THIORIDAZINE TAB 100MG
- THIORIDAZINE TAB 10MG
- THIORIDAZINE TAB 25MG
- THIORIDAZINE TAB 50MG
- THIOTHIXENE CAP 10MG
- THIOTHIXENE CAP 1MG
- THIOTHIXENE CAP 2MG
- THIOTHIXENE CAP 5MG
- TRIFLUOPERAZ TAB 10MG
- TRIFLUOPERAZ TAB 1MG
- TRIFLUOPERAZ TAB 2MG
- TRIFLUOPERAZ TAB 5MG
- TRIHEXYPHEN SOL
0.4MG/ML
- TRIHEXYPHEN TAB 2MG
- TRIHEXYPHEN TAB 5MG
- ZALEPLON CAP 5MG
- ZOLPIDEM TAB 10MG
- ZOLPIDEM TAB 5MG

**Adding Age Limit(s) AND
Quantity Limit Change
effective January 1, 2022**

- ALPRAZOLAM TAB 0.25MG
- ALPRAZOLAM TAB 0.5MG
- ALPRAZOLAM TAB 1MG
- ALPRAZOLAM TAB 2MG
- AMITRIPTYLIN TAB 10MG
- AMPHET/DEXTR CAP 10MG
ER
- AMPHET/DEXTR CAP 5MG
ER
- AMPHET/DEXTR TAB 12.5MG
- ARISTADA INJ 441MG/1.
- ARISTADA INJ 662MG/2
- ARISTADA INJ 882MG/3
- ARISTADA INJ INITIO
- BUDESONIDE SUS 0.25MG/2
- BUSPIRONE TAB 10MG
- BUSPIRONE TAB 15MG
- BUSPIRONE TAB 30MG
- BUSPIRONE TAB 5MG
- BUSPIRONE TAB 7.5MG
- BUTAL/APAP TAB 50-325MG
- CETIRIZINE SOL 1MG/ML
- CITALOPRAM SOL
10MG/5ML
- CLORAZ DIPOT TAB 15MG
- CLORAZ DIPOT TAB 7.5MG

- CLOZAPINE TAB 100MG
- CLOZAPINE TAB 200MG
- CLOZAPINE TAB 25MG
- CLOZAPINE TAB 50MG
- DEXMETHYLPH TAB 2.5MG
- DEXMETHYLPH TAB 5MG
- DIAZEPAM CON 5MG/ML
- DIAZEPAM SOL 5MG/5ML
- DIAZEPAM TAB 10MG
- DIAZEPAM TAB 2MG
- DIAZEPAM TAB 5MG
- DOXEPIN HCL CAP 50MG
- ESZOPICLONE TAB 1MG
- FAMOTIDINE SUS 40MG/5ML
- FLUCONAZOLE SUS
10MG/ML
- FLUCONAZOLE SUS
40MG/ML
- LEVOCETIRIZI SOL 2.5/5ML
- LORATADINE SYP 5MG/5ML
- LORAZEPAM CON 2MG/ML
- LORAZEPAM TAB 0.5MG
- LORAZEPAM TAB 1MG

**Adding Age Limit(s) AND
Quantity Limit Change effective
January 1, 2022**

- LORAZEPAM TAB 2MG
- METHYLDOPA TAB 250MG
- METHYLDOPA TAB 500MG
- METHYLPHENID CAP 10MG
- METHYLPHENID CAP 20MG
- METHYLPHENID CAP 30MG
- METHYLPHENID CAP 40MG
ER
- METHYLPHENID CAP 60MG
- METHYLPHENID SOL
10MG/5ML
- METHYLPHENID SOL
5MG/5ML
- METHYLPHENID TAB 10MG
- METHYLPHENID TAB 10MG
ER
- METHYLPHENID TAB 18MG
ER
- METHYLPHENID TAB 20MG
- METHYLPHENID TAB 20MG
ER
- METHYLPHENID TAB 27MG
ER

- METHYLPHENID TAB 54MG
ER
- METHYLPHENID TAB 5MG
- MONTELUKAST CHW 4MG
- MONTELUKAST CHW 5MG
- OLANZAPINE TAB 10MG
- OLANZAPINE TAB 15MG
- OLANZAPINE TAB 2.5MG
- OLANZAPINE TAB 20MG
- OLANZAPINE TAB 5MG
- OLANZAPINE TAB 7.5MG
- ONDANSETRON SOL
4MG/5ML
- OSELTAMIVIR SUS 6MG/ML
- OXAZEPAM CAP 10MG
- OXAZEPAM CAP 15MG
- OXAZEPAM CAP 30MG
- PHENOBARB ELX 20MG/5ML
- PROMETHAZINE SUP 12.5MG
- PROMETHAZINE SUP 25MG
- QUETIAPINE TAB 100MG
- QUETIAPINE TAB 150MG ER
- QUETIAPINE TAB 200MG
- QUETIAPINE TAB 200MG ER
- QUETIAPINE TAB 25MG
- QUETIAPINE TAB 300MG
- QUETIAPINE TAB 300MG ER
- QUETIAPINE TAB 400MG
- QUETIAPINE TAB 400MG ER
- QUETIAPINE TAB 50MG
- QUETIAPINE TAB 50MG ER
- RISPERIDONE SOL 1MG/ML
- RISPERIDONE TAB 0.25 ODT
- RISPERIDONE TAB 0.25MG
- RISPERIDONE TAB 0.5MG
- RISPERIDONE TAB 0.5MG OD
- RISPERIDONE TAB 1MG
- RISPERIDONE TAB 1MG ODT
- RISPERIDONE TAB 2MG
- RISPERIDONE TAB 2MG ODT
- RISPERIDONE TAB 3MG
- RISPERIDONE TAB 3MG ODT
- RISPERIDONE TAB 4MG
- RISPERIDONE TAB 4MG ODT
- TIZANIDINE TAB 2MG
- TIZANIDINE TAB 4MG
- ZALEPLON CAP 10MG
- ZIPRASIDONE CAP 20MG
- ZIPRASIDONE CAP 40MG
- ZIPRASIDONE CAP 60MG
- ZIPRASIDONE CAP 80MG

CHANGES TO QUANTITY LIMIT

Quantity Limit Change effective January 1, 2022

- ACARBOSE TAB 100MG
- ACARBOSE TAB 25MG
- ACARBOSE TAB 50MG
- ACETAZOLAMID CAP 500MG ER
- ACETAZOLAMID TAB 125MG
- ACETAZOLAMID TAB 250MG
- ACYCLOVIR CAP 200MG
- ACYCLOVIR SUS 200/5ML
- ACYCLOVIR TAB 400MG
- ACYCLOVIR TAB 800MG
- ADVAIR HFA AER 115/21
- ADVAIR HFA AER 230/21
- ADVAIR HFA AER 45/21
- ALBUTEROL AER HFA
- ALBUTEROL NEB 0.083%
- ALBUTEROL NEB 0.5%
- ALBUTEROL NEB 0.63MG/3
- ALBUTEROL NEB 1.25MG/3
- ALCLOMETASON CRE 0.05%
- ALCLOMETASON OIN 0.05%
- ALENDRONATE TAB 10MG
- ALENDRONATE TAB 35MG
- ALENDRONATE TAB 5MG
- ALENDRONATE TAB 70MG
- ALFUZOSIN TAB 10MG ER
- ALLERGY RELF TAB 10MG
- ALOGLIPTIN TAB 12.5MG
- ALOGLIPTIN TAB 25MG
- ALOGLIPTIN TAB 6.25MG
- ALOGLIPTIN/ TAB METFORM
- AMANTADINE CAP 100MG
- AMANTADINE TAB 100MG
- AMCINONIDE CRE 0.1%
- AMCINONIDE LOT 0.1%
- AMLACTIN LOT 12%
- AMLOD/BENAZP CAP 10-20MG
- AMLOD/BENAZP CAP 10-40MG
- AMLOD/BENAZP CAP 2.5-10MG
- AMLOD/BENAZP CAP 5-10MG
- AMLOD/BENAZP CAP 5-20MG
- AMLOD/BENAZP CAP 5-40MG
- AMLOD/OLMESA TAB 10-20MG
- AMLOD/OLMESA TAB 10-40MG
- AMLOD/OLMESA TAB 5-20MG
- AMLOD/OLMESA TAB 5-40MG
- AMLODIPINE TAB 10MG
- AMLODIPINE TAB 2.5MG
- AMLODIPINE TAB 5MG
- AMMONIUM LAC CRE 12%
- AMOX/K CLAV TAB 250-125
- AMOX/K CLAV TAB 500-125
- AMOX/K CLAV TAB 875-125
- ANORO ELLIPT AER 62.5-25
- APTIVUS SOL
- ARIPIRAZOLE TAB 10MG
- ARIPIRAZOLE TAB 15MG
- ARIPIRAZOLE TAB 20MG
- ARIPIRAZOLE TAB 2MG
- ARIPIRAZOLE TAB 30MG
- ARIPIRAZOLE TAB 5MG
- ARISTADA INJ 1064MG
- ATAZANAVIR CAP 150MG
- ATENOL/CHLOR TAB 100-25MG
- ATENOL/CHLOR TAB 50-25MG
- ATENOLOL TAB 100MG
- ATENOLOL TAB 25MG
- ATENOLOL TAB 50MG
- ATORVASTATIN TAB 40MG
- ATORVASTATIN TAB 80MG
- ATOVAQ/PROGU TAB 250-100
- ATOVAQ/PROGU TAB 62.5-25
- AUG BETAMET CRE 0.05%
- AUG BETAMET GEL 0.05%
- AUG BETAMET LOT 0.05%
- AUG BETAMET OIN 0.05%
- AZATHIOPRINE TAB 50MG
- AZITHROMYCIN POW 1GM PAK
- AZITHROMYCIN TAB 250MG
- AZITHROMYCIN TAB 500MG
- AZITHROMYCIN TAB 600MG
- BACLOFEN TAB 10MG
- BACLOFEN TAB 20MG
- BALSALAZIDE CAP 750MG
- BASAGLAR INJ 100UNIT
- BENAZEP/HCTZ TAB 10-12.5
- BENAZEP/HCTZ TAB 20-12.5
- BENAZEP/HCTZ TAB 20-25MG
- BENAZEP/HCTZ TAB 5-6.25
- BENAZEPRIL TAB 10MG
- BENAZEPRIL TAB 20MG
- BENAZEPRIL TAB 40MG
- BENAZEPRIL TAB 5MG
- BENZOYL PER LIQ 10% WASH
- BETAMETH DIP CRE 0.05%
- BETAMETH DIP LOT 0.05%
- BETAMETH DIP OIN 0.05%
- BETAMETH VAL CRE 0.1%
- BETAMETH VAL OIN 0.1%
- BETAXOLOL TAB 10MG
- BETAXOLOL TAB 20MG
- BETHANECHOL TAB 10MG
- BETHANECHOL TAB 25MG
- BETHANECHOL TAB 50MG
- BETHANECHOL TAB 5MG
- BEVESPI AER 9-4.8MCG
- BICALUTAMIDE TAB 50MG
- BISOPRL/HCTZ TAB 10/6.25
- BISOPRL/HCTZ TAB 2.5/6.25
- BISOPRL/HCTZ TAB 5-6.25MG
- BISOPROL FUM TAB 10MG
- BISOPROL FUM TAB 5MG
- BP WASH LIQ 5%
- BREO ELLIPTA INH 100-25
- BREO ELLIPTA INH 200-25
- BRIELLYN TAB
- BRIMONIDINE SOL 0.15%
- BRIMONIDINE SOL 0.2% OP
- BROM/PSE/DM SYP
- BROMOCRIPTIN CAP 5MG
- BROMOCRIPTIN TAB 2.5MG
- BUDESONIDE SUS NASAL
- BUPROPION TAB 100MG
- BUPROPION TAB 100MG SR
- BUPROPION TAB 150MG SR
- BUPROPION TAB 200MG SR
- BUPROPION TAB 75MG
- BUPROPN HCL TAB 150MG XL
- BUPROPN HCL TAB 300MG XL
- BUT/APAP/CAF CAP CODEINE
- BUT/APAP/CAF TAB
- CALC ACETATE CAP 667MG

**Quantity Limit Change effective
January 1, 2022 (Continued)**

- CALCITONIN SPR 200/ACT
- CAPTOPR/HCTZ TAB 25-15MG
- CAPTOPR/HCTZ TAB 25-25MG
- CAPTOPR/HCTZ TAB 50-15MG
- CAPTOPR/HCTZ TAB 50-25MG
- CAPTOPRIL TAB 100MG
- CAPTOPRIL TAB 12.5MG
- CAPTOPRIL TAB 25MG
- CAPTOPRIL TAB 50MG
- CARB/LEVO100 TAB /ENTACAP
- CARB/LEVO125 TAB /ENTACAP
- CARB/LEVO150 TAB /ENTACAP
- CARB/LEVO200 TAB /ENTACAP
- CARTEOLOL SOL 1% OP
- CARVEDILOL TAB 12.5MG
- CARVEDILOL TAB 25MG
- CARVEDILOL TAB 3.125MG
- CARVEDILOL TAB 6.25MG
- CEFUROXIME TAB 250MG
- CEFUROXIME TAB 500MG
- CELECOXIB CAP 100MG
- CELECOXIB CAP 200MG
- CELECOXIB CAP 50MG
- CETIRIZINE TAB 5MG
- CHANTIX PAK 0.5& 1MG
- CHANTIX TAB 0.5MG
- CHANTIX TAB 1MG
- CHLOROQUINE TAB 250MG
- CHLOROQUINE TAB 500MG
- CHOLESTYRAM POW 4GM
- CHOLESTYRAM POW 4GM LITE
- CICLOPIROX CRE 0.77%
- CICLOPIROX SOL 8%
- CIPROFLOXACN SOL 0.2%
- CITALOPRAM TAB 10MG
- CITALOPRAM TAB 20MG
- CITALOPRAM TAB 40MG
- CLINDAMYCIN CRE 2% VAG
- CLINDAMYCIN GEL 1%
- CLINDAMYCIN LOT 1%
- CLOBETASOL CRE 0.05%
- CLOBETASOL GEL 0.05%
- CLOBETASOL OIN 0.05%
- CLOBETASOL SOL 0.05%
- CLOMIPRAMINE CAP 25MG
- CLOMIPRAMINE CAP 50MG
- CLONAZEPAM TAB 0.5MG
- CLONAZEPAM TAB 1MG
- CLONAZEPAM TAB 2MG
- CLONIDINE TAB 0.1MG
- CLONIDINE TAB 0.2MG
- CLONIDINE TAB 0.3MG
- CLOPIDOGREL TAB 75MG
- CLOTRIM/BETA CRE DIPROP
- CLOTRIM/BETA LOT DIPROP
- CLOTRIMAZOLE TRO 10MG
- COLCHICINE TAB 0.6MG
- COLESTIPOL TAB 1GM
- COMBIGAN SOL 0.2/0.5%
- COMETRIQ KIT 100MG
- COMETRIQ KIT 140MG
- COMETRIQ KIT 60MG
- CRIXIVAN CAP 200MG
- CROMOLYN SOD SOL 4% OP
- CVS NICOTINE DIS 21MG/24H
- CVS NICOTINE GUM 4MG MINT
- CVS NICOTINE LOZ 2MG
- CYANOCOBALAM INJ 1000MCG
- DANAZOL CAP 100MG
- DANAZOL CAP 200MG
- DANAZOL CAP 50MG
- DAPSONE TAB 100MG
- DAPSONE TAB 25MG
- DESIPRAMINE TAB 100MG
- DESIPRAMINE TAB 150MG
- DESIPRAMINE TAB 25MG
- DESIPRAMINE TAB 75MG
- DESMOPRESSIN TAB 0.1MG
- DESMOPRESSIN TAB 0.2MG
- DESO/ETHINYL TAB ESTRADIO
- DESO/ETHINYL TAB ESTRADIO
- DESONIDE CRE 0.05%
- DESONIDE OIN 0.05%
- DESOXIMETAS CRE 0.05%
- DESOXIMETAS CRE 0.25%
- DESOXIMETAS GEL 0.05%
- DESOXIMETAS OIN 0.25%
- DEXAMETH PHO SOL 0.1% OP
- DEXILANT CAP 30MG DR
- DEXILANT CAP 60MG DR
- DICLO/MISOPR TAB 50-0.2MG
- DICLO/MISOPR TAB 75-0.2MG
- DICLOFEN POT TAB 50MG
- DICLOFENAC GEL 1%
- DICLOFENAC TAB 100MG ER
- DICLOFENAC TAB 25MG DR
- DICLOFENAC TAB 50MG DR
- DICLOFENAC TAB 75MG DR
- DIDANOSINE CAP 200MG
- DIFLUNISAL TAB 500MG
- DIGOXIN TAB 0.125MG
- DIGOXIN TAB 0.25MG
- DILTIAZEM CAP 120MG ER
- DILTIAZEM CAP 120MG ER
- DILTIAZEM CAP 120MG/24
- DILTIAZEM CAP 180MG ER
- DILTIAZEM CAP 180MG ER
- DILTIAZEM CAP 180MG/24
- DILTIAZEM CAP 240MG ER
- DILTIAZEM CAP 240MG ER
- DILTIAZEM CAP 240MG/24
- DILTIAZEM CAP 240MG/24
- DILTIAZEM CAP 300MG ER
- DILTIAZEM CAP 360MG ER
- DILTIAZEM CAP 420MG/24
- DILTIAZEM TAB 120MG
- DILTIAZEM TAB 30MG
- DILTIAZEM TAB 60MG
- DILTIAZEM TAB 90MG
- DISULFIRAM TAB 250MG
- DISULFIRAM TAB 500MG
- DOCOSANOL CRE 10%
- DONEPEZIL TAB 10MG
- DONEPEZIL TAB 10MG ODT
- DONEPEZIL TAB 5MG
- DONEPEZIL TAB 5MG ODT
- DORZOL/TIMOL SOL 22.3-6.8
- DORZOLAMIDE SOL 2% OP
- DOXAZOSIN TAB 1MG
- DOXAZOSIN TAB 2MG
- DOXAZOSIN TAB 4MG
- DOXAZOSIN TAB 8MG
- DROSPIR/ETHI TAB 3-0.02MG
- DROSPIR/ETHI TAB 3-0.03MG
- DROSPIRE/ETH TAB ESTR/LEV
- DUAVEE TAB 0.45-20
- DULOXETINE CAP 20MG
- DULOXETINE CAP 30MG
- DULOXETINE CAP 60MG
- DUTASTERIDE CAP 0.5MG
- EDARBI TAB 40MG
- EDARBI TAB 80MG

