2020

Formulary/ Formulario

(List of Covered Drugs) / (Lista de medicinas cubiertas)

Mississippi

The information in this document is current as of 6/18/2020. The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com. Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Check Drug Cost tool.

La información de este documento está vigente a partir del 6/18/2020. El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com. Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Verificar Costo de Medicamentos.

MolinaMarketplace.com

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Legend

What are the Requirements and Limits on the drug list?

Requirements and limits may be set up for certain drugs. Drugs may have the following requirements and limitations:

Requirements / Limits	Description
AGE	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
MED	Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 90 milligrams of morphine per day of supply filled.
OTC	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for. If Prior Authorization is required for a drug or dosage form, providers must show you have a medically accepted use for the drug and other treatments have not worked or are not appropriate. Other requirements may apply depending on the drug.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
ST	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

Some drugs are designated "Preferred Brand" in the drug class they are listed. If there is a drug in the same class as the drug you are requesting and it is the Preferred Brand drug in the class, we require that the Preferred Brand be used first or instead. Specific drugs that require use of a Preferred Brand drug first may also be indicated "Medical Necessity PA". Medical Necessity Prior Authorization requirements apply to some Tier 4 Specialty Drugs.

The drug list will also indicate if a drug is eligible for Mail Order (**MAIL**) programs in the Requirements/Limits column. It is your choice if you want to use Mail Order programs. You may have lower cost sharing using Mail Order on some drugs.

What are Drug Tiers and how do they affect my share of the drug's cost?

We put drugs on different levels called tiers based on how well they improve health and how much they cost compared to similar treatments. Your plan has the following tiers. For Tiers 1 through 4, the lower the Drug Tier, the lower your share of the cost will be.

Here are more details about which drugs are on which tiers.

Drug Tier	Description
Tier 1	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing
Tier 2	Preferred Brand Name drugs; Higher cost sharing than Tier 1
Tier 3	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions
Tier 4	Specialty Drugs, both Brand Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Most Specialty Drugs covered in your plan will be available through a Specialty Pharmacy. We may require you to use our exclusive In-Network Specialty Pharmacy
Tier 5	Preventative service drugs
DME	Durable Medical Equipment; Cost sharing may apply for non-drug products on the drug list

In accordance with the Affordable Care Act, your plan covers nationally recognized preventative service drugs and dosage forms (Tier 5) with $0 cost sharing.

How can I find more information about how much my drug will cost?

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Check Drug Cost tool. This tool will provide you with an estimate of your cost. If you create an account with Caremark.com before using the tool, your plan design information will also be used to more closely estimate actual prices you pay at the pharmacy.

Leyenda

¿Cuáles son los requisitos y límites en la lista de medicamentos?

Se pueden establecer requisitos y límites para ciertos medicamentos. Los medicamentos pueden tener los siguientes requisitos y limitaciones:

Requisitos/límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos por este medicamento o forma farmacéutica para ciertos grupos de edad según la información sobre la seguridad, la efectividad y el costo del medicamento.
MED	Se aplican límites de Dosis Equivalente de Morfina. Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 90 miligramos de morfina al día de suministro adquirido.
OTC	Las formas farmacéuticas de venta sin receta están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
PA	Se requiere Autorización previa. Requerimos aprobación anticipada de cobertura para algunos medicamentos antes de que se pague por estos. Si la Autorización previa es necesaria para un medicamento o forma farmacéutica, los proveedores deben demostrar que usted tiene un uso aceptado por razones médicas para el medicamento y otros tratamientos no han funcionado o no son adecuados. Pueden aplicarse otros requisitos dependiendo del medicamento.
QL	Se aplican límites de cantidad. Pagaremos por un monto máximo diario según la información acerca del uso y del costo aceptados por razones médicas del medicamento.
ST	Se requiere Terapia escalonada. Si hemos pagado para que tenga el(los) medicamento(s) de Terapia escalonada necesario(s) anteriormente, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de Terapia escalonada o Autorización previa. La lista de medicamentos le muestra qué medicamentos se requieren primero y por cuánto tiempo.

Algunos medicamentos son denominados “de Marca Preferida” en la clase de medicamento en la que aparecen. Si existe un medicamento en la misma clase que el medicamento que está solicitando y es el medicamento de Marca Preferida en la clase, necesitamos que el medicamento de Marca Preferida se utilice primero o en su lugar. Los medicamentos específicos que requieren el uso de un medicamento de Marca Preferida también se pueden indicar primero como “PA de Necesidad Médica”. Se aplican requisitos de Autorización previa médicamente necesaria para algunos medicamentos especializados de categoría 4.

La lista de medicamentos además indicará si un medicamento es elegible para programas de pedido por correo (**MAIL**) en la columna Requisitos/Límites. Es su decisión si desea usar programas de Pedido por correo. Es posible que tenga una distribución de costos menor cuando use el Pedido por correo en algunos medicamentos.

¿Qué son las categorías de medicamento y cómo afectan mi parte del costo de medicamentos?

Colocamos los medicamentos en distintos niveles llamados "categorías" basándonos en qué tan bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene las siguientes categorías. Para las categorías del 1 al 4, mientras más baja es la categoría de medicamento, más baja será su parte del costo.

Estos son más detalles sobre qué medicamentos están en qué categorías.

Categoría de medicamento	Descripción
Tier 1	Medicamentos genéricos preferidos; distribución de costos más baja para el afiliado.
Tier 2	Medicamentos de marca preferidos; distribución de costos más alta que la categoría 1.
Tier 3	Medicamentos no preferidos, medicamentos de marca y medicamentos genéricos; distribución de costos más alta que los medicamentos de categoría más baja utilizados para tratar las mismas afecciones.
Tier 4	Medicamentos especializados, tanto de marca como genéricos; distribución de costos más alta que los medicamentos de categoría más baja utilizados para tratar las mismas afecciones, si están disponibles. La mayoría de medicamentos especializados cubiertos en su plan estarán disponibles a través de una farmacia de especialidad. Es posible que necesitemos que use nuestra farmacia de especialidad exclusiva dentro de la red.
Tier 5	Medicamentos de servicio preventivo y medicamentos y dispositivos de planificación familiar (es decir, anticonceptivos) con una distribución de costos de $0.
DME	Equipo médico duradero; la distribución de costos puede aplicar para productos que no sean medicamentos de la lista de medicamentos.

¿Cómo puedo encontrar más información sobre el costo de mi medicamento?

Puede encontrar información sobre los montos de distribución de costos de los medicamentos recetados en nuestro folleto Resumen de los Beneficios (Benefits at a Glance) o ingresando la información de sus medicamentos recetados y la farmacia en la herramienta Verificar Costo de Medicamentos (Check Drug Cost). Si crea una cuenta con Caremark.com antes de usar la herramienta, la información de diseño de su plan también se utilizará para estimar de manera más exacta los precios reales que paga en la farmacia.

MOLINA MARKETPLACE 7/1/2020 FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
7/1/2020	NEXLETOL TAB 180MG	Add to formulary with PA, T3	
7/1/2020	VALTOCO SPR 5MG	Add to formulary with QL, T2	QL :10 per 30 days
7/1/2020	VALTOCO SPR 10MG	Add to formulary with QL, T2	QL :10 per 30 days
7/1/2020	VALTOCO LIQ 15MG	Add to formulary with QL, T2	QL :10 per 30 days
7/1/2020	VALTOCO LIQ 20MG	Add to formulary with QL, T2	QL :10 per 30 days
7/1/2020	Glucagen	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	BAQSIMI POW 3MG/DOSE	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	LABETALOL HCL TAB 100MG	Update QL	QL :120 per 30 days
7/1/2020	LABETALOL HCL TAB 200MG	Update QL	QL :120 per 30 days
7/1/2020	VIVITROL VIA 380MG	Add to formulary with QL, T2	QL :1 per 30 days
7/1/2020	FLOVENT 44MCG	Add to formulary with QL, T3	QL :10.6 per 30 days
7/1/2020	FLOVENT 110 MCG	Add to formulary with QL, T3	QL :12 per 30 days
7/1/2020	RIZATRIPTAN BEN ORAL DISTENGRATING TAB 5MG	Add to formulary with QL, T1	QL :12 per 30 days
7/1/2020	RIZATRIPTAN BEN ORAL DISTENGRATING TAB 10MG	Add to formulary with QL, T1	QL :12 per 30 days
7/1/2020	FAMOTIDINE SUS 40MG/5ML	Add to formulary with QL, T1	QL :150 per 30 days
7/1/2020	ACETYLCYST SOL 10%	Add to formulary, T1	
7/1/2020	AFREZZA POW 8-12UNIT	Add to formulary, T3	
7/1/2020	AMANTADINE TAB 100MG	Add to formulary with QL, T1	QL :120 per 30 days

Date Effective	Product Name	Change	Notes
7/1/2020	AMLOD/BENAZP CAP 10-20 MG	Add to formulary with QL, T1	QL :30 per 30 days
7/1/2020	AMLOD/BENAZP CAP 10-40MG	Add to formulary with QL, T1	QL :30 per 30 days
7/1/2020	AMLOD/BENAZP CAP 2.5-10MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	AMLOD/BENAZP CAP 5-10MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	AMLOD/BENAZP CAP 5-20MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	AMLOD/BENAZP CAP 5-40MG	Add to formulary with QL, T1	QL :30 per 30 days
7/1/2020	BAQSIMI POW ONE 3MG/DOSE	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	CLOBAZAM TAB 10MG	Add to formulary, T1	
7/1/2020	CLOBAZAM TAB 20MG	Add to formulary, T1	
7/1/2020	CLONIDINE DIS 0.1/24HR	Add to formulary with ST, T3	
7/1/2020	CLONIDINE DIS 0.2/24HR	Add to formulary with ST, T3	
7/1/2020	CLONIDINE DIS 0.3/24HR	Add to formulary with ST, T3	
7/1/2020	CORLANOR SOL 5MG/5ML	Add to formulary with PA, T2	
7/1/2020	CORLANOR TAB 5MG	Add to formulary with PA, T2	
7/1/2020	CORLANOR TAB 7.5MG	Add to formulary with PA, T2	
7/1/2020	CYANOCOBALAM INJ 1000MCG	Add to formulary with QL, T1	QL :10 per 30 days
7/1/2020	DOXYCY HYC TAB 100MG	Add to formulary, T1	
7/1/2020	DOXYCYCYCLINE TAB 50MG	Add to formulary, T1	
7/1/2020	ENTRESTO TAB 24-26MG	Add to formulary with PA, T2	
7/1/2020	ENTRESTO TAB 49-51MG	Add to formulary with PA, T2	

Date Effective	Product Name	Change	Notes
7/1/2020	ENTRESTO TAB 97-103MG	Add to formulary with PA, T2	
7/1/2020	ERYTHROM ETH SUS 400/5ML	Add to formulary with UM, T3	
7/1/2020	FERRIPROX TAB 1000MG	Add to formulary with PA, T4	
7/1/2020	FEVERALL SUP 325MG	Add to formulary, T1	
7/1/2020	GLIP/METFORM TAB 2.5-250MG	Add to formulary with QL, T1	QL :120 per 30 days
7/1/2020	GLIP/METFORM TAB 2.5-500MG	Add to formulary with QL, T1	QL :120 per 30 days
7/1/2020	GLIP/METFORM TAB 5-500MG	Add to formulary with QL, T1	QL :120 per 30 days
7/1/2020	HUMULIN 500 PEN R-U500KP	Add to formulary with QL, T3	QL :18 per 30 days
7/1/2020	HUMULIN 500 VIA R-U500	Remove ST and secondary messaging. Keep existing UM.	
7/1/2020	INFLECTRA INJ 100MG	Add to formulary with PA, T4	
7/1/2020	KALYDECO PAK 25MG	Add to formulary with PA, T4	
7/1/2020	KISQALI TAB 200DOSE	Add to formulary with PA, T4	
7/1/2020	KISQALI TAB 400DOSE	Add to formulary with PA, T4	
7/1/2020	KISQALI TAB 600DOSE	Add to formulary with PA, T4	
7/1/2020	KISQALI 200 PAK FEMARA	Add to formulary with PA, T4	
7/1/2020	KISQALI 400 PAK FEMARA	Add to formulary with PA, T4	
7/1/2020	KISQALI 600 PAK FEMARA	Add to formulary with PA, T4	
7/1/2020	KOGENATE FS INJ 2000UNIT	Add to formulary with PA, T4	
7/1/2020	KOGENATE FS INJ 3000UNIT	Add to formulary with PA, T4	
7/1/2020	MAYZENT TAB 0.25MG	Add to formulary with PA, T4	
7/1/2020	METOPRL/HCTZ TAB 100-25MG	Add to formulary with QL, T1	QL :60 per 30 days

Date Effective	Product Name	Change	Notes
7/1/2020	METOPRL/HCTZ TAB 100-50MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	METOPRL/HCTZ TAB 50-25MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	MINOCYCLINE CAP 75MG	Add to formulary, T1	
7/1/2020	NALOXONE INJ 0.4MG/ML	Add to formulary, T1	
7/1/2020	OLM MED/HCTZ TAB 20-12.5	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	OLM MED/HCTZ TAB 40-12.5	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	OLM MED/HCTZ TAB 40-25MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	OXYTROL/WOMN DIS 3.9MG/24	Add an OTC NDC to formulary with QL, T2	QL :8 per 30 days
7/1/2020	PROLASTIN-C INJ 1000MG	Add to formulary with PA, T4	
7/1/2020	RENFLEXIS INJ 100MG	Add to formulary with PA, T4	
7/1/2020	RUXIENCE INJ 100/10ML	Add to formulary with PA, T4	
7/1/2020	RUXIENCE INJ 500/50ML	Add to formulary with PA, T4	
7/1/2020	SIMVASTATIN TAB 80MG	Add to formulary with QL, T1	QL :30 per 30 days
7/1/2020	SYMJEPI INJ 0.15MG	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	SYMJEPI INJ 0.3MG	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	TREPROSTINIL INJ 10MG/ML	Add to formulary with PA, T4	
7/1/2020	VIVITROL INJ 380MG	Add to formulary with QL, T2	QL :1 per 30 days
7/1/2020	XOFLUZA TAB 20MG	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	XOFLUZA TAB 40MG	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	PRASUGREL TAB 5MG	Remove PA	
7/1/2020	PRASUGREL TAB 10MG	Remove PA	
7/1/2020	SCOPOLAMINE DIS 1MG/3 DAY	Remove PA, add QL	QL :4 per 30 days

Date Effective	Product Name	Change	Notes
7/1/2020	ITRACONAZOLE CAP 100MG	Update to T1	
7/1/2020	MESALAMINE ENE 4GM	Update to T1	
7/1/2020	METHYLPHENID TAB 10MG ER	Update to T1	
7/1/2020	METHYLPHENID TAB 20MG ER	Update to T1	
7/1/2020	DIFICID TAB 200MG	Update tier only, T3	
7/1/2020	VORICONAZOLE TAB 50MG	Update tier only, T3	
7/1/2020	VORICONAZOLE TAB 200MG	Update tier only, T3	
7/1/2020	CANDESARTAN TAB 4MG	Change Note only (ST prereqs)	
7/1/2020	CANDESARTAN TAB 8MG	Change Note only (ST prereqs)	
7/1/2020	TELMISARTAN TAB 40MG	Change Note only (ST prereqs)	
7/1/2020	TELMISARTAN TAB 80MG	Change Note only (ST prereqs)	
7/1/2020	TELMISARTAN TAB 20MG	Change Note only (ST prereqs)	
7/1/2020	EPROSART MES TAB 600MG	Change Note only (ST prereqs)	
7/1/2020	CANDESARTAN TAB 16MG	Change Note only (ST prereqs)	
7/1/2020	CANDESARTAN TAB 32MG	Change Note only (ST prereqs)	
7/1/2020	EDARBI TAB 40MG	Change Note only (ST prereqs)	
7/1/2020	EDARBI TAB 80MG	Change Note only (ST prereqs)	
7/1/2020	OLMESA MEDOX TAB 5MG	Delete ST (and note)	

Date Effective	Product Name	Change	Notes
7/1/2020	OLMESA MEDOX TAB 20MG	Delete ST (and note)	
7/1/2020	OLMESA MEDOX TAB 40MG	Delete ST (and note)	
7/1/2020	VALSARTAN TAB 40MG	Delete ST (and note)	
7/1/2020	VALSARTAN TAB 80MG	Delete ST (and note)	
7/1/2020	VALSARTAN TAB 160MG	Delete ST (and note)	
7/1/2020	VALSARTAN TAB 320MG	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 80-12.5	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 160-12.5	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 160-25	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 320-12.5	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 320-25	Delete ST (and note)	
7/1/2020	AMLOD/OLMESA TAB 10-20MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	AMLOD/OLMESA TAB 10-40MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	AMLOD/OLMESA TAB 5-20MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	AMLOD/OLMESA TAB 5-40MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	TRULICITY INJ 0.75/0.5	Add ST and note, remove PA	
7/1/2020	TRULICITY INJ 1.5/0.5	Add ST and note, remove PA	
7/1/2020	VICTOZA INJ 18MG/3ML	Add ST and note, remove PA	
7/1/2020	OZEMPIC INJ 2/1.5ML	Add ST and note, remove PA	
7/1/2020	OZEMPIC INJ 2/1.5ML	Add ST and note, remove PA	
7/1/2020	SOLIFENACIN SUCCINATE TAB 5 MG	Remove PA, add ST, update note	

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7/1/2020	SOLIFENACIN SUCCINATE TAB 10 MG	Remove PA, add ST, update note	
7/1/2020	Baqsimi Pack POWD	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	HIZENTRA INJ 1GM/5ML	Add to formulary with PA, T4	
7/1/2020	HIZENTRA INJ 2GM/5ML	Add to formulary with PA, T4	
7/1/2020	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 G	Add to formulary with PA, T4	
7/1/2020	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 10	Add to formulary with PA, T4	
7/1/2020	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 G	Add to formulary with PA, T4	
7/1/2020	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PR	Add to formulary with PA, T4	
7/1/2020	Ibrance tab 75mg	Add to formulary with PA, T4	
7/1/2020	Ibrance tab 100mg	Add to formulary with PA, T4	
7/1/2020	Ibrance tab 125mg	Add to formulary with PA, T4	
7/1/2020	TAGRISSO TAB 40MG	Update QL	QL :30 per 30 days
7/1/2020	Dupixent inj 200/1.14	Add to formulary with PA, T4	
7/1/2020	RANITIDINE HCL SYRUP 15 MG/ML (75 MG/5ML)	Delete max age note	
7/1/2020	INSULIN LISP INJ 10 N	Add to formulary with ST and QL, T3	QL :30 per 30 days
7/1/2020	ADMELOG SOLO INJ 10 N	Add to formulary with ST and QL, T3	QL :30 per 30 days
7/1/2020	MY WAY TAB 1.5MG	Update QL	QL :4 per 90 days
7/1/2020	ELLA TAB 30MG	Update QL	QL :4 per 90 days

Date Effective	Product Name	Change	Notes
7/1/2020	XULANE DIS 150-35	Update QL	QL :4 per 28 days
7/1/2020	DESO/ETHINYL TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	DROSPIR/ETHI TAB 3-0.02MG	Update QL	QL :39 per 28 days
7/1/2020	DROSPIR/ETHI TAB 3-0.03MG	Update QL	QL :39 per 28 days
7/1/2020	ETHY ETH EST TAB 1-35	Update QL	QL :39 per 28 days
7/1/2020	KELNOR 1/50 TAB	Update QL	QL :39 per 28 days
7/1/2020	LEVONOR/ETHI TAB 0.1-0.02	Update QL	QL :39 per 28 days
7/1/2020	LEVONOR/ETHI TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	BRIELLYN TAB	Update QL	QL :39 per 28 days
7/1/2020	NORTREL TAB 0.5/35	Update QL	QL :39 per 28 days
7/1/2020	NORTREL TAB 1/35	Update QL	QL :39 per 28 days
7/1/2020	LOW-OGESTREL TAB	Update QL	QL :39 per 28 days
7/1/2020	OGESTREL TAB	Update QL	QL :39 per 28 days
7/1/2020	NORGEST/ETHI TAB 0.25/35	Update QL	QL :39 per 28 days
7/1/2020	DROSPIRE/ETH TAB ESTR/LEV	Update QL	QL :39 per 28 days
7/1/2020	TYDEMY TAB	Update QL	QL :39 per 28 days
7/1/2020	BALCOLTRA TAB 0.1-20	Update QL	QL :39 per 28 days
7/1/2020	FALESSA KIT	Update QL	QL :75 per 28 days
7/1/2020	NORE/ETH/FER CHW 0.4MG-35	Update QL	QL :39 per 28 days
7/1/2020	NORETH/ETHIN CHW FE	Update QL	QL :39 per 28 days
7/1/2020	TAYTULLA CAP 1MG/20MC	Update QL	QL :39 per 28 days
7/1/2020	NORETH/ETHIN TAB FE 1/20	Update QL	QL :39 per 28 days
7/1/2020	LARIN 24 TAB FE 1/20	Update QL	QL :39 per 28 days

Date Effective	Product Name	Change	Notes
7/1/2020	JUNEL FE TAB 1.5/30	Update QL	QL :39 per 28 days
7/1/2020	MELODETTA CHW 24 FE	Update QL	QL :39 per 28 days
7/1/2020	DESO/ETHINYL TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	LO LOESTRIN TAB 1-10-10	Update QL	QL :39 per 28 days
7/1/2020	VELIVET PAK	Update QL	QL :39 per 28 days
7/1/2020	LEVONOR/ETHI TAB	Update QL	QL :39 per 28 days
7/1/2020	NORTREL TAB 7/7/7	Update QL	QL :39 per 28 days
7/1/2020	LEENA TAB	Update QL	QL :39 per 28 days
7/1/2020	NORGEST/ETHI TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	NORGEST/ETHI TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	TILIA FE TAB	Update QL	QL :39 per 28 days
7/1/2020	NATAZIA TAB	Update QL	QL :39 per 28 days
7/1/2020	LEVONOR/ETHI TAB ESTRADIO	Update QL	QL :30 per 28 days
7/1/2020	LEVONOR/ETHI TAB ESTRADIO	Update QL	QL :30 per 28 days
7/1/2020	LEVONOR/ETHI TAB ESTRADIO	Update QL	QL :30 per 28 days
7/1/2020	RIVELSA TAB	Update QL	QL :30 per 28 days
7/1/2020	Drospirenone Tab 4 MG	Update QL	QL :39 per 28 days
7/1/2020	Segesterone Ace-Ethinyl Estradiol VA Ring 0.15-0.013 MG/24HR	Update QL	QL :1 per 270 days
7/1/2020	NORETHINDRONE TAB 0.35 MG	Update QL	QL :39 per 28 days
7/1/2020	CEFADROXIL CAP 500MG	Delete age note	
7/1/2020	CEFADROXIL TAB 1GM	Delete age note	