**Quantity Limit Change effective
January 1, 2022 (Continued)**

- EDURANT TAB 25MG
- EFAVIRENZ CAP 50MG
- ELIQUIS TAB 2.5MG
- ELIQUIS TAB 5MG
- ELLA TAB 30MG
- EMTRIVA SOL 10MG/ML
- ENALAPR/HCTZ TAB 10-25MG
- ENALAPR/HCTZ TAB 5-12.5MG
- ENALAPRIL TAB 10MG
- ENALAPRIL TAB 2.5MG
- ENALAPRIL TAB 20MG
- ENALAPRIL TAB 5MG
- ENBREL INJ 25MG
- ENOXAPARIN INJ 100MG/ML
- ENOXAPARIN INJ 120/0.8
- ENOXAPARIN INJ 150MG/ML
- ENOXAPARIN INJ 30/0.3ML
- ENOXAPARIN INJ 300/3ML
- ENOXAPARIN INJ 40/0.4ML
- ENOXAPARIN INJ 60/0.6ML
- ENOXAPARIN INJ 80/0.8ML
- ENTACAPONE TAB 200MG
- EPIPEN 2-PAK INJ 0.3MG
- EPIPEN-JR INJ 0.15MG
- EPLERENONE TAB 25MG
- EPLERENONE TAB 50MG
- EQ NICOTINE LOZ 4MG MINT
- ERYTHROMYCIN SOL 2%
- ESCITALOPRAM TAB 10MG
- ESCITALOPRAM TAB 20MG
- ESCITALOPRAM TAB 5MG
- ESOMEPRAM MAG CAP 20MG DR
- ESTRA/NORETH TAB 0.5-0.1
- ESTRADIOL CRE 0.01%
- ESTRADIOL TAB 10MCG
- ETHY ETH EST TAB 1-35
- ETODOLAC CAP 200MG
- ETODOLAC TAB 400MG
- ETODOLAC TAB 500MG
- FAMCICLOVIR TAB 125MG
- FAMCICLOVIR TAB 250MG
- FAMCICLOVIR TAB 500MG
- FARXIGA TAB 10MG
- FARXIGA TAB 5MG
- FELODIPINE TAB 10MG ER
- FELODIPINE TAB 2.5MG ER
- FELODIPINE TAB 5MG ER
- FENOFIBRATE CAP 134MG
- FENOFIBRATE CAP 200MG
- FENOFIBRATE CAP 43MG
- FENOFIBRATE CAP 67MG
- FENOFIBRATE TAB 145MG
- FENOFIBRATE TAB 160MG
- FENOFIBRATE TAB 48MG
- FENOFIBRATE TAB 54MG
- FEXOFENADINE TAB 180MG
- FEXOFENADINE TAB 60MG
- FIASP FLEX INJ TOUCH
- FIASP INJ 100/ML
- FIASP PENFIL INJ U-100
- FINASTERIDE TAB 5MG
- FLAVOXATE TAB 100MG
- FLUCONAZOLE TAB 100MG
- FLUCONAZOLE TAB 150MG
- FLUCONAZOLE TAB 200MG
- FLUCONAZOLE TAB 50MG
- FLUOCIN ACET CRE 0.025%
- FLUOCIN ACET OIN 0.025%
- FLUOCINONIDE CRE 0.05%
- FLUOCINONIDE GEL 0.05%
- FLUOCINONIDE OIN 0.05%
- FLUOCINONIDE SOL 0.05%
- FLUORABON DRO
- FLUORIDE CHW 0.25MG F
- FLUORIDE CHW 0.5MG F
- FLUORITAB DRO 0.125MG
- FLUOXETINE CAP 10MG
- FLUOXETINE CAP 20MG
- FLUOXETINE CAP 40MG
- FLURBIPROFEN TAB 100MG
- FLURBIPROFEN TAB 50MG
- FLUTICASONE CRE 0.05%
- FLUTICASONE OIN 0.005%
- FLUVOXAMINE TAB 100MG
- FLUVOXAMINE TAB 25MG
- FLUVOXAMINE TAB 50MG
- FOLIC ACID TAB 400MCG
- FOLIC ACID TAB 800MCG
- FOSINOP/HCTZ TAB 10/12.5
- FOSINOP/HCTZ TAB 20/12.5
- FOSINOPRIL TAB 10MG
- FOSINOPRIL TAB 20MG
- FOSINOPRIL TAB 40MG
- GEMFIBROZIL TAB 600MG
- GENTAMICIN CRE 0.1%
- GENTAMICIN OIN 0.1%
- GENTAMICIN SOL 0.3% OP
- GLIP/METFORM TAB 2.5-250M
- GLIP/METFORM TAB 2.5-500M
- GLIP/METFORM TAB 5-500MG
- GLYXAMBI TAB 10-5 MG
- GLYXAMBI TAB 25-5 MG
- GNP LIDOCAIN PAD 4%
- GRANISETRON TAB 1MG
- GUAIATUSS AC SYP 100-10/5
- GUANFACINE TAB 1MG
- GUANFACINE TAB 2MG
- HALOBETASOL CRE 0.05%
- HALOBETASOL OIN 0.05%
- HC VALERATE CRE 0.2%
- HM NICOTINE DIS 14MG/24H
- HUMIRA INJ 40/0.4ML
- HUMIRA KIT 40MG/0.8
- HUMIRA PEDIA INJ CROHNS
- HUMIRA PEN INJ 40/0.4ML
- HUMIRA PEN INJ CD/UC/HS
- HUMIRA PEN KIT CD/UC/HS
- HUMIRA PEN KIT PS/UV
- HUMULIN R INJ U-500
- HYDROCORT CRE 2.5%
- HYDROCORT ENE 100MG
- HYDROCORT LOT 2.5%
- HYDROCORT OIN 2.5%
- HYDROXYCHLOR TAB 200MG
- IBANDRONATE TAB 150MG
- IBRANCE CAP 100MG
- IBRANCE CAP 125MG
- IBRANCE CAP 75MG
- IBRANCE TAB 100MG
- IBRANCE TAB 125MG
- IBRANCE TAB 75MG
- IBUPROFEN TAB 400MG
- IBUPROFEN TAB 600MG
- IBUPROFEN TAB 800MG
- ICLUSIG TAB 15MG
- IMIPRAM HCL TAB 10MG
- IMIPRAM HCL TAB 50MG
- INCRUSE ELPT INH 62.5MCG
- INSPIRACHAMB MIS LARGE
- INTELENCE TAB 25MG
- INVIRASE TAB 500MG
- IPRATROPIUM SOL 0.02%INH
- IPRATROPIUM SPR 0.03%
- IPRATROPIUM SPR 0.06%
- IPRATROPIUM/ SOL ALBUTER
- IRBESAR/HCTZ TAB 150-12.5
- IRBESAR/HCTZ TAB 300-12.5
- IRBESARTAN TAB 150MG
- IRBESARTAN TAB 300MG
- IRBESARTAN TAB 75MG

**Quantity Limit Change effective
January 1, 2022 (Continued)**

- ISENTRESS CHW 100MG
- ISENTRESS CHW 25MG
- ISENTRESS TAB 400MG
- ISOSORB DIN TAB 10MG
- ISOSORB DIN TAB 20MG
- ISOSORB DIN TAB 30MG
- ISOSORB DIN TAB 5MG
- ISOSORB MONO TAB 10MG
- ISOSORB MONO TAB 120MG ER
- ISOSORB MONO TAB 20MG
- ISOSORB MONO TAB 30MG ER
- ISOSORB MONO TAB 60MG ER
- ISRADIPINE CAP 2.5MG
- ISRADIPINE CAP 5MG
- JANUMET TAB 50-1000
- JANUMET TAB 50-500MG
- JANUMET XR TAB 100-1000
- JANUMET XR TAB 50-1000
- JANUMET XR TAB 50-500MG
- JANUVIA TAB 100MG
- JANUVIA TAB 25MG
- JANUVIA TAB 50MG
- JARDIANCE TAB 10MG
- JARDIANCE TAB 25MG
- JINTELI TAB 1MG-5MCG
- JUNEL 1.5/30 TAB
- JUNEL FE TAB 1.5/30
- KALETRA TAB 100-25MG
- KALETRA TAB 200-50MG
- KELNOR 1/50 TAB
- KETOCONAZOLE CRE 2%
- KETOCONAZOLE SHA 2%
- KETOROLAC SOL 0.4%
- KETOROLAC SOL 0.5%
- KETOTIF FUM DRO 0.025%OP
- KISQALI TAB 200DOSE
- KISQALI TAB 400DOSE
- KISQALI TAB 600DOSE
- KLOR-CON/EF TAB 25MEQ FR
- LABETALOL TAB 100MG
- LABETALOL TAB 200MG
- LABETALOL TAB 300MG
- LAMIVUDINE TAB 100MG
- LARIN 24 TAB FE 1/20
- LATANOPROST SOL 0.005%
- LEENA TAB
- LEFLUNOMIDE TAB 10MG
- LEFLUNOMIDE TAB 20MG
- LETROZOLE TAB 2.5MG
- LEVEMIR INJ
- LEVEMIR INJ FLEXTouc
- LEVOBUNOLOL SOL 0.5% OP
- LEVOCETIRIZI TAB 5MG
- LEVO-ETH EST TAB 90-20MCG
- LEVONOR/ETHI TAB
- LEVONOR/ETHI TAB 0.1-0.02
- LEVONOR/ETHI TAB ESTRADIO
- LEVONOR/ETHI TAB ESTRADIO
- LIDO/PRILOCN CRE 2.5-2.5%
- LINDANE SHA 1%
- LISINOP/HCTZ TAB 10-12.5
- LISINOP/HCTZ TAB 20-12.5
- LISINOP/HCTZ TAB 20-25MG
- LISINOPRIL TAB 10MG
- LISINOPRIL TAB 2.5MG
- LISINOPRIL TAB 20MG
- LISINOPRIL TAB 30MG
- LISINOPRIL TAB 40MG
- LISINOPRIL TAB 5MG
- LO LOESTRIN TAB 1-10-10
- LOPIN/RITON SOL 80-20/ML
- LOPREEZA TAB 1-0.5MG
- LOSARTAN POT TAB 100MG
- LOSARTAN POT TAB 25MG
- LOSARTAN POT TAB 50MG
- LOSARTAN/HCT TAB 100-12.5
- LOSARTAN/HCT TAB 100-25
- LOSARTAN/HCT TAB 50-12.5
- LOW-OGESTREL TAB
- MALATHION LOT 0.5%
- MECLIZINE TAB 12.5MG
- MECLIZINE TAB 25MG
- MEDROXYPR AC TAB 10MG
- MEDROXYPR AC TAB 2.5MG
- MEDROXYPR AC TAB 5MG
- MEFLOQUINE TAB 250MG
- MELODETTA CHW 24 FE
- MELOXICAM TAB 15MG
- MELOXICAM TAB 7.5MG
- MEPROBAMATE TAB 200MG
- MEPROBAMATE TAB 400MG
- MESALAMINE CAP 0.375GM
- METFORMIN TAB 1000MG
- METFORMIN TAB 500MG
- METFORMIN TAB 500MG ER
- METFORMIN TAB 750MG ER
- METFORMIN TAB 850MG
- METHAZOLAMID TAB 25MG
- METHAZOLAMID TAB 50MG
- METHOTREXATE INJ 250/10ML
- METHOTREXATE INJ 25MG/ML
- METHOTREXATE INJ 50MG/2ML
- METOCLOPRAM TAB 10MG
- METOCLOPRAM TAB 5MG
- METOPRL/HCTZ TAB 100-25MG
- METOPRL/HCTZ TAB 100-50MG
- METOPRL/HCTZ TAB 50-25MG
- METOPROL SUC TAB 100MG ER
- METOPROL SUC TAB 200MG ER
- METOPROL SUC TAB 25MG ER
- METOPROL SUC TAB 50MG ER
- METOPROL TAR TAB 100MG
- METOPROL TAR TAB 25MG
- METOPROL TAR TAB 50MG
- METRONIDAZOL CRE 0.75%
- METRONIDAZOL GEL 0.75%
- METRONIDAZOL GEL 0.75% VAG
- METRONIDAZOL LOT 0.75%
- MIGLITOL TAB 100MG
- MIGLITOL TAB 25MG
- MIGLITOL TAB 50MG
- MINITRAN DIS 0.6MG/HR
- MIRTAZAPINE TAB 15MG
- MIRTAZAPINE TAB 30MG
- MIRTAZAPINE TAB 45MG
- MISOPROSTOL TAB 100MCG
- MISOPROSTOL TAB 200MCG
- MODAFINIL TAB 100MG
- MOEXIPRIL TAB 15MG
- MOEXIPRIL TAB 7.5MG
- MOMETASONE CRE 0.1%
- MOMETASONE OIN 0.1%
- MOMETASONE SOL 0.1%
- MONTELUKAST TAB 10MG
- MOXIFLOXACIN SOL HCL 0.5%
- MULTI VIT/FL DRO 0.5MG/ML
- MULTI-VIT/FE DRO /FL 0.25
- MULTIVIT/FL CHW 0.25MG

**Quantity Limit Change effective
January 1, 2022 (Continued)**

- MULTIVIT/FL CHW 0.5MG
- MULTIVIT/FL CHW 1MG
- MULTIVIT/FL DRO 0.25MG
- MUPIROCIN OIN 2%
- MY WAY TAB 1.5MG
- NABUMETONE TAB 500MG
- NABUMETONE TAB 750MG
- NAPROXEN TAB 250MG
- NAPROXEN TAB 375MG
- NAPROXEN TAB 500MG
- NARATRIPTAN TAB 1MG
- NARATRIPTAN TAB 2.5MG
- NASAL ALLRGY SPR
55MCG/AC
- NATEGLINIDE TAB 120MG
- NATEGLINIDE TAB 60MG
- NEFAZODONE TAB 100MG
- NEFAZODONE TAB 150MG
- NEFAZODONE TAB 200MG
- NEFAZODONE TAB 250MG
- NEFAZODONE TAB 50MG
- NEVIRAPINE TAB 100MG
- NEXIUM 24HR CAP 20MG
- NIACIN ER TAB 500MG
- NICARDIPINE CAP 20MG
- NICARDIPINE CAP 30MG
- NICOTINE POL GUM
2MGFRUIT
- NICOTINE TD DIS 7MG/24HR
- NICOTROL INH
- NICOTROL NS SPR 10MG/ML
- NIFEDIPINE TAB 30MG ER
- NIFEDIPINE TAB 60MG ER
- NIFEDIPINE TAB 90MG ER
- NITROGLYCER DIS
0.1MG/HR
- NITROGLYCER DIS
0.2MG/HR
- NITROGLYCER DIS
0.4MG/HR
- NORE/ETH/FER CAP 1/20
- NORE/ETH/FER CHW 0.4MG-
35
- NORETH/ETHIN CHW FE
- NORETH/ETHIN TAB 0.5-2.5
- NORETH/ETHIN TAB 1/20
- NORETH/ETHIN TAB FE 1/20
- NORETHIN ACE TAB 5MG
- NORETHINDRON TAB
0.35MG
- NORGEST/ETHI TAB 0.25/35
- NORGEST/ETHI TAB
ESTRADIO
- NORGEST/ETHI TAB
ESTRADIO
- NORTREL TAB 0.5/35
- NORTREL TAB 1/35
- NORTREL TAB 7/7/7
- NORTRIPTYLIN CAP 10MG
- NORVIR SOL 80MG/ML
- NOVOLIN INJ 70/30
- NOVOLIN INJ 70/30 FP
- NOVOLIN N INJ 100 UNIT
- NOVOLIN N INJ U-100
- NOVOLIN R INJ 100 UNIT
- NOVOLIN R INJ U-100
- NOVOLOG INJ 100/ML
- NOVOLOG INJ FLEXPEN
- NOVOLOG INJ PENFILL
- NOVOLOG MIX INJ 70/30
- NOVOLOG MIX INJ FLEXPEN
- NYSTATIN CRE 100000
- NYSTATIN OIN 100000
- OFLOXACIN DRO 0.3% OP
- OFLOXACIN DRO 0.3% OTIC
- OGESTREL TAB
- OLM MED/HCTZ TAB 20-12.5
- OLM MED/HCTZ TAB 40-12.5
- OLM MED/HCTZ TAB 40-
25MG
- OLMESA MEDOX TAB 20MG
- OLMESA MEDOX TAB 40MG
- OLMESA MEDOX TAB 5MG
- OMEGA-3-ACID CAP 1GM
- OMEPRAZOLE CAP 10MG
- OMEPRAZOLE CAP
20.6MGDR
- OMEPRAZOLE CAP 20MG
- OMEPRAZOLE CAP 40MG
- ONDANSETRON TAB 4MG
- ONDANSETRON TAB 4MG
ODT
- ONDANSETRON TAB 8MG
- ONDANSETRON TAB 8MG
ODT
- ORENITRAM TAB 0.125MG
- ORENITRAM TAB 0.25MG
- ORENITRAM TAB 1MG
- ORENITRAM TAB 2.5MG
- ORENITRAM TAB 5MG
- OSELTAMIVIR CAP 30MG
- OSELTAMIVIR CAP 45MG
- OSELTAMIVIR CAP 75MG
- OXYBUTYNIN SYP 5MG/5ML
- OXYBUTYNIN TAB 10MG ER
- OXYBUTYNIN TAB 15MG ER
- OXYBUTYNIN TAB 5MG
- OXYBUTYNIN TAB 5MG ER
- OZEMPIC INJ 2/1.5ML
- OZEMPIC INJ 4MG/3ML
- PANTOPRAZOLE TAB 20MG
- PANTOPRAZOLE TAB 40MG
- PAROXETINE TAB 10MG
- PAROXETINE TAB 20MG
- PAROXETINE TAB 30MG
- PAROXETINE TAB 40MG
- PENTOXIFYLLI TAB 400MG
ER
- PERINDOPRIL TAB 2MG
- PERINDOPRIL TAB 4MG
- PERINDOPRIL TAB 8MG
- PERMETHRIN CRE 5%
- PHENELZINE TAB 15MG
- PHENOBARB TAB 100MG
- PHENOBARB TAB 15MG
- PHENOBARB TAB 16.2MG
- PHENOBARB TAB 30MG
- PHENOBARB TAB 32.4MG
- PHENOBARB TAB 60MG
- PHENOBARB TAB 64.8MG
- PHENOBARB TAB 97.2MG
- PHYTONADIONE TAB 5MG
- PIMOZIDE TAB 1MG
- PIMOZIDE TAB 2MG
- PIOGLITAZONE TAB 15MG
- PIOGLITAZONE TAB 30MG
- PIOGLITAZONE TAB 45MG
- PODOFILOX SOL 0.5%
- POLYMYXIN B/ SOL
TRIMETHP
- POMALYST CAP 1MG
- POMALYST CAP 2MG
- POMALYST CAP 3MG
- POMALYST CAP 4MG
- POT CHLORIDE CAP 10MEQ
ER
- POT CHLORIDE CAP 8MEQ
ER
- POT CHLORIDE TAB 10MEQ
ER
- POT CHLORIDE TAB 20MEQ
ER
- POT CHLORIDE TAB 8MEQ
ER
- POT CITRA ER TAB 1080MG
- POT CITRA ER TAB 1620MG
- POT CITRA ER TAB 540MG
- POT CL MICRO TAB 10MEQ
CR

**Quantity Limit Change effective
January 1, 2022 (Continued)**

- POT CL MICRO TAB 20MEQ ER
- PRASUGREL TAB 10MG
- PRASUGREL TAB 5MG
- PRAZOSIN HCL CAP 1MG
- PRAZOSIN HCL CAP 2MG
- PRAZOSIN HCL CAP 5MG
- PREDNICARBAT CRE 0.1%
- PREDNICARBAT OIN 0.1%
- PRENATABS RX TAB
- PREZISTA SUS 100MG/ML
- PREZISTA TAB 150MG
- PREZISTA TAB 75MG
- PRIFTIN TAB 150MG
- PRIMIDONE TAB 250MG
- PRIMIDONE TAB 50MG
- PROBEN/COLCH TAB 500-0.5
- PROBENECID TAB 500MG
- PROGESTERONE CAP 100MG
- PROGESTERONE CAP 200MG
- PROMETH/COD SOL 6.25-10
- PROMETH/PE SYP 6.25-5/5
- PROMETH/PE/ SYP CODEINE
- PROMETHAZINE SYP DM
- PROPRANOLOL CAP 120MG ER
- PROPRANOLOL CAP 160MG ER
- PROPRANOLOL CAP 60MG ER
- PROPRANOLOL CAP 80MG ER
- PROTRIPTYLIN TAB 5MG
- PYRIDOSTIGM TAB 60MG
- QNAPRIL/HCTZ TAB 10-12.5
- QNAPRIL/HCTZ TAB 20-12.5
- QNAPRIL/HCTZ TAB 20-25MG
- QUINAPRIL TAB 10MG
- QUINAPRIL TAB 20MG
- QUINAPRIL TAB 40MG
- QUINAPRIL TAB 5MG
- QUININE SULF CAP 324MG
- QVAR REDIIHA AER 80MCG
- QVAR REDIIHAL AER 40MCG
- RA CETIRIZIN TAB 10MG
- RA HYDROCORT CRE 1%PLS 12
- RA LAXATIVE POW
- RAMIPRIL CAP 1.25MG
- RAMIPRIL CAP 10MG
- RAMIPRIL CAP 2.5MG
- RAMIPRIL CAP 5MG
- RANOLAZINE TAB 1000MG
- RANOLAZINE TAB 500MG ER
- RASAGILINE TAB 0.5MG
- RASAGILINE TAB 1MG
- REGRANEX GEL 0.01%
- RELENZA MIS DISKHALE
- REPAGLINIDE TAB 0.5MG
- REPAGLINIDE TAB 1MG
- REPAGLINIDE TAB 2MG
- REVLIMID CAP 20MG
- REVLIMID CAP 25MG
- RIMANTADINE TAB 100MG
- RISEDRONATE TAB 150MG
- RISEDRONATE TAB 30MG
- RISEDRONATE TAB 35MG
- RISEDRONATE TAB 5MG
- RIZATRIPTAN TAB 10MG
- RIZATRIPTAN TAB 10MG ODT
- RIZATRIPTAN TAB 5MG
- RIZATRIPTAN TAB 5MG ODT
- ROSUVASTATIN TAB 10MG
- ROSUVASTATIN TAB 20MG
- ROSUVASTATIN TAB 40MG
- ROSUVASTATIN TAB 5MG
- SCOPOLAMINE DIS 1MG/3DAY
- SELEGILINE CAP 5MG
- SELEGILINE TAB 5MG
- SELZENTRY SOL 20MG/ML
- SELZENTRY TAB 25MG
- SELZENTRY TAB 300MG
- SERTRALINE CON 20MG/ML
- SERTRALINE TAB 100MG
- SERTRALINE TAB 25MG
- SERTRALINE TAB 50MG
- SILVER SULFA CRE 1%
- SOD FLUORIDE CHW 1MG F
- SOD FLUORIDE DRO 0.5MG/ML
- SOD FLUORIDE TAB 0.5MG F
- SOD SULFACET SOL 10% OP
- SOLIQUA INJ 100/33
- SPINOSAD SUS 0.9%
- SPIRIVA AER 1.25MCG
- SPIRIVA CAP HANDIHLR
- SPIRIVA SPR 2.5MCG
- STRIVERDI AER 2.5MCG
- SUCRALFATE TAB 1GM
- SULFAMYLON CRE 85MG/GM
- SULFASALAZIN TAB 500MG
- SULFASALAZIN TAB 500MG DR
- SULINDAC TAB 150MG
- SULINDAC TAB 200MG
- SUMATRIPTAN INJ 6MG/0.5
- SUMATRIPTAN TAB 100MG
- SUMATRIPTAN TAB 25MG
- SUMATRIPTAN TAB 50MG
- SUTENT CAP 12.5MG
- SUTENT CAP 25MG
- SYMBICORT AER 160-4.5
- SYMBICORT AER 80-4.5
- TAMSULOSIN CAP 0.4MG
- TAZAROTENE CRE 0.1%
- TERAZOSIN CAP 10MG
- TERAZOSIN CAP 1MG
- TERAZOSIN CAP 2MG
- TERAZOSIN CAP 5MG
- TERBINAFINE CRE 1%
- TERBINAFINE TAB 250MG
- TERBUTALINE TAB 2.5MG
- TERBUTALINE TAB 5MG
- TILIA FE TAB
- TIMOLOL GEL SOL 0.25% OP
- TIMOLOL GEL SOL 0.5% OP
- TIMOLOL MAL SOL 0.25% OP
- TIMOLOL MAL SOL 0.5% OP
- TIVICAY PD TAB 5MG
- TIVICAY TAB 10MG
- TIVICAY TAB 25MG
- TOBRA/DEXAME SUS 0.3-0.1%
- TOBRADEX OIN 0.3-0.1%
- TOBRAMYCIN SOL 0.3% OP
- TRACLEER TAB 32MG
- TRANDOLAPRIL TAB 1MG
- TRANDOLAPRIL TAB 2MG
- TRANDOLAPRIL TAB 4MG
- TRANYLCPROM TAB 10MG
- TRAZODONE TAB 100MG
- TRAZODONE TAB 150MG
- TRAZODONE TAB 50MG
- TRELEGY AER ELLIPTA
- TRESIBA FLEX INJ 100UNIT
- TRESIBA FLEX INJ 200UNIT
- TRESIBA INJ 100UNIT
- TRIAMCINOLON CRE 0.025%
- TRIAMCINOLON CRE 0.1%
- TRIAMCINOLON CRE 0.5%
- TRIAMCINOLON LOT 0.025%
- TRIAMCINOLON LOT 0.1%
- TRIAMCINOLON OIN 0.025%
- TRIAMCINOLON OIN 0.1%
- TRIAMCINOLON OIN 0.5%

**Quantity Limit Change effective
January 1, 2022 (Continued)**

- TRIFLURIDINE SOL 1% OP
- TRI-VIT/FLUO DRO 0.25MG
- TRI-VIT/FLUO DRO 0.5MG
- TRULICITY INJ 0.75/0.5
- TRULICITY INJ 1.5/0.5
- TRULICITY INJ 3/0.5
- TRULICITY INJ 4.5/0.5
- TYDEMY TAB
- UPTRAVI TAB 200/800
- UPTRAVI TAB 200MCG
- URSODIOL CAP 300MG
- URSODIOL TAB 250MG
- URSODIOL TAB 500MG
- VALACYCLOVIR TAB 1GM
- VALACYCLOVIR TAB 500MG
- VALSART/HCTZ TAB 160-12.5
- VALSART/HCTZ TAB 160-25MG
- VALSART/HCTZ TAB 320-12.5
- VALSART/HCTZ TAB 320-25MG
- VALSART/HCTZ TAB 80-12.5
- VALSARTAN TAB 160MG
- VALSARTAN TAB 320MG
- VALSARTAN TAB 40MG

- VALSARTAN TAB 80MG
- VENLAFAXINE CAP 150MG ER
- VENLAFAXINE CAP 37.5 ER
- VENLAFAXINE CAP 75MG ER
- VENLAFAXINE TAB 100MG
- VENLAFAXINE TAB 25MG
- VENLAFAXINE TAB 37.5MG
- VENLAFAXINE TAB 50MG
- VENLAFAXINE TAB 75MG
- VERAPAMIL CAP 100MG ER
- VERAPAMIL CAP 120MG ER
- VERAPAMIL CAP 180MG ER
- VERAPAMIL CAP 240MG ER
- VERAPAMIL CAP 300MG ER
- VERAPAMIL CAP 360MG SR
- VERAPAMIL TAB 120MG
- VERAPAMIL TAB 120MG ER
- VERAPAMIL TAB 180MG ER
- VERAPAMIL TAB 240MG ER
- VERAPAMIL TAB 40MG
- VERAPAMIL TAB 80MG
- VICTOZA INJ 18MG/3ML
- VOLTAREN GEL 1%
- WAL-ITIN TAB 10MG
- XALKORI CAP 200MG
- XALKORI CAP 250MG

- XARELTO STAR TAB 15/20MG
- XARELTO TAB 10MG
- XARELTO TAB 15MG
- XARELTO TAB 2.5MG
- XARELTO TAB 20MG
- XIGDUO XR TAB 10-1000
- XIGDUO XR TAB 10-500MG
- XIGDUO XR TAB 2.5-1000
- XIGDUO XR TAB 5-1000MG
- XIGDUO XR TAB 5-500MG
- XOLAIR INJ 150MG/ML
- XOLAIR INJ 75/0.5
- XOLAIR SOL 150MG
- XULTOPHY INJ 100/3.6
- ZAFIRLUKAST TAB 10MG
- ZAFIRLUKAST TAB 20MG

**Quantity Limit Change to apply
to members of all ages effective
January 1, 2022**

- CLOMIPRAMINE CAP 75MG
- DESIPRAMINE TAB 10MG
- DESIPRAMINE TAB 50MG
- IMIPRAM HCL TAB 25MG
- NORTRIPTYLIN CAP 25MG
- NORTRIPTYLIN CAP 50MG
- PROTRIPTYLIN TAB 10MG

CHANGES TO COVERAGE TIER

**Tier Change effective January 1,
2022**

- ABIRATERONE TAB 250MG
- ABIRATERONE TAB 500MG
- AMBRISENTAN TAB 10MG
- AMBRISENTAN TAB 5MG
- BEXAROTENE CAP 75MG
- BOSENTAN TAB 125MG
- BOSENTAN TAB 62.5MG
- BUPRENORPHIN SUB 8MG
- CAPECITABINE TAB 150MG
- CAPECITABINE TAB 500MG
- CINACALCET TAB 30MG
- CINACALCET TAB 60MG
- CINACALCET TAB 90MG
- CLENPIQ SOL
- DALFAMPRIDIN TAB 10MG ER
- DEFERIPRONE TAB 500MG
- DIFICID TAB 200MG
- DIMETHYL FUM CAP 120MG DR

- DIMETHYL FUM CAP 240MG DR
- DIMETHYL FUM MIS STARTER
- ENCORE SUP 100MG
- ERLOTINIB TAB 100MG
- ERLOTINIB TAB 150MG
- ETHACRYNIC TAB ACD 25MG
- EVEROLIMUS TAB 2.5MG
- EVEROLIMUS TAB 5MG
- EVEROLIMUS TAB 7.5MG
- FYCOMPA TAB 10MG
- FYCOMPA TAB 12MG
- FYCOMPA TAB 2MG
- FYCOMPA TAB 4MG
- FYCOMPA TAB 6MG
- FYCOMPA TAB 8MG
- GOLYTELY SOL
- GUANIDINE TAB 125MG
- GYNAZOLE-1 CRE 2%
- ICATIBANT INJ 30MG/3ML

- IMATINIB MES TAB 100MG
- IMATINIB MES TAB 400MG
- LANCETS MIS 30G
- LAPATINIB TAB 250MG
- LEUPROLIDE INJ 1MG/0.2
- MENTAX CRE 1%
- NITISINONE CAP 10MG
- NITISINONE CAP 2MG
- NITISINONE CAP 5MG
- OCTREOTIDE INJ 1000MCG
- OCTREOTIDE INJ 100MCG
- OCTREOTIDE INJ 200MCG
- OCTREOTIDE INJ 500MCG
- PEG 3350 SOL ELECTROL
- PEG/NASUL/C/ SOL NACL/POT
- PEG-3350 SOL ELECTROL
- PHOSPHOLINE SOL 0.125%OP
- PLENVU SOL
- PREPOPIK PAK
- RIFATER TAB
- SAPROPTERIN TAB 100MG

Tier Change effective January 1, 2022 (Continued)

- SILDENAFIL TAB 20MG
- TADALAFIL TAB 20MG
- TAMOXIFEN TAB 10MG
- TAMOXIFEN TAB 20MG
- TEMOZOLOMIDE CAP 100MG
- TEMOZOLOMIDE CAP 140MG
- TEMOZOLOMIDE CAP 180MG
- TEMOZOLOMIDE CAP 20MG
- TEMOZOLOMIDE CAP 250MG
- TEMOZOLOMIDE CAP 5MG
- TETRABENAZIN TAB 12.5MG
- TETRABENAZIN TAB 25MG
- TOBRAMYCIN NEB 300/5ML
- TOLVAPTAN TAB 15MG
- TOLVAPTAN TAB 30MG
- TRECATOR TAB 250MG
- VALGANCICLOV SOL 50MG/ML
- VALGANCICLOV TAB 450MG
- VIMPAT SOL 10MG/ML
- VIMPAT TAB 100MG
- VIMPAT TAB 150MG
- VIMPAT TAB 200MG
- VIMPAT TAB 50MG
- VIVITROL INJ 380MG
- VORICONAZOLE TAB 200MG
- VORICONAZOLE TAB 50MG
- XIFAXAN TAB 550MG

Tier Change AND Adding Age Limit(s) effective January 1, 2022

- LITHIUM SOL 8MEQ/5ML

Tier Change AND Quantity Limit Change effective January 1, 2022

- ADEFOV DIPIV TAB 10MG
- ADVAIR DISKU AER 100/50
- ADVAIR DISKU AER 250/50
- ADVAIR DISKU AER 500/50
- AMCINONIDE OIN 0.1%
- ATORVASTATIN TAB 10MG
- ATORVASTATIN TAB 20MG
- ATROPINE SUL SOL 1% OP
- BALCOLTRA TAB 0.1-20
- BUPREN/NALOX SUB 2-0.5MG
- BUPREN/NALOX SUB 8-2MG
- BUPRENORPHIN SUB 2MG
- BUPROPION TAB 150MG SR
- CYCLOSET TAB 0.8MG
- DIFLORASONE CRE 0.05%
- DIFLORASONE OIN 0.05%
- ENTECAVIR TAB 0.5MG
- ENTECAVIR TAB 1MG
- ERLOTINIB TAB 25MG
- GLUCAGON KIT 1MG
- JENTADUETO TAB XR

- LEVONOR/ETHI TAB ESTRADIO
- LOVASTATIN TAB 10MG
- LOVASTATIN TAB 20MG
- LOVASTATIN TAB 40MG
- LUMIGAN SOL 0.01%
- NALTREXONE TAB 50MG
- NATAZIA TAB
- PRAVASTATIN TAB 10MG
- PRAVASTATIN TAB 20MG
- PRAVASTATIN TAB 40MG
- PRAVASTATIN TAB 80MG
- PREMARIN VAG CRE 0.625MG
- RALOXIFENE TAB 60MG
- RIVELSA TAB
- SIMBRINZA SUS 1-0.2%
- SIMVASTATIN TAB 10MG
- SIMVASTATIN TAB 20MG
- SIMVASTATIN TAB 40MG
- SIMVASTATIN TAB 5MG
- TAZORAC CRE 0.05%
- TAZORAC GEL 0.05%
- TAZORAC GEL 0.1%
- TINIDAZOLE TAB 250MG
- TINIDAZOLE TAB 500MG
- VELIVET PAK
- XULANE DIS 150-35
- ZIOPTAN DRO 0.0015%

Drug Name Drug Tier Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

<i>amphetamine extended release susp 1.25 mg/ml</i>	Tier 1	AGE (Max 11 years)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (150 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	PA, QL (120 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	PA, QL (120 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	PA, QL (60 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	PA, AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 10MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 20MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 30MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 40MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 50MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 60MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 70MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 mL in lifetime), AGE; AGE (Max 1 year)
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Tier 1	PA, QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA
<i>armodafinil tab 150 mg</i>	Tier 1	PA
<i>armodafinil tab 200 mg</i>	Tier 1	PA

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tab 250 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>modafinil tab 100 mg</i>	Tier 1	PA, QL (30 tabs / 30 days)
<i>modafinil tab 200 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin cap 3 mg</i>	Tier 1	OTC
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AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
melatonin cap 5 mg (Cvs Melatonin)	Tier 1	OTC
MELATONIN LIQ 1MG/4ML	Tier 1	OTC
melatonin tab 1-10mg	Tier 1	OTC
melatonin tab 3 mg	Tier 1	OTC
melatonin tab 5 mg	Tier 1	OTC
melatonin tab 300 mcg	Tier 1	OTC
melatonin tab er 10 mg	Tier 1	OTC
melatonin tablet disintegrating 5 mg	Tier 1	OTC

ALTERNATIVE MEDICINE COMBINATIONS

melatonin-pyridoxine tab 3-1 mg (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
melatonin-pyridoxine tab er 3-10 mg (Melatonin Tr/vitamin B-6)	Tier 1	OTC
RA MELATONIN TAB 3MG (melatonin-pyridoxine)	Tier 1	OTC

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin sulfate tab 500 mg	Tier 1	
paromomycin sulfate cap 250 mg	Tier 1	
tobramycin nebu soln 300 mg/5ml	Tier 1	PA

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML (adalimumab)	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 10MG/0.2 (adalimumab)	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 20/0.2ML (adalimumab)	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 40/0.4ML (adalimumab)	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 20MG/0.4 (adalimumab)	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 3	PA, QL (2 ea / year); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 3	PA, QL (3 ea / year); Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 3	PA, QL (3 ea / year); Preferred Brand

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV (<i>adalimumab</i>)	Tier 3	PA, QL (3 ea / year); Preferred Brand
SIMPONI INJ 50/0.5ML (<i>golimumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML (<i>golimumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	Tier 3	PA; Preferred Brand
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>)	Tier 3	PA; Preferred Brand
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	Tier 3	PA; Preferred Brand
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	Tier 3	PA; Preferred Brand
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	Tier 3	PA; Preferred Brand
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	Tier 3	PA; Preferred Brand

GOLD COMPOUNDS

RIDAURA CAP 3MG (<i>auranofin</i>)	Tier 3	PA, MAIL
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INTERLEUKIN-1 BLOCKERS

ARCALYST INJ 220MG (<i>rilonacept</i>)	Tier 3	PA
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INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)

KINERET INJ (<i>anakinra</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
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INTERLEUKIN-6 RECEPTOR INHIBITORS

ACTEMRA INJ 80MG/4ML (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 400/20ML (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>etodolac cap 200 mg</i>	Tier 1	QL (150 caps / 30 days), MAIL
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>fenoprofen calcium tab 600 mg</i>	Tier 1	PA, QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	QL (120 caps / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	QL (180 tabs / 30 days), AGE, OTC; AGE (Max 12 years)
<i>ibuprofen susp 40 mg/ml</i> (Cvs Ibuprofen Infants)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>ibuprofen susp 100 mg/5ml</i> (Ibuprofen Childrens)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>ibuprofen tab 100 mg</i> (Advil Junior Strength)	Tier 1	QL (120 tabs / 30 days), OTC
<i>ibuprofen tab 200 mg</i> (Ra Ibuprofen)	Tier 1	QL (120 tabs / 30 days), OTC
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>ketoprofen cap 50 mg</i>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<i>ketoprofen cap 75 mg</i>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	PA, MAIL
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	PA, MAIL
<i>mefenamic acid cap 250 mg</i>	Tier 1	PA, MAIL
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	QL (90 tabs / 30 days), OTC, MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 1	PA, QL (90 tabs / 30 days), MAIL
<i>piroxicam cap 10 mg</i>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<i>piroxicam cap 20 mg</i>	Tier 1	PA, QL (60 caps / 30 days), MAIL
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 1	PA, QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 3	PA; Preferred Brand
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 3	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG <i>(etanercept)</i>	Tier 3	PA, QL (8 vials / 24 days); Preferred Brand
ENBREL INJ 50MG/ML <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL MINI INJ 50MG/ML <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL SRCLK INJ 50MG/ML <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	QL (180 caps / 30 days), AGE; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS OTHER		
acetaminophen chew tab 80 mg (Childrens Pain Reliever)	Tier 1	OTC
acetaminophen chew tab 160 mg (Non- aspirin Junior Streng)	Tier 1	OTC
acetaminophen disintegrating tab 80 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen disintegrating tab 160 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Mapap)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Eq Pain Relief Adult/rapi)	Tier 1	OTC
acetaminophen soln 160 mg/5ml (Pain & Fever Childrens)	Tier 1	OTC
acetaminophen suppos 120 mg	Tier 1	OTC
acetaminophen suppos 650 mg	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Cvs Pain & Fever Children)	Tier 1	OTC
acetaminophen tab 325 mg (Mapap)	Tier 1	OTC
acetaminophen tab 500 mg	Tier 1	OTC
acetaminophen tab 500 mg (Sm Pain Relief Extra Stre)	Tier 1	OTC
acetaminophen tab er 650 mg	Tier 1	OTC
FEVERALL INF SUP 80MG (acetaminophen)	Tier 1	OTC
FEVERALL SUP 325MG (acetaminophen)	Tier 1	OTC
NORTEMP SUS INFANTS (acetaminophen)	Tier 1	OTC
SALICYLATES		
aspirin chew tab 81 mg (St Joseph Low Dose Aspiri)	PREV	OTC, MAIL; Prev for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab 325 mg (Sm Aspirin)	Tier 1	OTC, MAIL
aspirin tab delayed release 81 mg (Aspirin Low Dose)	PREV	OTC, MAIL; Prev for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab delayed release 325 mg	Tier 1	OTC, MAIL
diflunisal tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
salsalate tab 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>salsalate tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

ANALGESICS - OPIOID

OPIOID AGONISTS

CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 50-2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 100-4MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	PA; MED

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 20 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 30 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 40 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 60 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 80 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 100 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 120 MG (hydrocodone bitartrate)	Tier 3	PA; MED
meperidine hcl oral soln 50 mg/5ml	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
meperidine hcl tab 50 mg	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
meperidine hcl tab 100 mg	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
methadone hcl soln 5 mg/5ml	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
methadone hcl soln 10 mg/5ml	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
methadone hcl tab 5 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
methadone hcl tab 10 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
morphine sulfate oral soln 10 mg/5ml	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
morphine sulfate oral soln 20 mg/5ml	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
morphine sulfate tab 15 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 150MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 200MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 250MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 75MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Tier 1	PA; MED

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 1	PA; MED
OXYCONTIN TAB 10MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 15MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 20MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 30MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 40MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 60MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 80MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 1	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 1	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 1	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 1	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 1	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 1	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 1	PA, QL (120 tabs / 30 days); MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	PA, QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (300 tabs / 30 days); Max 7 day supply initial fill, MED

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	PA, QL (6 bottles / 25 days); MED

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

<i>ANADROL-50 TAB 50MG (oxymetholone)</i>	Tier 3	PA
<i>oxandrolone tab 2.5 mg</i>	Tier 1	PA
<i>oxandrolone tab 10 mg</i>	Tier 1	PA

ANDROGENS

<i>ANDROXY TAB 10MG (fluoxymesterone)</i>	Tier 3	PA, QL (90 tabs / 30 days)
<i>danazol cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
METHITEST TAB 10MG <i>(methyltestosterone)</i>	Tier 3	PA
<i>methyltestosterone cap 10 mg</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)

ANORECTAL AGENTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	QL (1680 mL / 30 days)
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RECTAL COMBINATIONS

<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
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RECTAL LOCAL ANESTHETICS

<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
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RECTAL STEROIDS

<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
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VASODILATING AGENTS

RECTIV OIN 0.4% <i>(nitroglycerin (intra-anal))</i>	Tier 3	
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ANTACIDS

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)</i>	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg (Tgt Antacid Extra Strengt)</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Cvs Antacid Supreme)	Tier 1	OTC
FOAM ANTACID CHW 80-20MG (aluminum hydroxide-mag trisil)	Tier 1	OTC
MI-ACID CHW (calcium carbonate-mag hydrox)	Tier 1	OTC
ANTACIDS - BICARBONATE		
sodium bicarbonate tab 325 mg	Tier 1	OTC
sodium bicarbonate tab 650 mg	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
calcium carbonate (antacid) chew tab 400 mg (Childrens Pepto)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)	Tier 1	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 250 mg (Gnp Magnesium)	Tier 1	OTC
magnesium oxide tab 420 mg (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	Tier 1	QL (2 tabs / 1 day); Max 1 Days Supply
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	QL (16 / 2 days); Max 1 fill per month, max 2 days supply
praziquantel tab 600 mg	Tier 1	PA
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
pentamidine isethionate for nebulization soln 300 mg	Tier 1	