Date Effective	Product Name	Change	Notes
7/1/2020	CEFPROZIL TAB 250MG	Delete age note	
7/1/2020	CEFPROZIL TAB 500MG	Delete age note	
7/1/2020	DULERA AER 50-5MCG	Add to formulary with ST and QL , T3	QL :13 per 30 days

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine tab 5 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1	QL (150 tabs / 30 days); AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 10 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 15 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 20 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 30 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 3 years, Max 18 years)
dextroamphetamine sulfate cap er 24hr 5 mg	Tier 3	QL (120 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate cap er 24hr 10 mg	Tier 3	QL (120 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
dextroamphetamine sulfate cap er 24hr 15 mg	Tier 3	QL (60 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
dextroamphetamine sulfate tab 5 mg	Tier 1	QL (180 tabs / 30 days); AGE (Min 3 years, Max 18 years)
dextroamphetamine sulfate tab 10 mg	Tier 1	QL (180 tabs / 30 days); AGE (Min 3 years, Max 18 years)
methamphetamine hcl tab 5 mg	Tier 3	PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 10MG ***(lisdexamfetamine dimesylate)***	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 20MG ***(lisdexamfetamine dimesylate)***	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 30MG ***(lisdexamfetamine dimesylate)***	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 40MG ***(lisdexamfetamine dimesylate)***	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 50MG ***(lisdexamfetamine dimesylate)***	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 60MG ***(lisdexamfetamine dimesylate)***	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 70MG ***(lisdexamfetamine dimesylate)***	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	Tier 1	QL (120 mL in lifetime); AGE (Max 1 year)
ANOREXIANTS NON-AMPHETAMINE		
phendimetrazine tartrate tab 35 mg	Tier 1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl cap 18 mg (base equiv)	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 25 mg (base equiv)	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 40 mg (base equiv)	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 60 mg (base equiv)	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 80 mg (base equiv)	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 100 mg (base equiv)	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
guanfacine hcl tab er 24hr 1 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
guanfacine hcl tab er 24hr 2 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
guanfacine hcl tab er 24hr 3 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
guanfacine hcl tab er 24hr 4 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
STIMULANTS - MISC.		
armodafinil tab 50 mg	Tier 1	PA
armodafinil tab 150 mg	Tier 1	PA
armodafinil tab 200 mg	Tier 1	PA
armodafinil tab 250 mg	Tier 1	PA
dexmethylphenidate hcl tab 2.5 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
dexmethylphenidate hcl tab 5 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
dexmethylphenidate hcl tab 10 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 10 mg (cd)	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 20 mg (cd)	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 24hr 10 mg (la)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 24hr 20 mg (la)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 24hr 30 mg (la)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 24hr 40 mg (la)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 30 mg (cd)	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 40 mg (cd)	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 50 mg (cd)	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl cap er 60 mg (cd)	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl soln 5 mg/5ml	Tier 1	QL (450 mL / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl soln 10 mg/5ml	Tier 1	QL (900 mL / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab 10 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab 20 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er 10 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er 20 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er 24hr 18 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er 24hr 27 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er 24hr 36 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er 24hr 54 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er osmotic release (osm) 18 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er osmotic release (osm) 27 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er osmotic release (osm) 36 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
methylphenidate hcl tab er osmotic release (osm) 54 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
modafinil tab 100 mg	Tier 3	QL (30 tabs / 30 days), PA
modafinil tab 200 mg	Tier 3	QL (60 tabs / 30 days), PA
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - M'S		
melatonin cap 3 mg	Tier 1	OTC
melatonin cap 5 mg (Cvs Melatonin)	Tier 1	OTC
MELATONIN LIQ 1MG/4ML	Tier 1	OTC
melatonin tab 1 mg	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

Drug Name	Drug Tier	Requirements/Limits
ALTERNATIVE MEDICINE COMBINATIONS		
melatonin-pyridoxine tab 3-1 mg (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
melatonin-pyridoxine tab 3-2 mg (Ra Melatonin)	Tier 1	OTC
melatonin-pyridoxine tab er 3-10 mg (Melatonin Tr/vitamin B-6)	Tier 1	OTC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate tab 500 mg	Tier 1	
paromomycin sulfate cap 250 mg	Tier 3	
tobramycin nebu soln 300 mg/5ml	Tier 4	PA
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML ***(adalimumab)***	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 10MG/0.2 ***(adalimumab)***	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 20/0.2ML ***(adalimumab)***	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 40/0.4ML ***(adalimumab)***	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 20MG/0.4 ***(adalimumab)***	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 40MG/0.8 ***(adalimumab)***	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS ***(adalimumab)***	Tier 4	QL (2 ea / year), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS ***(adalimumab)***	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN INJ 40/0.4ML ***(adalimumab)***	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN INJ CD/UC/HS ***(adalimumab)***	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN KIT CD/UC/HS ***(adalimumab)***	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN KIT PS/UV ***(adalimumab)***	Tier 4	QL (3 ea / year), PA; Preferred Brand
SIMPONI INJ 50/0.5ML ***(golimumab)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML ***(golimumab)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER ***(upadacitinib)***	Tier 4	PA; Preferred Brand
XELJANZ TAB 5MG ***(tofacitinib citrate)***	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG ***(tofacitinib citrate)***	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG ***(tofacitinib citrate)***	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG ***(tofacitinib citrate)***	Tier 4	PA; Preferred Brand
GOLD COMPOUNDS		
RIDAURA CAP 3MG ***(auranofin)***	Tier 3	MAIL, PA
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG ***(rilonacept)***	Tier 4	PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ ***(anakinra)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML ***(tocilizumab)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 ***(tocilizumab)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML ***(tocilizumab)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML ***(tocilizumab)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN ***(tocilizumab)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 ***(sarilumab)***	Tier 4	PA; Preferred Brand
KEVZARA INJ 200/1.14 ***(sarilumab)***	Tier 4	PA; Preferred Brand
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 50 mg	Tier 1	QL (60 caps / 30 days), MAIL, PA
celecoxib cap 100 mg	Tier 1	QL (60 caps / 30 days), MAIL, PA
celecoxib cap 200 mg	Tier 1	QL (60 caps / 30 days), MAIL, PA
celecoxib cap 400 mg	Tier 1	QL (60 caps / 30 days), MAIL, PA
diclofenac potassium tab 50 mg	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium tab delayed release 25 mg	Tier 1	QL (90 tabs / 30 days), MAIL
diclofenac sodium tab delayed release 50 mg	Tier 1	QL (90 tabs / 30 days), MAIL
diclofenac sodium tab delayed release 75 mg	Tier 1	QL (60 tabs / 30 days), MAIL
diclofenac sodium tab er 24hr 100 mg	Tier 1	QL (60 tabs / 30 days), MAIL
etodolac tab 400 mg	Tier 1	QL (90 tabs / 30 days), MAIL
etodolac tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
fenoprofen calcium tab 600 mg	Tier 3	QL (120 tabs / 30 days), MAIL
flurbiprofen tab 50 mg	Tier 1	QL (120 tabs / 30 days), MAIL
flurbiprofen tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ibuprofen cap 200 mg (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
ibuprofen chew tab 100 mg (Sm Ibuprofen Ib)	Tier 1	OTC, QL (180 tabs / 30 days); AGE (Max 12 years)
ibuprofen susp 40 mg/ml (Cvs Ibuprofen Infants)	Tier 1	OTC; AGE (Max 12 years)
ibuprofen susp 100 mg/5ml (Ibuprofen Childrens)	Tier 1	OTC; AGE (Max 12 years)
ibuprofen tab 100 mg (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
ibuprofen tab 200 mg (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
ibuprofen tab 400 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ibuprofen tab 600 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ibuprofen tab 800 mg	Tier 1	QL (120 tabs / 30 days), MAIL
indomethacin cap 25 mg	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
indomethacin cap 50 mg	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
ketorolac tromethamine tab 10 mg	Tier 1	AGE (Max 64 years), Max 5 day supply per fill
meclofenamate sodium cap 50 mg	Tier 3	MAIL, PA
meclofenamate sodium cap 100 mg	Tier 3	MAIL, PA
mefenamic acid cap 250 mg	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
meloxicam tab 7.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
meloxicam tab 15 mg	Tier 1	QL (30 tabs / 30 days), MAIL
nabumetone tab 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
nabumetone tab 750 mg	Tier 1	QL (120 tabs / 30 days), MAIL
naproxen sodium tab 220 mg	Tier 1	OTC, QL (90 tabs / 30 days), MAIL
naproxen susp 125 mg/5ml	Tier 3	MAIL; AGE (Max 12 years)
naproxen tab 250 mg	Tier 1	QL (90 tabs / 30 days), MAIL
naproxen tab 375 mg	Tier 1	QL (90 tabs / 30 days), MAIL
naproxen tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
naproxen tab ec 375 mg (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
naproxen tab ec 500 mg (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
oxaprozin tab 600 mg	Tier 3	QL (90 tabs / 30 days), MAIL, PA
piroxicam cap 10 mg	Tier 1	QL (120 caps / 30 days), MAIL, PA
piroxicam cap 20 mg	Tier 1	QL (60 caps / 30 days), MAIL, PA
sulindac tab 150 mg	Tier 1	QL (90 tabs / 30 days), MAIL
sulindac tab 200 mg	Tier 1	QL (90 tabs / 30 days), MAIL
tolmetin sodium cap 400 mg	Tier 3	QL (120 caps / 30 days), MAIL
tolmetin sodium tab 200 mg	Tier 3	QL (90 tabs / 30 days), MAIL
tolmetin sodium tab 600 mg	Tier 3	QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 ***(apremilast)***	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG ***(apremilast)***	Tier 4	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
leflunomide tab 20 mg	Tier 1	QL (30 tabs / 30 days), MAIL
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML ***(abatacept)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4 ***(abatacept)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 ***(abatacept)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML ***(abatacept)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG ***(abatacept)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML ***(etanercept)***	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 25MG ***(etanercept)***	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 50MG/ML ***(etanercept)***	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL MINI INJ 50MG/ML ***(etanercept)***	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL SRCLK INJ 50MG/ML ***(etanercept)***	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	Tier 1	QL (300 tabs / 30 days); AGE (Max 64 years)
butalbital-acetaminophen-caffeine cap 50-300-40 mg	Tier 1	QL (180 caps / 30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic)	Tier 1	QL (180 caps / 30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tier 1	QL (180 tabs / 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	Tier 1	QL (180 caps / 30 days); AGE (Max 64 years)
ANALGESICS OTHER		
acetaminophen cap 500 mg (Sm Pain Reliever Extra St)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
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 325 mg (Acephen)	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 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)	Tier 5	OTC, MAIL; Tier 5 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)	Tier 5	OTC, MAIL; Tier 5 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
salsalate tab 750 mg	Tier 1	QL (120 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
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	Max 7 day supply initial fill, MED; AGE (Max 64 years)
meperidine hcl tab 50 mg	Tier 1	Max 7 day supply initial fill, MED; AGE (Max 64 years)
meperidine hcl tab 100 mg	Tier 1	Max 7 day supply initial fill, MED; AGE (Max 64 years)
methadone hcl soln 5 mg/5ml	Tier 1	Max 7 day supply initial fill, MED
methadone hcl soln 10 mg/5ml	Tier 1	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
morphine sulfate tab 30 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
morphine sulfate tab er 15 mg	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 30 mg	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
morphine sulfate tab er 60 mg	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
morphine sulfate tab er 100 mg	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
morphine sulfate tab er 200 mg	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG ***(tapentadol hcl)***	Tier 3	PA; MED
NUCYNTA ER TAB 100MG ***(tapentadol hcl)***	Tier 3	PA; MED
NUCYNTA ER TAB 150MG ***(tapentadol hcl)***	Tier 3	PA; MED
NUCYNTA ER TAB 200MG ***(tapentadol hcl)***	Tier 3	PA; MED
NUCYNTA ER TAB 250MG ***(tapentadol hcl)***	Tier 3	PA; MED
NUCYNTA TAB 50MG ***(tapentadol hcl)***	Tier 3	PA; MED
NUCYNTA TAB 75MG ***(tapentadol hcl)***	Tier 3	PA; MED
NUCYNTA TAB 100MG ***(tapentadol hcl)***	Tier 3	PA; MED
oxycodone hcl soln 5 mg/5ml	Tier 1	Max 7 day supply initial fill, MED
oxycodone hcl tab 5 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab 15 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab 20 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab 30 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab er 12hr deter 10 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 15 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 20 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 30 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 40 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 60 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 80 mg	Tier 3	PA; MED
OXYCONTIN TAB 10MG CR ***(oxycodone hcl)***	Tier 3	PA; MED
OXYCONTIN TAB 15MG CR ***(oxycodone hcl)***	Tier 3	PA; MED
OXYCONTIN TAB 20MG CR ***(oxycodone hcl)***	Tier 3	PA; MED

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 30MG CR ***(oxycodone hcl)***	Tier 3	PA; MED
OXYCONTIN TAB 40MG CR ***(oxycodone hcl)***	Tier 3	PA; MED
OXYCONTIN TAB 60MG CR ***(oxycodone hcl)***	Tier 3	PA; MED
OXYCONTIN TAB 80MG CR ***(oxycodone hcl)***	Tier 3	PA; MED
oxymorphone hcl tab 5 mg	Tier 3	PA; MED
oxymorphone hcl tab 10 mg	Tier 3	PA; MED
oxymorphone hcl tab er 12hr 5 mg	Tier 3	QL (120 tabs / 30 days), PA; MED
oxymorphone hcl tab er 12hr 7.5 mg	Tier 3	QL (120 tabs / 30 days), PA; MED
oxymorphone hcl tab er 12hr 10 mg	Tier 3	QL (120 tabs / 30 days), PA; MED
oxymorphone hcl tab er 12hr 15 mg	Tier 3	QL (120 tabs / 30 days), PA; MED
oxymorphone hcl tab er 12hr 20 mg	Tier 3	QL (120 tabs / 30 days), PA; MED
oxymorphone hcl tab er 12hr 30 mg	Tier 3	QL (120 tabs / 30 days), PA; MED
oxymorphone hcl tab er 12hr 40 mg	Tier 3	QL (120 tabs / 30 days), PA; MED
tramadol hcl tab 50 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
tramadol hcl tab er 24hr 100 mg	Tier 1	QL (30 tabs / 30 days), PA; MED
tramadol hcl tab er 24hr 200 mg	Tier 1	QL (30 tabs / 30 days), PA; MED
tramadol hcl tab er 24hr 300 mg	Tier 1	QL (30 tabs / 30 days), PA; MED
tramadol hcl tab er 24hr biphasic release 100 mg	Tier 1	QL (30 tabs / 30 days), PA; MED
tramadol hcl tab er 24hr biphasic release 200 mg	Tier 1	QL (30 tabs / 30 days), PA; MED
tramadol hcl tab er 24hr biphasic release 300 mg	Tier 1	QL (30 tabs / 30 days), PA; MED
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 1	Max 7 day supply initial fill, MED
acetaminophen w/ codeine tab 300-15 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
acetaminophen w/ codeine tab 300-30 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-60 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 10-200 mg	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone-ibuprofen tab 5-400 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 1	QL (360 tabs / 30 days); MED

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 1	QL (90 tabs / 30 days); MED
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (360 tabs / 30 days); MED
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 1	QL (90 tabs / 30 days); MED
buprenorphine td patch weekly 5 mcg/hr	Tier 3	PA; MED
buprenorphine td patch weekly 7.5 mcg/hr	Tier 3	PA; MED
buprenorphine td patch weekly 10 mcg/hr	Tier 3	PA; MED
buprenorphine td patch weekly 15 mcg/hr	Tier 3	PA; MED
buprenorphine td patch weekly 20 mcg/hr	Tier 3	PA; MED
butorphanol tartrate nasal soln 10 mg/ml	Tier 1	QL (150 mL / 30 days), PA; MED
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50 TAB 50MG ***(oxymetholone)***	Tier 3	PA
oxandrolone tab 2.5 mg	Tier 3	PA
oxandrolone tab 10 mg	Tier 3	PA
ANDROGENS		
danazol cap 50 mg	Tier 3	QL (60 caps / 30 days), MAIL
danazol cap 100 mg	Tier 3	QL (120 caps / 30 days), MAIL
danazol cap 200 mg	Tier 3	QL (120 caps / 30 days), MAIL
METHITEST TAB 10MG ***(methyltestosterone)***	Tier 4	PA
methyltestosterone cap 10 mg	Tier 4	PA
testosterone cypionate im inj in oil 100 mg/ml	Tier 1	QL (10 mL / 30 days)
testosterone cypionate im inj in oil 200 mg/ml	Tier 1	QL (10 mL / 30 days)
testosterone enanthate im inj in oil 200 mg/ml	Tier 1	QL (10 mL / 30 days)
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema 100 mg/60ml	Tier 3	QL (1680 mL / 30 days)
RECTAL COMBINATIONS		
pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)	Tier 1	OTC
RECTAL LOCAL ANESTHETICS		
dibucaine perianal ointment 1%	Tier 1	OTC
RECTAL STEROIDS		
hydrocortisone perianal cream 2.5%	Tier 1	
VASODILATING AGENTS		
RECTIV OIN 0.4% ***(nitroglycerin (intra-anal))***	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
ANTACIDS		
ANTACID COMBINATIONS		
alum & mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)	Tier 1	OTC
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg (Sm Foaming Antacid)	Tier 1	OTC
calcium carbonate-mag hydroxide chew tab 675-135 mg (Tgt Antacid Extra Strengt)	Tier 1	OTC
calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Cvs Antacid Supreme)	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		
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	
praziquantel tab 600 mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
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	
NEBUPENT INH 300MG ***(pentamidine isethionate)***	Tier 3	
pentamidine isethionate for nebulization soln 300 mg	Tier 3	
trimethoprim tab 100 mg	Tier 1	
XIFAXAN TAB 200MG ***(rifaximin)***	Tier 4	PA
XIFAXAN TAB 550MG ***(rifaximin)***	Tier 4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	AGE (Max 12 years)
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML ***(nitazoxanide)***	Tier 3	PA
ALINIA TAB 500MG ***(nitazoxanide)***	Tier 3	PA
atovaquone susp 750 mg/5ml	Tier 3	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML ***(vancomycin hcl)***	Tier 2	
FIRVANQ SOL 50MG/ML ***(vancomycin hcl)***	Tier 2	
LEPROSTATICS		
dapsone tab 25 mg	Tier 1	QL (120 tabs / 30 days)
dapsone tab 100 mg	Tier 1	QL (90 tabs / 30 days)
LINCOSAMIDES		
clindamycin hcl cap 150 mg	Tier 1	
clindamycin hcl cap 300 mg	Tier 1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	Tier 1	AGE (Max 12 years)
MONOBACTAMS		
CAYSTON INH 75MG ***(aztreonam lysine)***	Tier 4	PA
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	Tier 3	PA
linezolid tab 600 mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
ranolazine tab er 12hr 1000 mg	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
NITRATES		
isosorbide dinitrate tab 5 mg	Tier 1	QL (120 tabs / 30 days), MAIL
isosorbide dinitrate tab 10 mg	Tier 1	QL (120 tabs / 30 days), MAIL
isosorbide dinitrate tab 20 mg	Tier 1	QL (180 tabs / 30 days), MAIL
isosorbide dinitrate tab 30 mg	Tier 1	QL (120 tabs / 30 days), MAIL
isosorbide mononitrate tab 10 mg	Tier 1	QL (90 tabs / 30 days), MAIL
isosorbide mononitrate tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL
isosorbide mononitrate tab er 24hr 30 mg	Tier 1	QL (60 tabs / 30 days), MAIL
isosorbide mononitrate tab er 24hr 60 mg	Tier 1	QL (60 tabs / 30 days), MAIL
isosorbide mononitrate tab er 24hr 120 mg	Tier 1	QL (60 tabs / 30 days), MAIL
nitroglycerin sl tab 0.3 mg	Tier 1	MAIL
nitroglycerin sl tab 0.4 mg	Tier 1	MAIL
nitroglycerin sl tab 0.6 mg	Tier 1	MAIL
nitroglycerin td patch 24hr 0.1 mg/hr	Tier 1	QL (30 patches / 30 days), MAIL
nitroglycerin td patch 24hr 0.2 mg/hr	Tier 1	QL (30 patches / 30 days), MAIL
nitroglycerin td patch 24hr 0.4 mg/hr	Tier 1	QL (30 patches / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
buspirone hcl tab 7.5 mg	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
buspirone hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Min 6 years)
buspirone hcl tab 15 mg	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Min 6 years)
buspirone hcl tab 30 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
hydroxyzine hcl syrup 10 mg/5ml	Tier 1	QL (1800 mL / 30 days), MAIL; AGE (Max 64 years)
hydroxyzine hcl tab 10 mg	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
hydroxyzine hcl tab 25 mg	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
hydroxyzine hcl tab 50 mg	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 25 mg	Tier 1	QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 50 mg	Tier 1	QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 100 mg	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
meprobamate tab 200 mg	Tier 3	QL (90 tabs / 30 days)
meprobamate tab 400 mg	Tier 3	QL (90 tabs / 30 days)
BENZODIAZEPINES		
alprazolam tab 0.5 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 18 years)
alprazolam tab 0.25 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 18 years)
alprazolam tab 1 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 18 years)
alprazolam tab 2 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 18 years)
chlordiazepoxide hcl cap 5 mg	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
chlordiazepoxide hcl cap 10 mg	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
chlordiazepoxide hcl cap 25 mg	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
clorazepate dipotassium tab 3.75 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 64 years)
clorazepate dipotassium tab 7.5 mg	Tier 1	QL (120 tabs / 30 days); AGE (Min 6 years, Max 64 years)
clorazepate dipotassium tab 15 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 64 years)
diazepam conc 5 mg/ml (Diazepam Intensol)	Tier 1	QL (30 mL / 30 days); AGE (Max 64 years)
diazepam oral soln 1 mg/ml	Tier 1	QL (120 mL / 30 days); AGE (Max 64 years)
diazepam tab 2 mg	Tier 1	QL (90 tabs / 30 days); AGE (Max 64 years)
diazepam tab 5 mg	Tier 1	QL (90 tabs / 30 days); AGE (Max 64 years)
diazepam tab 10 mg	Tier 1	QL (90 tabs / 30 days); AGE (Max 64 years)
lorazepam conc 2 mg/ml	Tier 1	QL (90 mL / 30 days); AGE (Min 12 years)
lorazepam tab 0.5 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 12 years)
lorazepam tab 1 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 12 years)
lorazepam tab 2 mg	Tier 1	QL (90 tabs / 30 days); AGE (Min 12 years)
oxazepam cap 10 mg	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years)
oxazepam cap 15 mg	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years)
oxazepam cap 30 mg	Tier 1	QL (120 caps / 30 days); AGE (Min 6 years)
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	Tier 1	MAIL
disopyramide phosphate cap 150 mg	Tier 1	MAIL
quinidine sulfate tab 200 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
quinidine sulfate tab 300 mg	Tier 1	MAIL
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	Tier 1	MAIL
mexiletine hcl cap 200 mg	Tier 1	MAIL
mexiletine hcl cap 250 mg	Tier 1	MAIL
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	Tier 1	MAIL
flecainide acetate tab 100 mg	Tier 1	MAIL
flecainide acetate tab 150 mg	Tier 1	MAIL
propafenone hcl tab 150 mg	Tier 1	MAIL
propafenone hcl tab 225 mg	Tier 1	MAIL
propafenone hcl tab 300 mg	Tier 1	MAIL
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 200 mg	Tier 1	MAIL
dofetilide cap 125 mcg (0.125 mg)	Tier 4	MAIL
dofetilide cap 250 mcg (0.25 mg)	Tier 4	MAIL
dofetilide cap 500 mcg (0.5 mg)	Tier 4	MAIL
MULTAQ TAB 400MG ***(dronedarone hcl)***	Tier 3	MAIL, PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	Tier 3	MAIL
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 75/0.5 ***(omalizumab)***	Tier 4	QL (2.5 mL / 28 days), PA
XOLAIR INJ 150MG/ML ***(omalizumab)***	Tier 4	QL (5 mL / 28 days), PA
XOLAIR SOL 150MG ***(omalizumab)***	Tier 4	QL (5 mL / 28 days), PA
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 ***(dupilumab)***	Tier 4	PA
NUCALA INJ 100MG ***(mepolizumab)***	Tier 4	PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG ***(ipratropium bromide hfa)***	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG ***(umeclidinium bromide)***	Tier 2	QL (30 blisters / 30 days), MAIL
ipratropium bromide inhal soln 0.02%	Tier 1	QL (120 vials / 30 days), MAIL
TUDORZA PRES AER 400/ACT ***(aclidinium bromide)***	Tier 2	QL (1 ea / 30 days), MAIL
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Max 9 years)