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole tab 250 mg</i>	Tier 3	QL (56 tabs / 7 days); Max 7 days supply
<i>tinidazole tab 500 mg</i>	Tier 3	QL (28 tabs / 7 days); Max 7 days supply
<i>trimethoprim tab 100mg</i>	Tier 1	
XIFAXAN TAB 200MG (<i>rifaximin</i>)	Tier 3	PA
XIFAXAN TAB 550MG (<i>rifaximin</i>)	Tier 3	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (<i>nitazoxanide</i>)	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	PA
<i>nitazoxanide tab 500 mg</i>	Tier 1	PA
CARBAPENEMS		
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	
<i>meropenem iv for soln 500 mg</i>	Tier 1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin for iv soln 500 mg</i>	Tier 1	
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 2	
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>)	Tier 2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	Tier 3	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL

ANTI ANXIETY AGENTS

ANTI ANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 15 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>meprobamate tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>meprobamate tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days)
BENZODIAZEPINES		
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>diazepam conc 5 mg/ml</i> (Diazepam Intensol)	Tier 1	QL (30 mL / 30 days), AGE; AGE (Max 64 years)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (120 mL / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (90 mL / 30 days), AGE; AGE (Min 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<i>oxazepam cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years)
<i>oxazepam cap 15 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years)
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Min 6 years)

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	MAIL
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	MAIL
<i>quinidine sulfate tab 200 mg</i>	Tier 1	MAIL
<i>quinidine sulfate tab 300 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 200 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 250 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 100 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 225 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 300 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	MAIL
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	Tier 3	PA, MAIL

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	MAIL
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Drug Name	Drug Tier	Requirements/Limits
ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 30MG/ML (<i>benralizumab</i>)	Tier 3	PA
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	Tier 3	PA
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 3	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 3	PA, QL (3 syringes / 28 days)
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 3	PA, QL (2.5 mL / 28 days)
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 3	PA, QL (5 mL / 28 days)
XOLAIR SOL 150MG (<i>omalizumab</i>)	Tier 3	PA, QL (5 mL / 28 days)
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 (<i>dupilumab</i>)	Tier 3	PA
NUCALA INJ 100MG (<i>mepolizumab</i>)	Tier 3	PA, QL (3 vials / 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>)	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG (<i>umeclidinium bromide</i>)	Tier 2	QL (30 blisters / 30 days), MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (120 vials / 30 days), MAIL
SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
SPIRIVA CAP HANDIHLR (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (60 caps / 30 days), MAIL
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 9 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 14 years)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>zafirlukast tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>zafirlukast tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 1	PA, MAIL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG (<i>roflumilast</i>)	Tier 3	PA, MAIL

AGE - Age Limit MAIL - Available at mail-order MED - Max 90 mg Morphine EQ Dose per day OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
DALIRESP TAB 500MCG (roflumilast)	Tier 3	PA, MAIL
STEROID INHALANTS		
ASMANEX 7 AER 110MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 100 MCG (mometasone furoate (inhalation))	Tier 2	QL (13 gm / 30 days), MAIL
ASMANEX HFA AER 200 MCG (mometasone furoate (inhalation))	Tier 2	QL (13 gm / 30 days), MAIL
budesonide inhalation susp 0.5 mg/2ml	Tier 1	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
budesonide inhalation susp 0.25 mg/2ml	Tier 1	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG (fluticasone propionate hfa)	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG (fluticasone propionate hfa)	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG (budesonide (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG (budesonide (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIIHA AER 80MCG (beclomethasone dipropionate hfa)	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIIHAL AER 40MCG (beclomethasone dipropionate hfa)	Tier 2	QL (10.6 gm / 30 days), MAIL
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50 (fluticasone-salmeterol)	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKU AER 250/50 (fluticasone-salmeterol)	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 500/50 (fluticasone-salmeterol)	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR HFA AER 45/21 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 115/21 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 230/21 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (1 inhaler / 30 days), MAIL; Generic Preferred
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	QL (150 ea / 30 days), MAIL
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (300 mL / 30 days), MAIL
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	QL (225 mL / 30 days), MAIL
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (150 mL / 30 days), MAIL
albuterol sulfate syrup 2 mg/5ml	Tier 1	MAIL
albuterol sulfate tab 2 mg	Tier 1	MAIL
albuterol sulfate tab 4 mg	Tier 1	MAIL
ANORO ELLIPT AER 62.5-25 (umeclidinium-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG (indacaterol maleate)	Tier 3	QL (30 caps / 30 days), MAIL
BEVESPI AER 9-4.8MCG (glycopyrrolate-formoterol fumarate)	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
BREZTRI AERO AER SPHERE (budesonide-glycopyrrolate-formoterol fumarate)	Tier 2	QL (1 inhaler / 30 days), MAIL
BROVANA NEB 15MCG (arformoterol tartrate)	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 (ipratropium-albuterol)	Tier 2	QL (4 gm / 30 days), MAIL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (360 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	ST, QL (144 ea / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 10 mg</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 20 mg</i>	Tier 1	MAIL
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
TRELEGY AER ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
XANTHINES		
<i>aminophylline inj 25 mg/ml</i>	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
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ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 3MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 4MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 6MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 7.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 10MG (<i>warfarin sodium</i>)	Tier 2	MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 4 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 6 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 10 mg</i>	Tier 1	MAIL

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG (<i>apixaban</i>)	Tier 2	QL (74 / 28 days); Max 1 fill per year
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL
ELIQUIS TAB 5MG (<i>apixaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	Tier 2	QL (51 tabs / year)
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO TAB 10MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 15MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 20MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 1	QL (18 mL / 30 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 1	QL (24 mL / 30 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 1	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 1	QL (48 mL / 30 days)

AGE - Age Limit MAIL - Available at mail-order MED - Max 90 mg Morphine EQ Dose per day OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 1	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	QL (30 vials / 30 days)
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	Tier 1	QL (36 mL / 30 days)
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	Tier 1	QL (48 mL / 30 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	PA
FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA
THROMBIN INHIBITORS		
PRADAXA CAP 75MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA, MAIL
PRADAXA CAP 110MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA, MAIL
PRADAXA CAP 150MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA, MAIL
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB 2MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 4MG (<i>perampanel</i>)	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 6MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 8MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 10MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 12MG (<i>perampanel</i>)	Tier 3	

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 30 days)
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 400MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 600MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 800MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
BANZEL TAB 200MG (<i>rufinamide</i>)	Tier 3	MAIL
BANZEL TAB 400MG (<i>rufinamide</i>)	Tier 3	MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine tab 200 mg</i> (Eptol)	Tier 1	MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	MAIL
DIACOMIT CAP 250MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
DIACOMIT CAP 500MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
DIACOMIT PAK 250MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
DIACOMIT PAK 500MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
<i>gabapentin cap 100 mg</i>	Tier 1	MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 25 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	MAIL
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 50 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 75 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 100 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 150 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 200 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 225 MG	Tier 1	PA, QL (60 caps / 30 days)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PREGABALIN CAP 300 MG	Tier 1	PA, QL (60 caps / 30 days)
<i>primidone tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>primidone tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>rufinamide susp 40 mg/ml</i>	Tier 1	MAIL
<i>rufinamide tab 200 mg</i>	Tier 1	MAIL
<i>rufinamide tab 400 mg</i>	Tier 1	MAIL
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	MAIL
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 50 mg</i>	Tier 1	MAIL
<i>topiramate tab 100 mg</i>	Tier 1	MAIL
<i>topiramate tab 200 mg</i>	Tier 1	MAIL
VIMPAT SOL 10MG/ML (<i>lacosamide</i>)	Tier 2	
VIMPAT TAB 50MG (<i>lacosamide</i>)	Tier 2	
VIMPAT TAB 100MG (<i>lacosamide</i>)	Tier 2	
VIMPAT TAB 150MG (<i>lacosamide</i>)	Tier 2	
VIMPAT TAB 200MG (<i>lacosamide</i>)	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	MAIL
<i>zonisamide cap 50 mg</i>	Tier 1	MAIL
<i>zonisamide cap 100 mg</i>	Tier 1	MAIL
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	Tier 1	MAIL
<i>felbamate tab 400 mg</i>	Tier 1	MAIL
<i>felbamate tab 600 mg</i>	Tier 1	MAIL
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	Tier 1	MAIL
<i>tiagabine hcl tab 4 mg</i>	Tier 1	MAIL
<i>tiagabine hcl tab 12 mg</i>	Tier 1	MAIL
<i>tiagabine hcl tab 16 mg</i>	Tier 1	MAIL
<i>vigabatrin powd pack 500 mg</i> (Vigadrone)	Tier 1	QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
DILANTIN CAP 100MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
PEGANONE TAB 250MG (<i>ethotoin</i>)	Tier 3	MAIL
PHENYTEK CAP 200MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
PHENYTEK CAP 300MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
<i>phenytoin chew tab 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	MAIL

SUCCINIMIDES

CELONTIN CAP 300MG (<i>methsuximide</i>)	Tier 3	MAIL
<i>ethosuximide cap 250 mg</i>	Tier 1	MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	MAIL

VALPROIC ACID

<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>EMSAM DIS 6MG/24HR (selegiline)</i>	Tier 3	PA, MAIL
<i>EMSAM DIS 9MG/24HR (selegiline)</i>	Tier 3	PA, MAIL
<i>EMSAM DIS 12MG/24H (selegiline)</i>	Tier 3	PA, MAIL
<i>MARPLAN TAB 10MG (isocarboxazid)</i>	Tier 3	PA, MAIL
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days), MAIL; AGE (Max 11 years)
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
VIIBRYD KIT STARTER (<i>vilazodone hcl</i>)	Tier 3	PA
VIIBRYD TAB 10MG (<i>vilazodone hcl</i>)	Tier 3	PA, MAIL
VIIBRYD TAB 20MG (<i>vilazodone hcl</i>)	Tier 3	PA, MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD TAB 40MG (<i>vilazodone hcl</i>)	Tier 3	PA, MAIL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
FETZIMA CAP 20MG (<i>levomilnacipran hcl</i>)	Tier 3	PA, MAIL
FETZIMA CAP 40MG (<i>levomilnacipran hcl</i>)	Tier 3	PA, MAIL
FETZIMA CAP 80MG (<i>levomilnacipran hcl</i>)	Tier 3	PA, MAIL
FETZIMA CAP 120MG (<i>levomilnacipran hcl</i>)	Tier 3	PA, MAIL
FETZIMA CAP TITRATIO (<i>levomilnacipran hcl</i>)	Tier 3	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amoxapine tab 25 mg</i>	Tier 1	MAIL
<i>amoxapine tab 50 mg</i>	Tier 1	MAIL
<i>amoxapine tab 100 mg</i>	Tier 1	MAIL
<i>amoxapine tab 150 mg</i>	Tier 1	MAIL
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 75 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>protriptyline hcl tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 1	MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 1	MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 1	MAIL

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>acarbose tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>acarbose tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>miglitol tab 25 mg</i>	Tier 1	QL (360 tabs / 30 days), MAIL
<i>miglitol tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>miglitol tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	PA, MAIL
SYMLINPEN 120 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	PA, MAIL
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-500 (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-850 (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-1000 (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
SOLIQUA INJ 100/33 (<i>insulin glargine-lixisenatide</i>)	Tier 2	ST, QL (6 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 10-5-1000 MG; Requires Trial of Metformin
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 25-5-1000 MG; Requires Trial of Metformin
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 12.5-2.5-1000MG; Requires Trial of Metformin
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 5-2.5-1000MG; Requires Trial of Metformin
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 5-500MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 5-1000MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 10-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 10-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
XULTOPHY INJ 100/3.6 (insulin degludec-liraglutide)	Tier 2	ST, QL (5 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin

BIGUANIDES

metformin hcl tab 500 mg	Tier 1	QL (150 tabs / 30 days), MAIL
metformin hcl tab 850 mg	Tier 1	QL (90 tabs / 30 days), MAIL
metformin hcl tab 1000 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metformin hcl tab er 24hr 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
metformin hcl tab er 24hr 750 mg	Tier 1	QL (120 tabs / 30 days), MAIL

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE (glucagon)	Tier 2	QL (2 ea / 30 days)
diazoxide susp 50 mg/ml	Tier 1	MAIL
GLUCAGEN INJ HYPOKIT (glucagon hcl rdna)	Tier 2	QL (2 syringes / 30 days)
GLUCAGON KIT 1MG	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE (dextrose diabetic use)	Tier 1	OTC
TGT GLUCOSE CHW GRAPE (glucose-vitamin c)	Tier 1	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

alogliptin benzoate tab 6.25 mg (base equiv)	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin benzoate tab 12.5 mg (base equiv)	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
TRADJENTA TAB 5MG (<i>linagliptin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC

CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate (diabetes)</i>)	Tier 2	QL (180 tabs / 30 days), MAIL
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INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	ST, QL (1.5 mL / 24 days), MAIL; 0.25 or 0.5 mg/dose
OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	ST, QL (3 mL / 24 days), MAIL; 1 mg/dose
OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)	Tier 2	ST, QL (3 mL / 24 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 3MG (<i>semaglutide</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 7MG (<i>semaglutide</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 14MG (<i>semaglutide</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	ST, QL (9 mL / 25 days), MAIL; Requires Trial of Metformin

INSULIN

ADMELOG INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
APIDRA INJ SOLOSTAR (<i>insulin glulisine</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 (<i>insulin glulisine</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL (10 cartridges) / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG JR INJ 100/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG MIX INJ 50/50 (<i>insulin lispro protamine & lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 50/50KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 75/25KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 (<i>insulin lispro protamine & lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 2	QL (20 mL / 25 days), MAIL
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 2	QL (6 pens / 30 days), MAIL
INSULIN ASPA INJ 70/30	Tier 2	QL (30 mL / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ 100/ML	Tier 2	QL (3 vials / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ FLEXPEN	Tier 2	QL (10 pens / 30 days), MAIL; Novo Nordisk

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPA INJ PENFILL	Tier 2	QL (10 cartridges / 30 days), MAIL; Novo Nordisk
INSULIN LISP INJ 100/ML	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
LEVEMIR INJ (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTouc (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN R INJ 100 UNIT (<i>insulin regular (human)</i>)	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TOUJEO MAX INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (6 pens / 30 days), MAIL
TOUJEO SOLO INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (12 pens / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Bismatrol)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Cvs Bismuth Maximum Stren)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Sm Stomach Relief)	Tier 1	OTC

ANTIPERISTALTIC AGENTS

ANTI-DIARRHE LIQ 1MG/5ML (<i>loperamide hcl</i>)	Tier 1	OTC
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i> (Gnp Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl tab 2 mg</i> (Cvs Anti-diarrheal)	Tier 1	OTC
MOTOFEN TAB 1-0.025 (<i>difenoxin w/ atropine</i>)	Tier 3	PA, QL (100 tabs / 30 days)

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG (<i>succimer</i>)	Tier 3	PA
<i>deferasirox tab for oral susp 125 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 1	PA
<i>deferiprone tab 500 mg</i>	Tier 1	PA
FERRIPROX TAB 1000MG (<i>deferiprone</i>)	Tier 3	PA

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days)
NARCAN SPR (<i>naloxone hcl</i>)	Tier 2	
VIVITROL INJ 380MG (<i>naltrexone</i>)	Tier 2	QL (1 injection / 28 days)

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

<i>ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)</i>	Tier 3	PA
<i>ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)</i>	Tier 3	PA
<i>granisetron hcl tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Tier 1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QL (50 mL / 30 days), AGE; AGE (Max 12 years)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Tier 1	PA

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i> (Cvs Motion Sickness)	Tier 1	OTC
<i>meclizine hcl chew tab 25 mg</i> (Cvs Motion Sickness Relie)	Tier 1	QL (120 tabs / 30 days), OTC
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	QL (4 patches / 30 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	

ANTIEMETICS - MISCELLANEOUS

<i>AKYNZEO CAP 300-0.5 (<i>netupitant-palonosetron</i>)</i>	Tier 3	PA
<i>CESAMET CAP 1MG (<i>nabilone</i>)</i>	Tier 3	PA
<i>dronabinol cap 2.5 mg</i>	Tier 1	PA
<i>dronabinol cap 5 mg</i>	Tier 1	PA
<i>dronabinol cap 10 mg</i>	Tier 1	PA
<i>fructose-dextrose-phosphoric acid oral soln</i> (Cvs Nausea Relief)	Tier 1	OTC

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	Tier 1	PA
<i>aprepitant capsule 80 mg</i>	Tier 1	PA
<i>aprepitant capsule 125 mg</i>	Tier 1	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	PA

ANTIFUNGALS

ANTIFUNGALS

<i>flucytosine cap 250 mg</i>	Tier 1	PA
<i>flucytosine cap 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAP 186 MG <i>(isavuconazonium sulfate)</i>	Tier 3	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs / 30 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>itraconazole cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>voriconazole tab 50 mg</i>	Tier 1	PA
<i>voriconazole tab 200 mg</i>	Tier 1	PA

ANTIHI STAMINES

ANTIHI STAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i> (Diabetic Tussin Allergy)	Tier 1	OTC
<i>chlorpheniramine maleate tab 4 mg</i> (Eq Chlortabs)	Tier 1	OTC
<i>chlorpheniramine maleate tab er 12 mg</i> (Chlorphen Sr)	Tier 1	QL (60 tabs / 30 days), OTC

ANTIHI STAMINES - ETHANOLAMINES

ALER-DRYL TAB 50MG <i>(diphenhydramine hcl)</i>	Tier 1	OTC
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i> (Gnp Dayhist Allergy)	Tier 1	OTC
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl cap 25 mg</i> (Pharbedryl)	Tier 1	OTC
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl chew tab 12.5 mg</i> (Gnp Allergy Relief)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Cvs Allergy Relief Childr)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>diphenhydramine hcl tab 25 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl tab disint 12.5 mg</i> (Wal-dryl Allergy Relief C)	Tier 1	OTC
ANTIHIISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
<i>cetirizine hcl tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Ra Cetirizine)	Tier 1	QL (30 tabs / 30 days), OTC
<i>desloratadine tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>fexofenadine hcl tab 60 mg</i>	Tier 1	QL (60 tabs / 30 days), OTC
<i>fexofenadine hcl tab 180 mg</i>	Tier 1	QL (30 tabs / 30 days), OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>loratadine rapidly-disintegrating tab 10 mg</i> (Wal-itin Aller-melts)	Tier 1	QL (30 tabs / 30 days), OTC
<i>loratadine syrup 5 mg/5ml</i> (Gnp Loratadine)	Tier 1	QL (300 mL / 30 days), AGE, OTC; AGE (Max 12 years)
<i>loratadine tab 10 mg</i> (Allergy Relief)	Tier 1	QL (30 tabs / 30 days), OTC
ANTIHIISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl inj 25 mg/ml</i>	Tier 1	
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl suppos 25 mg</i>	Tier 1	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 25 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)

ANTI HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)

ANTIHYPERLIPIDEMICS

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	Tier 3	PA, MAIL
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ANTIHYPERLIPIDEMICS - COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	PA, MAIL
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	PA, MAIL
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	PA, MAIL
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	PA, MAIL
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	Tier 3	PA, MAIL

ANTIHYPERLIPIDEMICS - MISC.

<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
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BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL

FIBRIC ACID DERIVATIVES

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibric acid tab 35 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	PREV	ST, QL (30 caps / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	PREV	ST, QL (30 caps / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	PREV	ST, QL (30 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>lovastatin tab 10 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>lovastatin tab 20 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>lovastatin tab 40 mg</i>	PREV	QL (60 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 10 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 20 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 40 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 80 mg</i>	PREV	QL (30 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>simvastatin tab 5 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>simvastatin tab 10 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>simvastatin tab 20 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>simvastatin tab 40 mg</i>	PREV	QL (30 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>simvastatin tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
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NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tab 500 mg (Niacor)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	QL (120 tabs / 30 days), MAIL

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML (<i>evolocumab</i>)	Tier 3	PA
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	Tier 3	PA
REPATHA SURE INJ 140MG/ML (<i>evolocumab</i>)	Tier 3	PA

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tab 12.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

AGENTS FOR PHEOCHROMOCYTOMA

<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 1	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 80MG (<i>azilsartan medoxomil</i>)	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>eprosartan mesylate tab 600 mg</i>	Tier 1	ST, QL (45 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 20 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>methyldopa tab 500mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
BYVALSON TAB 5-80MG (<i>nebivolol-valsartan</i>)	Tier 3	PA, MAIL
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
<i>VECAMEYL TAB 2.5MG (mecamylamine hcl)</i>	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	PA, QL (30 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
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SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	Tier 3	
PYRIME/LEUCO CAP 12.5/2.5	Tier 1	QL (90 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/5MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/20MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)

ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	PA, QL (21 tabs / 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 1	QL (30 caps / 30 days)

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS

RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
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ANTIMYCOBACTERIAL AGENTS

CAPASTAT SUL INJ 1GM (<i>capreomycin sulfate</i>)	Tier 3	
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	Tier 3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	Tier 1	PA
<i>cyclophosphamide cap 50 mg</i>	Tier 1	PA
GLEOSTINE CAP 10MG (<i>lomustine</i>)	Tier 3	PA
GLEOSTINE CAP 40MG (<i>lomustine</i>)	Tier 3	PA
GLEOSTINE CAP 100MG (<i>lomustine</i>)	Tier 3	PA
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	Tier 3	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA
<i>temozolomide cap 5 mg</i>	Tier 1	PA
<i>temozolomide cap 20 mg</i>	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide cap 100 mg</i>	Tier 1	PA
<i>temozolomide cap 140 mg</i>	Tier 1	PA
<i>temozolomide cap 180 mg</i>	Tier 1	PA
<i>temozolomide cap 250 mg</i>	Tier 1	PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	Tier 1	PA
<i>capecitabine tab 500 mg</i>	Tier 1	PA
<i>fludarabine phosphate inj 25 mg/ml</i>	Tier 1	
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG (<i>thioguanine</i>)	Tier 3	PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA INJ 150MG (<i>trastuzumab-pkrb</i>)	Tier 3	PA, QL (6 vials / 14 days)
HERZUMA INJ 420MG (<i>trastuzumab-pkrb</i>)	Tier 3	PA, QL (2 vials / 14 days)
KANJINTI INJ 420MG (<i>trastuzumab-anns</i>)	Tier 3	PA, QL (2 vials / 14 days)
KANJINTI SOL 150MG (<i>trastuzumab-anns</i>)	Tier 3	PA, QL (6 vials / 14 days)
OGIVRI INJ 150MG (<i>trastuzumab-dkst</i>)	Tier 3	PA, QL (6 vials / 14 days)
OGIVRI INJ 420MG (<i>trastuzumab-dkst</i>)	Tier 3	PA, QL (2 vials / 14 days)
ONTRUZANT INJ 150MG (<i>trastuzumab-dttb</i>)	Tier 3	PA, QL (6 vials / 14 days)
ONTRUZANT INJ 420MG (<i>trastuzumab-dttb</i>)	Tier 3	PA, QL (2 vials / 14 days)
TRAZIMERA INJ 150MG (<i>trastuzumab-qyyp</i>)	Tier 3	PA, QL (6 vials / 14 days)
TRAZIMERA INJ 420MG (<i>trastuzumab-qyyp</i>)	Tier 3	PA, QL (2 vials / 14 days)
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ 100/10ML (<i>rituximab-pvvr</i>)	Tier 3	PA, QL (10 vials / 7 days)

Drug Name	Drug Tier	Requirements/Limits
RUXIENCE INJ 500/50ML (<i>rituximab-pvvr</i>)	Tier 3	PA, QL (2 vials / 7 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	Tier 3	PA, QL (30 per 30 days)
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	Tier 3	PA, QL (30 per 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 1	PA, QL (120 per 30 days)
<i>abiraterone acetate tab 500 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL; Prev for ages 35 and over, otherwise Tier 1
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 3	PA
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 3	PA
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	Tier 3	PA
<i>exemestane tab 25 mg</i>	Tier 1	PA, MAIL; Prev for ages 35 and over, otherwise Tier 1
FIRMAGON INJ 80MG (<i>degarelix acetate</i>)	Tier 3	PA
<i>flutamide cap 125 mg</i>	Tier 1	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 3	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1	PA
LUPRON DEPOT INJ 3.75MG (<i>leuprolide acetate</i>)	Tier 3	PA
LUPRON DEPOT INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 3	PA
LUPRON DEPOT INJ 11.25MG (<i>leuprolide acetate (3 month)</i>)	Tier 3	PA
LUPRON DEPOT INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 3	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 3	PA
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	
<i>megestrol acetate tab 40 mg</i>	Tier 1	
<i>nilutamide tab 150 mg</i>	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	PREV	MAIL; Prev for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	PREV	MAIL; Prev for ages 35 and over, otherwise Tier 1
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 3	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 3	PA
XTANDI CAP 40MG (<i>enzalutamide</i>)	Tier 3	PA, QL (120 / 30 days)
XTANDI TAB 40MG (<i>enzalutamide</i>)	Tier 3	PA, QL (120 / 30 days)
XTANDI TAB 80MG (<i>enzalutamide</i>)	Tier 3	PA, QL (60 / 30 days)
ZOLADEX IMP 3.6MG (<i>goserelin acetate</i>)	Tier 3	PA
ZOLADEX IMP 10.8MG (<i>goserelin acetate</i>)	Tier 3	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
POMALYST CAP 2MG (<i>pomalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
POMALYST CAP 3MG (<i>pomalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
POMALYST CAP 4MG (<i>pomalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 3	PA, QL (49 per 28 days)
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 3	PA, QL (70 per 28 days)
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 3	PA, QL (91 per 28 days)
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	Tier 3	PA, QL (100 per 28 days)
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	Tier 3	PA, QL (100 per 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG (<i>everolimus</i>)	Tier 3	PA, QL (60 per 30 days)
AFINITOR DIS TAB 3MG (<i>everolimus</i>)	Tier 3	PA, QL (90 per 30 days)
AFINITOR DIS TAB 5MG (<i>everolimus</i>)	Tier 3	PA, QL (60 per 30 days)
AFINITOR TAB 10MG (<i>everolimus</i>)	Tier 3	PA, QL (30 per 30 days)
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	Tier 3	PA, QL (240 per 30 days)
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 3	PA, QL (120 per 30 days)
CABOMETYX TAB 20MG (<i>cabozantinib s-malate</i>)	Tier 3	PA, QL (30 / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 40MG (<i>cabozantinib s-malate</i>)	Tier 3	PA, QL (30 / 30 days)
CABOMETYX TAB 60MG (<i>cabozantinib s-malate</i>)	Tier 3	PA, QL (30 / 30 days)
CAPRELSA TAB 100MG (<i>vandetanib</i>)	Tier 3	PA, QL (60 per 30 days)
CAPRELSA TAB 300MG (<i>vandetanib</i>)	Tier 3	PA, QL (30 per 30 days)
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	Tier 3	PA, QL (90 per 30 days)
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	Tier 3	PA, QL (60 per 30 days)
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	Tier 3	PA, QL (120 per 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 1	PA, QL (90 per 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 1	PA, QL (30 per 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab 2.5 mg</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab 5 mg</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab 7.5 mg</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab 10 mg</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab for oral susp 2 mg</i>	Tier 1	PA, QL (60 per 30 days)
<i>everolimus tab for oral susp 3 mg</i>	Tier 1	PA, QL (90 per 30 days)
<i>everolimus tab for oral susp 5 mg</i>	Tier 1	PA, QL (60 per 30 days)
FARYDAK CAP 10MG (<i>panobinostat lactate</i>)	Tier 3	PA, QL (6 per 21 days)
FARYDAK CAP 15MG (<i>panobinostat lactate</i>)	Tier 3	PA, QL (6 per 21 days)
FARYDAK CAP 20MG (<i>panobinostat lactate</i>)	Tier 3	PA, QL (6 per 21 days)
GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)	Tier 3	PA, QL (30 per 30 days)
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	Tier 3	PA, QL (30 per 30 days)
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	Tier 3	PA, QL (30 per 30 days)
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 3	PA, QL (30 per 30 days)
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 3	PA, QL (30 per 30 days)
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 3	PA, QL (30 per 30 days)
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 3	PA, QL (30 per 30 days)
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 3	PA, QL (30 per 30 days)
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 3	PA, QL (30 per 30 days)
ICLUSIG TAB 10MG (<i>ponatinib hcl</i>)	Tier 3	PA, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 3	PA, QL (60 per 30 days)
ICLUSIG TAB 30MG (<i>ponatinib hcl</i>)	Tier 3	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 3	PA, QL (30 per 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	PA, QL (90 per 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	PA, QL (60 per 30 days)
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 3	PA, QL (90 per 30 days)
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA, QL (60 per 30 days)
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 3	PA, QL (30 per 30 days)
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 3	PA, QL (60 per 30 days)
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 3	PA, QL (90 per 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 1	PA, QL (180 per 30 days)
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 3	PA, QL (30 per 30 days)
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA, QL (30 per 30 days)
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 3	PA, QL (90 per 30 days)
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA, QL (90 per 30 days)
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA, QL (90 per 30 days)
LYNPARZA TAB 100MG (<i>olaparib</i>)	Tier 3	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG (<i>olaparib</i>)	Tier 3	PA, QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TAB 0.5MG (trametinib dimethyl sulfoxide)	Tier 3	PA, QL (90 per 30 days)
MEKINIST TAB 2MG (trametinib dimethyl sulfoxide)	Tier 3	PA, QL (30 per 30 days)
NEXAVAR TAB 200MG (sorafenib tosylate)	Tier 3	PA, QL (120 per 30 days)
RUBRACA TAB 200MG (rucaparib camsylate)	Tier 3	PA, QL (120 tabs / 30 days)
RUBRACA TAB 250MG (rucaparib camsylate)	Tier 3	PA, QL (120 tabs / 30 days)
RUBRACA TAB 300MG (rucaparib camsylate)	Tier 3	PA, QL (120 tabs / 30 days)
SPRYCEL TAB 20MG (dasatinib)	Tier 3	PA, QL (90 per 30 days)
SPRYCEL TAB 50MG (dasatinib)	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 70MG (dasatinib)	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 80MG (dasatinib)	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 100MG (dasatinib)	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 140MG (dasatinib)	Tier 3	PA, QL (30 per 30 days)
STIVARGA TAB 40MG (regorafenib)	Tier 3	PA, QL (90 per 30 days)
SUTENT CAP 12.5MG (sunitinib malate)	Tier 3	PA, QL (120 per 30 days)
SUTENT CAP 25MG (sunitinib malate)	Tier 3	PA, QL (60 per 30 days)
SUTENT CAP 37.5MG (sunitinib malate)	Tier 3	PA, QL (30 per 30 days)
SUTENT CAP 50MG (sunitinib malate)	Tier 3	PA, QL (30 per 30 days)
TAFINLAR CAP 50MG (dabrafenib mesylate)	Tier 3	PA, QL (120 per 30 days)
TAFINLAR CAP 75MG (dabrafenib mesylate)	Tier 3	PA, QL (120 per 30 days)
TAGRISSE TAB 40MG (osimertinib mesylate)	Tier 3	PA, QL (30 per 30 days)
TAGRISSE TAB 80MG (osimertinib mesylate)	Tier 3	PA, QL (30 per 30 days)
TASIGNA CAP 50MG (nilotinib hcl)	Tier 3	PA, QL (120 per 30 days)
TASIGNA CAP 150MG (nilotinib hcl)	Tier 3	PA, QL (120 per 30 days)
TASIGNA CAP 200MG (nilotinib hcl)	Tier 3	PA, QL (120 per 30 days)
VOTRIENT TAB 200MG (pazopanib hcl)	Tier 3	PA, QL (120 per 30 days)
XALKORI CAP 200MG (crizotinib)	Tier 3	PA, QL (60 per 30 days)
XALKORI CAP 250MG (crizotinib)	Tier 3	PA, QL (60 per 30 days)
ZEJULA CAP 100MG (niraparib tosylate)	Tier 3	PA, QL (90 per 30 days)
ZOLINZA CAP 100MG (vorinostat)	Tier 3	PA, QL (120 per 30 days)
ZYDELIG TAB 100MG (idelalisib)	Tier 3	PA, QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 3	PA, QL (60 per 30 days)
ZYKADIA CAP 150MG (<i>ceritinib</i>)	Tier 3	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>)	Tier 3	PA
<i>bexarotene cap 75 mg</i>	Tier 1	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 3	PA
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 3	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 3	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 3	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 3	PA
<i>tretinoin cap 10 mg</i>	Tier 1	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Tier 1	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	Tier 1	MAIL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 1	PA, MAIL
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>APOKYN INJ 10MG/ML (apomorphine hydrochloride)</i>	Tier 3	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>carb/levo tab 25-100mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 2MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 3MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 4MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 6MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 8MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 600 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 450 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)

ANTIPSYCHOTICS - MISC.

LATUDA TAB 20MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL

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<i>ziprasidone hcl cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)

BENZISOXAZOLES

FANAPT PAK (<i>iloperidone</i>)	Tier 3	PA
FANAPT TAB 1MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 2MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 4MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 6MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 8MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 10MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 12MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>)	Tier 3	QL (0.25 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>)	Tier 3	QL (0.5 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 (<i>paliperidone palmitate</i>)	Tier 3	QL (0.75 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML (<i>paliperidone palmitate</i>)	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 (<i>paliperidone palmitate</i>)	Tier 3	QL (1.5 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 273MG (<i>paliperidone palmitate</i>)	Tier 3	QL (0.875 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 410MG (<i>paliperidone palmitate</i>)	Tier 3	QL (1.315 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 546MG (<i>paliperidone palmitate</i>)	Tier 3	QL (1.75 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 819MG (<i>paliperidone palmitate</i>)	Tier 3	QL (2.65 mL / 90 days), AGE; AGE (Min 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	PA, MAIL
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	PA, MAIL
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	PA, MAIL
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 25MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	QL (60 ea / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (480 mL / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 20 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>clozapine tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 7.5 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 400 mg	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
ZYPREXA RELP INJ 210MG (olanzapine pamoate)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 300MG (olanzapine pamoate)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 405MG (olanzapine pamoate)	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 6 years)

PHENOTHIAZINES

chlorpromazine hcl tab 10 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 25 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 50 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 100 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 200 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
fluphenazine decanoate inj 25 mg/ml	Tier 1	AGE; AGE (Min 6 years)
fluphenazine hcl inj 2.5 mg/ml	Tier 1	
fluphenazine hcl tab 1 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
fluphenazine hcl tab 2.5 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
fluphenazine hcl tab 5 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
fluphenazine hcl tab 10 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
perphenazine tab 2 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 4 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 8 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 16 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
prochlorperazine maleate tab 5 mg (base equivalent)	Tier 1	AGE, MAIL; AGE (Min 6 years)
prochlorperazine maleate tab 10 mg (base equivalent)	Tier 1	AGE, MAIL; AGE (Min 6 years)
prochlorperazine suppos 25 mg	Tier 1	AGE; AGE (Min 6 years)
thioridazine hcl tab 10 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tab 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG (<i>aripiprazole</i>)	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 6 years)
ABILIFY MAIN INJ 400MG (<i>aripiprazole</i>)	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	PA, MAIL; AGE (Max 11 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ARISTADA INJ 441MG/1. (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1.6 mL / 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 662MG/2 (<i>aripiprazole lauroxil</i>)	Tier 2	QL (2.4 mL / 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 882MG/3 (<i>aripiprazole lauroxil</i>)	Tier 2	QL (3.2 mL / 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 1064MG (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1 injection / 60 days); AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ INITIO (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1 injection / 30 days); AGE (Min 6 years)

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC
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ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG (<i>tipranavir</i>)	Tier 2	QL (120 caps / 30 days)
APTIVUS SOL (<i>tipranavir</i>)	Tier 2	QL (300 mL / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG (<i>indinavir sulfate</i>)	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG (<i>indinavir sulfate</i>)	Tier 2	QL (180 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (360 caps / 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine caps 200 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (30 tabs / 30 days); PREV for PrEP
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	Tier 2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150 (<i>atazanavir sulfate-cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG (<i>enfuvirtide</i>)	Tier 3	PA
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG (<i>etravirine</i>)	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG (<i>etravirine</i>)	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG (<i>etravirine</i>)	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (180 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (30 mL / 30 days)
<i>nevirapine sus 50mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML (<i>ritonavir</i>)	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG (<i>doravirine</i>)	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML (<i>darunavir ethanolate</i>)	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG (<i>darunavir ethanolate</i>)	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG (<i>darunavir ethanolate</i>)	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG (<i>darunavir ethanolate</i>)	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG (<i>darunavir ethanolate</i>)	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG (<i>delavirdine mesylate</i>)	Tier 2	QL (180 tabs / 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOL 20MG/ML (<i>maraviroc</i>)	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG (<i>maraviroc</i>)	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	Tier 2	QL (30 tabs / 30 days)
SYM TUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG (<i>dolutegravir sodium</i>)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG (<i>dolutegravir sodium</i>)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG (<i>cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG (<i>didanosine</i>)	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (120 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 1	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 1	PA
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
BARACLUDE SOL (<i>entecavir</i>)	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
DAKLINZA TAB 30MG (<i>daclatasvir dihydrochloride</i>)	Tier 3	PA
DAKLINZA TAB 60MG (<i>daclatasvir dihydrochloride</i>)	Tier 3	PA
<i>entecavir tab 0.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML (<i>lamivudine (hbv)</i>)	Tier 3	PA, QL (1800 mL / 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 3	PA, QL (28 tablets / 28 days); Preferred
PEGASYS INJ (<i>peginterferon alfa-2a</i>)	Tier 3	PA
PEGASYS INJ 180MCG/M (<i>peginterferon alfa-2a</i>)	Tier 3	PA
PEGINTRON KIT 50MCG (<i>peginterferon alfa-2b</i>)	Tier 3	PA
<i>ribavirin cap 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 3	PA, QL (28 tablets / 28 days); Preferred
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	Tier 3	PA, QL (28 tablets / 28 days)
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	Tier 3	PA
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	Tier 3	PA, QL (28 tablets / 28 days)
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>)	Tier 3	PA, QL (28 tablets / 28 days)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 caps / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	QL (240 tabs / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days)
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (Max 10 days supply), AGE; AGE (Max 12 years)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 1	PA, MAIL
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 1	PA, MAIL
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 1	PA, MAIL
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 1	PA, MAIL
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afi) tab 80 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afi) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afi) tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	MAIL

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 1	PA, MAIL
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 1	PA, MAIL
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 1	PA, MAIL
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 1	PA, MAIL
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 1	PA, MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 1	PA, MAIL
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 1	PA, MAIL
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.25MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.125MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	Tier 2	PA, MAIL
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	Tier 2	PA, MAIL
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	Tier 2	PA, MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PERIPHERAL VASODILATORS		
<i>inositol niacinate cap 500 mg</i> (Niacin Flush Free)	Tier 1	OTC, MAIL
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	Tier 3	PA, QL (90 tabs / 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	PA
VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)	Tier 3	PA
VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)	Tier 3	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	Tier 1	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 1	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 3	PA, QL (30 tabs / 30 days)
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 3	PA, QL (60 tabs / 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate tab 20 mg</i>	Tier 1	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 1	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800 (<i>selexipag</i>)	Tier 3	PA, QL (200 tabs / 30 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 3	PA, QL (60 tabs / 30 days)

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 3	PA, QL (90 tabs / 30 days)

SINUS NODE INHIBITORS

CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cefazolin sodium for inj 1 gm</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium for inj 10 gm</i>	Tier 1	
<i>cefazolin sodium for inj 20 gm</i>	Tier 1	
<i>cefazolin sodium for inj 500 mg</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	PA
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime proxetil tab 100 mg</i>	Tier 1	
<i>cefepime proxetil tab 200 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl for inj 2 gm</i>	Tier 1	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ 400MG (<i>ceftaroline fosamil</i>)	Tier 3	
TEFLARO INJ 600MG (<i>ceftaroline fosamil</i>)	Tier 3	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20 (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>)	PREV	QL (39 tablets / 28 days), MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> (Velivet)	PREV	QL (39 tablets / 28 days), MAIL
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (Tydemy)	PREV	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (Kelnor 1/50)	PREV	QL (39 tablets / 28 days), MAIL
FALESSA KIT (<i>levonorgestrel-ethinyl estradiol & folic acid</i>)	PREV	QL (75 tablets / 28 days), MAIL
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (Rivelsa)	PREV	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	PREV	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	PREV	QL (30 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	PREV	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	PREV	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	PREV	QL (39 tablets / 28 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	PREV	QL (28 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)</i>	PREV	QL (28 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	PREV	QL (28 caps / 28 days), MAIL
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)</i>	PREV	QL (39 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Leena)	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i> (Ogestrel)	PREV	QL (39 tablets / 28 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	PREV	QL (4 patches / 28 days), MAIL
TWIRLA DIS 120-30 (<i>levonorgestrel-ethinyl estradiol</i>)	PREV	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS (<i>segesterone acetate-ethinyl estradiol</i>)	PREV	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	PREV	QL (1 ring / 28 days), MAIL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	PREV	QL (1 ring / 28 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (<i>copper (iud)</i>)	PREV	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	PREV	QL (4 tabs / 90 days)
<i>levonorgestrel tab 1.5 mg</i> (My Way)	PREV	QL (4 tabs / 90 days), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (<i>etonogestrel</i>)	PREV	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (<i>medroxyprogesterone acetate (contraceptive)</i>)	PREV	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	PREV	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	PREV	QL (1 injection / 90 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (<i>levonorgestrel (iud)</i>)	PREV	QL (1 IUD in lifetime)