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Max 14 years)
montelukast sodium tab 10 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
zafirlukast tab 10 mg	Tier 3	QL (60 tabs / 30 days), MAIL
zafirlukast tab 20 mg	Tier 3	QL (60 tabs / 30 days), MAIL
zileuton tab er 12hr 600 mg	Tier 3	MAIL, PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG ***(roflumilast)***	Tier 3	MAIL, PA
DALIRESP TAB 500MCG ***(roflumilast)***	Tier 3	MAIL, PA
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 3	QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
budesonide inhalation susp 0.25 mg/2ml	Tier 3	QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG ***(fluticasone propionate hfa)***	Tier 3	QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG ***(fluticasone propionate hfa)***	Tier 3	QL (1 inhaler / 30 days), 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

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHA AER 80MCG ***(beclomethasone dipropionate hfa)***	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIHAL AER 40MCG ***(beclomethasone dipropionate hfa)***	Tier 2	QL (10.6 gm / 30 days), MAIL
SYMPATHOMIMETICS		
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 3	MAIL
albuterol sulfate tab 4 mg	Tier 3	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 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days.
BREO ELLIPTA INH 200-25 ***(fluticasone furoate-vilanterol)***	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
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

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 50-5MCG ***(mometasone furoate-formoterol fumarate dihydrate)***	Tier 3	QL (1 inhaler / 30 days), MAIL; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
DULERA AER 100-5MCG ***(mometasone furoate-formoterol fumarate dihydrate)***	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
DULERA AER 200-5MCG ***(mometasone furoate-formoterol fumarate dihydrate)***	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
fluticasone-salmeterol aer powder ba 55-14 mcg/act	Tier 1	QL (1 inhaler / 30 days), MAIL
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
fluticasone-salmeterol aer powder ba 113-14 mcg/act	Tier 1	QL (1 inhaler / 30 days), MAIL
fluticasone-salmeterol aer powder ba 232-14 mcg/act	Tier 1	QL (1 inhaler / 30 days), MAIL
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (360 mL / 30 days), MAIL
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	Tier 1	QL (144 ea / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
metaproterenol sulfate syrup 10 mg/5ml	Tier 1	MAIL
metaproterenol sulfate tab 10 mg	Tier 1	MAIL
metaproterenol sulfate tab 20 mg	Tier 1	MAIL
PROAIR HFA AER ***(albuterol sulfate)***	Tier 2	QL (8.5 gm / 30 days), MAIL
PROVENTIL AER HFA ***(albuterol sulfate)***	Tier 3	QL (6.7 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
SEREVENT DIS AER 50MCG ***(salmeterol xinafoate)***	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 ***(tiotropium bromide-olodaterol hcl)***	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG ***(olodaterol hcl)***	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 ***(budesonide-formoterol fumarate dihydrate)***	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 ***(budesonide-formoterol fumarate dihydrate)***	Tier 2	QL (10.2 gm / 30 days), MAIL
terbutaline sulfate tab 2.5 mg	Tier 3	QL (240 tabs / 30 days), MAIL
terbutaline sulfate tab 5 mg	Tier 3	QL (180 tabs / 30 days), MAIL
VENTOLIN HFA AER ***(albuterol sulfate)***	Tier 3	QL (18 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
XANTHINES		
theophylline soln 80 mg/15ml	Tier 1	MAIL
theophylline tab er 12hr 100 mg	Tier 1	MAIL
theophylline tab er 12hr 200 mg	Tier 1	MAIL
theophylline tab er 12hr 300 mg	Tier 1	MAIL
theophylline tab er 12hr 450 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
theophylline tab er 24hr 400 mg	Tier 1	MAIL
theophylline tab er 24hr 600 mg	Tier 1	MAIL
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN TAB 1MG ***(warfarin sodium)***	Tier 2	MAIL
COUMADIN TAB 2.5MG ***(warfarin sodium)***	Tier 2	MAIL
COUMADIN TAB 2MG ***(warfarin sodium)***	Tier 2	MAIL
COUMADIN TAB 3MG ***(warfarin sodium)***	Tier 2	MAIL
COUMADIN TAB 4MG ***(warfarin sodium)***	Tier 2	MAIL
COUMADIN TAB 5MG ***(warfarin sodium)***	Tier 2	MAIL
COUMADIN TAB 6MG ***(warfarin sodium)***	Tier 2	MAIL
COUMADIN TAB 7.5MG ***(warfarin sodium)***	Tier 2	MAIL
COUMADIN TAB 10MG ***(warfarin sodium)***	Tier 2	MAIL
warfarin sodium tab 1 mg	Tier 1	MAIL
warfarin sodium tab 2 mg	Tier 1	MAIL
warfarin sodium tab 2.5 mg	Tier 1	MAIL
warfarin sodium tab 3 mg	Tier 1	MAIL
warfarin sodium tab 4 mg	Tier 1	MAIL
warfarin sodium tab 5 mg	Tier 1	MAIL
warfarin sodium tab 6 mg	Tier 1	MAIL
warfarin sodium tab 7.5 mg	Tier 1	MAIL
warfarin sodium tab 10 mg	Tier 1	MAIL
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB 2.5MG ***(apixaban)***	Tier 3	MAIL, PA
ELIQUIS TAB 5MG ***(apixaban)***	Tier 3	MAIL, PA
XARELTO STAR TAB 15/20MG ***(rivaroxaban)***	Tier 2	QL (51 tabs / year), PA
XARELTO TAB 2.5MG ***(rivaroxaban)***	Tier 2	MAIL, PA
XARELTO TAB 10MG ***(rivaroxaban)***	Tier 2	MAIL, PA
XARELTO TAB 15MG ***(rivaroxaban)***	Tier 2	MAIL, PA
XARELTO TAB 20MG ***(rivaroxaban)***	Tier 2	MAIL, PA
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 30 mg/0.3ml	Tier 4	QL (18 mL / 30 days)
enoxaparin sodium inj 40 mg/0.4ml	Tier 4	QL (24 mL / 30 days)
enoxaparin sodium inj 60 mg/0.6ml	Tier 4	QL (36 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 80 mg/0.8ml	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 100 mg/ml	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 120 mg/0.8ml	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium inj 150 mg/ml	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 300 mg/3ml	Tier 4	QL (30 vials / 30 days), PA; Max 14 day supply then PA
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 4	PA
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 4	PA
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 4	PA
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 4	PA
FRAGMIN INJ 2500/0.2 ***(dalteparin sodium)***	Tier 4	PA
FRAGMIN INJ 5000/0.2 ***(dalteparin sodium)***	Tier 4	PA
FRAGMIN INJ 7500/0.3 ***(dalteparin sodium)***	Tier 4	PA
FRAGMIN INJ 10000/ML ***(dalteparin sodium)***	Tier 4	PA
FRAGMIN INJ 12500UNT ***(dalteparin sodium)***	Tier 4	PA
FRAGMIN INJ 15000UNT ***(dalteparin sodium)***	Tier 4	PA
FRAGMIN INJ 18000UNT ***(dalteparin sodium)***	Tier 4	PA
heparin sodium (porcine) inj 1000 unit/ml	Tier 1	PA
heparin sodium (porcine) inj 10000 unit/ml	Tier 1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	Tier 1	PA
THROMBIN INHIBITORS		
PRADAXA CAP 75MG ***(dabigatran etexilate mesylate)***	Tier 3	MAIL, PA
PRADAXA CAP 110MG ***(dabigatran etexilate mesylate)***	Tier 3	MAIL, PA
PRADAXA CAP 150MG ***(dabigatran etexilate mesylate)***	Tier 3	MAIL, PA
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB 2MG ***(perampanel)***	Tier 3	
FYCOMPA TAB 4MG ***(perampanel)***	Tier 3	
FYCOMPA TAB 6MG ***(perampanel)***	Tier 3	
FYCOMPA TAB 8MG ***(perampanel)***	Tier 3	
FYCOMPA TAB 10MG ***(perampanel)***	Tier 3	
FYCOMPA TAB 12MG ***(perampanel)***	Tier 3	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab 10 mg	Tier 1	
clobazam tab 20 mg	Tier 1	
clonazepam tab 0.5 mg	Tier 1	QL (300 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam tab 1 mg	Tier 1	QL (300 tabs / 30 days)
clonazepam tab 2 mg	Tier 1	QL (300 tabs / 30 days)
diazepam rectal gel delivery system 2.5 mg	Tier 1	QL (2 ea / 30 days)
diazepam rectal gel delivery system 10 mg	Tier 1	QL (2 ea / 30 days)
diazepam rectal gel delivery system 20 mg	Tier 1	QL (2 ea / 30 days)
VALTOCO LIQ 15MG ***(diazepam (anticonvulsant))***	Tier 2	QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO LIQ 20MG ***(diazepam (anticonvulsant))***	Tier 2	QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO SPR 5MG ***(diazepam (anticonvulsant))***	Tier 2	QL (10 sprays / 30 days); AGE (Min 6 years)
VALTOCO SPR 10MG ***(diazepam (anticonvulsant))***	Tier 2	QL (10 sprays / 30 days); AGE (Min 6 years)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG ***(eslicarbazepine acetate)***	Tier 3	MAIL
APTIOM TAB 400MG ***(eslicarbazepine acetate)***	Tier 3	MAIL
APTIOM TAB 600MG ***(eslicarbazepine acetate)***	Tier 3	MAIL
APTIOM TAB 800MG ***(eslicarbazepine acetate)***	Tier 3	MAIL
BANZEL SUS 40MG/ML ***(rufinamide)***	Tier 3	MAIL
BANZEL TAB 200MG ***(rufinamide)***	Tier 3	MAIL
BANZEL TAB 400MG ***(rufinamide)***	Tier 3	MAIL
carbamazepine cap er 12hr 100 mg	Tier 1	MAIL
carbamazepine cap er 12hr 200 mg	Tier 1	MAIL
carbamazepine cap er 12hr 300 mg	Tier 1	MAIL
carbamazepine chew tab 100 mg	Tier 1	MAIL
carbamazepine susp 100 mg/5ml	Tier 1	MAIL
carbamazepine tab 200 mg (Epitol)	Tier 1	MAIL
carbamazepine tab er 12hr 100 mg	Tier 1	MAIL
carbamazepine tab er 12hr 200 mg	Tier 1	MAIL
carbamazepine tab er 12hr 400 mg	Tier 1	MAIL
DIACOMIT CAP 250MG ***(stiripentol)***	Tier 3	MAIL, PA
DIACOMIT CAP 500MG ***(stiripentol)***	Tier 3	MAIL, PA
DIACOMIT PAK 250MG ***(stiripentol)***	Tier 3	MAIL, PA
DIACOMIT PAK 500MG ***(stiripentol)***	Tier 3	MAIL, PA
gabapentin cap 100 mg	Tier 1	MAIL
gabapentin cap 300 mg	Tier 1	MAIL
gabapentin cap 400 mg	Tier 1	MAIL
gabapentin oral soln 250 mg/5ml	Tier 1	MAIL
gabapentin tab 600 mg	Tier 1	MAIL
gabapentin tab 800 mg	Tier 1	MAIL
lamotrigine tab 25 mg	Tier 1	MAIL
lamotrigine tab 100 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 150 mg	Tier 1	MAIL
lamotrigine tab 200 mg	Tier 1	MAIL
lamotrigine tab chewable dispersible 5 mg	Tier 1	MAIL
lamotrigine tab chewable dispersible 25 mg	Tier 1	MAIL
levetiracetam oral soln 100 mg/ml	Tier 1	MAIL
levetiracetam tab 250 mg	Tier 1	MAIL
levetiracetam tab 500 mg	Tier 1	MAIL
levetiracetam tab 750 mg	Tier 1	MAIL
levetiracetam tab 1000 mg	Tier 1	MAIL
levetiracetam tab er 24hr 500 mg	Tier 1	MAIL
levetiracetam tab er 24hr 750 mg	Tier 1	MAIL
LYRICA CAP 25MG ***(pregabalin)***	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 50MG ***(pregabalin)***	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 75MG ***(pregabalin)***	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 100MG ***(pregabalin)***	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 150MG ***(pregabalin)***	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 200MG ***(pregabalin)***	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 225MG ***(pregabalin)***	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG ***(pregabalin)***	Tier 3	QL (60 caps / 30 days), PA
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	Tier 1	MAIL
oxcarbazepine tab 150 mg	Tier 1	MAIL
oxcarbazepine tab 300 mg	Tier 1	MAIL
oxcarbazepine tab 600 mg	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 50 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 75 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 100 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 150 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 200 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 225 MG	Tier 3	QL (60 caps / 30 days), PA
PREGABALIN CAP 300 MG	Tier 3	QL (60 caps / 30 days), PA
primidone tab 50 mg	Tier 1	QL (120 tabs / 30 days), MAIL
primidone tab 250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
topiramate sprinkle cap 15 mg	Tier 1	MAIL
topiramate sprinkle cap 25 mg	Tier 1	MAIL
topiramate tab 25 mg	Tier 1	MAIL
topiramate tab 50 mg	Tier 1	MAIL
topiramate tab 100 mg	Tier 1	MAIL
topiramate tab 200 mg	Tier 1	MAIL
VIMPAT SOL 10MG/ML ***(lacosamide)***	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 50MG ***(lacosamide)***	Tier 2	
VIMPAT TAB 100MG ***(lacosamide)***	Tier 2	
VIMPAT TAB 150MG ***(lacosamide)***	Tier 2	
VIMPAT TAB 200MG ***(lacosamide)***	Tier 2	
zonisamide cap 25 mg	Tier 1	MAIL
zonisamide cap 50 mg	Tier 1	MAIL
zonisamide cap 100 mg	Tier 1	MAIL
CARBAMATES		
felbamate susp 600 mg/5ml	Tier 3	MAIL
felbamate tab 400 mg	Tier 3	MAIL
felbamate tab 600 mg	Tier 3	MAIL
GABA MODULATORS		
tiagabine hcl tab 2 mg	Tier 3	MAIL
tiagabine hcl tab 4 mg	Tier 3	MAIL
tiagabine hcl tab 12 mg	Tier 3	MAIL
tiagabine hcl tab 16 mg	Tier 3	MAIL
vigabatrin powd pack 500 mg (Vigadrone)	Tier 4	QL (180 packets / 30 days)
vigabatrin tab 500 mg	Tier 4	QL (180 tabs / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG ***(phenytoin sodium extended)***	Tier 2	MAIL
DILANTIN CAP 100MG ***(phenytoin sodium extended)***	Tier 2	MAIL
PEGANONE TAB 250MG ***(ethotoin)***	Tier 3	MAIL
PHENYTEK CAP 200MG ***(phenytoin sodium extended)***	Tier 2	MAIL
PHENYTEK CAP 300MG ***(phenytoin sodium extended)***	Tier 2	MAIL
phenytoin chew tab 50 mg	Tier 1	MAIL
phenytoin sodium extended cap 100 mg	Tier 1	MAIL
phenytoin sodium extended cap 200 mg	Tier 1	MAIL
phenytoin sodium extended cap 300 mg	Tier 1	MAIL
phenytoin susp 125 mg/5ml	Tier 1	MAIL
SUCCINIMIDES		
CELONTIN CAP 300MG ***(methsuximide)***	Tier 3	MAIL
ethosuximide cap 250 mg	Tier 1	MAIL
ethosuximide soln 250 mg/5ml	Tier 1	MAIL
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	Tier 1	MAIL
divalproex sodium tab delayed release 125 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium tab delayed release 250 mg	Tier 1	MAIL
divalproex sodium tab delayed release 500 mg	Tier 1	MAIL
divalproex sodium tab er 24 hr 250 mg	Tier 1	MAIL
divalproex sodium tab er 24 hr 500 mg	Tier 1	MAIL
valproate sodium oral soln 250 mg/5ml (base equiv)	Tier 1	MAIL
valproic acid cap 250 mg	Tier 1	MAIL
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tab 15 mg	Tier 1	QL (60 tabs / 30 days), MAIL
mirtazapine tab 30 mg	Tier 1	QL (30 tabs / 30 days), MAIL
mirtazapine tab 45 mg	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	Tier 1	QL (120 tabs / 30 days), MAIL
bupropion hcl tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
bupropion hcl tab er 12hr 100 mg	Tier 1	QL (60 tabs / 30 days), MAIL
bupropion hcl tab er 12hr 150 mg	Tier 1	QL (90 tabs / 30 days), MAIL
bupropion hcl tab er 12hr 200 mg	Tier 1	QL (60 tabs / 30 days), MAIL
bupropion hcl tab er 24hr 150 mg	Tier 1	QL (30 tabs / 30 days), MAIL
bupropion hcl tab er 24hr 300 mg	Tier 1	QL (30 tabs / 30 days), MAIL
maprotiline hcl tab 25 mg	Tier 1	MAIL
maprotiline hcl tab 50 mg	Tier 1	MAIL
maprotiline hcl tab 75 mg	Tier 1	MAIL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR ***(selegiline)***	Tier 3	MAIL, PA
EMSAM DIS 9MG/24HR ***(selegiline)***	Tier 3	MAIL, PA
EMSAM DIS 12MG/24H ***(selegiline)***	Tier 3	MAIL, PA
MARPLAN TAB 10MG ***(isocarboxazid)***	Tier 3	MAIL, PA
phenelzine sulfate tab 15 mg	Tier 1	QL (180 tabs / 30 days), MAIL
tranylcypromine sulfate tab 10 mg	Tier 3	QL (240 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide oral soln 10 mg/5ml	Tier 1	QL (600 mL / 30 days), MAIL; AGE (Max 12 years)
citalopram hydrobromide tab 10 mg (base equiv)	Tier 1	QL (45 tabs / 30 days), MAIL
citalopram hydrobromide tab 20 mg (base equiv)	Tier 1	QL (45 tabs / 30 days), MAIL
citalopram hydrobromide tab 40 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), MAIL
escitalopram oxalate soln 5 mg/5ml (base equiv)	Tier 1	MAIL; AGE (Max 12 years)
escitalopram oxalate tab 5 mg (base equiv)	Tier 1	QL (45 tabs / 30 days), MAIL
escitalopram oxalate tab 10 mg (base equiv)	Tier 1	QL (45 tabs / 30 days), MAIL
escitalopram oxalate tab 20 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
fluoxetine hcl cap 10 mg	Tier 1	QL (90 caps / 30 days), MAIL
fluoxetine hcl cap 20 mg	Tier 1	QL (120 caps / 30 days), MAIL
fluoxetine hcl cap 40 mg	Tier 1	QL (60 caps / 30 days), MAIL
fluoxetine hcl solution 20 mg/5ml	Tier 1	MAIL; AGE (Max 12 years)
fluvoxamine maleate tab 25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
fluvoxamine maleate tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
fluvoxamine maleate tab 100 mg	Tier 1	QL (90 tabs / 30 days), MAIL
paroxetine hcl tab 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL
paroxetine hcl tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL
paroxetine hcl tab 30 mg	Tier 1	QL (60 tabs / 30 days), MAIL
paroxetine hcl tab 40 mg	Tier 1	QL (60 tabs / 30 days), MAIL
sertraline hcl oral concentrate for solution 20 mg/ml	Tier 1	QL (300 mL / 30 days), MAIL
sertraline hcl tab 25 mg	Tier 1	QL (45 tabs / 30 days), MAIL
sertraline hcl tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
sertraline hcl tab 100 mg	Tier 1	QL (60 tabs / 30 days), MAIL
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
nefazodone hcl tab 100 mg	Tier 1	QL (60 tabs / 30 days), MAIL
nefazodone hcl tab 150 mg	Tier 1	QL (60 tabs / 30 days), MAIL
nefazodone hcl tab 200 mg	Tier 1	QL (60 tabs / 30 days), MAIL
nefazodone hcl tab 250 mg	Tier 1	QL (60 tabs / 30 days), MAIL
trazodone hcl tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
trazodone hcl tab 100 mg	Tier 1	QL (60 tabs / 30 days), MAIL
trazodone hcl tab 150 mg	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG ***(vortioxetine hbr)***	Tier 3	MAIL, PA
TRINTELLIX TAB 10MG ***(vortioxetine hbr)***	Tier 3	MAIL, PA
TRINTELLIX TAB 20MG ***(vortioxetine hbr)***	Tier 3	MAIL, PA
VIIBRYD KIT STARTER ***(vilazodone hcl)***	Tier 3	PA
VIIBRYD TAB 10MG ***(vilazodone hcl)***	Tier 3	MAIL, PA
VIIBRYD TAB 20MG ***(vilazodone hcl)***	Tier 3	MAIL, PA
VIIBRYD TAB 40MG ***(vilazodone hcl)***	Tier 3	MAIL, PA
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL, PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL, PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	Tier 1	QL (60 caps / 30 days), MAIL
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 1	QL (60 caps / 30 days), MAIL
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	Tier 1	QL (60 caps / 30 days), MAIL
FETZIMA CAP 20MG ***(levomilnacipran hcl)***	Tier 3	MAIL, PA
FETZIMA CAP 40MG ***(levomilnacipran hcl)***	Tier 3	MAIL, PA
FETZIMA CAP 80MG ***(levomilnacipran hcl)***	Tier 3	MAIL, PA
FETZIMA CAP 120MG ***(levomilnacipran hcl)***	Tier 3	MAIL, PA
FETZIMA CAP TITRATIO ***(levomilnacipran hcl)***	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), MAIL
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 1	QL (90 caps / 30 days), MAIL
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), MAIL
venlafaxine hcl tab 25 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
venlafaxine hcl tab 37.5 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
venlafaxine hcl tab 50 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
venlafaxine hcl tab 75 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
venlafaxine hcl tab 100 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
amitriptyline hcl tab 25 mg	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
amitriptyline hcl tab 50 mg	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
amitriptyline hcl tab 75 mg	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
amitriptyline hcl tab 100 mg	Tier 1	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
amitriptyline hcl tab 150 mg	Tier 1	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
amoxapine tab 25 mg	Tier 1	MAIL
amoxapine tab 50 mg	Tier 1	MAIL
amoxapine tab 100 mg	Tier 1	MAIL
amoxapine tab 150 mg	Tier 1	MAIL
clomipramine hcl cap 25 mg	Tier 3	QL (180 caps / 30 days), MAIL
clomipramine hcl cap 50 mg	Tier 3	QL (180 caps / 30 days), MAIL
clomipramine hcl cap 75 mg	Tier 3	QL (120 caps / 30 days), MAIL
desipramine hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), MAIL
desipramine hcl tab 25 mg	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tab 50 mg	Tier 1	QL (180 tabs / 30 days), MAIL
desipramine hcl tab 75 mg	Tier 1	QL (90 tabs / 30 days), MAIL
desipramine hcl tab 100 mg	Tier 1	QL (90 tabs / 30 days), MAIL
desipramine hcl tab 150 mg	Tier 1	QL (60 tabs / 30 days), MAIL
doxepin hcl cap 10 mg	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
doxepin hcl cap 25 mg	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
doxepin hcl cap 50 mg	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
doxepin hcl cap 75 mg	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
doxepin hcl cap 100 mg	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
doxepin hcl cap 150 mg	Tier 1	QL (60 caps / 30 days), MAIL; AGE (Max 64 years)
doxepin hcl conc 10 mg/ml	Tier 1	MAIL; AGE (Max 64 years)
imipramine hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), MAIL
imipramine hcl tab 25 mg	Tier 1	QL (180 tabs / 30 days), MAIL
imipramine hcl tab 50 mg	Tier 1	QL (180 tabs / 30 days), MAIL
nortriptyline hcl cap 10 mg	Tier 1	QL (180 caps / 30 days), MAIL
nortriptyline hcl cap 25 mg	Tier 1	QL (180 caps / 30 days), MAIL
nortriptyline hcl cap 50 mg	Tier 1	QL (120 caps / 30 days), MAIL
nortriptyline hcl cap 75 mg	Tier 1	QL (60 caps / 30 days), MAIL
protriptyline hcl tab 5 mg	Tier 3	QL (120 tabs / 30 days), MAIL
protriptyline hcl tab 10 mg	Tier 3	QL (180 tabs / 30 days), MAIL
trimipramine maleate cap 25 mg	Tier 3	MAIL
trimipramine maleate cap 50 mg	Tier 3	MAIL
trimipramine maleate cap 100 mg	Tier 3	MAIL