Drug Name	Drug Tier	Requirements/Limits
LILETTA IUD 52MG (<i>levonorgestrel (iud)</i>)	PREV	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>)	PREV	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>)	PREV	QL (1 IUD in lifetime)

PROGESTIN CONTRACEPTIVES - ORAL

<i>norethindrone tab 0.35 mg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>SLYND TAB 4MG (drospirenone)</i>	PREV	

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	PA
<i>cortisone acetate tab 25 mg</i>	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	
ROBITUSSIN SYP 7.5/5ML <i>(dextromethorphan hbr)</i>	Tier 1	OTC

COUGH/COLD/ALLERGY COMBINATIONS

<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i> (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 <i>(pseudoephed-bromphen-dm)</i>	Tier 1	QL (240 mL / 30 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i> (All Day Allergy D)	Tier 1	QL (60 ea / 30 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Diabetic Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i> (Diabetic Tussin Maximum S)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i> (Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i> (Mucus-dm)	Tier 1	OTC
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i> (Cvs Cold & Cough Nighttim)	Tier 1	QL (240 mL / 30 days), OTC
<i>diphenhydramine-phenylephrine tab 25-10 mg</i> (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)	Tier 1	QL (240 mL / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	QL (30 tabs / 30 days), OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Ra Mucus Relief D)	Tier 1	OTC
Z-TUSS AC LIQ 2-9/5ML (chlorpheniramine w/ codeine)	Tier 2	QL (240 mL / 25 days), OTC

EXPECTORANTS

guaifenesin liquid 100 mg/5ml	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Robafen)	Tier 1	OTC
guaifenesin tab 200 mg	Tier 1	OTC
guaifenesin tab 400 mg (Sm Chest Congestion Relie)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	QL (60 ea / 30 days), OTC

MISC. RESPIRATORY INHALANTS

sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3% (Nebusal)	Tier 1	
sodium chloride soln nebu 7%	Tier 1	

MUCOLYTICS

acetylcysteine inhal soln 10%	Tier 1	
acetylcysteine inhal soln 20%	Tier 1	

DERMATOLOGICALS

ACNE PRODUCTS

ACNE MEDICAT LOT 5% (benzoyl peroxide)	Tier 1	OTC
ACNE MEDICAT LOT 10% (benzoyl peroxide)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene lotion 0.1%</i>	Tier 1	ST, QL (59 mL / 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>benzoyl peroxide gel 5%</i> (Bp Gel)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Clean & Clear Persa-gel M)	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i> (Bp Wash)	Tier 1	QL (240 gm / 30 days), OTC
<i>benzoyl peroxide liq 10%</i> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 30 days), OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	PA
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (60 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Tier 1	PA
DIFFERIN GEL 0.1% (<i>adapalene</i>)	Tier 1	OTC
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i> (Claravis)	Tier 1	PA
<i>isotretinoin cap 20 mg</i> (Amnesteem)	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10%</i> (<i>acne</i>)	Tier 1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i> (Bp Cleansing Wash)	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.05%</i>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.025%</i>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.01%</i>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.025%</i> (Avita)	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

VEREGEN OIN 15% (<i>sinecatechins</i>)	Tier 3	PA
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ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version

ANTIBIOTICS - TOPICAL

ALTABAX OIN 1% (<i>retapamulin</i>)	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus)	Tier 1	OTC

ANTIFUNGALS - TOPICAL

<i>butenafine hcl cream 1%</i>	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL / 25 days)
<i>clotrimazole cream 1%</i>	Tier 1	
<i>clotrimazole soln 1%</i>	Tier 1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (45 gm / 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>econazole nitrate cream 1%</i>	Tier 1	PA
ERTACZO CRE 2% (<i>sertaconazole nitrate</i>)	Tier 3	PA
EXELDERM SOL 1% (<i>sulconazole nitrate</i>)	Tier 3	PA
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL / 30 days)
<i>luliconazole cream 1%</i>	Tier 1	PA
MENTAX CRE 1% (<i>butenafine hcl</i>)	Tier 2	
<i>miconazole nitrate aerosol pow 2%</i> (Lotrimin Af Deodorant Pow)	Tier 1	OTC
<i>miconazole nitrate cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate ointment 2%</i> (Triple Paste Af)	Tier 1	OTC
<i>miconazole nitrate powder 2%</i> (Cvs Anti-fungal Powder)	Tier 1	OTC
<i>naftifine hcl cream 1%</i>	Tier 1	PA
<i>naftifine hcl gel 1%</i>	Tier 1	PA
NAFTIN GEL 2% (<i>naftifine hcl</i>)	Tier 3	PA
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i> (Nystop)	Tier 1	QL (30 gm / 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	QL (60 gm / 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	QL (60 gm / 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 1	PA, QL (90 gm / 30 days)
OXISTAT LOT 1% (<i>oxiconazole nitrate</i>)	Tier 3	PA
<i>sulconazole nitrate cream 1%</i>	Tier 1	PA
<i>sulconazole nitrate solution 1%</i>	Tier 1	PA
<i>terbinafina hcl cream 1%</i>	Tier 1	QL (30 gm / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
tolnaftate aerosol pow 1% (Cvs Af Spray Powder)	Tier 1	OTC
tolnaftate cream 1%	Tier 1	OTC
tolnaftate powder 1% (Anti-fungal Powder)	Tier 1	OTC
tolnaftate soln 1% (Mycocide Clinical Ns Anti)	Tier 1	OTC
ANTIHIISTAMINES-TOPICAL		
diphenhydramine-zinc acetate cream 2-0.1% (Sm Anti-itch Extra Streng)	Tier 1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream 5%	Tier 1	
PANRETIN GEL 0.1% (alitretinoin)	Tier 3	PA
PICATO GEL 0.05% (ingenol mebutate)	Tier 3	PA
PICATO GEL 0.015% (ingenol mebutate)	Tier 3	PA
TARGRETIN GEL 1% (bexarotene (topical))	Tier 3	PA
ANTIPSORIATICS		
acitretin cap 10 mg	Tier 1	PA
acitretin cap 17.5 mg	Tier 1	PA
acitretin cap 25 mg	Tier 1	PA
calcipotriene oint 0.005%	Tier 1	PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 1	PA
calcitriol oint 3 mcg/gm	Tier 1	PA, QL (100 gm / 30 days)
COSENTYX INJ 75MG/0.5 (secukinumab)	Tier 3	PA; Preferred Brand
COSENTYX INJ 150MG/ML (secukinumab)	Tier 3	PA; Preferred Brand
COSENTYX INJ 300DOSE (secukinumab)	Tier 3	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML (secukinumab)	Tier 3	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE (secukinumab)	Tier 3	PA; Preferred Brand
DRITHO-CREME CRE HP 1% (anthralin)	Tier 3	PA, QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE (risankizumab-rzaa)	Tier 3	PA; Preferred Brand
SKYRIZI INJ 150MG/ML (risankizumab-rzaa)	Tier 3	PA; Preferred Brand
SKYRIZI PEN INJ 150MG/ML (risankizumab-rzaa)	Tier 3	PA; Preferred Brand
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 3	PA; Preferred Brand
STELARA INJ 90MG/ML (ustekinumab)	Tier 3	PA; Preferred Brand

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene cream 0.1%</i>	Tier 1	PA, QL (60 gm / 30 days)
TAZORAC CRE 0.05% (<i>tazarotene</i>)	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC GEL 0.1% (<i>tazarotene</i>)	Tier 3	PA, QL (100 gm / 30 days)
TAZORAC GEL 0.05% (<i>tazarotene</i>)	Tier 3	PA, QL (100 gm / 30 days)
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	Tier 3	PA; Preferred Brand; Pen
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	Tier 3	PA; Preferred Brand; Prefilled Syringe
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 1%</i> (Cvs Anti-dandruff)	Tier 1	OTC
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (<i>docosanol</i>)	Tier 1	QL (2 gm / 30 days), OTC
<i>acyclovir oint 5%</i>	Tier 1	PA
DENAVIR CRE 1% (<i>penciclovir</i>)	Tier 3	PA
<i>docosanol cream 10%</i>	Tier 1	QL (2 gm / 30 days), OTC
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
<i>silver sulfadiazine cream 1%</i>	Tier 1	QL (400 gm / 30 days)
SULFAMYLLON CRE 85MG/GM (<i>mafenide acetate</i>)	Tier 3	QL (454 gm / 30 days)
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>amcinonide cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 1	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% (<i>diflorasone diacetate emollient base</i>)	Tier 3	PA, QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (45 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (454 gm / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (45 gm / 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 1	PA, QL (100 gm / 30 days)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Tier 1	PA, QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (50 mL / 30 days)
CORDRAN 80X3 TAP 4MCG/CM <i>(flurandrenolide)</i>	Tier 3	PA
<i>desonide cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 1	QL (60 gm / 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>desoximetasone oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 1	QL (60 gm / 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	QL (120 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	QL (120 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (150 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>flurandrenolide cream 0.05%</i>	Tier 1	QL (30 gm / 30 days)
<i>flurandrenolide lotion 0.05%</i>	Tier 1	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm / 30 days)
<i>halcinonide cream 0.1%</i>	Tier 1	PA, QL (60 gm / 30 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (50 gm / 30 days)
HALOG OIN 0.1% (<i>halcinonide</i>)	Tier 3	PA, QL (60 gm / 30 days)
<i>hc/aloe cre 0.5%</i>	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone acetate cream 1%</i> (Lanacort 10)	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone cream 0.5%</i>	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone cream 1%</i> (Ra Hydrocortisone Plus 12)	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone gel 1%</i> (Cortizone-10)	Tier 1	QL (56 gm / 30 days), OTC
<i>hydrocortisone lotion 1%</i> (Cvs Cortisone Maximum Str)	Tier 1	QL (120 gm / 30 days), OTC
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL / 30 days)
<i>hydrocortisone oint 0.5%</i>	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone oint 1%</i> (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone-aloe vera cream 1%</i> (Cortizone-10 Plus)	Tier 1	OTC
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>mometasone furoate solution 0.1%</i> (lotion)	Tier 1	QL (60 mL / 30 days)
<i>prednicarbate cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>prednicarbate oint 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (60 mL / 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (60 mL / 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (454 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ECZEMA AGENTS		
DUPIXENT INJ 200MG (<i>dupilumab</i>)	Tier 3	PA
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 3	PA; Pen
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 3	PA; Prefilled Syringe
EMOLLIENTS		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm / 30 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	QL (225 gm / 30 days), OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	Tier 3	PA, QL (60 gm / 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	PA, QL (24 ea / 30 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus oint 0.1%</i>	Tier 1	PA, QL (30 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	Tier 1	PA, QL (30 gm / 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	QL (90 gm / 30 days), OTC
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC; Regenecare gel products preferred
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	QL (90 patches / 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 1	PA, QL (90 ea / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	Tier 1	QL (60 mL / 30 days)
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% (<i>menthol-zinc oxide</i>)	Tier 1	OTC
ROSACEA AGENTS		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)

AGE - Age Limit MAIL - Available at mail-order MED - Max 90 mg Morphine EQ Dose per day OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% (<i>brimonidine tartrate (topical)</i>)	Tier 3	PA

SCABICIDES & PEDICULICIDES

EURAX CRE 10% (<i>crotamiton</i>)	Tier 2	ST, QL (60 gm / 30 days); Prior use of permethrin 5% cream within the past 90 days.
<i>ivermectin lotion 0.5%</i>	Tier 1	PA, QL (117 gm / 30 days)
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL / 30 days)
<i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	QL (120 gm / 30 days)
<i>permethrin creme rinse 1%</i> (Lice Treatment)	Tier 1	OTC
<i>permethrin lotion 1%</i> (Sm Lice Treatment)	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> (Sb Lice Treatment)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (Stop Lice Maximum Strengt)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION (<i>permethrin & pyrethrins-piperonyl butoxide</i>)	Tier 1	OTC
<i>spinosad susp 0.9%</i>	Tier 1	QL (120 per 30 days)
ULESFIA LOT 5% (<i>benzyl alcohol (pediculicide)</i>)	Tier 3	PA

WOUND CARE PRODUCTS

REGANEX GEL 0.01% (<i>becaplermin</i>)	Tier 3	PA, QL (15 gm / 30 days)
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DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

THYROGEN INJ 0.9MG (<i>thyrotropin alfa</i>)	Tier 3	PA
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DIAGNOSTIC TESTS

RELION KETON TES (<i>acetone (urine) test</i>)	Tier 2	OTC
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Drug Name	Drug Tier	Requirements/Limits
RELION TRUE TES METRIX (<i>glucose blood</i>)	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non-insulin users
TRUE METRIX TES GLUCOSE (<i>glucose blood</i>)	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non-insulin users

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>methazolamide tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>methazolamide tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
DIURETIC COMBINATIONS		
<i>ALDACTAZIDE TAB 50/50 (spironolactone & hydrochlorothiazide)</i>	Tier 2	MAIL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 1	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torseamide tab 5 mg</i>	Tier 1	MAIL
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL
<i>torseamide tab 100 mg</i>	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 1	MAIL
<i>triamterene cap 100 mg</i>	Tier 1	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO INJ 620/2.48 (<i>teriparatide (recombinant)</i>)	Tier 3	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML (<i>denosumab</i>)	Tier 3	PA
<i>risedronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 1	QL (1 tablet / 28 days), MAIL
TYMLOS INJ (<i>abaloparatide</i>)	Tier 3	PA
XGEVA INJ (<i>denosumab</i>)	Tier 3	PA

FERTILITY REGULATORS

<i>clomiphene citrate tab 50 mg</i>	Tier 1	PA, QL (10 tabs / 5 days); Max 5 days supply
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GROWTH HORMONE RECEPTOR ANTAGONISTS

SOMAVERT INJ 10MG (<i>pegvisomant</i>)	Tier 3	PA
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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 15MG (<i>pegvisomant</i>)	Tier 3	PA
SOMAVERT INJ 20MG (<i>pegvisomant</i>)	Tier 3	PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG (<i>somatropin</i>)	Tier 3	PA
OMNITROPE INJ 5/1.5ML (<i>somatropin</i>)	Tier 3	PA
OMNITROPE INJ 10/1.5ML (<i>somatropin</i>)	Tier 3	PA
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB 60MG (<i>ospemifene</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>raloxifene hcl tab 60 mg</i>	PREV	QL (30 tabs / 30 days), MAIL; Prev for ages 35 and over, otherwise Tier 1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	Tier 3	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 3	PA
LUPANETA KIT 11.25-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 3	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 3	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 3	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 3	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 3	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 3	PA
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 3	PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	PA
CYSTADANE POW (<i>betaine</i>)	Tier 3	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 1	PA
<i>nitisinone cap 5 mg</i>	Tier 1	PA
<i>nitisinone cap 10 mg</i>	Tier 1	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 3	PA
<i>paricalcitol cap 1 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol iv soln 2 mcg/ml</i>	Tier 1	
<i>paricalcitol iv soln 5 mcg/ml</i>	Tier 1	
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 1	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 1	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	PA, MAIL
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	PA, MAIL
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML (<i>desmopressin acetate</i>)	Tier 3	PA
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 1	PA
<i>octreotide inj 50mcg/ml</i>	Tier 1	PA
SANDOSTATIN KIT LAR 10MG (<i>octreotide acetate</i>)	Tier 3	PA
SANDOSTATIN KIT LAR 20MG (<i>octreotide acetate</i>)	Tier 3	PA
SANDOSTATIN KIT LAR 30MG (<i>octreotide acetate</i>)	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tab 15 mg</i>	Tier 1	PA
<i>tolvaptan tab 30 mg</i>	Tier 1	PA

ESTROGENS

ESTROGEN COMBINATIONS

<i>DUAVEE TAB 0.45-20 (conjugated estrogens-bazedoxifene)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>PREMPHASE TAB (conjugated estrogens-medroxyprogesterone acetate)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMPRO TAB (conjugated estrogens-medroxyprogesterone acetate)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMPRO TAB 0.3-1.5 (conjugated estrogens-medroxyprogesterone acetate)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMPRO TAB 0.45-1.5 (conjugated estrogens-medroxyprogesterone acetate)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMPRO TAB 0.625-5 (conjugated estrogens-medroxyprogesterone acetate)</i>	Tier 2	QL (30 tabs / 30 days), MAIL

ESTROGENS

<i>estradiol tab 0.5 mg</i>	Tier 1	MAIL
<i>estradiol tab 1 mg</i>	Tier 1	MAIL
<i>estradiol tab 2 mg</i>	Tier 1	MAIL
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	QL (4 ea / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	QL (4 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	QL (4 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	QL (4 patches / 28 days), MAIL
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	QL (4 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	QL (4 ea / 28 days), MAIL
<i>MENEST TAB 0.3MG (esterified estrogens)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>MENEST TAB 0.625MG (esterified estrogens)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>MENEST TAB 1.25MG (esterified estrogens)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMARIN TAB 0.3MG (estrogens, conjugated)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMARIN TAB 0.9MG (estrogens, conjugated)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMARIN TAB 0.45MG (estrogens, conjugated)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMARIN TAB 0.625MG (estrogens, conjugated)</i>	Tier 2	QL (30 tabs / 30 days), MAIL
<i>PREMARIN TAB 1.25MG (estrogens, conjugated)</i>	Tier 2	QL (30 tabs / 30 days), MAIL

FLUOROQUINOLONES

FLUOROQUINOLONES

<i>BAXDELA TAB 450MG (delafloxacin meglumine)</i>	Tier 3	PA
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	
<i>ofloxacin tab 300 mg</i>	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
<i>simethicone cap 125 mg</i> (Cvs Gas Relief)	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i> (Cvs Gas Relief Extra Stre)	Tier 1	OTC
<i>simethicone liquid 40 mg/0.6ml</i> (Cvs Gas Relief Drops Extr)	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i> (Gas Relief)	Tier 1	OTC
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	Tier 3	PA, MAIL
<i>lubiprostone cap 24 mcg</i>	Tier 3	PA, MAIL
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ 100MG (<i>infliximab-axxq</i>)	Tier 3	PA
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT 200MG (<i>certolizumab pegol</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
CIMZIA START KIT 200MG/ML <i>(certolizumab pegol)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG <i>(olsalazine sodium)</i>	Tier 3	MAIL
INFLECTRA INJ 100MG <i>(infliximab-dyyb)</i>	Tier 3	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	MAIL
RENFLEXIS INJ 100MG <i>(infliximab-abda)</i>	Tier 3	PA
STELARA INJ 5MG/ML <i>(ustekinumab (iv))</i>	Tier 3	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 1	PA, MAIL
LINZESS CAP 72MCG <i>(linaclotide)</i>	Tier 2	PA, MAIL
LINZESS CAP 145MCG <i>(linaclotide)</i>	Tier 2	PA, MAIL
LINZESS CAP 290MCG <i>(linaclotide)</i>	Tier 2	PA, MAIL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG <i>(naloxegol oxalate)</i>	Tier 3	PA
MOVANTIK TAB 25MG <i>(naloxegol oxalate)</i>	Tier 3	PA
RELISTOR INJ 12/0.6ML <i>(methylnaltrexone bromide)</i>	Tier 3	PA
RELISTOR TAB 150MG <i>(methylnaltrexone bromide)</i>	Tier 3	PA
SYMPROIC TAB 0.2MG <i>(naldemedine tosylate)</i>	Tier 3	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	PA, MAIL

GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	

CYSTITIS AGENTS

CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	Tier 3	PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	Tier 3	PA

GENITOURINARY IRRIGANTS

<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	

INTERSTITIAL CYSTITIS AGENTS

ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	Tier 3	PA
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PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	PA, QL (30 caps / 30 days), MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 1	PA, QL (30 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>silodosin cap 8 mg</i>	Tier 1	PA, QL (30 caps / 30 days), MAIL
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)
FEBUXOSTAT TAB 40 MG	Tier 1	PA, QL (30 tabs / 30 days), MAIL
FEBUXOSTAT TAB 80 MG	Tier 1	PA, QL (30 tabs / 30 days), MAIL
URICOSURICS		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ALPHANINE SD INJ 500UNIT (<i>coagulation factor ix</i>)	Tier 3	PA
ALPHANINE SD INJ 1500UNIT (<i>coagulation factor ix</i>)	Tier 3	PA
HELIXATE FS INJ 500UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 3	PA
HELIXATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 3	PA
HELIXATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 3	PA
KOGENATE FS INJ 250UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 3	PA
KOGENATE FS INJ 1000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
KOGENATE FS INJ 2000UNIT <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
KOGENATE FS INJ 3000UNIT <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
MONOCLATE-P INJ 1000UNIT <i>(antihemophilic factor (human))</i>	Tier 3	PA
RECOMBINATE INJ <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
RECOMBINATE INJ 220-400 <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
RECOMBINATE INJ 401-800 <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
RECOMBINATE INJ 801-1240 <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 1	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT <i>(c1 esterase inhibitor (human))</i>	Tier 3	PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 1	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	PA, MAIL
BRILINTA TAB 60MG <i>(ticagrelor)</i>	Tier 3	PA, QL (60 tabs / 30 days), MAIL
BRILINTA TAB 90MG <i>(ticagrelor)</i>	Tier 3	PA, QL (60 tabs / 30 days), MAIL
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 3	PA
<i>miglustat cap 100 mg</i>	Tier 1	PA

COBALAMINS

<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	QL (10 vials per 30 day)
<i>cyanocobalamin sl tab 500 mcg</i> (Cvs B-12)	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B-12 Tr)	Tier 1	OTC

FOLIC ACID/FOLATES

<i>folic acid cap 0.8 mg</i> (Fa-8)	PREV	QL (30 caps / 30 days), OTC, MAIL; Prev for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL
<i>folic acid tab 400 mcg</i>	PREV	QL (30 tabs / 30 days), OTC, MAIL; Prev for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	PREV	QL (30 tabs / 30 days), OTC, MAIL; Prev for ages 55 and under, otherwise Tier 1

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 3	PA

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
EPOGEN INJ 3000/ML (<i>epoetin alfa</i>)	Tier 3	PA
EPOGEN INJ 4000/ML (<i>epoetin alfa</i>)	Tier 3	PA
EPOGEN INJ 10000/ML (<i>epoetin alfa</i>)	Tier 3	PA
EPOGEN INJ 20000/ML (<i>epoetin alfa</i>)	Tier 3	PA
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 3	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 3	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 3	PA
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 3	PA
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 3	PA
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 3	PA
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 3	PA
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 3	PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 3	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 3	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 3	PA
RETACRIT INJ 20000UNI (<i>epoetin alfa-epbx</i>)	Tier 3	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 3	PA
ZARXIO INJ 300/0.5 (<i>filgrastim-sndz</i>)	Tier 3	PA
ZARXIO INJ 480/0.8 (<i>filgrastim-sndz</i>)	Tier 3	PA
ZIEXTENZO INJ 6/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 3	PA, QL (0.6 per 14 days)
HEMATOPOIETIC MIXTURES		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE (<i>polysaccharide iron-folic acid-vit b12</i>)	Tier 1	OTC
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
IRON		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
FERRETT'S TAB 325MG (<i>ferrous fumarate</i>)	Tier 1	OTC, MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferate)	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (Px Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i> (Slow-release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i> (Slow Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 47.5 mg (elemental fe)</i> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 50 mg (elemental fe)</i> (Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (<i>carbonyl iron</i>)	Tier 1	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG (<i>ferrous sulfate</i>)	Tier 1	OTC, MAIL

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid tab 500 mg</i>	Tier 1	PA
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	PA
<i>tranexamic acid tab 650 mg</i>	Tier 1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg (Sleep Aid)</i>	Tier 1	OTC, MAIL
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days), AGE; AGE (Max 12 years)
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	PA, MAIL
NON-BARBITURATE HYPNOTICS		
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
temazepam cap 30 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
triazolam tab 0.25 mg	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 18 years)
triazolam tab 0.125 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
zaleplon cap 5 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
zaleplon cap 10 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
zolpidem tartrate tab 5 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
zolpidem tartrate tab 10 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 10MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 15MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 20MG (suvorexant)	Tier 3	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG (tasimelteon)	Tier 3	PA
ramelteon tab 8 mg	Tier 1	PA, MAIL

LAXATIVES

BULK LAXATIVES

calcium polycarbophil tab 625 mg	Tier 1	OTC
corn dextrin oral powder (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (psyllium)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (psyllium)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (psyllium)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (psyllium)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (psyllium)	Tier 1	OTC, MAIL
METAMUCIL WAF (psyllium)	Tier 1	OTC, MAIL
methylcellulose tab 500 mg (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (psyllium)	Tier 1	OTC, MAIL
psyllium cap 0.52 gm (Fiber Laxative)	Tier 1	OTC, MAIL
psyllium cap 400 mg (Reguloid)	Tier 1	OTC, MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
psyllium powder 28.3% (Gnp Natural Fiber)	Tier 1	OTC, MAIL
psyllium powder 30.9% (Konsyl)	Tier 1	OTC, MAIL
psyllium powder 33% (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
psyllium powder 48.57% (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 58.6% (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 95% (Qc Natural Vegetable)	Tier 1	OTC, MAIL
psyllium powder 100%	Tier 1	OTC, MAIL
UNIFIBER POW (cellulose)	Tier 1	OTC
wheat dextrin oral powder (Clear Soluble Fiber)	Tier 1	OTC

LAXATIVE COMBINATIONS

CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid)	PREV	Prev for ages 45-74, otherwise Tier 3
GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	PREV	Prev for ages 45-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)	Tier 1	OTC, MAIL
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	PREV	Prev for ages 45-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	PREV	Prev for ages 45-74, otherwise Tier 1
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	PREV	Prev for ages 45-74, otherwise Tier 3
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	PREV	Prev for ages 45-74, otherwise Tier 1
PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	PREV	Prev for ages 45-74, otherwise Tier 3
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	PREV	Prev for ages 45-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	PREV	Prev for ages 45-74, otherwise Tier 3

LAXATIVES - MISCELLANEOUS

glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)	Tier 1	QL (60 packets / 30 days), OTC
polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)	Tier 1	QL (527 gm / 30 days), OTC
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC
SALINE LAXATIVES		
magnesium citrate soln (Gnp Magnesium Citrate)	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)	Tier 1	OTC
magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	Tier 3	PA
sodium phosphates - enema	Tier 1	OTC
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg (Cvs Gentle Laxative)	Tier 1	OTC
bisacodyl tab delayed release 5 mg (Stimulant Laxative)	Tier 1	OTC
sennosides chew tab 15 mg (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
sennosides syrup 8.8 mg/5ml	Tier 1	OTC, MAIL
sennosides tab 8.6 mg (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
sennosides tab 25 mg (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
SURFACTANT LAXATIVES		
docusate calcium cap 240 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 50 mg (Ra Col-rite)	Tier 1	OTC
docusate sodium cap 100 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 250 mg	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium liquid 150 mg/15ml</i> (Silace)	Tier 1	OTC
<i>docusate sodium syrup 60 mg/15ml</i> (Silace)	Tier 1	OTC
<i>docusate sodium tab 100 mg</i> (Dok)	Tier 1	OTC
DOCUSOL PLUS ENE 20-283 (benzocaine-docusate sodium)	Tier 1	OTC
PEDIA-LAX LIQ 50MG (docusate sodium)	Tier 1	OTC

MACROLIDES

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (2 packets / 30 days)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (60 tabs / 30 days)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 1	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 1	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 1	

FIDAXOMICIN

DIFICID TAB 200MG (fidaxomicin)	Tier 3	PA
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Drug Name	Drug Tier	Requirements/Limits
MEDICAL DEVICES		
<i>Parenteral Therapy Supplies</i>		
BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	DME	QL (150 ea / 30 days)
MEDICAL DEVICES AND SUPPLIES		
<i>CONTRACEPTIVES</i>		
CAYA DPR (<i>diaphragm arc-spring</i>)	PREV	
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	PREV	OTC
FEMCAP MIS 22MM (<i>cervical caps</i>)	PREV	
FEMCAP MIS 26MM (<i>cervical caps</i>)	PREV	
FEMCAP MIS 30MM (<i>cervical caps</i>)	PREV	
OMNIFLEX DPR (<i>diaphragms</i>)	PREV	
WIDE-SEAL DPR KIT 60 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 65 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 70 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 75 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 80 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 85 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 90 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	PREV	
<i>DIABETIC SUPPLIES</i>		
DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box / 90 days)
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes / 30 days)
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box / 90 days)
FREESTY LIBR KIT 2 SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes / 30 days)
FREESTY LIBR MIS 2 READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes / 30 days); 14 day
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes / 30 days); 10 day
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (4 boxes / 30 days)
LANCETS MIS 30G	DME	OTC
RELION TRUE KIT MET AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT METER (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX MIS AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim

MISC. DEVICES

ALCOHOL PREP PAD MED 70% (<i>alcohol swabs</i>)	Tier 1	QL (200 ea / 30 days), OTC
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PARENTERAL THERAPY SUPPLIES

INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>)	DME	OTC
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 32GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP (<i>syringe (disposable)</i>)	DME	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS (<i>nebulizers</i>)	Tier 2	OTC
INSPIRACHAMB MIS LARGE (<i>spacer/aerosol-holding chambers</i>)	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED (<i>peak flow meter</i>)	DME	QL (1 each / year), OTC
PULMONEB LT MIS NEBULIZE (<i>nebulizers</i>)	Tier 2	QL (1 each / 30 days)
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG INJ 70MG/ML (<i>erenumab-aooe</i>)	Tier 3	PA, QL (2 pens / 28 days)
AIMOVIG INJ 140MG/ML (<i>erenumab-aooe</i>)	Tier 3	PA, QL (1 pen / 28 days)
EMGALITY INJ 100MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (3 syringes / 28 days)
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (2 pens / 28 days)
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (2 syringes / 28 days)
UBRELVY TAB 50MG (<i>ubrogepant</i>)	Tier 3	PA, QL (16 ea / 30 days)
UBRELVY TAB 100MG (<i>ubrogepant</i>)	Tier 3	PA, QL (16 ea / 30 days)
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	PA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 1	PA
ERGOMAR SUB 2MG (<i>ergotamine tartrate</i>)	Tier 3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

Drug Name	Drug Tier	Requirements/Limits
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
REYVOW TAB 50MG (<i>lasmiditan succinate</i>)	Tier 3	PA, QL (8 tabs / 30 days)
REYVOW TAB 100MG (<i>lasmiditan succinate</i>)	Tier 3	PA, QL (8 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (2 mL / 30 days); Vials
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (9 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Tier 1	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 1	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

MINERALS & ELECTROLYTES

CALCIUM

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i> (Sm Calcium 600 + D Plus M)	Tier 1	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate tab 1500 mg (600 mg elemental ca)	Tier 1	OTC, MAIL
calcium carbonate tab 1500 mg (600 mg elemental ca) (Calcium 600)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol cap 600 mg-500 unit (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit (Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Oysco 500+d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 250 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oystercal-d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-600 unit (Gnp Calcium 500 + d3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d cap 600 mg-200 unit (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 250 mg-125 unit (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-400 unit	Tier 1	OTC, MAIL
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)	Tier 1	OTC, MAIL
calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) (Calcium Citrate + D3)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
CALCIUM TAB 600MG	Tier 1	OTC, MAIL
calcium-magnesium-zinc tab 333-133-5 mg	Tier 1	OTC, MAIL
CALTRATE 600 CHW 600-800 (calcium carbonate-cholecalciferol)	Tier 1	OTC, MAIL
oyster shell calcium tab 500 mg	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG (calcium carbonate-ergocalciferol)	Tier 1	OTC, MAIL
RISACAL-D TAB (calcium & phosphorus w/ vitamin d)	Tier 1	OTC
ELECTROLYTE MIXTURES		
oral electrolyte solution	Tier 1	OTC
FLUORIDE		
FLUORABON DRO (sodium fluoride)	PREV	QL (60 mL / 30 days), MAIL; Prev for ages 6 and under, otherwise Tier 2
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	PREV	QL (50 mL / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)	PREV	QL (24 mL / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	PREV	QL (30 mL / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1

MAGNESIUM

MAG64 TAB 64MG (magnesium chloride)	Tier 1	OTC
MAG-G TAB 500MG (magnesium gluconate)	Tier 1	OTC
MAGDELAY TAB 70MG (magnesium chloride)	Tier 1	OTC
magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)	Tier 1	OTC
magnesium gluconate tab 27.5 mg (elemental mg)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 250 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (240 mg elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (241.3 mg elemental mg) (Magnesium-oxide)	Tier 1	OTC, MAIL
magnesium oxide tab 500 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium sulfate inj 50%	Tier 1	
magnesium tab 250 mg	Tier 1	OTC, MAIL

PHOSPHATE

pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM		
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	MAIL
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	MAIL
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 tabs / 30 days), MAIL
SODIUM		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC
ZINC		
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i> (Zinc-220)	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG (<i>penicillamine</i>)	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 3	PA, QL (60 per 30 days)
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 3	PA, QL (60 per 30 days)
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 1	PA
<i>everolimus tab 0.25 mg</i>	Tier 1	PA
<i>everolimus tab 0.75 mg</i>	Tier 1	PA
<i>everolimus tab 1 mg</i>	Tier 1	PA
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	MAIL
NEORAL CAP 25MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NEORAL CAP 100MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
SANDIMMUNE CAP 25MG (<i>cyclosporine</i>)	Tier 2	MAIL
SANDIMMUNE CAP 100MG (<i>cyclosporine</i>)	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 1	MAIL
<i>sirolimus tab 1 mg</i>	Tier 1	MAIL
<i>sirolimus tab 2 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG (<i>everolimus (immunosuppressant)</i>)	Tier 3	PA
ZORTRESS TAB 0.25MG (<i>everolimus (immunosuppressant)</i>)	Tier 3	PA
ZORTRESS TAB 0.75MG (<i>everolimus (immunosuppressant)</i>)	Tier 3	PA
ZORTRESS TAB 1MG (<i>everolimus (immunosuppressant)</i>)	Tier 3	PA
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM (<i>sodium zirconium cyclosilicate</i>)	Tier 3	QL (90 / 30 days), MAIL
LOKELMA PAK 10GM (<i>sodium zirconium cyclosilicate</i>)	Tier 3	QL (90 / 30 days), MAIL
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
VELTASSA POW 8.4GM (<i>patiromer sorbitex calcium</i>)	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 16.8GM (<i>patiromer sorbitex calcium</i>)	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 25.2GM (<i>patiromer sorbitex calcium</i>)	Tier 3	QL (30 / 30 days), MAIL
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
DENTAL PRODUCTS		
<i>sodium fluoride cream 1.1% (Sf 5000 Plus)</i>	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f) (Sf)</i>	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg (Virt-caps)</i>	Tier 1	
<i>b-complex w/ c & folic acid tab (Vita-bee/c)</i>	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg (Rena-vite)</i>	Tier 1	OTC

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>b-complex w/ c & folic acid tab 5 mg</i> (Folbee Plus)	Tier 1	
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab</i> (Stress Formula W/iron)	Tier 1	OTC
MULTIPLE VITAMINS W/ MINERALS		
<i>multiple vitamins w/ minerals cap</i> (V-c Forte)	Tier 1	
<i>multiple vitamins w/ minerals liquid</i> (Multivitamin & Mineral)	Tier 1	OTC
<i>multiple vitamins w/ minerals tab</i> (Ocuville/lutein)	Tier 1	OTC
MULTIVITAMINS		
<i>multiple vitamin cap</i> (Mv-one)	Tier 1	OTC
<i>multiple vitamin tab</i> (Daily Vite)	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i> (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days), OTC
PED MULTIPLE VITAMINS W/ MINERALS		
<i>AQUADEKS DRO (pediatric multiple vitamin w/ minerals & c)</i>	Tier 1	OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Mvw Complete Formulation)	Tier 1	OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Polyvitamin/iron)	Tier 1	OTC
PED MV W/ FLUORIDE		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i> (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</i> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 1	OTC
MULTIVITAMIN DRO /IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 2	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Chewable Vite With Iron/c)	Tier 1	OTC
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i> (Ultra Choice Multivitamin)	Tier 1	OTC
POLY-VITE SOL /IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO (<i>pediatric multiple vitamins</i>)	Tier 2	QL (50 / 30 days), OTC
<i>pediatric multiple vitamin liq</i> (Multi-delyn)	Tier 1	OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Chewable Vite Childrens)	Tier 1	OTC
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i> (Land Before Time Multivit)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML (<i>pediatric multiple vitamins</i>)	Tier 2	OTC
POLY-VITE DRO (<i>pediatric multiple vitamins</i>)	Tier 1	OTC
PEDIATRIC VITAMINS		
<i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i> (Bprotected Pedia Tri-vite)	Tier 1	QL (50 / 30 days), OTC
TRI-VI-SOL SOL A/C/D (<i>pediatric vitamins adc</i>)	Tier 2	QL (50 / 30 days), OTC
PRENATAL VITAMINS		
BE WELL PAK ROUNDED (<i>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</i>)	Tier 1	OTC
BRAINSTRONG MIS PRENATAL (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>)	Tier 1	QL (30 tabs / 30 days), OTC
CALNA TAB (<i>prenatal vitamin</i>)	Tier 1	QL (30 tabs / 30 days), OTC
CENTRUM SPEC PAK PRENATAL (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 tabs / 30 days), OTC
CO-NATAL FA TAB 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CVS PRENATAL CHW GUMMY (<i>prenatal multivitamins & minerals w/ folic acid-fish oil</i>)	Tier 1	QL (30 tabs / 30 days), OTC
ENFAMIL MIS EXPECTA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (60 tabs / 30 days), OTC
EZFE FORTE CAP (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>)	Tier 1	QL (30 caps / 30 days), OTC
KPN PRENATAL TAB (<i>prenatal multivitamin w/fe-fa</i>)	Tier 1	QL (30 tabs / 30 days), OTC
MYNATAL CAP (<i>prenatal multivitamin w/fe-fa</i>)	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PERRY PRENAT CAP (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENAT MULTI CAP +DHA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL 19 TAB 29-1MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
PRENATAL CAP FORMULA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL CAP OMEGA-3 (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL DHA PAK MULTI (<i>prenatal mv & min w/ methylfolate-choline-fish oil</i>)	Tier 1	OTC
PRENATAL FRM TAB A-FREE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL MUL CAP +DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL TAB (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL TAB COMPLETE (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL TAB FORMULA (prenatal vit w/ selenium-fe fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days), OTC
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg (Inatal Gt)	Tier 1	QL (30 tabs / 30 days)
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg (Prenatal 19)	Tier 1	QL (30 tabs / 30 days)
prenatal vit w/ fe fumarate-fa tab 28-1 mg (Trinate)	Tier 1	QL (30 tabs / 30 days)
prenatal vit w/ iron carbonyl-fa tab 29-1 mg (Prenatabs Rx)	Tier 1	QL (30 tabs / 30 days)
PRENATAL+DHA MIS (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL/FE TAB (prenatal multivit-min w/fe-fa)	Tier 1	QL (30 tabs / 30 days), OTC
RA PRENATAL TAB FORMULA (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days), OTC
SE-NATAL 19 CHW (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
SM ONE DAILY MIS PRENATAL (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	Tier 1	QL (30 tabs / 30 days), OTC
THERANATAL MIS COMPLETE (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	QL (30 tabs / 30 days), OTC
TL FOLATE TAB (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	Tier 1	QL (30 tabs / 30 days)
TRINATAL RX TAB 1 (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
VINATE II TAB (prenatal vit w/ fe bisglycinate chelate-folic acid)	Tier 1	QL (30 tabs / 30 days)
VINATE M TAB (prenatal vit w/ selenium-fe fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
VITAFOL-OB TAB 65-1MG (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
VOL-PLUS TAB (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
VOL-TAB RX TAB (prenatal vit w/ iron carbonyl-folic acid)	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metaxalone tab 800 mg</i>	Tier 1	PA
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Max 64 years)
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	QL (270 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	Tier 1	PA, QL (240 tabs / 30 days)
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 3	PA, QL (3 syringes / 180 days)
VISCO-3 INJ 25/2.5ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 3	PA, QL (3 syringes / 180 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
<i>saline nasal spray 0.65%</i> (Cvs Saline Nasal Spray)	Tier 1	OTC

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	ST, QL (30 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	QL (52 mL / 30 days), OTC, MAIL
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	ST, QL (30.5 gm / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
<i>budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)</i>	Tier 1	QL (1 bottle / 30 days), OTC, MAIL
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	ST, QL (25 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (16 gm / 30 days), AGE, MAIL; AGE (Min 4 years)
OMNARIS SPR (<i>ciclesonide (nasal)</i>)	Tier 3	PA, MAIL
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)	Tier 1	QL (16.9 mL / 30 days), OTC, MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
NASAL DECONG LIQ 30MG/5ML <i>(pseudoephedrine hcl)</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN <i>(phenylephrine hcl (oral))</i>	Tier 1	OTC

NEUROMUSCULAR AGENTS

ALS AGENTS

<i>riluzole tab 50 mg</i>	Tier 1	PA, QL (60 tabs / 30 days), MAIL
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NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS

BOTOX INJ 100UNIT <i>(onabotulinumtoxina)</i>	Tier 3	PA
BOTOX INJ 200UNIT <i>(onabotulinumtoxina)</i>	Tier 3	PA

NUTRIENTS

MISC. NUTRITIONAL SUBSTANCES

<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	QL (30 caps / 30 days), OTC
<i>omega-3 fatty acids cap 300 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i> (Hm Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i> (Cvs Fish Oil)	Tier 1	OTC