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	Tier 1	QL (90 tabs / 30 days), MAIL
acarbose tab 50 mg	Tier 1	QL (90 tabs / 30 days), MAIL
acarbose tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
miglitol tab 25 mg	Tier 3	QL (360 tabs / 30 days), MAIL
miglitol tab 50 mg	Tier 3	QL (180 tabs / 30 days), MAIL
miglitol tab 100 mg	Tier 3	QL (90 tabs / 30 days), MAIL
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG ***(pramlintide acetate)***	Tier 3	MAIL, PA
SYMLNPEN 120 INJ 1000MCG ***(pramlintide acetate)***	Tier 3	MAIL, PA
ANTIDIABETIC COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
alogliptin-metformin hcl tab 12.5-1000 mg	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 12.5-15 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 12.5-30 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 12.5-45 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 25-15 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
alogliptin-pioglitazone tab 25-30 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 25-45 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
glipizide-metformin hcl tab 5-500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
glyburide-metformin tab 1.25-250 mg	Tier 1	QL (60 tabs / 30 days), MAIL
glyburide-metformin tab 2.5-500 mg	Tier 1	QL (60 tabs / 30 days), MAIL
glyburide-metformin tab 5-500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
JANUMET TAB 50-500MG ***(sitagliptin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 ***(sitagliptin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-500MG ***(sitagliptin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 ***(sitagliptin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 ***(sitagliptin-metformin hcl)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-500 ***(linagliptin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-850 ***(linagliptin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-1000 ***(linagliptin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB XR ***(linagliptin-metformin hcl)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB XR ***(linagliptin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
SYNJARDY TAB ***(empagliflozin-metformin hcl)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY TAB 5-500MG ***(empagliflozin-metformin hcl)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY TAB 5-1000MG ***(empagliflozin-metformin hcl)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY TAB 12.5-500 ***(empagliflozin-metformin hcl)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB ***(empagliflozin-metformin hcl)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 5-1000MG ***(empagliflozin-metformin hcl)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB 10-1000 ***(empagliflozin-metformin hcl)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB 25-1000 ***(empagliflozin-metformin hcl)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 2.5-1000 ***(dapagliflozin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 5-500MG ***(dapagliflozin-metformin hcl)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 5-1000MG ***(dapagliflozin-metformin hcl)***	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 10-500MG ***(dapagliflozin-metformin hcl)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 10-1000 ***(dapagliflozin-metformin hcl)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
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 3	MAIL
GLUCAGEN INJ HYPOKIT ***(glucagon hcl (rdna))***	Tier 2	QL (2 syringes / 30 days)
GLUCAGON KIT 1MG ***(glucagon (rdna))***	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE ***(dextrose (diabetic use))***	Tier 1	OTC
PROGLYCEM SUS 50MG/ML ***(diazoxide)***	Tier 3	MAIL
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 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
alogliptin benzoate tab 12.5 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
alogliptin benzoate tab 25 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 25MG ***(sitagliptin phosphate)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 50MG ***(sitagliptin phosphate)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 100MG ***(sitagliptin phosphate)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
TRADJENTA TAB 5MG ***(linagliptin)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG ***(bromocriptine mesylate (diabetes))***	Tier 2	QL (180 tabs / 30 days), MAIL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML ***(semaglutide)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 0.75/0.5 ***(dulaglutide)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 1.5/0.5 ***(dulaglutide)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
VICTOZA INJ 18MG/3ML ***(liraglutide)***	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
INSULIN		
ADMELOG INJ 100U/ML ***(insulin lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML ***(insulin lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT ***(insulin regular (human))***	Tier 3	MAIL
AFREZZA POW 4-8-12 ***(insulin regular (human))***	Tier 3	MAIL

Drug Name	Drug Tier	Requirements/Limits
AFREZZA POW 4UNIT ***(insulin regular (human))***	Tier 3	MAIL
AFREZZA POW 8 UNIT ***(insulin regular (human))***	Tier 3	MAIL
AFREZZA POW 8-12UNIT ***(insulin regular (human))***	Tier 3	MAIL
AFREZZA POW 12 UNIT ***(insulin regular (human))***	Tier 3	MAIL
APIDRA INJ SOLOSTAR ***(insulin glulisine)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 ***(insulin glulisine)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT ***(insulin glargine)***	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH ***(insulin aspart (with niacinamide))***	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML ***(insulin aspart (with niacinamide))***	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 ***(insulin aspart (with niacinamide))***	Tier 2	QL (5 pens per 30 days), MAIL
HUMALOG INJ 100/ML ***(insulin lispro)***	Tier 3	QL (30 mL (10 cartridges) / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML ***(insulin lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG JR INJ 100/ML ***(insulin lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML ***(insulin lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG MIX INJ 50/50 ***(insulin lispro protamine & lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 50/50KWP ***(insulin lispro protamine & lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX INJ 75/25KWP ***(insulin lispro protamine & lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 ***(insulin lispro protamine & lispro)***	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN INJ 70/30 ***(insulin nph isophane & reg (human))***	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN INJ 70/30KWP ***(insulin nph isophane & reg (human))***	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN N INJ U-100 ***(insulin nph (human) (isophane))***	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN N INJ U-100KWP ***(insulin nph (human) (isophane))***	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN R INJ U-100 ***(insulin regular (human))***	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin R within the past 90 days.
HUMULIN R INJ U-500 ***(insulin regular (human))***	Tier 3	QL (20 mL / 25 days), MAIL
HUMULIN R INJ U-500 ***(insulin regular (human))***	Tier 3	QL (6 pens / 30 days), MAIL
INSULIN LISP INJ 100/ML	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
LEVEMIR INJ ***(insulin detemir)***	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTOUC ***(insulin detemir)***	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 ***(insulin nph isophane & reg (human))***	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 FP ***(insulin nph isophane & reg (human))***	Tier 2	OTC, QL (30 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N INJ U-100 ***(insulin nph (human) (isophane))***	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN R INJ U-100 ***(insulin regular (human))***	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLOG INJ 100/ML ***(insulin aspart)***	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN ***(insulin aspart)***	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL ***(insulin aspart)***	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 ***(insulin aspart protamine & aspart (human))***	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN ***(insulin aspart protamine & aspart (human))***	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT ***(insulin degludec)***	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT ***(insulin degludec)***	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT ***(insulin degludec)***	Tier 2	QL (30 mL / 30 days), MAIL
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG ***(rosiglitazone maleate)***	Tier 3	MAIL, PA
AVANDIA TAB 4MG ***(rosiglitazone maleate)***	Tier 3	MAIL, PA
pioglitazone hcl tab 15 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
pioglitazone hcl tab 30 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
pioglitazone hcl tab 45 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	Tier 1	QL (90 tabs / 30 days), MAIL
nateglinide tab 120 mg	Tier 1	QL (90 tabs / 30 days), MAIL
repaglinide tab 0.5 mg	Tier 1	QL (180 tabs / 30 days), MAIL
repaglinide tab 1 mg	Tier 1	QL (180 tabs / 30 days), MAIL
repaglinide tab 2 mg	Tier 1	QL (180 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG ***(dapagliflozin propanediol)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
FARXIGA TAB 10MG ***(dapagliflozin propanediol)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 10MG ***(empagliflozin)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 25MG ***(empagliflozin)***	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SULFONYLUREAS		
chlorpropamide tab 100 mg	Tier 3	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
chlorpropamide tab 250 mg	Tier 3	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
glimepiride tab 1 mg	Tier 1	MAIL
glimepiride tab 2 mg	Tier 1	MAIL
glimepiride tab 4 mg	Tier 1	MAIL
glipizide tab 5 mg	Tier 1	MAIL
glipizide tab 10 mg	Tier 1	MAIL
glipizide tab er 24hr 2.5 mg	Tier 1	MAIL
glipizide tab er 24hr 5 mg	Tier 1	MAIL
glipizide tab er 24hr 10 mg	Tier 1	MAIL
glyburide micronized tab 1.5 mg	Tier 1	MAIL
glyburide micronized tab 3 mg	Tier 1	MAIL
glyburide micronized tab 6 mg	Tier 1	MAIL
glyburide tab 1.25 mg	Tier 1	MAIL
glyburide tab 2.5 mg	Tier 1	MAIL
glyburide tab 5 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
tolazamide tab 250 mg	Tier 1	MAIL
tolazamide tab 500 mg	Tier 1	MAIL
tolbutamide tab 500 mg	Tier 1	MAIL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
bismuth subsalicylate chew tab 262 mg (Gnp Pink Bismuth)	Tier 1	OTC
bismuth subsalicylate susp 262 mg/15ml (Bismatrol)	Tier 1	OTC
bismuth subsalicylate susp 525 mg/15ml (Cvs Bismuth Maximum Stren)	Tier 1	OTC
bismuth subsalicylate tab 262 mg (Sm Stomach Relief)	Tier 1	OTC
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 1	
loperamide hcl cap 2 mg (Gnp Anti-diarrheal)	Tier 1	OTC
loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (Anti-diarrheal)	Tier 1	OTC
loperamide hcl liq 1 mg/7.5ml	Tier 1	OTC
loperamide hcl tab 2 mg (Cvs Anti-diarrheal)	Tier 1	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG ***(succimer)***	Tier 3	PA
deferasirox tab for oral susp 125 mg	Tier 4	PA
deferasirox tab for oral susp 250 mg	Tier 4	PA
deferasirox tab for oral susp 500 mg	Tier 4	PA
FERRIPROX TAB 500MG ***(deferiprone)***	Tier 4	PA
FERRIPROX TAB 1000MG ***(deferiprone)***	Tier 4	PA
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	Tier 1	
naloxone hcl soln cartridge 0.4 mg/ml	Tier 1	
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1	
naltrexone hcl tab 50 mg	Tier 1	QL (60 tabs / 30 days)
NARCAN SPR ***(naloxone hcl)***	Tier 2	
VIVITROL INJ 380MG ***(naltrexone)***	Tier 2	QL (1 injection / 30 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG ***(dolasetron mesylate)***	Tier 3	PA
ANZEMET TAB 100MG ***(dolasetron mesylate)***	Tier 3	PA
granisetron hcl tab 1 mg	Tier 3	QL (60 tabs / 30 days)
ondansetron hcl oral soln 4 mg/5ml	Tier 1	QL (50 mL / 30 days); AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl tab 4 mg	Tier 1	QL (90 tabs / 30 days)
ondansetron hcl tab 8 mg	Tier 1	QL (90 tabs / 30 days)
ondansetron orally disintegrating tab 4 mg	Tier 1	QL (90 tabs / 30 days)
ondansetron orally disintegrating tab 8 mg	Tier 1	QL (90 tabs / 30 days)
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrinate tab 50 mg (Cvs Motion Sickness)	Tier 1	OTC
meclizine hcl chew tab 25 mg (Cvs Motion Sickness Relie)	Tier 1	OTC, QL (120 tabs / 30 days)
meclizine hcl tab 12.5 mg	Tier 1	QL (120 tabs / 30 days)
meclizine hcl tab 25 mg	Tier 1	QL (120 tabs / 30 days)
scopolamine td patch 72hr 1 mg/3days	Tier 3	QL (4 patches / 30 days)
trimethobenzamide hcl cap 300 mg	Tier 1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 ***(netupitant-palonosetron)***	Tier 3	PA
CESAMET CAP 1MG ***(nabilone)***	Tier 3	PA
dronabinol cap 2.5 mg	Tier 3	PA
dronabinol cap 5 mg	Tier 3	PA
dronabinol cap 10 mg	Tier 3	PA
fructose-dextrose-phosphoric acid oral soln (Cvs Nausea Relief)	Tier 1	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	Tier 3	PA
aprepitant capsule 80 mg	Tier 3	PA
aprepitant capsule 125 mg	Tier 3	PA
aprepitant capsule therapy pack 80 & 125 mg	Tier 3	PA
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap 250 mg	Tier 1	PA
flucytosine cap 500 mg	Tier 1	PA
griseofulvin microsize susp 125 mg/5ml	Tier 1	
nystatin tab 500000 unit	Tier 1	
terbinafine hcl tab 250 mg	Tier 1	QL (30 tabs / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG ***(isavuconazonium sulfate)***	Tier 4	PA
fluconazole for susp 10 mg/ml	Tier 1	QL (105 mL / 30 days); AGE (Max 12 years)
fluconazole for susp 40 mg/ml	Tier 1	QL (105 mL / 30 days); AGE (Max 12 years)
fluconazole tab 50 mg	Tier 1	QL (21 tabs / 30 days)
fluconazole tab 100 mg	Tier 1	QL (21 tabs / 30 days)
fluconazole tab 150 mg	Tier 1	QL (2 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluconazole tab 200 mg	Tier 1	QL (21 tabs / 30 days)
itraconazole cap 100 mg	Tier 1	QL (120 caps / 30 days)
ketoconazole tab 200 mg	Tier 1	QL (60 tabs / 30 days)
voriconazole tab 50 mg	Tier 3	PA
voriconazole tab 200 mg	Tier 3	PA
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine maleate syrup 2 mg/5ml (Diabetic Tussin Allergy)	Tier 1	OTC
chlorpheniramine maleate tab 4 mg (Eq Chlortabs)	Tier 1	OTC
chlorpheniramine maleate tab er 12 mg (Chlorphen Sr)	Tier 1	OTC, QL (60 tabs / 30 days)
dexchlorpheniramine maleate oral soln 2 mg/5ml (Ryclora)	Tier 1	
ANTIHISTAMINES - ETHANOLAMINES		
ALER-DRYL TAB 50MG ***(diphenhydramine hcl)***	Tier 1	OTC
carbinoxamine maleate soln 4 mg/5ml	Tier 1	
carbinoxamine maleate tab 4 mg	Tier 1	
clemastine fumarate tab 1.34 mg (1 mg base equiv) (Gnp Dayhist Allergy)	Tier 1	OTC
clemastine fumarate tab 2.68 mg	Tier 1	
diphenhydramine hcl cap 25 mg (Pharbedryl)	Tier 1	OTC
diphenhydramine hcl cap 50 mg	Tier 1	OTC
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	OTC; AGE (Max 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	AGE (Max 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Childr)	Tier 1	OTC; AGE (Max 12 years)
diphenhydramine hcl tab 25 mg	Tier 1	OTC
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	OTC
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL / 30 days); AGE (Max 12 years)
cetirizine hcl tab 5 mg	Tier 1	OTC, QL (30 tabs / 30 days)
cetirizine hcl tab 10 mg (Ra Cetirizine)	Tier 1	OTC, QL (30 tabs / 30 days)
desloratadine tab 5 mg	Tier 3	QL (30 tabs / 30 days)
fexofenadine hcl tab 60 mg	Tier 1	OTC, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fexofenadine hcl tab 180 mg	Tier 1	OTC, QL (30 tabs / 30 days)
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	QL (300 mL / 30 days); AGE (Max 12 years)
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)	Tier 1	OTC, QL (30 tabs / 30 days)
loratadine syrup 5 mg/5ml (Gnp Loratadine)	Tier 1	OTC, QL (300 mL / 30 days); AGE (Max 12 years)
loratadine tab 10 mg (Allergy Relief)	Tier 1	OTC, QL (30 tabs / 30 days)
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	Tier 3	AGE (Min 2 years, Max 64 years)
promethazine hcl suppos 25 mg	Tier 3	AGE (Min 2 years, Max 64 years)
promethazine hcl syrup 6.25 mg/5ml	Tier 1	AGE (Min 2 years, Max 64 years)
promethazine hcl tab 12.5 mg	Tier 1	AGE (Min 2 years, Max 64 years)
promethazine hcl tab 25 mg	Tier 1	AGE (Min 2 years, Max 64 years)
promethazine hcl tab 50 mg	Tier 1	AGE (Min 2 years, Max 64 years)
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	Tier 1	AGE (Max 64 years)
cyproheptadine hcl tab 4 mg	Tier 1	AGE (Max 64 years)
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG ***(bempedoic acid)***	Tier 3	MAIL, PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	Tier 3	MAIL, PA
ezetimibe-simvastatin tab 10-20 mg	Tier 3	MAIL, PA
ezetimibe-simvastatin tab 10-40 mg	Tier 3	MAIL, PA
ezetimibe-simvastatin tab 10-80 mg	Tier 3	MAIL, PA
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	Tier 3	QL (120 caps / 30 days), MAIL
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	Tier 1	QL (240 gm / 30 days), MAIL
cholestyramine powder 4 gm/dose	Tier 1	QL (378 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl packet for susp 3.75 gm	Tier 3	QL (30 packets / 30 days), MAIL
colesevelam hcl tab 625 mg	Tier 3	QL (180 tabs / 30 days), MAIL
colestipol hcl tab 1 gm	Tier 1	QL (480 tabs / 30 days), MAIL
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Tier 3	QL (30 caps / 30 days), MAIL
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate micronized cap 43 mg	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate micronized cap 67 mg	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate micronized cap 134 mg	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate micronized cap 200 mg	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate tab 48 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fenofibrate tab 54 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fenofibrate tab 145 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fenofibrate tab 160 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fenofibric acid tab 35 mg	Tier 1	QL (30 tabs / 30 days), MAIL
gemfibrozil tab 600 mg	Tier 1	QL (120 tabs / 30 days), MAIL
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
atorvastatin calcium tab 20 mg (base equivalent)	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
atorvastatin calcium tab 40 mg (base equivalent)	Tier 1	QL (45 tabs / 30 days), MAIL
atorvastatin calcium tab 80 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
fluvastatin sodium cap 20 mg (base equivalent)	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
fluvastatin sodium cap 40 mg (base equivalent)	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	Tier 5	QL (30 tabs / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
lovastatin tab 10 mg	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
lovastatin tab 20 mg	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
lovastatin tab 40 mg	Tier 5	QL (60 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
pravastatin sodium tab 10 mg	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
pravastatin sodium tab 20 mg	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
pravastatin sodium tab 40 mg	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium tab 80 mg	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
rosuvastatin calcium tab 5 mg	Tier 5	QL (45 tabs / 30 days), MAIL, ST; Tier 5 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
rosuvastatin calcium tab 10 mg	Tier 5	QL (45 tabs / 30 days), MAIL, ST; Tier 5 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
rosuvastatin calcium tab 20 mg	Tier 1	QL (45 tabs / 30 days), MAIL, ST; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
rosuvastatin calcium tab 40 mg	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
simvastatin tab 5 mg	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
simvastatin tab 10 mg	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
simvastatin tab 20 mg	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
simvastatin tab 40 mg	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
simvastatin tab 80 mg	Tier 1	QL (30 tabs / 30 days), MAIL
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tab 500 mg (Niacor)	Tier 3	QL (120 tabs / 30 days), MAIL
niacin tab er 500 mg (antihyperlipidemic)	Tier 3	QL (120 tabs / 30 days), MAIL
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML ***(evolocumab)***	Tier 4	PA
REPATHA PUSH INJ 420/3.5 ***(evolocumab)***	Tier 4	PA
REPATHA SURE INJ 140MG/ML ***(evolocumab)***	Tier 4	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days), MAIL
benazepril hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), MAIL
benazepril hcl tab 20 mg	Tier 1	QL (180 tabs / 30 days), MAIL
benazepril hcl tab 40 mg	Tier 1	QL (90 tabs / 30 days), MAIL
captopril tab 12.5 mg	Tier 1	QL (180 tabs / 30 days), MAIL
captopril tab 25 mg	Tier 1	QL (180 tabs / 30 days), MAIL
captopril tab 50 mg	Tier 1	QL (180 tabs / 30 days), MAIL
captopril tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
enalapril maleate tab 2.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
enalapril maleate tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
enalapril maleate tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL
fosinopril sodium tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fosinopril sodium tab 20 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fosinopril sodium tab 40 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril tab 2.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL
lisinopril tab 30 mg	Tier 1	QL (60 tabs / 30 days), MAIL
lisinopril tab 40 mg	Tier 1	QL (60 tabs / 30 days), MAIL
moexipril hcl tab 7.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
moexipril hcl tab 15 mg	Tier 1	QL (60 tabs / 30 days), MAIL
perindopril erbumine tab 2 mg	Tier 1	QL (30 tabs / 30 days), MAIL
perindopril erbumine tab 4 mg	Tier 1	QL (30 tabs / 30 days), MAIL
perindopril erbumine tab 8 mg	Tier 1	QL (60 tabs / 30 days), MAIL
quinapril hcl tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril hcl tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril hcl tab 20 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril hcl tab 40 mg	Tier 1	QL (60 tabs / 30 days), MAIL
ramipril cap 1.25 mg	Tier 1	QL (30 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ramipril cap 2.5 mg	Tier 1	QL (30 caps / 30 days), MAIL
ramipril cap 5 mg	Tier 1	QL (30 caps / 30 days), MAIL
ramipril cap 10 mg	Tier 1	QL (30 caps / 30 days), MAIL
trandolapril tab 1 mg	Tier 1	QL (30 tabs / 30 days), MAIL
trandolapril tab 2 mg	Tier 1	QL (30 tabs / 30 days), MAIL
trandolapril tab 4 mg	Tier 1	QL (30 tabs / 30 days), MAIL
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl cap 10 mg	Tier 4	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
candesartan cilexetil tab 8 mg	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
candesartan cilexetil tab 16 mg	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
candesartan cilexetil tab 32 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 40MG ***(azilsartan medoxomil)***	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