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i> (Sm Artificial Tears)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Hm Lubricating Plus)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
dextran 70-hypromellose (pf) ophth soln 0.1-0.3% (Cvs Natural Tears)	Tier 1	OTC, MAIL
dextran 70-hypromellose ophth soln 0.1-0.3% (Artificial Tears)	Tier 1	OTC, MAIL
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP (artificial tear insert)	Tier 3	PA
polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Lubricant Eye Drops)	Tier 1	OTC, MAIL
polyvinyl alcohol ophth soln 1.4% (Artificial Tears)	Tier 1	OTC, MAIL
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Gnp Artificial Tears)	Tier 1	OTC, MAIL
propylene glycol-glycerin ophth soln 1-0.3% (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
PURE & GENTL DRO 0.3% (hypromellose (ophth))	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Artificial Tears)	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Gentel Tears Night-time)	Tier 1	OTC, MAIL
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	Tier 1	MAIL
carteolol hcl ophth soln 1%	Tier 1	QL (15 mL / 30 days), MAIL
COMBIGAN SOL 0.2/0.5% (brimonidine tartrate-timolol maleate)	Tier 2	QL (10 mL / 30 days), MAIL
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Tier 1	QL (10 mL / 30 days), MAIL
levobunolol hcl ophth soln 0.5%	Tier 1	QL (15 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.5%	Tier 1	QL (5 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.25%	Tier 1	QL (5 mL / 30 days), MAIL
timolol maleate ophth soln 0.5%	Tier 1	QL (10 mL / 30 days), MAIL
timolol maleate ophth soln 0.25%	Tier 1	QL (10 mL / 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
cyclopentolate hcl ophth soln 1%	Tier 1	QL (15 / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP <i>(echothiophate iodide)</i>	Tier 2	MAIL
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5%</i> <i>(base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% <i>(brinzolamide- brimonidine tartrate)</i>	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% <i>(azithromycin ophth)</i>	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% <i>(besifloxacin hcl)</i>	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3%</i> <i>(base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5%</i> <i>(base equiv)</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP <i>(natamycin)</i>	Tier 3	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% (<i>cyclosporine ophth</i>)	Tier 3	PA, MAIL
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	QL (5 mL / 30 days)
<i>difluprednate ophth emulsion 0.05%</i>	Tier 1	PA
DUREZOL EMU 0.05% (<i>difluprednate</i>)	Tier 3	PA
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX OIN 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
PRED-G SUS OP (<i>gentamicin-prednisolone acetate</i>)	Tier 3	QL (10 mL / 30 days)
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1% (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (3.5 gm / 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	QL (10 mL / 30 days)
ZYLET SUS 0.5-0.3% (<i>loteprednol etabonate-tobramycin</i>)	Tier 3	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
ALOCRI SOL 2% (<i>nedocromil sodium ophth</i>)	Tier 3	PA, MAIL
ALOMIDE SOL 0.1% OP (<i>loxamide tromethamine</i>)	Tier 3	PA, MAIL
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	QL (6 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
AZOPT SUS 1% OP (<i>brinzolamide</i>)	Tier 2	QL (10 mL / 30 days), MAIL
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	PA, MAIL
BEPREVE DRO 1.5% (<i>bepotastine besilate</i>)	Tier 3	PA, MAIL
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% (<i>cysteamine hcl</i>)	Tier 3	PA
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP (<i>emedastine difumarate</i>)	Tier 3	PA, MAIL
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL
LASTACAFT SOL 0.25% (<i>alcaftadine</i>)	Tier 3	PA, MAIL
NEVANAC SUS 0.1% (<i>nepafenac</i>)	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.1% (<i>olopatadine hcl</i>)	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.2% (<i>olopatadine hcl</i>)	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>sodium chloride hypertonic ophth oint 5% (Cvs Sodium Chloride)</i>	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5% (Cvs Sodium Chloride)</i>	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% (<i>bimatoprost</i>)	Tier 3	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% (<i>tafluprost</i>)	Tier 2	ST, QL (30 ea / 30 days), MAIL; Prior use of latanoprost within the past 90 days.

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	Tier 1	
<i>carbamide peroxide 6.5% otic soln</i> (Ear Drops Earwax Removal)	Tier 1	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i> (Ra Ear Drying Agent)	Tier 1	OTC

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 30 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)

OTIC COMBINATIONS

CIPRO HC SUS OTIC (<i>ciprofloxacin-hydrocortisone</i>)	Tier 3	PA
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	PA
COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	Tier 3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	

OTIC STEROIDS

<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS		
OXYTOCICS		

<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	
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PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)	Tier 3	PA
CUVITRU INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
CUVITRU SOL 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
CUVITRU SOL 10GM/50M (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)	Tier 3	PA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	Tier 3	PA
GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	Tier 3	PA
GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)	Tier 3	PA
HIZENTRA INJ 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 3	PA
PRIVIGEN INJ 20GRAMS (<i>immune globulin (human) iv</i>)	Tier 3	PA
RHOGAM PLUS INJ 300MCG (<i>rho d immune globulin (human)</i>)	Tier 2	

MONOCLONAL ANTIBODIES

SYNAGIS INJ 50MG (<i>palivizumab</i>)	Tier 3	PA
SYNAGIS INJ 100MG/ML (<i>palivizumab</i>)	Tier 3	PA

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

HYQVIA INJ 2.5-200 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 3	PA
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Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 3	PA
HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 3	PA
HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 3	PA
HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 3	PA

PENICILLINS

AMINOPENICILLINS

amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) tab 500 mg	Tier 1	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin cap 500 mg	Tier 1	

NATURAL PENICILLINS

penicillin v potassium for soln 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
penicillin v potassium for soln 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
penicillin v potassium tab 250 mg	Tier 1	
penicillin v potassium tab 500 mg	Tier 1	

PENICILLIN COMBINATIONS

amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML (amoxicillin & pot clavulanate)	Tier 3	AGE; AGE (Max 12 years)
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>naftillin sodium for iv soln 10 gm</i>	Tier 1	

PROGESTINS

PROGESTINS

<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 1	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>progesterone cap 100 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>progesterone cap 200 mg</i>	Tier 1	QL (60 caps / 30 days)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	MAIL
<i>disulfiram tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>disulfiram tab 500 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ANTI-CATAPLECTIC AGENTS		
<i>XYREM SOL 500MG/ML (sodium oxybate)</i>	Tier 3	PA
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	PA, MAIL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	PA, MAIL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 1	AGE (Max 64 years)
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 1	AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK (<i>milnacipran hcl</i>)	Tier 3	PA, MAIL
SAVELLA TAB 12.5MG (<i>milnacipran hcl</i>)	Tier 3	PA, MAIL
SAVELLA TAB 25MG (<i>milnacipran hcl</i>)	Tier 3	PA, MAIL
SAVELLA TAB 50MG (<i>milnacipran hcl</i>)	Tier 3	PA, MAIL
SAVELLA TAB 100MG (<i>milnacipran hcl</i>)	Tier 3	PA, MAIL
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5 mg</i>	Tier 1	PA
<i>tetrabenazine tab 25 mg</i>	Tier 1	PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG (<i>teriflunomide</i>)	Tier 3	PA
AUBAGIO TAB 14MG (<i>teriflunomide</i>)	Tier 3	PA
AVONEX KIT 30MCG (<i>interferon beta-1a</i>)	Tier 3	PA
AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)	Tier 3	PA
AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)	Tier 3	PA
COPAXONE INJ 20MG/ML (<i>glatiramer acetate</i>)	Tier 3	PA; Preferred Brand
COPAXONE INJ 40MG/ML (<i>glatiramer acetate</i>)	Tier 3	PA; Preferred Brand
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Tier 1	PA
EXTAVIA INJ 0.3MG (<i>interferon beta-1b</i>)	Tier 3	PA

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
GILENYA CAP 0.5MG (<i>fingolimod hcl</i>)	Tier 3	PA
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 3	PA
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	Tier 3	PA
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	Tier 3	PA
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	Tier 3	PA
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 3	PA
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 3	PA
REBIF INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 3	PA
REBIF INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 3	PA
REBIF REBIDO INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 3	PA
REBIF REBIDO INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 3	PA
REBIF REBIDO INJ TITRATN (<i>interferon beta-1a</i>)	Tier 3	PA
REBIF TITRTN INJ PACK (<i>interferon beta-1a</i>)	Tier 3	PA
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 3	PA
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	Tier 3	PA, QL (120 / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	Tier 1	PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days), MAIL
<i>pimozide tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PREV	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (<i>varenicline tartrate</i>)	PREV	QL (53 tabs / 24 days), MAIL; Max 2 fills
CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)	PREV	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (<i>varenicline tartrate</i>)	PREV	QL (60 tabs / 30 days), MAIL
<i>nicotine polacrilex gum 2 mg</i>	PREV	QL (240 pieces / 30 days), OTC, MAIL
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)	PREV	QL (240 pieces / 30 days), OTC, MAIL
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	PREV	QL (240 lozgs / 30 days), OTC, MAIL

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Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex lozenge 4 mg (Eq Nicotine Polacrilex)	PREV	QL (240 lozgs / 30 days), OTC, MAIL
NICOTINE SYS KIT TRANSDER	PREV	QL (56 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 7 mg/24hr (Nicotine Transdermal Syst)	PREV	QL (30 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 14 mg/24hr (Hm Nicotine Transdermal S)	PREV	QL (30 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 21 mg/24hr (Cvs Nicotine Transdermal)	PREV	QL (30 patches / 30 days), OTC, MAIL
NICOTROL INH (nicotine)	PREV	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (nicotine)	PREV	QL (40 mL / 30 days), MAIL

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

GLASSIA INJ (alpha1-proteinase inhibitor (human))	Tier 3	PA
PROLASTIN-C INJ 1000MG (alpha1-proteinase inhibitor (human))	Tier 3	PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (ivacaftor)	Tier 3	PA
KALYDECO PAK 50MG (ivacaftor)	Tier 3	PA
KALYDECO PAK 75MG (ivacaftor)	Tier 3	PA
KALYDECO TAB 150MG (ivacaftor)	Tier 3	PA
PULMOZYME SOL 1MG/ML (dornase alfa)	Tier 3	PA

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG (pirfenidone)	Tier 3	PA
ESBRIET TAB 267MG (pirfenidone)	Tier 3	PA
ESBRIET TAB 801MG (pirfenidone)	Tier 3	PA
OFEV CAP 100MG (nintedanib esylate)	Tier 3	PA
OFEV CAP 150MG (nintedanib esylate)	Tier 3	PA

SULFONAMIDES

SULFONAMIDES

SULFADIAZINE TAB 500MG	Tier 3
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TETRACYCLINES

TETRACYCLINES

demeclocycline hcl tab 150 mg	Tier 1
demeclocycline hcl tab 300 mg	Tier 1
doxycycline monohydrate cap 50 mg	Tier 1
doxycycline monohydrate cap 100 mg	Tier 1
doxycycline monohydrate tab 50 mg	Tier 1
doxycycline monohydrate tab 100 mg	Tier 1
minocycline hcl cap 50 mg	Tier 1

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	
<i>tetracycline hcl cap 500 mg</i>	Tier 1	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL

THYROID HORMONES

ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 30MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 60MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 90MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 120MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 180MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 240MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 300MG (<i>thyroid</i>)	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 125 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 137 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 150 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 175 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium iv soln 10 mcg/ml</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	MAIL
NATURE THROI TAB 162.5MG (<i>thyroid</i>)	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROI TAB 16.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 65MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 130MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 195MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 260MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 325MG (<i>thyroid</i>)	Tier 2	MAIL
SYNTHROID TAB 25MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 50MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 75MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 88MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 100MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 112MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 125MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 137MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
<i>thyroid tab 15 mg (1/4 grain)</i> (Np Thyroid 15)	Tier 1	MAIL
<i>thyroid tab 30 mg (1/2 grain)</i> (Np Thyroid 30)	Tier 1	MAIL
<i>thyroid tab 60 mg (1 grain)</i> (Np Thyroid 60)	Tier 1	MAIL
<i>thyroid tab 90 mg (1 1/2 grain)</i> (Np Thyroid 90)	Tier 1	MAIL
<i>thyroid tab 120 mg (2 grain)</i> (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL

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Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1/2 TAB 30MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-2 TAB 120MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-3 TAB 180MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
WP THYROID TAB 81.25MG (<i>thyroid</i>)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	PREV	
BOOSTRIX INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	PREV	
TDVAX INJ 2-2 LF (<i>tetanus-diphtheria toxoids (td)</i>)	PREV	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)
TENIVAC INJ 5-2LF (<i>tetanus-diphtheria toxoids (td)</i>)	PREV	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)

ULCER DRUGS/ANTI SPASMODICS/ANTICHOLINERGICS

ANTI SPASMODICS

<i>atropine sul inj 0.1mg/ml</i>	Tier 1	
<i>atropine sul inj 0.05mg/1</i>	Tier 1	
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	
H-2 ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR <i>(dexlansoprazole)</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
DEXILANT CAP 60MG DR <i>(dexlansoprazole)</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> (Sm Esomeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
FIRST-OMEPRASUS 2MG/ML <i>(omeprazole)</i>	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	ST, QL (60 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>NEXIUM 24HR CAP 20MG (esomeprazole magnesium)</i>	Tier 1	QL (60 caps / 30 days), OTC, MAIL
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i> (Cvs Omeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>PRILOSEC OTC TAB 20MG (omeprazole magnesium)</i>	Tier 1	QL (60 tabs / 30 days), OTC
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>ULCER DRUGS - PROSTAGLANDINS</i>		
<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Tier 1	Max 10 days supply
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 (<i>oxybutynin</i>)	Tier 2	QL (8 ea / 30 days), OTC, MAIL

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Drug Name	Drug Tier	Requirements/Limits
SOLIFENACIN SUCCINATE TAB 5 MG	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
SOLIFENACIN SUCCINATE TAB 10 MG	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG (<i>fesoterodine fumarate</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>trospium chloride cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>trospium chloride tab 20 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>)	PREV	QL (Max 2 injections per lifetime)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	PREV	QL (Max 4 injections per lifetime)
PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	PREV	QL (1 inj / lifetime)
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	PREV	QL (1 inj / lifetime)

VIRAL VACCINES

AFLURIA QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	PREV	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	PREV	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2021-22 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2021-22 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2021-22 (<i>influenza virus vaccine live quadrivalent</i>)	PREV	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE HD INJ 2021-22 (<i>influenza virus vac split high-dose quad preservative free</i>)	PREV	QL (1 / year); AGE (Min 65 years)
FLUZONE QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
GARDASIL 9 INJ (<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>)	PREV	QL (3 inj / lifetime)
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	PREV	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine</i>)	PREV	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	PREV	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG (<i>hepatitis b vaccine recombinant adjuvanted</i>)	PREV	QL (Maximum 3 injections per lifetime)
JANSSEN VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>)	PREV	
MODERNA VAC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	PREV	

Drug Name	Drug Tier	Requirements/Limits
PFIZER VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	PREV	
RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>)	PREV	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	PREV	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	PREV	QL (Max 2 injections per lifetime), AGE; AGE (Min 18 years)
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	PREV	QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years)
VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>)	PREV	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>)	PREV	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ (<i>zoster vaccine live</i>)	PREV	QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years)

VAGINAL PRODUCTS

SPERMICIDES

ENCARE SUP 100MG (<i>nonoxynol-9</i>)	PREV	OTC
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	PREV	OTC
SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>)	PREV	OTC
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	PREV	OTC
VCF VAGINAL AER CONTRACP (<i>nonoxynol-9</i>)	PREV	OTC
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	PREV	OTC
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	PREV	OTC

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i> (Gnp Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (<i>miconazole nitrate vaginal</i>)	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	
<i>tioconazole vaginal oint 6.5%</i> (Ra Tioconazole 1)	Tier 1	OTC
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG (<i>estrogens, conjugated vaginal</i>)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (<i>progesterone (vaginal)</i>)	Tier 3	PA
PROGESTERONE SUP VGS 200 (<i>progesterone (vaginal)</i>)	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	Tier 1	PA
<i>droxidopa cap 200 mg</i>	Tier 1	PA
<i>droxidopa cap 300 mg</i>	Tier 1	PA
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit) (D 1000)</i>	Tier 1	OTC
<i>cholecalciferol cap 50 mcg (2000 unit) (D2000 Ultra Strength)</i>	Tier 1	OTC
<i>cholecalciferol cap 125 mcg (5000 unit) (D 5000)</i>	Tier 1	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit) (Kp Vitamin D)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit) (Cvs D3)</i>	Tier 1	OTC
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength)</i>	Tier 1	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) (Aqueous Vitamin D Infants)</i>	Tier 1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	Tier 1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 tabs / 30 days)
WATER SOLUBLE VITAMINS		
<i>ascorbic acid tab 500 mg (Hm Vitamin C/rose Hips)</i>	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 50 mg</i>	Tier 1	OTC
<i>niacin tab 100 mg</i>	Tier 1	OTC
<i>niacin tab 250 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>niacin tab er 250 mg</i>	Tier 1	OTC
<i>niacin tab er 500 mg</i>	Tier 1	OTC
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>niacinamide tab 500 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>riboflavin tab 100 mg</i> (Cvs Vitamin B-2)	Tier 1	OTC
<i>thiamine hcl tab 50 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 100 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC
<i>vitamin b-6 tab 200mg tr</i>	Tier 1	OTC

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<i>amlodipine besylate-benazepril hcl</i>		<i>250 mg</i>	155
<i>cap 5-10 mg</i>	62	<i>amoxicillin (trihydrate) for susp</i>	
<i>amlodipine besylate-benazepril hcl</i>		<i>125 mg/5ml</i>	155
<i>cap 5-20 mg</i>	62	<i>amoxicillin (trihydrate) for susp</i>	
<i>amlodipine besylate-benazepril hcl</i>		<i>200 mg/5ml</i>	155
<i>cap 5-40 mg</i>	62	<i>amoxicillin (trihydrate) for susp</i>	
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<i>medoxomil tab 10-40 mg</i>	63	<i>amoxicillin (trihydrate) tab 500 mg</i>	
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amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
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168	promethazine-dm syrup 6.25-15 mg/5ml	100
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168	100
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84	propafenone hcl tab 225 mg	25
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84	proparacaine hcl ophth soln 0.5%	
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84	propranolol hcl cap er 24hr 120 mg	
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84	propranolol hcl cap er 24hr 160 mg	
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165	propranolol hcl tab 10 mg	88
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66	propranolol hcl tab 40 mg	88
primidone tab 250 mg	propranolol hcl tab 60 mg	88
34	propranolol hcl tab 80 mg	88
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34	propylthiouracil tab 50 mg	161
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154		
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120		
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80		
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123		
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pseudoephed-bromphen-dm syrup
30-2-10 mg/5ml 100
pseudoephedrine hcl
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(50 mg/ml base equiv) 20
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permeth aero-nit remover gel kit
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0.33-4% 109
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shampoo 0.33-4% 109
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mg 79
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Ra Cetirizine see cetirizine hcl tab 10 mg	53	see ISENTRESS CHW 25MG.....	84
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zidovudine syrup 10 mg/ml	85	zonisamide cap 100 mg	34
zidovudine tab 300 mg	85	zonisamide cap 25 mg	34
ZIEXTENZO INJ 6/0.6ML	123	zonisamide cap 50 mg	34
zileuton tab er 12hr 600 mg	26	ZONTIVITY TAB 2.08MG	122
zinc sulfate cap 220 mg (50 mg		ZORTRESS TAB 0.25MG	140
elemental zn)	139	ZORTRESS TAB 0.5MG	140
Zinc-220		ZORTRESS TAB 0.75MG	140
see zinc sulfate cap 220 mg (50		ZORTRESS TAB 1MG	140
mg elemental zn)	139	ZOSTAVAX INJ	169
ZINC-OXYDE OIN 0.44-20%	108	zoster vaccine live	
ZIOPTAN DRO 0.0015%.....	153	see ZOSTAVAX INJ.....	169
ziprasidone hcl cap 20 mg	76	zoster vaccine recombinant	
ziprasidone hcl cap 40 mg	76	adjuvanted	
ziprasidone hcl cap 60 mg	76	see SHINGRIX INJ 50/0.5ML.....	169
ziprasidone hcl cap 80 mg	76	Z-TUSS AC LIQ 2-9/5ML	100
ZIRGAN GEL 0.15%	151	ZYDELIG TAB 100MG	72
ZOLADEX IMP 10.8MG	69	ZYDELIG TAB 150MG	73
ZOLADEX IMP 3.6MG.....	69	ZYKADIA CAP 150MG	73
ZOLINZA CAP 100MG	72	ZYLET SUS 0.5-0.3%	151
zolmitriptan nasal spray 2.5		ZYPREXA RELP INJ 210MG	80
mg/spray unit	135	ZYPREXA RELP INJ 300MG	80
		ZYPREXA RELP INJ 405MG	80