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

Drug Name	Drug Tier	Requirements/Limits
telmisartan tab 80 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
valsartan tab 40 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan tab 80 mg	Tier 1	QL (60 tabs / 30 days), MAIL
valsartan tab 160 mg	Tier 1	QL (60 tabs / 30 days), MAIL
valsartan tab 320 mg	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine hcl tab 0.1 mg	Tier 1	QL (180 tabs / 30 days), MAIL
clonidine hcl tab 0.2 mg	Tier 1	QL (180 tabs / 30 days), MAIL
clonidine hcl tab 0.3 mg	Tier 1	QL (120 tabs / 30 days), MAIL
clonidine td patch weekly 0.1 mg/24hr	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
clonidine td patch weekly 0.2 mg/24hr	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
clonidine td patch weekly 0.3 mg/24hr	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
doxazosin mesylate tab 1 mg	Tier 1	QL (30 tabs / 30 days), MAIL
doxazosin mesylate tab 2 mg	Tier 1	QL (30 tabs / 30 days), MAIL
doxazosin mesylate tab 4 mg	Tier 1	QL (30 tabs / 30 days), MAIL
doxazosin mesylate tab 8 mg	Tier 1	QL (60 tabs / 30 days), MAIL
guanfacine hcl tab 1 mg	Tier 1	QL (120 tabs / 30 days), MAIL
guanfacine hcl tab 2 mg	Tier 1	QL (60 tabs / 30 days), MAIL
methyldopa tab 250 mg	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
methyldopa tab 500 mg	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
prazosin hcl cap 1 mg	Tier 1	QL (180 caps / 30 days), MAIL
prazosin hcl cap 2 mg	Tier 1	QL (180 caps / 30 days), MAIL
prazosin hcl cap 5 mg	Tier 1	QL (180 caps / 30 days), MAIL
terazosin hcl cap 1 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), MAIL
terazosin hcl cap 2 mg (base equivalent)	Tier 1	QL (60 caps / 30 days), MAIL
terazosin hcl cap 5 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), MAIL
terazosin hcl cap 10 mg (base equivalent)	Tier 1	QL (60 caps / 30 days), MAIL
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	QL (60 caps / 30 days), MAIL
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	QL (60 caps / 30 days), MAIL
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	QL (60 caps / 30 days), MAIL
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	QL (30 caps / 30 days), MAIL
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	QL (30 caps / 30 days), MAIL
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	QL (30 caps / 30 days), MAIL
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	Tier 3	QL (30 tabs / 30 days), MAIL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 3	QL (30 tabs / 30 days), MAIL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 3	QL (30 tabs / 30 days), MAIL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	Tier 3	QL (30 tabs / 30 days), MAIL
atenolol & chlorthalidone tab 50-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
atenolol & chlorthalidone tab 100-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
benazepril & hydrochlorothiazide tab 5-6.25 mg	Tier 1	QL (30 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 3	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 20-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG ***(mecamylamine hcl)***	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
aliskiren fumarate tab 300 mg (base equivalent)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	Tier 1	QL (120 tabs / 30 days), MAIL
eplerenone tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
VASODILATORS		
hydralazine hcl tab 10 mg	Tier 1	MAIL
hydralazine hcl tab 25 mg	Tier 1	MAIL
hydralazine hcl tab 50 mg	Tier 1	MAIL
hydralazine hcl tab 100 mg	Tier 1	MAIL
minoxidil tab 2.5 mg	Tier 1	MAIL
minoxidil tab 10 mg	Tier 1	MAIL
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	QL (30 tabs / 30 days)
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG ***(artemether-lumefantrine)***	Tier 3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	Tier 1	QL (20 tabs / 30 days)
chloroquine phosphate tab 500 mg	Tier 1	QL (10 tabs / 30 days)
DARAPRIM TAB 25MG ***(pyrimethamine)***	Tier 4	QL (120 tabs / 30 days), PA
hydroxychloroquine sulfate tab 200 mg	Tier 3	QL (120 tabs / 30 days)
mefloquine hcl tab 250 mg	Tier 1	QL (6 tabs / 30 days)
primaquine phosphate tab 26.3 mg (15 mg base)	Tier 1	QL (21 tabs / 30 days), PA
quinine sulfate cap 324 mg	Tier 3	QL (30 caps / 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	Tier 2	
pyridostigmine bromide tab 60 mg	Tier 1	QL (180 tabs / 30 days)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER TAB ***(isoniazid-rifampin w/ pyrazinamide)***	Tier 3	
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	Tier 1	
ethambutol hcl tab 100 mg	Tier 1	
ethambutol hcl tab 400 mg	Tier 1	
isoniazid syrup 50 mg/5ml	Tier 1	
isoniazid tab 100 mg	Tier 1	
isoniazid tab 300 mg	Tier 1	
PASER GRA 4GM ***(aminosalicylic acid)***	Tier 3	
PRIFTIN TAB 150MG ***(rifapentine)***	Tier 2	QL (32 tabs / 30 days)
pyrazinamide tab 500 mg	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
rifabutin cap 150 mg	Tier 3	
rifampin cap 150 mg	Tier 1	
rifampin cap 300 mg	Tier 1	
SIRTURO TAB 100MG ***(bedaquiline fumarate)***	Tier 3	
TRECATOR TAB 250MG ***(ethionamide)***	Tier 3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap 25 mg	Tier 4	PA
cyclophosphamide cap 50 mg	Tier 4	PA
GLEOSTINE CAP 10MG ***(lomustine)***	Tier 4	PA
GLEOSTINE CAP 40MG ***(lomustine)***	Tier 4	PA
GLEOSTINE CAP 100MG ***(lomustine)***	Tier 4	PA
LEUKERAN TAB 2MG ***(chlorambucil)***	Tier 3	PA
melphalan tab 2 mg	Tier 1	PA
temozolomide cap 5 mg	Tier 4	PA
temozolomide cap 20 mg	Tier 4	PA
temozolomide cap 100 mg	Tier 4	PA
temozolomide cap 140 mg	Tier 4	PA
temozolomide cap 180 mg	Tier 4	PA
temozolomide cap 250 mg	Tier 4	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	Tier 4	PA
capecitabine tab 500 mg	Tier 4	PA
mercaptopurine tab 50 mg	Tier 1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium tab 2.5 mg (base equiv)	Tier 1	MAIL
TABLOID TAB 40MG ***(thioguanine)***	Tier 3	PA
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ 100MG ***(rituximab)***	Tier 4	PA
RITUXAN INJ 500MG ***(rituximab)***	Tier 4	PA
RUXIENCE INJ 100/10ML ***(rituximab-pvvr)***	Tier 4	PA
RUXIENCE INJ 500/50ML ***(rituximab-pvvr)***	Tier 4	PA
TRUXIMA INJ 100/10ML ***(rituximab-abbs)***	Tier 4	PA
TRUXIMA INJ 500/50ML ***(rituximab-abbs)***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG ***(vismodegib)***	Tier 4	PA
ODOMZO CAP 200MG ***(sonidegib phosphate)***	Tier 4	PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	Tier 4	PA
anastrozole tab 1 mg	Tier 1	MAIL
bicalutamide tab 50 mg	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG ***(leuprolide acetate)***	Tier 4	PA
ELIGARD INJ 22.5MG ***(leuprolide acetate (3 month))***	Tier 4	PA
EMCYT CAP 140MG ***(estramustine phosphate sodium)***	Tier 4	PA
exemestane tab 25 mg	Tier 3	MAIL, PA
FIRMAGON INJ 80MG ***(degarelix acetate)***	Tier 4	PA
flutamide cap 125 mg	Tier 3	
hydroxyprogesterone caproate im in oil 1.25 gm/5ml	Tier 3	PA
letrozole tab 2.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
leuprolide acetate inj kit 5 mg/ml	Tier 4	PA
LUPRON DEPOT INJ 3.75MG ***(leuprolide acetate)***	Tier 4	PA
LUPRON DEPOT INJ 7.5MG ***(leuprolide acetate)***	Tier 4	PA
LUPRON DEPOT INJ 11.25MG ***(leuprolide acetate (3 month))***	Tier 4	PA
LUPRON DEPOT INJ 22.5MG ***(leuprolide acetate (3 month))***	Tier 4	PA
LYSODREN TAB 500MG ***(mitotane)***	Tier 4	PA
megestrol acetate susp 40 mg/ml	Tier 1	
megestrol acetate tab 20 mg	Tier 1	
megestrol acetate tab 40 mg	Tier 1	
nilutamide tab 150 mg	Tier 4	PA
tamoxifen citrate tab 10 mg (base equivalent)	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
tamoxifen citrate tab 20 mg (base equivalent)	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
TRELSTAR MIX INJ 3.75MG ***(triptorelin pamoate)***	Tier 4	PA
TRELSTAR MIX INJ 11.25MG ***(triptorelin pamoate)***	Tier 4	PA
ZOLADEX IMP 3.6MG ***(goserelin acetate)***	Tier 4	PA
ZOLADEX IMP 10.8MG ***(goserelin acetate)***	Tier 4	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG ***(pomalidomide)***	Tier 4	PA
POMALYST CAP 2MG ***(pomalidomide)***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 3MG ***(pomalidomide)***	Tier 4	PA
POMALYST CAP 4MG ***(pomalidomide)***	Tier 4	PA
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA ***(ribociclib succinate-letrozole)***	Tier 4	PA
KISQALI 400 PAK FEMARA ***(ribociclib succinate-letrozole)***	Tier 4	PA
KISQALI 600 PAK FEMARA ***(ribociclib succinate-letrozole)***	Tier 4	PA
LONSURF TAB 15-6.14 ***(trifluridine-tipiracil)***	Tier 4	PA
LONSURF TAB 20-8.19 ***(trifluridine-tipiracil)***	Tier 4	PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG ***(everolimus)***	Tier 4	PA
AFINITOR DIS TAB 3MG ***(everolimus)***	Tier 4	PA
AFINITOR DIS TAB 5MG ***(everolimus)***	Tier 4	PA
AFINITOR TAB 2.5MG ***(everolimus)***	Tier 4	PA
AFINITOR TAB 5MG ***(everolimus)***	Tier 4	PA
AFINITOR TAB 7.5MG ***(everolimus)***	Tier 4	PA
AFINITOR TAB 10MG ***(everolimus)***	Tier 4	PA
ALECENSA CAP 150MG ***(alectinib hcl)***	Tier 4	PA
BRUKINSA CAP 80MG ***(zanubrutinib)***	Tier 4	MAIL, PA
CAPRELSA TAB 100MG ***(vandetanib)***	Tier 4	PA
CAPRELSA TAB 300MG ***(vandetanib)***	Tier 4	PA
COMETRIQ KIT 60MG ***(cabozantinib s-malate)***	Tier 4	PA
COMETRIQ KIT 100MG ***(cabozantinib s-malate)***	Tier 4	PA
COMETRIQ KIT 140MG ***(cabozantinib s-malate)***	Tier 4	PA
erlotinib hcl tab 25 mg (base equivalent)	Tier 4	PA
erlotinib hcl tab 100 mg (base equivalent)	Tier 4	PA
erlotinib hcl tab 150 mg (base equivalent)	Tier 4	PA
everolimus tab 2.5 mg	Tier 4	PA
everolimus tab 5 mg	Tier 4	PA
everolimus tab 7.5 mg	Tier 4	PA
FARYDAK CAP 10MG ***(panobinostat lactate)***	Tier 4	PA
FARYDAK CAP 15MG ***(panobinostat lactate)***	Tier 4	PA
FARYDAK CAP 20MG ***(panobinostat lactate)***	Tier 4	PA
GILOTRIF TAB 20MG ***(afatinib dimaleate)***	Tier 4	PA
GILOTRIF TAB 30MG ***(afatinib dimaleate)***	Tier 4	PA
GILOTRIF TAB 40MG ***(afatinib dimaleate)***	Tier 4	PA
IBRANCE CAP 75MG ***(palbociclib)***	Tier 4	PA
IBRANCE CAP 100MG ***(palbociclib)***	Tier 4	PA
IBRANCE CAP 125MG ***(palbociclib)***	Tier 4	PA
IBRANCE TAB 75MG ***(palbociclib)***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 100MG ***(palbociclib)***	Tier 4	PA
IBRANCE TAB 125MG ***(palbociclib)***	Tier 4	PA
ICLUSIG TAB 15MG ***(ponatinib hcl)***	Tier 4	PA
ICLUSIG TAB 45MG ***(ponatinib hcl)***	Tier 4	PA
imatinib mesylate tab 100 mg (base equivalent)	Tier 4	PA
imatinib mesylate tab 400 mg (base equivalent)	Tier 4	PA
IMBRUVICA CAP 140MG ***(ibrutinib)***	Tier 4	PA
JAKAFI TAB 5MG ***(ruxolitinib phosphate)***	Tier 4	PA
JAKAFI TAB 10MG ***(ruxolitinib phosphate)***	Tier 4	PA
JAKAFI TAB 15MG ***(ruxolitinib phosphate)***	Tier 4	PA
JAKAFI TAB 20MG ***(ruxolitinib phosphate)***	Tier 4	PA
JAKAFI TAB 25MG ***(ruxolitinib phosphate)***	Tier 4	PA
KISQALI TAB 200DOSE ***(ribociclib succinate)***	Tier 4	PA
KISQALI TAB 400DOSE ***(ribociclib succinate)***	Tier 4	PA
KISQALI TAB 600DOSE ***(ribociclib succinate)***	Tier 4	PA
LENVIMA CAP 4MG ***(lenvatinib mesylate)***	Tier 4	PA
LENVIMA CAP 8 MG ***(lenvatinib mesylate)***	Tier 4	PA
LENVIMA CAP 10 MG ***(lenvatinib mesylate)***	Tier 4	PA
LENVIMA CAP 12MG ***(lenvatinib mesylate)***	Tier 4	PA
LENVIMA CAP 14 MG ***(lenvatinib mesylate)***	Tier 4	PA
LENVIMA CAP 18 MG ***(lenvatinib mesylate)***	Tier 4	PA
LENVIMA CAP 20 MG ***(lenvatinib mesylate)***	Tier 4	PA
LENVIMA CAP 24 MG ***(lenvatinib mesylate)***	Tier 4	PA
MEKINIST TAB 0.5MG ***(trametinib dimethyl sulfoxide)***	Tier 4	PA
MEKINIST TAB 2MG ***(trametinib dimethyl sulfoxide)***	Tier 4	PA
NEXAVAR TAB 200MG ***(sorafenib tosylate)***	Tier 4	PA
SPRYCEL TAB 20MG ***(dasatinib)***	Tier 4	PA
SPRYCEL TAB 50MG ***(dasatinib)***	Tier 4	PA
SPRYCEL TAB 70MG ***(dasatinib)***	Tier 4	PA
SPRYCEL TAB 80MG ***(dasatinib)***	Tier 4	PA
SPRYCEL TAB 100MG ***(dasatinib)***	Tier 4	PA
SPRYCEL TAB 140MG ***(dasatinib)***	Tier 4	PA
STIVARGA TAB 40MG ***(regorafenib)***	Tier 4	PA
SUTENT CAP 12.5MG ***(sunitinib malate)***	Tier 4	PA
SUTENT CAP 25MG ***(sunitinib malate)***	Tier 4	PA
SUTENT CAP 37.5MG ***(sunitinib malate)***	Tier 4	PA
SUTENT CAP 50MG ***(sunitinib malate)***	Tier 4	PA
TAFINLAR CAP 50MG ***(dabrafenib mesylate)***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR CAP 75MG ***(dabrafenib mesylate)***	Tier 4	PA
TAGRISSO TAB 40MG ***(osimertinib mesylate)***	Tier 4	QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG ***(osimertinib mesylate)***	Tier 4	PA
TARCEVA TAB 25MG ***(erlotinib hcl)***	Tier 4	PA
TARCEVA TAB 100MG ***(erlotinib hcl)***	Tier 4	PA
TARCEVA TAB 150MG ***(erlotinib hcl)***	Tier 4	PA
TASIGNA CAP 50MG ***(nilotinib hcl)***	Tier 4	PA
TASIGNA CAP 150MG ***(nilotinib hcl)***	Tier 4	PA
TASIGNA CAP 200MG ***(nilotinib hcl)***	Tier 4	PA
TYKERB TAB 250MG ***(lapatinib ditosylate)***	Tier 4	PA
VOTRIENT TAB 200MG ***(pazopanib hcl)***	Tier 4	PA
XALKORI CAP 200MG ***(crizotinib)***	Tier 4	PA
XALKORI CAP 250MG ***(crizotinib)***	Tier 4	PA
ZEJULA CAP 100MG ***(niraparib tosylate)***	Tier 4	PA
ZOLINZA CAP 100MG ***(vorinostat)***	Tier 4	PA
ZYDELIG TAB 100MG ***(idelalisib)***	Tier 4	PA
ZYDELIG TAB 150MG ***(idelalisib)***	Tier 4	PA
ZYKADIA CAP 150MG ***(ceritinib)***	Tier 4	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 ***(interferon gamma-1b)***	Tier 4	PA
bexarotene cap 75 mg	Tier 4	PA
hydroxyurea cap 500 mg	Tier 1	
INTRON A INJ 10MU ***(interferon alfa-2b)***	Tier 4	PA
INTRON A INJ 18MU ***(interferon alfa-2b)***	Tier 4	PA
INTRON A INJ 25MU ***(interferon alfa-2b)***	Tier 4	PA
INTRON A INJ 50MU ***(interferon alfa-2b)***	Tier 4	PA
MATULANE CAP 50MG ***(procarbazine hcl)***	Tier 4	PA
tretinoin cap 10 mg	Tier 4	PA
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ 6.25MG ***(palifermin)***	Tier 4	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin calcium tab 5 mg	Tier 1	MAIL
leucovorin calcium tab 10 mg	Tier 1	MAIL
leucovorin calcium tab 15 mg	Tier 1	MAIL
leucovorin calcium tab 25 mg	Tier 1	MAIL
MITOTIC INHIBITORS		
etoposide cap 50 mg	Tier 4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab 25 mg	Tier 3	MAIL

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	Tier 1	MAIL; AGE (Max 64 years)
benztropine mesylate tab 1 mg	Tier 1	MAIL; AGE (Max 64 years)
benztropine mesylate tab 2 mg	Tier 1	MAIL; AGE (Max 64 years)
trihexyphenidyl hcl oral soln 0.4 mg/ml	Tier 1	MAIL; AGE (Max 64 years)
trihexyphenidyl hcl tab 2 mg	Tier 1	MAIL; AGE (Max 64 years)
trihexyphenidyl hcl tab 5 mg	Tier 1	MAIL; AGE (Max 64 years)
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	Tier 3	QL (240 tabs / 30 days), MAIL
tolcapone tab 100 mg	Tier 3	MAIL
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	Tier 1	QL (120 caps / 30 days), MAIL
amantadine hcl syrup 50 mg/5ml	Tier 1	MAIL
APOKYN INJ 10MG/ML ***(apomorphine hydrochloride)***	Tier 4	PA
bromocriptine mesylate cap 5 mg (base equivalent)	Tier 3	QL (180 caps / 30 days), MAIL
bromocriptine mesylate tab 2.5 mg (base equivalent)	Tier 3	QL (180 tabs / 30 days), MAIL
carbidopa & levodopa orally disintegrating tab 10-100 mg	Tier 1	MAIL
carbidopa & levodopa orally disintegrating tab 25-100 mg	Tier 1	MAIL
carbidopa & levodopa orally disintegrating tab 25-250 mg	Tier 1	MAIL
carbidopa & levodopa tab 10-100 mg	Tier 1	MAIL
carbidopa & levodopa tab 25-100 mg	Tier 1	MAIL
carbidopa & levodopa tab 25-250 mg	Tier 1	MAIL
carbidopa & levodopa tab er 25-100 mg	Tier 1	MAIL
carbidopa & levodopa tab er 50-200 mg	Tier 1	MAIL
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 3	MAIL
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 3	MAIL
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 3	QL (240 tabs / 30 days), MAIL
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 3	QL (240 tabs / 30 days), MAIL
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 3	QL (240 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 3	QL (180 tabs / 30 days), MAIL
NEUPRO DIS 1MG/24HR ***(rotigotine)***	Tier 3	MAIL, PA
NEUPRO DIS 2MG/24HR ***(rotigotine)***	Tier 3	MAIL, PA
NEUPRO DIS 3MG/24HR ***(rotigotine)***	Tier 3	MAIL, PA
NEUPRO DIS 4MG/24HR ***(rotigotine)***	Tier 3	MAIL, PA
NEUPRO DIS 6MG/24HR ***(rotigotine)***	Tier 3	MAIL, PA
NEUPRO DIS 8MG/24HR ***(rotigotine)***	Tier 3	MAIL, PA
pramipexole dihydrochloride tab 0.5 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.25 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.75 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.125 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 1 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 1.5 mg	Tier 1	MAIL
ropinirole hydrochloride tab 0.5 mg	Tier 1	MAIL
ropinirole hydrochloride tab 0.25 mg	Tier 1	MAIL
ropinirole hydrochloride tab 1 mg	Tier 1	MAIL
ropinirole hydrochloride tab 2 mg	Tier 1	MAIL
ropinirole hydrochloride tab 3 mg	Tier 1	MAIL
ropinirole hydrochloride tab 4 mg	Tier 1	MAIL
ropinirole hydrochloride tab 5 mg	Tier 1	MAIL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tab 0.5 mg (base equiv)	Tier 3	QL (60 tabs / 30 days), MAIL
rasagiline mesylate tab 1 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL
selegiline hcl cap 5 mg	Tier 1	QL (60 caps / 30 days), MAIL
selegiline hcl tab 5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	Tier 1	MAIL; AGE (Min 6 years)
lithium carbonate cap 300 mg	Tier 1	MAIL; AGE (Min 6 years)
lithium carbonate cap 600 mg	Tier 1	MAIL; AGE (Min 6 years)
lithium carbonate tab 300 mg	Tier 1	MAIL; AGE (Min 6 years)
lithium carbonate tab er 300 mg	Tier 1	MAIL; AGE (Min 6 years)
lithium carbonate tab er 450 mg	Tier 1	MAIL; AGE (Min 6 years)
LITHIUM SOL 8MEQ/5ML	Tier 1	MAIL; AGE (Min 6 years)
ANTIPSYCHOTICS - MISC.		
LATUDA TAB 20MG ***(lurasidone hcl)***	Tier 3	MAIL, PA
LATUDA TAB 40MG ***(lurasidone hcl)***	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
LATUDA TAB 60MG ***(lurasidone hcl)***	Tier 3	MAIL, PA
LATUDA TAB 80MG ***(lurasidone hcl)***	Tier 3	MAIL, PA
LATUDA TAB 120MG ***(lurasidone hcl)***	Tier 3	MAIL, PA
VRAYLAR CAP 1.5MG ***(cariprazine hcl)***	Tier 3	MAIL, PA
VRAYLAR CAP 3MG ***(cariprazine hcl)***	Tier 3	MAIL, PA
VRAYLAR CAP 4.5MG ***(cariprazine hcl)***	Tier 3	MAIL, PA
VRAYLAR CAP 6MG ***(cariprazine hcl)***	Tier 3	MAIL, PA
ziprasidone hcl cap 20 mg	Tier 3	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
ziprasidone hcl cap 40 mg	Tier 3	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
ziprasidone hcl cap 60 mg	Tier 3	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
ziprasidone hcl cap 80 mg	Tier 3	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
BENZISOXAZOLES		
FANAPT PAK ***(iloperidone)***	Tier 3	MAIL, PA
FANAPT TAB 1MG ***(iloperidone)***	Tier 3	MAIL, PA
FANAPT TAB 2MG ***(iloperidone)***	Tier 3	MAIL, PA
FANAPT TAB 4MG ***(iloperidone)***	Tier 3	MAIL, PA
FANAPT TAB 6MG ***(iloperidone)***	Tier 3	MAIL, PA
FANAPT TAB 8MG ***(iloperidone)***	Tier 3	MAIL, PA
FANAPT TAB 10MG ***(iloperidone)***	Tier 3	MAIL, PA
FANAPT TAB 12MG ***(iloperidone)***	Tier 3	MAIL, PA
INVEGA SUST INJ 39/0.25 ***(paliperidone palmitate)***	Tier 3	QL (0.25 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML ***(paliperidone palmitate)***	Tier 3	QL (0.5 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 ***(paliperidone palmitate)***	Tier 3	QL (0.75 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML ***(paliperidone palmitate)***	Tier 3	QL (1 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 ***(paliperidone palmitate)***	Tier 3	QL (1.5 mL / 30 days); AGE (Min 6 years)
INVEGA TRINZ INJ 273MG ***(paliperidone palmitate)***	Tier 3	QL (0.875 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 410MG ***(paliperidone palmitate)***	Tier 3	QL (1.315 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 546MG ***(paliperidone palmitate)***	Tier 3	QL (1.75 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 819MG ***(paliperidone palmitate)***	Tier 3	QL (2.65 mL / 90 days); AGE (Min 6 years)
paliperidone tab er 24hr 1.5 mg	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
paliperidone tab er 24hr 3 mg	Tier 3	MAIL, PA
paliperidone tab er 24hr 6 mg	Tier 3	MAIL, PA
paliperidone tab er 24hr 9 mg	Tier 3	MAIL, PA
RISPERDAL INJ 12.5MG ***(risperidone microspheres)***	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 25MG ***(risperidone microspheres)***	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 37.5MG ***(risperidone microspheres)***	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 50MG ***(risperidone microspheres)***	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
risperidone orally disintegrating tab 0.5 mg	Tier 3	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone orally disintegrating tab 0.25 mg	Tier 3	QL (60 ea / 30 days), MAIL; AGE (Min 5 years)
risperidone orally disintegrating tab 1 mg	Tier 3	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone orally disintegrating tab 2 mg	Tier 3	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone orally disintegrating tab 3 mg	Tier 3	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone orally disintegrating tab 4 mg	Tier 3	QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone soln 1 mg/ml	Tier 1	QL (480 mL / 30 days), MAIL; AGE (Min 5 years)
risperidone tab 0.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone tab 0.25 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone tab 1 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone tab 2 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone tab 3 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
risperidone tab 4 mg	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
BUTYROPHENONES		
haloperidol decanoate im soln 50 mg/ml	Tier 1	AGE (Min 6 years)
haloperidol decanoate im soln 100 mg/ml	Tier 1	AGE (Min 6 years)
haloperidol lactate inj 5 mg/ml	Tier 1	AGE (Min 6 years)
haloperidol lactate oral conc 2 mg/ml	Tier 1	MAIL; AGE (Min 6 years)
haloperidol tab 0.5 mg	Tier 1	MAIL; AGE (Min 6 years)
haloperidol tab 1 mg	Tier 1	MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
haloperidol tab 2 mg	Tier 1	MAIL; AGE (Min 6 years)
haloperidol tab 5 mg	Tier 1	MAIL; AGE (Min 6 years)
haloperidol tab 10 mg	Tier 1	MAIL; AGE (Min 6 years)
haloperidol tab 20 mg	Tier 1	MAIL; AGE (Min 6 years)
DIBENZAPINES		
clozapine tab 25 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
clozapine tab 50 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
clozapine tab 100 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
clozapine tab 200 mg	Tier 1	QL (120 tabs / 30 days); AGE (Min 6 years)
loxapine succinate cap 5 mg	Tier 1	MAIL; AGE (Min 6 years)
loxapine succinate cap 10 mg	Tier 1	MAIL; AGE (Min 6 years)
loxapine succinate cap 25 mg	Tier 1	MAIL; AGE (Min 6 years)
loxapine succinate cap 50 mg	Tier 1	MAIL; AGE (Min 6 years)
olanzapine tab 2.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
olanzapine tab 5 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
olanzapine tab 7.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
olanzapine tab 10 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
olanzapine tab 15 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
olanzapine tab 20 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab 25 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab 100 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab 200 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab 300 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab 400 mg	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 50 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 150 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 200 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 300 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 400 mg	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
SAPHRIS SUB 2.5MG ***(asenapine maleate)***	Tier 2	MAIL, PA
SAPHRIS SUB 5MG ***(asenapine maleate)***	Tier 2	MAIL, PA
SAPHRIS SUB 10MG ***(asenapine maleate)***	Tier 2	MAIL, PA
ZYPREXA RELP INJ 210MG ***(olanzapine pamoate)***	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 300MG ***(olanzapine pamoate)***	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 405MG ***(olanzapine pamoate)***	Tier 3	QL (1 mL / 30 days); AGE (Min 6 years)
PHENOTHIAZINES		
chlorpromazine hcl tab 10 mg	Tier 3	MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 25 mg	Tier 3	MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 50 mg	Tier 3	MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 100 mg	Tier 3	MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 200 mg	Tier 3	MAIL; AGE (Min 6 years)
fluphenazine decanoate inj 25 mg/ml	Tier 1	AGE (Min 6 years)
fluphenazine hcl tab 1 mg	Tier 1	MAIL; AGE (Min 6 years)
fluphenazine hcl tab 2.5 mg	Tier 1	MAIL; AGE (Min 6 years)
fluphenazine hcl tab 5 mg	Tier 1	MAIL; AGE (Min 6 years)
fluphenazine hcl tab 10 mg	Tier 1	MAIL; AGE (Min 6 years)
perphenazine tab 2 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 4 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 8 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 16 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
prochlorperazine maleate tab 5 mg (base equivalent)	Tier 1	MAIL; AGE (Min 6 years)
prochlorperazine maleate tab 10 mg (base equivalent)	Tier 1	MAIL; AGE (Min 6 years)
prochlorperazine suppos 25 mg	Tier 3	AGE (Min 6 years)
thioridazine hcl tab 10 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
thioridazine hcl tab 25 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
thioridazine hcl tab 50 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
thioridazine hcl tab 100 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
trifluoperazine hcl tab 1 mg (base equivalent)	Tier 1	MAIL; AGE (Min 6 years)
trifluoperazine hcl tab 2 mg (base equivalent)	Tier 1	MAIL; AGE (Min 6 years)
trifluoperazine hcl tab 5 mg (base equivalent)	Tier 1	MAIL; AGE (Min 6 years)
trifluoperazine hcl tab 10 mg (base equivalent)	Tier 1	MAIL; AGE (Min 6 years)
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG ***(aripiprazole)***	Tier 2	QL (1 ea / 30 days); AGE (Min 6 years)
ABILIFY MAIN INJ 400MG ***(aripiprazole)***	Tier 2	QL (1 ea / 30 days); AGE (Min 6 years)
aripiprazole oral solution 1 mg/ml	Tier 3	MAIL, PA
aripiprazole orally disintegrating tab 10 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
aripiprazole orally disintegrating tab 15 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
aripiprazole tab 2 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
aripiprazole tab 5 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
aripiprazole tab 10 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
aripiprazole tab 15 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
aripiprazole tab 20 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
aripiprazole tab 30 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ARISTADA INJ 441MG/1. ***(aripiprazole lauroxil)***	Tier 2	QL (1.6 mL / 30 days); AGE (Min 6 years)
ARISTADA INJ 662MG/2 ***(aripiprazole lauroxil)***	Tier 2	QL (2.4 mL / 30 days); AGE (Min 6 years)
ARISTADA INJ 882MG/3 ***(aripiprazole lauroxil)***	Tier 2	QL (3.2 mL / 30 days); AGE (Min 6 years)
THIOXANTHENES		
thiothixene cap 1 mg	Tier 1	MAIL; AGE (Min 6 years)
thiothixene cap 2 mg	Tier 1	MAIL; AGE (Min 6 years)
thiothixene cap 5 mg	Tier 1	MAIL; AGE (Min 6 years)
thiothixene cap 10 mg	Tier 1	MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
chlorhexidine gluconate liquid 4%	Tier 1	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	Tier 1	QL (900 mL / 30 days)
abacavir sulfate tab 300 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	Tier 1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG ***(tipranavir)***	Tier 2	QL (120 caps / 30 days)
APTIVUS SOL ***(tipranavir)***	Tier 2	QL (300 mL / 30 days)
atazanavir sulfate cap 150 mg (base equiv)	Tier 1	QL (60 caps / 30 days)
atazanavir sulfate cap 200 mg (base equiv)	Tier 1	QL (60 caps / 30 days)
atazanavir sulfate cap 300 mg (base equiv)	Tier 1	QL (30 caps / 30 days)
ATRIPLA TAB ***(efavirenz-emtricitabine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
BIKTARVY TAB ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	Tier 2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 ***(lamivudine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB ***(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG ***(indinavir sulfate)***	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG ***(indinavir sulfate)***	Tier 2	QL (180 caps / 30 days)
DELSTRIGO TAB ***(doravirine-lamivudine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25 ***(emtricitabine-tenofovir alafenamide fumarate)***	Tier 2	QL (30 tabs / 30 days)
didanosine delayed release capsule 200 mg	Tier 1	QL (60 caps / 30 days)
didanosine delayed release capsule 250 mg	Tier 1	QL (30 caps / 30 days)
didanosine delayed release capsule 400 mg	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG ***(dolutegravir sodium-lamivudine)***	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG ***(rilpivirine hcl)***	Tier 2	QL (30 tabs / 30 days)
efavirenz cap 50 mg	Tier 1	QL (360 caps / 30 days)
efavirenz cap 200 mg	Tier 1	QL (90 caps / 30 days)
efavirenz tab 600 mg	Tier 1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG ***(emtricitabine)***	Tier 2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML ***(emtricitabine)***	Tier 2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150 ***(atazanavir sulfate-cobicistat)***	Tier 2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG ***(enfuvirtide)***	Tier 4	PA
GENVOYA TAB ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG ***(etravirine)***	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG ***(etravirine)***	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG ***(etravirine)***	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG ***(saquinavir mesylate)***	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG ***(raltegravir potassium)***	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG ***(raltegravir potassium)***	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG ***(raltegravir potassium)***	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG ***(raltegravir potassium)***	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG ***(raltegravir potassium)***	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG ***(dolutegravir sodium-rilpivirine hcl)***	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG ***(lopinavir-ritonavir)***	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG ***(lopinavir-ritonavir)***	Tier 2	QL (180 tabs / 30 days)
lamivudine oral soln 10 mg/ml	Tier 1	QL (900 mL / 30 days)
lamivudine tab 150 mg	Tier 1	QL (60 tabs / 30 days)
lamivudine tab 300 mg	Tier 1	QL (30 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	Tier 1	QL (60 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 1	QL (30 mL / 30 days)
nevirapine susp 50 mg/5ml	Tier 1	QL (1200 mL / 30 days)
nevirapine tab 200 mg	Tier 1	QL (60 tabs / 30 days)
nevirapine tab er 24hr 100 mg	Tier 1	QL (120 tabs / 30 days)
nevirapine tab er 24hr 400 mg	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML ***(ritonavir)***	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG ***(doravirine)***	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 ***(darunavir-cobicistat)***	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML ***(darunavir ethanolate)***	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG ***(darunavir ethanolate)***	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG ***(darunavir ethanolate)***	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG ***(darunavir ethanolate)***	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG ***(darunavir ethanolate)***	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG ***(delavirdine mesylate)***	Tier 2	QL (180 tabs / 30 days)
ritonavir tab 100 mg	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML ***(maraviroc)***	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG ***(maraviroc)***	Tier 2	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TAB 75MG ***(maraviroc)***	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG ***(maraviroc)***	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG ***(maraviroc)***	Tier 2	QL (60 tabs / 30 days)
stavudine cap 15 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 20 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 30 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 40 mg	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	Tier 2	QL (30 tabs / 30 days)
SYMFI LO TAB ***(efavirenz-lamivudine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
SYMFI TAB ***(efavirenz-lamivudine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
SYMTUZA TAB ***(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)***	Tier 2	QL (30 tabs / 30 days)
tenofovir disoproxil fumarate tab 300 mg	Tier 1	QL (30 tabs / 30 days)
TIVICAY TAB 10MG ***(dolutegravir sodium)***	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG ***(dolutegravir sodium)***	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG ***(dolutegravir sodium)***	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB ***(abacavir-dolutegravir-lamivudine)***	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 ***(emtricitabine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 ***(emtricitabine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 ***(emtricitabine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 ***(emtricitabine-tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG ***(cobicistat)***	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG ***(didanosine)***	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG ***(nelfinavir mesylate)***	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG ***(nelfinavir mesylate)***	Tier 2	QL (120 tabs / 30 days)
VIREAD TAB 150MG ***(tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 200MG ***(tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 250MG ***(tenofovir disoproxil fumarate)***	Tier 2	QL (30 tabs / 30 days)
zidovudine cap 100 mg	Tier 1	QL (180 caps / 30 days)
zidovudine syrup 10 mg/ml	Tier 1	QL (1800 mL / 30 days)
zidovudine tab 300 mg	Tier 1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CMV AGENTS		
FOSCAVIR INJ 24MG/ML ***(foscarnet sodium)***	Tier 3	PA
valganciclovir hcl for soln 50 mg/ml (base equiv)	Tier 4	PA
valganciclovir hcl tab 450 mg (base equivalent)	Tier 4	PA
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	Tier 3	QL (30 tabs / 30 days)
BARACLUDE SOL ***(entecavir)***	Tier 3	PA
DAKLINZA TAB 30MG ***(daclatasvir dihydrochloride)***	Tier 4	PA
DAKLINZA TAB 60MG ***(daclatasvir dihydrochloride)***	Tier 4	PA
entecavir tab 0.5 mg	Tier 3	QL (30 tabs / 30 days)
entecavir tab 1 mg	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML ***(lamivudine (hbv))***	Tier 3	QL (1800 mL / 30 days)
lamivudine tab 100 mg (hbv)	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 4	QL (28 tablets / 28 days), PA; Preferred
PEGASYS INJ ***(peginterferon alfa-2a)***	Tier 4	PA
PEGASYS INJ 180MCG/M ***(peginterferon alfa-2a)***	Tier 4	PA
ribavirin cap 200 mg (Ribasphere)	Tier 1	PA
ribavirin tab 200 mg	Tier 1	PA
SOFOS/VELPAT TAB 400-100	Tier 4	QL (28 tablets / 28 days), PA; Preferred
SOVALDI TAB 400MG ***(sofosbuvir)***	Tier 4	QL (28 tablets / 28 days), PA
TECHNIVIE TAB ***(ombitasvir-paritaprevir-ritonavir)***	Tier 4	QL (56 tablets / 28 days), PA
VOSEVI TAB ***(sofosbuvir-velpatasvir-voxilaprevir)***	Tier 4	QL (28 tablets / 28 days), PA
ZEPATIER TAB 50-100MG ***(elbasvir-grazoprevir)***	Tier 4	QL (28 tablets / 28 days), PA
HERPES AGENTS		
acyclovir cap 200 mg	Tier 1	QL (150 caps / 30 days)
acyclovir susp 200 mg/5ml	Tier 1	QL (750 mL / 30 days)
acyclovir tab 400 mg	Tier 1	QL (150 tabs / 30 days)
acyclovir tab 800 mg	Tier 1	QL (150 tabs / 30 days)
famciclovir tab 125 mg	Tier 1	QL (90 tabs / 30 days)
famciclovir tab 250 mg	Tier 1	QL (90 tabs / 30 days)
famciclovir tab 500 mg	Tier 1	QL (90 tabs / 30 days)
valacyclovir hcl tab 1 gm	Tier 1	QL (240 tabs / 30 days)
valacyclovir hcl tab 500 mg	Tier 1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	Tier 1	QL (20 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	Tier 1	QL (20 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	Tier 1	QL (20 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 1	QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE ***(zanamivir)***	Tier 2	QL (2 inhalers / year)
rimantadine hydrochloride tab 100 mg	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG ***(baloxavir marboxil)***	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG ***(baloxavir marboxil)***	Tier 2	QL (2 tabs / 30 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab 3.125 mg	Tier 1	QL (60 tabs / 30 days), MAIL
carvedilol tab 6.25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
carvedilol tab 12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
carvedilol tab 25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
labetalol hcl tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
labetalol hcl tab 200 mg	Tier 1	QL (120 tabs / 30 days), MAIL
labetalol hcl tab 300 mg	Tier 1	QL (180 tabs / 30 days), MAIL
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	Tier 1	MAIL
acebutolol hcl cap 400 mg	Tier 1	MAIL
atenolol tab 25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
atenolol tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
atenolol tab 100 mg	Tier 1	QL (60 tabs / 30 days), MAIL
betaxolol hcl tab 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL
betaxolol hcl tab 20 mg	Tier 1	QL (30 tabs / 30 days), MAIL
bisoprolol fumarate tab 5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
bisoprolol fumarate tab 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl tab 120 mg	Tier 1	MAIL
sotalol hcl tab 160 mg	Tier 1	MAIL
sotalol hcl tab 240 mg	Tier 1	MAIL
timolol maleate tab 5 mg	Tier 1	MAIL
timolol maleate tab 10 mg	Tier 1	MAIL
timolol maleate tab 20 mg	Tier 1	MAIL
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL
amlodipine besylate tab 5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL
amlodipine besylate tab 10 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL
diltiazem hcl cap er 12hr 120 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl cap er 24hr 120 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl cap er 24hr 180 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl cap er 24hr 240 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl coated beads cap er 24hr 120 mg	Tier 1	QL (30 caps / 30 days), MAIL
diltiazem hcl coated beads cap er 24hr 180 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl coated beads cap er 24hr 240 mg	Tier 1	QL (30 caps / 30 days), MAIL
diltiazem hcl coated beads cap er 24hr 300 mg	Tier 1	QL (30 caps / 30 days), MAIL
diltiazem hcl extended release beads cap er 24hr 120 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl extended release beads cap er 24hr 180 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl extended release beads cap er 24hr 240 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl extended release beads cap er 24hr 300 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl extended release beads cap er 24hr 360 mg	Tier 1	QL (60 caps / 30 days), MAIL
diltiazem hcl extended release beads cap er 24hr 420 mg	Tier 1	QL (30 caps / 30 days), MAIL
diltiazem hcl tab 30 mg	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl tab 60 mg	Tier 1	QL (120 tabs / 30 days), MAIL
diltiazem hcl tab 90 mg	Tier 1	QL (120 tabs / 30 days), MAIL
diltiazem hcl tab 120 mg	Tier 1	QL (120 tabs / 30 days), MAIL
felodipine tab er 24hr 2.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
felodipine tab er 24hr 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
felodipine tab er 24hr 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL
isradipine cap 2.5 mg	Tier 1	QL (180 caps / 30 days), MAIL
isradipine cap 5 mg	Tier 1	QL (120 caps / 30 days), MAIL
nicardipine hcl cap 20 mg	Tier 1	QL (180 caps / 30 days), MAIL
nicardipine hcl cap 30 mg	Tier 1	QL (90 caps / 30 days), MAIL
nifedipine cap 10 mg	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
nifedipine cap 20 mg	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
nifedipine tab er 24hr 30 mg	Tier 1	QL (30 tabs / 30 days), MAIL
nifedipine tab er 24hr 60 mg	Tier 1	QL (30 tabs / 30 days), MAIL
nifedipine tab er 24hr 90 mg	Tier 1	QL (60 tabs / 30 days), MAIL
nifedipine tab er 24hr osmotic release 30 mg	Tier 1	QL (30 tabs / 30 days), MAIL
nifedipine tab er 24hr osmotic release 60 mg	Tier 1	QL (60 tabs / 30 days), MAIL
nifedipine tab er 24hr osmotic release 90 mg	Tier 1	QL (60 tabs / 30 days), MAIL
nimodipine cap 30 mg	Tier 1	MAIL
nisoldipine tab er 24hr 8.5 mg	Tier 3	MAIL, PA
nisoldipine tab er 24hr 17 mg	Tier 3	MAIL, PA
nisoldipine tab er 24hr 20 mg	Tier 3	MAIL, PA
nisoldipine tab er 24hr 25.5 mg	Tier 3	MAIL, PA
nisoldipine tab er 24hr 30 mg	Tier 3	MAIL, PA
nisoldipine tab er 24hr 34 mg	Tier 3	MAIL, PA
nisoldipine tab er 24hr 40 mg	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl cap er 24hr 100 mg	Tier 1	QL (30 caps / 30 days), MAIL
verapamil hcl cap er 24hr 120 mg	Tier 1	QL (30 caps / 30 days), MAIL
verapamil hcl cap er 24hr 180 mg	Tier 1	QL (30 caps / 30 days), MAIL
verapamil hcl cap er 24hr 240 mg	Tier 1	QL (60 caps / 30 days), MAIL
verapamil hcl cap er 24hr 300 mg	Tier 1	QL (60 caps / 30 days), MAIL
verapamil hcl cap er 24hr 360 mg	Tier 1	QL (60 caps / 30 days), MAIL
verapamil hcl tab 40 mg	Tier 1	QL (120 tabs / 30 days), MAIL
verapamil hcl tab 80 mg	Tier 1	QL (120 tabs / 30 days), MAIL
verapamil hcl tab 120 mg	Tier 1	QL (90 tabs / 30 days), MAIL
verapamil hcl tab er 120 mg	Tier 1	QL (90 tabs / 30 days), MAIL
verapamil hcl tab er 180 mg	Tier 1	QL (60 tabs / 30 days), MAIL
verapamil hcl tab er 240 mg	Tier 1	QL (90 tabs / 30 days), MAIL
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	Tier 1	MAIL; AGE (Max 12 years)
digoxin tab 125 mcg (0.125 mg)	Tier 1	QL (30 tabs / 30 days), MAIL
digoxin tab 250 mcg (0.25 mg)	Tier 1	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.25MG ***(digoxin)***	Tier 2	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.125MG ***(digoxin)***	Tier 2	QL (30 tabs / 30 days), MAIL
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO TAB 24-26MG ***(sacubitril-valsartan)***	Tier 2	MAIL, PA
ENTRESTO TAB 49-51MG ***(sacubitril-valsartan)***	Tier 2	MAIL, PA
ENTRESTO TAB 97-103MG ***(sacubitril-valsartan)***	Tier 2	MAIL, PA
PERIPHERAL VASODILATORS		
inositol niacinate cap 500 mg (Niacin Flush Free)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG ***(treprostinil diolamine)***	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 0.125MG ***(treprostinil diolamine)***	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 1MG ***(treprostinil diolamine)***	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 2.5MG ***(treprostinil diolamine)***	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 5MG ***(treprostinil diolamine)***	Tier 4	QL (90 tabs / 30 days), PA
REMODULIN INJ 1MG/ML ***(treprostinil)***	Tier 4	PA
REMODULIN INJ 2.5MG/ML ***(treprostinil)***	Tier 4	PA
REMODULIN INJ 5MG/ML ***(treprostinil)***	Tier 4	PA
REMODULIN INJ 10MG/ML ***(treprostinil)***	Tier 4	PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	Tier 4	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	Tier 4	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	Tier 4	PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	Tier 4	PA
VENTAVIS SOL 10MCG/ML ***(iloprost)***	Tier 4	PA
VENTAVIS SOL 20MCG/ML ***(iloprost)***	Tier 4	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	Tier 4	QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	Tier 4	QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	Tier 4	QL (60 tabs / 30 days), PA
bosentan tab 125 mg	Tier 4	QL (60 tabs / 30 days), PA
LETAIRIS TAB 5MG ***(ambrisentan)***	Tier 4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG ***(ambrisentan)***	Tier 4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG ***(macitentan)***	Tier 4	QL (30 tabs / 30 days), PA
TRACLEER TAB 32MG ***(bosentan)***	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 62.5MG ***(bosentan)***	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG ***(bosentan)***	Tier 4	QL (60 tabs / 30 days), PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate tab 20 mg	Tier 4	QL (90 tabs / 30 days), PA
tadalafil tab 20 mg (pah)	Tier 4	QL (60 tabs / 30 days), PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800 ***(selexipag)***	Tier 4	QL (200 tabs / 30 days), PA
UPTRAVI TAB 200MCG ***(selexipag)***	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG ***(selexipag)***	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG ***(selexipag)***	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG ***(selexipag)***	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG ***(selexipag)***	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG ***(selexipag)***	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG ***(selexipag)***	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG ***(selexipag)***	Tier 4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG ***(riociguat)***	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG ***(riociguat)***	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG ***(riociguat)***	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG ***(riociguat)***	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG ***(riociguat)***	Tier 4	QL (90 tabs / 30 days), PA
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML ***(ivabradine hcl)***	Tier 2	MAIL, PA
CORLANOR TAB 5MG ***(ivabradine hcl)***	Tier 2	MAIL, PA
CORLANOR TAB 7.5MG ***(ivabradine hcl)***	Tier 2	MAIL, PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	Tier 1	
cefadroxil for susp 250 mg/5ml	Tier 1	AGE (Max 12 years)
cefadroxil for susp 500 mg/5ml	Tier 1	AGE (Max 12 years)
cefadroxil tab 1 gm	Tier 1	
cephalexin cap 250 mg	Tier 1	
cephalexin cap 500 mg	Tier 1	
cephalexin for susp 125 mg/5ml	Tier 1	AGE (Max 12 years)
cephalexin for susp 250 mg/5ml	Tier 1	AGE (Max 12 years)
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	Tier 1	
cefaclor cap 500 mg	Tier 1	
cefaclor for susp 125 mg/5ml	Tier 1	AGE (Max 12 years)
cefaclor for susp 250 mg/5ml	Tier 1	AGE (Max 12 years)
cefaclor for susp 375 mg/5ml	Tier 1	AGE (Max 12 years)
cefprozil for susp 125 mg/5ml	Tier 1	AGE (Max 12 years)
cefprozil for susp 250 mg/5ml	Tier 1	AGE (Max 12 years)
cefprozil tab 250 mg	Tier 1	
cefprozil tab 500 mg	Tier 1	
cefuroxime axetil tab 250 mg	Tier 1	QL (20 tabs / 10 days)
cefuroxime axetil tab 500 mg	Tier 1	QL (20 tabs / 10 days)
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	Tier 1	
cefdinir for susp 125 mg/5ml	Tier 1	AGE (Max 12 years)
cefdinir for susp 250 mg/5ml	Tier 1	AGE (Max 12 years)
cefditoren pivoxil tab 200 mg (base equivalent)	Tier 1	PA
cefditoren pivoxil tab 400 mg (base equivalent)	Tier 1	PA
cefixime cap 400 mg	Tier 3	
cefixime for susp 100 mg/5ml	Tier 3	AGE (Max 12 years)
cefixime for susp 200 mg/5ml	Tier 3	AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
cefpodoxime proxetil for susp 50 mg/5ml	Tier 1	AGE (Max 12 years)
cefpodoxime proxetil for susp 100 mg/5ml	Tier 1	AGE (Max 12 years)
cefpodoxime proxetil tab 100 mg	Tier 1	
cefpodoxime proxetil tab 200 mg	Tier 1	
ceftriaxone sodium for inj 1 gm	Tier 1	
SUPRAX CAP 400MG ***(cefixime)***	Tier 3	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
BALCOLTRA TAB 0.1-20 ***(levonorgestrel-ethinyl estradiol-ferrous bisglycinate)***	Tier 5	QL (39 tablets / 28 days), MAIL
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 5	QL (39 tablets / 28 days), MAIL
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	Tier 5	QL (39 tablets / 28 days), MAIL
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 5	QL (39 tablets / 28 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	Tier 5	QL (39 tablets / 28 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 5	QL (39 tablets / 28 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 5	QL (39 tablets / 28 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 5	QL (39 tablets / 28 days), MAIL
FALESSA KIT ***(levonorgestrel-ethinyl estradiol & folic acid)***	Tier 5	QL (75 tablets / 28 days), MAIL
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Rivelsa)	Tier 5	QL (30 tablets / 28 days), MAIL
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (30 tablets / 28 days), MAIL
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (30 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 5	QL (30 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 ***(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))***	Tier 5	QL (39 tablets / 28 days), MAIL
NATAZIA TAB ***(estradiol valerate-dienogest)***	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
TAYTULLA CAP 1MG/20MC ***(norethin acet & estrad-fe)***	Tier 5	QL (39 tablets / 28 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	Tier 5	QL (4 patches / 28 days), MAIL
COMBINATION CONTRACEPTIVES - VAGINAL		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 5	QL (1 ring / 28 days), MAIL
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	Tier 5	QL (1 ring / 28 days), MAIL
NUVARING MIS ***(etonogestrel-ethinyl estradiol)***	Tier 5	QL (1 ring / 28 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A ***(copper (iud))***	Tier 5	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG ***(ulipristal acetate)***	Tier 5	QL (4 tabs / 90 days)
levonorgestrel tab 1.5 mg (My Way)	Tier 5	OTC, QL (4 tabs / 90 days)
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG ***(etonogestrel)***	Tier 5	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 ***(medroxyprogesterone acetate (contraceptive))***	Tier 5	QL (1 injection / 90 days)
medroxyprogesterone acetate im susp 150 mg/ml	Tier 5	QL (1 Injection / 75 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Tier 5	QL (1 injection / 90 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG ***(levonorgestrel (iud))***	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG ***(levonorgestrel (iud))***	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM ***(levonorgestrel (iud))***	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG ***(levonorgestrel (iud))***	Tier 5	QL (1 IUD in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	Tier 5	QL (39 tablets / 28 days), MAIL
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	Tier 3	PA
cortisone acetate tab 25 mg	Tier 3	
dexamethasone elixir 0.5 mg/5ml	Tier 1	
dexamethasone sodium phosphate inj 10 mg/ml	Tier 1	
dexamethasone soln 0.5 mg/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 0.5 mg	Tier 1	
dexamethasone tab 0.75 mg	Tier 1	
dexamethasone tab 1 mg	Tier 1	
dexamethasone tab 1.5 mg	Tier 1	
dexamethasone tab 2 mg	Tier 1	
dexamethasone tab 4 mg	Tier 1	
dexamethasone tab 6 mg	Tier 1	
hydrocortisone tab 5 mg	Tier 1	
hydrocortisone tab 10 mg	Tier 1	
hydrocortisone tab 20 mg	Tier 1	
methylprednisolone tab 4 mg	Tier 1	
methylprednisolone tab 8 mg	Tier 1	
methylprednisolone tab 16 mg	Tier 1	
methylprednisolone tab 32 mg	Tier 1	
methylprednisolone tab therapy pack 4 mg (21)	Tier 1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	Tier 1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	Tier 1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	Tier 1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	Tier 1	
prednisone oral soln 5 mg/5ml	Tier 1	
prednisone tab 1 mg	Tier 1	
prednisone tab 2.5 mg	Tier 1	
prednisone tab 5 mg	Tier 1	
prednisone tab 10 mg	Tier 1	
prednisone tab 20 mg	Tier 1	
prednisone tab 50 mg	Tier 1	
prednisone tab therapy pack 5 mg (21)	Tier 1	
prednisone tab therapy pack 5 mg (48)	Tier 1	
prednisone tab therapy pack 10 mg (21)	Tier 1	
prednisone tab therapy pack 10 mg (48)	Tier 1	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	Tier 1	MAIL
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	Tier 1	
benzonatate cap 200 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	Tier 1	
ROBITUSSIN SYP 7.5/5ML ***(dextromethorphan hbr)***	Tier 1	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 ***(pseudoephed-bromphen-dm)***	Tier 1	OTC, QL (240 mL / 30 days)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)	Tier 1	OTC, QL (60 ea / 30 days)
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Maximum S)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Mucus-dm)	Tier 1	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Cvs Cold & Cough Nighttim)	Tier 1	OTC, QL (240 mL / 30 days)
diphenhydramine-phenylephrine tab 25-10 mg (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)	Tier 1	OTC, QL (240 mL / 30 days)
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	OTC, QL (30 tabs / 30 days)
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
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

Drug Name	Drug Tier	Requirements/Limits
guaifenesin tab 400 mg (Sm Chest Congestion Relie)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	OTC, QL (60 ea / 30 days)
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
adapalene lotion 0.1%	Tier 1	QL (59 mL / 30 days), ST; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
benzoyl peroxide gel 5% (Bp Gel)	Tier 1	OTC
benzoyl peroxide gel 10% (Clean & Clear Persa-gel M)	Tier 1	OTC
benzoyl peroxide liq 5% (Bp Wash)	Tier 1	OTC, QL (240 gm / 30 days)
benzoyl peroxide liq 10% (Benzoyl Peroxide Wash)	Tier 1	OTC, QL (240 gm / 30 days)
benzoyl peroxide-erythromycin gel 5-3%	Tier 3	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 3	PA
clindamycin phosphate gel 1%	Tier 3	QL (60 gm / 30 days)
clindamycin phosphate lotion 1%	Tier 3	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	Tier 1	QL (60 mL / 30 days)
clindamycin phosphate-tretinoin gel 1.2-0.025%	Tier 3	PA
DIFFERIN GEL 0.1% ***(adapalene)***	Tier 1	OTC, QL (45 gm / 30 days)
erythromycin soln 2%	Tier 1	QL (60 mL / 30 days)
isotretinoin cap 10 mg (Claravis)	Tier 3	PA
isotretinoin cap 20 mg (Amnesteem)	Tier 3	PA
isotretinoin cap 30 mg	Tier 3	PA
isotretinoin cap 40 mg	Tier 3	PA
sulfacetamide sodium lotion 10% (acne)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium-sulfur in urea emulsion 10-4% (Bp Cleansing Wash)	Tier 1	
tretinoin cream 0.1%	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin cream 0.05%	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin cream 0.025%	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin gel 0.01%	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin gel 0.025% (Avita)	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
VELTIN GEL ***(clindamycin phosphate-tretinoin)***	Tier 3	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15% ***(sinecatechins)***	Tier 3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium gel 1%	Tier 1	QL (200 gm / 30 days), PA
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% ***(retapamulin)***	Tier 3	PA
bacitracin oint 500 unit/gm	Tier 1	OTC
bacitracin zinc oint 500 unit/gm	Tier 1	OTC
bacitracin-polymyxin b oint (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% ***(bacitracin-polymyxin-neomycin hc)***	Tier 3	
gentamicin sulfate cream 0.1%	Tier 1	
gentamicin sulfate oint 0.1%	Tier 1	
mupirocin oint 2%	Tier 1	QL (44 gm / 30 days)
neomycin-bacitracin-polymyxin oint (Cvs Triple Antibiotic)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
ciclopirox olamine cream 0.77% (base equiv)	Tier 1	QL (90 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES-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 3	
PANRETIN GEL 0.1% ***(alitretinoin)***	Tier 4	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 4	PA
ANTIPSORIATICS		
acitretin cap 10 mg	Tier 3	PA
acitretin cap 17.5 mg	Tier 3	PA
acitretin cap 25 mg	Tier 3	PA
calcipotriene oint 0.005%	Tier 3	PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 3	PA
calcitriol oint 3 mcg/gm	Tier 3	QL (100 gm / 30 days)
COSENTYX INJ 150MG/ML ***(secukinumab)***	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE ***(secukinumab)***	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML ***(secukinumab)***	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE ***(secukinumab)***	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% ***(anthralin)***	Tier 2	QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE ***(risankizumab-rzaa)***	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 ***(ustekinumab)***	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML ***(ustekinumab)***	Tier 4	PA; Preferred Brand
tazarotene cream 0.1%	Tier 3	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05% ***(tazarotene)***	Tier 3	QL (60 gm / 30 days), PA
TAZORAC GEL 0.1% ***(tazarotene)***	Tier 3	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05% ***(tazarotene)***	Tier 3	QL (100 gm / 30 days), PA
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1% (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% ***(docosanol)***	Tier 1	OTC, QL (2 gm / 30 days)
acyclovir oint 5%	Tier 3	PA
DENAVIR CRE 1% ***(penciclovir)***	Tier 2	PA
docosanol cream 10%	Tier 1	OTC, QL (2 gm / 30 days)
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	Tier 1	
silver sulfadiazine cream 1%	Tier 1	QL (400 gm / 30 days)
SULFAMYLON CRE 85MG/GM ***(mafenide acetate)***	Tier 3	QL (454 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	Tier 1	QL (60 gm / 30 days)
amcinonide cream 0.1%	Tier 3	QL (60 gm / 30 days)
amcinonide lotion 0.1%	Tier 3	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% ***(diflorasone diacetate emollient base)***	Tier 3	QL (60 gm / 30 days), PA
betamethasone dipropionate augmented cream 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	Tier 1	QL (60 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
betamethasone dipropionate lotion 0.05%	Tier 1	QL (60 mL / 30 days)
betamethasone dipropionate oint 0.05%	Tier 1	QL (45 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	Tier 1	QL (454 gm / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	Tier 1	QL (45 gm / 30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	Tier 3	QL (100 gm / 30 days), PA
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Tier 3	QL (120 gm / 30 days), PA
clobetasol propionate cream 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate gel 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate oint 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate soln 0.05%	Tier 3	QL (50 mL / 30 days)
CORDRAN 80X3 TAP 4MCG/CM ***(flurandrenolide)***	Tier 3	PA
desonide cream 0.05%	Tier 1	QL (60 gm / 30 days)
desonide oint 0.05%	Tier 1	QL (60 gm / 30 days)
desoximetasone cream 0.05%	Tier 3	QL (60 gm / 30 days)
desoximetasone cream 0.25%	Tier 3	QL (60 gm / 30 days)
desoximetasone gel 0.05%	Tier 3	QL (60 gm / 30 days)
desoximetasone oint 0.05%	Tier 3	QL (60 gm / 30 days)
desoximetasone oint 0.25%	Tier 3	QL (60 gm / 30 days)
diflorasone diacetate cream 0.05%	Tier 3	QL (60 gm / 30 days)
diflorasone diacetate oint 0.05%	Tier 3	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	Tier 1	QL (60 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	Tier 3	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide oil 0.01% (scalp oil)	Tier 3	QL (120 mL / 30 days)
fluocinolone acetonide oint 0.025%	Tier 1	QL (60 gm / 30 days)
fluocinonide cream 0.05%	Tier 1	QL (150 gm / 30 days)
fluocinonide emulsified base cream 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide gel 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide oint 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide soln 0.05%	Tier 1	QL (60 mL / 30 days)
flurandrenolide cream 0.05%	Tier 3	QL (30 gm / 30 days)
flurandrenolide lotion 0.05%	Tier 3	QL (120 mL / 30 days)
fluticasone propionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
fluticasone propionate oint 0.005%	Tier 1	QL (60 gm / 30 days)
halcinonide cream 0.1%	Tier 3	QL (60 gm / 30 days), PA
halobetasol propionate cream 0.05%	Tier 3	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	Tier 3	QL (50 gm / 30 days)
HALOG CRE 0.1% ***(halcinonide)***	Tier 3	QL (60 gm / 30 days), PA
HALOG OIN 0.1% ***(halcinonide)***	Tier 3	QL (60 gm / 30 days), PA
hydrocortisone acetate cream 1% (Lanacort 10)	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone cream 0.5%	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone cream 1% (Ra Hydrocortisone Plus 12)	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone cream 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone gel 1% (Cortizone-10)	Tier 1	OTC, QL (56 gm / 30 days)
hydrocortisone lotion 1% (Cvs Cortisone Maximum Str)	Tier 1	OTC, QL (120 gm / 30 days)
hydrocortisone lotion 2.5%	Tier 1	QL (60 mL / 30 days)
hydrocortisone oint 0.5%	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone oint 1% (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
hydrocortisone oint 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone valerate cream 0.2%	Tier 1	QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 0.5%	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 1% (Cortizone-10 Plus)	Tier 1	OTC
mometasone furoate cream 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate oint 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (60 mL / 30 days)
prednicarbate cream 0.1%	Tier 3	QL (60 gm / 30 days)
prednicarbate oint 0.1%	Tier 3	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUS ***(calcipotriene-betamethasone dipropionate)***	Tier 3	QL (120 gm / 30 days), PA
triamcinolone acetonide cream 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide lotion 0.025%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide oint 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide oint 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide oint 0.025%	Tier 1	QL (454 gm / 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 300/2ML ***(dupilumab)***	Tier 4	PA
EMOLLIENTS		
emollient - ointment (Hydrophor)	Tier 1	OTC
lactic acid (ammonium lactate) cream 12%	Tier 1	OTC, QL (280 gm / 30 days)
lactic acid (ammonium lactate) lotion 12% (Amlactin)	Tier 1	OTC, QL (225 gm / 30 days)
ENZYMES - TOPICAL		
SANTYL OIN 250/GM ***(collagenase)***	Tier 3	QL (30 gm / 30 days), PA
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5%	Tier 1	QL (24 ea / 30 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint 0.1%	Tier 3	QL (30 gm / 30 days), PA
tacrolimus oint 0.03%	Tier 3	QL (30 gm / 30 days), PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln 0.5%	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream 0.1%	Tier 1	OTC
lidocaine cream 4%	Tier 1	OTC, QL (90 gm / 30 days)
lidocaine hcl gel 2% (Regenecare Ha)	Tier 1	OTC
lidocaine hcl soln 4%	Tier 1	
lidocaine hcl urethral/mucosal gel 2%	Tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Tier 1	
lidocaine patch 4% (Gnp Lidocaine Pain Relief)	Tier 1	OTC, QL (90 patches / 30 days)
lidocaine patch 5%	Tier 3	QL (90 ea / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	QL (60 gm / 30 days)
SYNERA DIS 70-70MG ***(lidocaine-tetracaine)***	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
MISC. TOPICAL		
DRYSOL SOL 20% ***(aluminum chloride)***	Tier 1	QL (60 mL / 30 days)
menthol-zinc oxide oint 0.44-20% (Zinc-oxyde Plus)	Tier 1	OTC
skin protectants misc - cream (Dermacerin)	Tier 1	OTC
ROSACEA AGENTS		
metronidazole cream 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole gel 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole lotion 0.75%	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% ***(brimonidine tartrate (topical))***	Tier 3	PA
SCABICIDES & PEDICULICIDES		
EURAX CRE 10% ***(crotamiton)***	Tier 2	QL (60 gm / 30 days), ST; Prior use of permethrin 5% cream within the past 90 days.
lindane shampoo 1%	Tier 1	QL (60 mL / 30 days)
malathion lotion 0.5%	Tier 1	QL (59 mL / 30 days), ST; Prior use of permethrin 1% OR pyrethrins/piperonyl butoxide within the past 90 days.
permethrin aerosol 0.5% (Sm Bedding Lice Treatment)	Tier 1	OTC
permethrin cream 5%	Tier 1	QL (120 gm / 30 days)
permethrin creme rinse 1% (Lice Treatment)	Tier 1	OTC
permethrin lotion 1% (Sm Lice Treatment)	Tier 1	OTC
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Stop Lice Complete Lice T)	Tier 1	OTC
pyrethrins-piperonyl butoxide liq 0.3-3% (Sb Lice Treatment)	Tier 1	OTC
pyrethrins-piperonyl butoxide liq 0.33-4% (Stop Lice Maximum Strengt)	Tier 1	OTC
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION ***(permethrin & pyrethrins-piperonyl butoxide)***	Tier 1	OTC
SKLICE LOT 0.5% ***(ivermectin (pediculicide))***	Tier 3	QL (117 gm / 30 days), PA
spinosad susp 0.9%	Tier 3	ST; Prior use of permethrin 1% OR pyrethrins/piperonyl butoxide within the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01% ***(becaplermin)***	Tier 3	QL (15 gm / 30 days), PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 1.1MG ***(thyrotropin alfa)***	Tier 4	PA
DIAGNOSTIC TESTS		
RELION KETON TES ***(acetone (urine) test)***	Tier 2	OTC
TRUE METRIX TES GLUCOSE ***(glucose blood)***	Tier 2	OTC, QL (200 strips / 30 days), ST; 100/month max quantity for non-insulin users
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000 ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 ***(pancrelipase (lipase-protease-amylase))***	Tier 2	QL (180 caps / 30 days), MAIL
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	Tier 3	QL (120 caps / 30 days), MAIL
acetazolamide tab 125 mg	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
acetazolamide tab 250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
methazolamide tab 25 mg	Tier 3	QL (180 tabs / 30 days), MAIL
methazolamide tab 50 mg	Tier 3	QL (180 tabs / 30 days), MAIL
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 50/50 ***(spironolactone & hydrochlorothiazide)***	Tier 2	MAIL
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	MAIL
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	MAIL
LOOP DIURETICS		
bumetanide tab 0.5 mg	Tier 1	MAIL
bumetanide tab 1 mg	Tier 1	MAIL
bumetanide tab 2 mg	Tier 1	MAIL
ethacrynic acid tab 25 mg	Tier 3	MAIL
furosemide oral soln 8 mg/ml	Tier 1	MAIL; AGE (Max 12 years)
furosemide oral soln 10 mg/ml	Tier 1	MAIL; AGE (Max 12 years)
furosemide tab 20 mg	Tier 1	MAIL
furosemide tab 40 mg	Tier 1	MAIL
furosemide tab 80 mg	Tier 1	MAIL
torsemide tab 5 mg	Tier 1	MAIL
torsemide tab 10 mg	Tier 1	MAIL
torsemide tab 20 mg	Tier 1	MAIL
torsemide tab 100 mg	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
amiloride hcl tab 5 mg	Tier 1	MAIL
DYRENIUM CAP 50MG ***(triamterene)***	Tier 3	MAIL
DYRENIUM CAP 100MG ***(triamterene)***	Tier 3	MAIL
spironolactone tab 25 mg	Tier 1	MAIL
spironolactone tab 50 mg	Tier 1	MAIL
spironolactone tab 100 mg	Tier 1	MAIL
triamterene cap 50 mg	Tier 3	MAIL
triamterene cap 100 mg	Tier 3	MAIL

Drug Name	Drug Tier	Requirements/Limits
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab 250 mg	Tier 1	MAIL
chlorothiazide tab 500 mg	Tier 1	MAIL
chlorthalidone tab 25 mg	Tier 1	MAIL
chlorthalidone tab 50 mg	Tier 1	MAIL
hydrochlorothiazide cap 12.5 mg	Tier 1	MAIL
hydrochlorothiazide tab 12.5 mg	Tier 1	MAIL
hydrochlorothiazide tab 25 mg	Tier 1	MAIL
hydrochlorothiazide tab 50 mg	Tier 1	MAIL
indapamide tab 1.25 mg	Tier 1	MAIL
indapamide tab 2.5 mg	Tier 1	MAIL
methyclothiazide tab 5 mg	Tier 1	MAIL
metolazone tab 2.5 mg	Tier 1	MAIL
metolazone tab 5 mg	Tier 1	MAIL
metolazone tab 10 mg	Tier 1	MAIL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
alendronate sodium tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
alendronate sodium tab 35 mg	Tier 1	QL (4 tablets / 28 days), MAIL
alendronate sodium tab 40 mg	Tier 1	QL (30 tabs / 30 days), MAIL
alendronate sodium tab 70 mg	Tier 1	QL (4 tablets / 28 days), MAIL
calcitonin (salmon) nasal soln 200 unit/act	Tier 1	QL (30 mL / 30 days), MAIL
etidronate disodium tab 200 mg	Tier 1	MAIL
etidronate disodium tab 400 mg	Tier 1	MAIL
FORTEO SOL 600/2.4 ***(teriparatide (recombinant))***	Tier 4	MAIL, PA
ibandronate sodium tab 150 mg (base equivalent)	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML ***(denosumab)***	Tier 4	PA
risedronate sodium tab 5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
risedronate sodium tab 30 mg	Tier 3	QL (30 tabs / 30 days), MAIL
risedronate sodium tab 35 mg	Tier 3	QL (4 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab 150 mg	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ ***(abaloparatide)***	Tier 4	PA
XGEVA INJ ***(denosumab)***	Tier 4	PA
zoledronic acid iv soln 5 mg/100ml	Tier 4	PA
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	Tier 4	PA
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG ***(cetrorelix acetate)***	Tier 4	PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	Tier 4	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG ***(pegvisomant)***	Tier 4	PA
SOMAVERT INJ 15MG ***(pegvisomant)***	Tier 4	PA
SOMAVERT INJ 20MG ***(pegvisomant)***	Tier 4	PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG ***(somatropin)***	Tier 4	PA
OMNITROPE INJ 5/1.5ML ***(somatropin)***	Tier 4	PA
OMNITROPE INJ 10/1.5ML ***(somatropin)***	Tier 4	PA
HORMONE RECEPTOR MODULATORS		
raloxifene hcl tab 60 mg	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML ***(mecasermin)***	Tier 4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5 ***(leuprolide acetate & norethindrone acetate)***	Tier 4	PA
LUPANETA KIT 11.25-5 ***(leuprolide acetate & norethindrone acetate)***	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG ***(leuprolide acetate (cpp) (3 month))***	Tier 4	PA
LUPR DEP-PED INJ 7.5MG ***(leuprolide acetate (cpp))***	Tier 4	PA
LUPR DEP-PED INJ 11.25MG ***(leuprolide acetate (cpp))***	Tier 4	PA
LUPR DEP-PED INJ 11.25MG ***(leuprolide acetate (cpp) (3 month))***	Tier 4	PA
LUPR DEP-PED INJ 15MG ***(leuprolide acetate (cpp))***	Tier 4	PA
SYNAREL SOL 2MG/ML ***(nafarelin acetate)***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg	Tier 1	MAIL
calcitriol cap 0.25 mcg	Tier 1	MAIL
cinacalcet hcl tab 30 mg (base equiv)	Tier 4	PA
cinacalcet hcl tab 60 mg (base equiv)	Tier 4	PA
cinacalcet hcl tab 90 mg (base equiv)	Tier 4	PA
CYSTADANE POW ***(betaine)***	Tier 3	MAIL, PA
doxercalciferol cap 0.5 mcg	Tier 3	MAIL, PA
doxercalciferol cap 1 mcg	Tier 3	MAIL, PA
doxercalciferol cap 2.5 mcg	Tier 3	MAIL, PA
ELAPRASE INJ 6MG/3ML ***(idursulfase)***	Tier 4	PA
FABRAZYME INJ 5MG ***(agalsidase beta)***	Tier 4	PA
KUVAN TAB 100MG ***(sapropterin dihydrochloride)***	Tier 4	PA
levocarnitine oral soln 1 gm/10ml (10%)	Tier 1	MAIL
levocarnitine tab 330 mg	Tier 1	MAIL
nitisinone cap 2 mg	Tier 4	PA
nitisinone cap 5 mg	Tier 4	PA
nitisinone cap 10 mg	Tier 4	PA
ORFADIN CAP 2MG ***(nitisinone)***	Tier 4	PA
ORFADIN CAP 5MG ***(nitisinone)***	Tier 4	PA
ORFADIN CAP 10MG ***(nitisinone)***	Tier 4	PA
ORFADIN CAP 20MG ***(nitisinone)***	Tier 4	PA
paricalcitol cap 1 mcg	Tier 3	MAIL, PA
paricalcitol cap 2 mcg	Tier 3	MAIL, PA
paricalcitol cap 4 mcg	Tier 3	MAIL, PA
SENSIPAR TAB 30MG ***(cinacalcet hcl)***	Tier 4	PA
SENSIPAR TAB 60MG ***(cinacalcet hcl)***	Tier 4	PA
SENSIPAR TAB 90MG ***(cinacalcet hcl)***	Tier 4	PA
sodium phenylbutyrate tab 500 mg	Tier 4	PA
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01%	Tier 3	MAIL, PA
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 3	MAIL, PA
desmopressin acetate tab 0.1 mg	Tier 1	QL (120 tabs / 30 days), MAIL
desmopressin acetate tab 0.2 mg	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML ***(desmopressin acetate)***	Tier 4	PA
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	Tier 1	MAIL
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	Tier 4	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	Tier 4	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	Tier 4	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	Tier 4	PA
SANDOSTATIN KIT LAR 10MG ***(octreotide acetate)***	Tier 4	PA
SANDOSTATIN KIT LAR 20MG ***(octreotide acetate)***	Tier 4	PA
SANDOSTATIN KIT LAR 30MG ***(octreotide acetate)***	Tier 4	PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG ***(tolvaptan)***	Tier 4	PA
SAMSCA TAB 30MG ***(tolvaptan)***	Tier 4	PA
tolvaptan tab 30 mg	Tier 4	PA
ESTROGENS		
ESTROGEN COMBINATIONS		
DUAVEE TAB 0.45-20 ***(conjugated estrogens-bazedoxifene)***	Tier 3	QL (30 tabs / 30 days), MAIL
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	QL (30 tabs / 30 days), MAIL
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
PREMPHASE TAB ***(conjugated estrogens-medroxyprogesterone acetate)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB ***(conjugated estrogens-medroxyprogesterone acetate)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.3-1.5 ***(conjugated estrogens-medroxyprogesterone acetate)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.45-1.5 ***(conjugated estrogens-medroxyprogesterone acetate)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.625-5 ***(conjugated estrogens-medroxyprogesterone acetate)***	Tier 2	QL (30 tabs / 30 days), MAIL
ESTROGENS		
estradiol tab 0.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estradiol tab 1 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estradiol tab 2 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estropipate tab 0.75 mg	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
estropipate tab 1.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estropipate tab 3 mg	Tier 1	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.3MG ***(esterified estrogens)***	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG ***(esterified estrogens)***	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG ***(esterified estrogens)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG ***(estrogens, conjugated)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG ***(estrogens, conjugated)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG ***(estrogens, conjugated)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG ***(estrogens, conjugated)***	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG ***(estrogens, conjugated)***	Tier 2	QL (30 tabs / 30 days), MAIL
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG ***(delafloxacin meglumine)***	Tier 3	PA
ciprofloxacin hcl tab 250 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 500 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 750 mg (base equiv)	Tier 1	
levofloxacin oral soln 25 mg/ml	Tier 1	AGE (Max 12 years)
levofloxacin tab 250 mg	Tier 1	
levofloxacin tab 500 mg	Tier 1	
levofloxacin tab 750 mg	Tier 1	
moxifloxacin hcl tab 400 mg (base equiv)	Tier 3	
ofloxacin tab 300 mg	Tier 3	
ofloxacin tab 400 mg	Tier 3	
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
simethicone cap 125 mg (Cvs Gas Relief)	Tier 1	OTC
simethicone cap 180 mg	Tier 1	OTC
simethicone chew tab 80 mg	Tier 1	OTC
simethicone chew tab 125 mg (Cvs Gas Relief Extra Stre)	Tier 1	OTC
simethicone liquid 40 mg/0.6ml (Cvs Gas Relief Drops Extr)	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Gas Relief)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap 300 mg	Tier 1	QL (60 caps / 30 days), MAIL
ursodiol tab 250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ursodiol tab 500 mg	Tier 1	QL (60 tabs / 30 days), MAIL
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG ***(lubiprostone)***	Tier 3	MAIL, PA
AMITIZA CAP 24MCG ***(lubiprostone)***	Tier 3	MAIL, PA
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	Tier 1	
metoclopramide hcl tab 5 mg (base equivalent)	Tier 1	QL (180 tabs / 30 days)
metoclopramide hcl tab 10 mg (base equivalent)	Tier 1	QL (180 tabs / 30 days)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM ***(mesalamine)***	Tier 2	QL (120 caps / 30 days), MAIL
balsalazide disodium cap 750 mg	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT ***(certolizumab pegol)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA KIT STARTER ***(certolizumab pegol)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML ***(certolizumab pegol)***	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG ***(olsalazine sodium)***	Tier 3	MAIL
INFLECTRA INJ 100MG ***(infliximab-dyyb)***	Tier 4	PA
mesalamine cap er 24hr 0.375 gm	Tier 1	QL (120 caps / 30 days), MAIL
mesalamine enema 4 gm	Tier 1	MAIL
mesalamine tab delayed release 800 mg	Tier 3	MAIL
REMICADE INJ 100MG ***(infliximab)***	Tier 4	PA
RENFLEXIS INJ 100MG ***(infliximab-abda)***	Tier 4	PA
STELARA INJ 5MG/ML ***(ustekinumab (iv))***	Tier 4	PA; Preferred Brand
sulfasalazine tab 500 mg	Tier 1	QL (240 tabs / 30 days), MAIL
sulfasalazine tab delayed release 500 mg	Tier 1	QL (240 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	Tier 1	MAIL
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	Tier 3	MAIL, PA
alosetron hcl tab 1 mg (base equiv)	Tier 3	MAIL, PA
LINZESS CAP 72MCG ***(linaclotide)***	Tier 3	MAIL, PA
LINZESS CAP 145MCG ***(linaclotide)***	Tier 3	MAIL, PA
LINZESS CAP 290MCG ***(linaclotide)***	Tier 3	MAIL, PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG ***(naloxegol oxalate)***	Tier 3	PA
MOVANTIK TAB 25MG ***(naloxegol oxalate)***	Tier 3	PA
RELISTOR INJ 12/0.6ML ***(methylnaltrexone bromide)***	Tier 4	PA
RELISTOR TAB 150MG ***(methylnaltrexone bromide)***	Tier 4	PA
SYMPROIC TAB 0.2MG ***(naldemedine tosylate)***	Tier 3	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	Tier 1	QL (360 caps / 30 days), MAIL
lanthanum carbonate chew tab 500 mg (elemental)	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
lanthanum carbonate chew tab 750 mg (elemental)	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
lanthanum carbonate chew tab 1000 mg (elemental)	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
sevelamer carbonate packet 0.8 gm	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
sevelamer carbonate packet 2.4 gm	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
sevelamer carbonate tab 800 mg	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG ***(sucroferric oxyhydroxide)***	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate & citric acid soln 1100-334 mg/5ml	Tier 1	
potassium citrate tab er 5 meq (540 mg)	Tier 1	QL (90 tabs / 30 days)
potassium citrate tab er 10 meq (1080 mg)	Tier 1	QL (90 tabs / 30 days)
potassium citrate tab er 15 meq (1620 mg)	Tier 1	QL (90 tabs / 30 days)
sodium citrate & citric acid soln 500-334 mg/5ml	Tier 1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG ***(cysteamine bitartrate)***	Tier 4	PA
CYSTAGON CAP 150MG ***(cysteamine bitartrate)***	Tier 4	PA
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	Tier 1	
sodium chloride irrigation soln 0.9%	Tier 1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG ***(pentosan polysulfate sodium)***	Tier 3	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
dutasteride cap 0.5 mg	Tier 1	QL (30 caps / 30 days), MAIL
finasteride tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
silodosin cap 4 mg	Tier 3	QL (30 caps / 30 days), MAIL, PA
silodosin cap 8 mg	Tier 3	QL (30 caps / 30 days), MAIL, PA
tamsulosin hcl cap 0.4 mg	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	Tier 1	QL (90 tabs / 30 days)
phenazopyridine hcl tab 200 mg	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
allopurinol tab 100 mg	Tier 1	MAIL
allopurinol tab 300 mg	Tier 1	MAIL
colchicine tab 0.6 mg	Tier 1	QL (30 tabs / 90 days)

Drug Name	Drug Tier	Requirements/Limits
febuxostat tab 40 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
febuxostat tab 80 mg	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 40MG ***(febuxostat)***	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 80MG ***(febuxostat)***	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URICOSURICS		
probenecid tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
ADVATE INJ 500UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
ADVATE INJ 1000UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
ADVATE INJ 1500UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
ADVATE INJ 2000UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
ADVATE INJ 3000UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
ADVATE INJ 4000UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
ALPHANINE SD INJ 500UNIT ***(coagulation factor ix)***	Tier 4	PA
ALPHANINE SD INJ 1500UNIT ***(coagulation factor ix)***	Tier 4	PA
ALPROLIX INJ 250UNIT ***(coagulation factor ix (recomb) fc fusion protein (rfixfc))***	Tier 4	PA
ALPROLIX INJ 500UNIT ***(coagulation factor ix (recomb) fc fusion protein (rfixfc))***	Tier 4	PA
ALPROLIX INJ 1000UNIT ***(coagulation factor ix (recomb) fc fusion protein (rfixfc))***	Tier 4	PA
ALPROLIX INJ 2000UNIT ***(coagulation factor ix (recomb) fc fusion protein (rfixfc))***	Tier 4	PA
ALPROLIX INJ 3000UNIT ***(coagulation factor ix (recomb) fc fusion protein (rfixfc))***	Tier 4	PA
ALPROLIX INJ 4000UNIT ***(coagulation factor ix (recomb) fc fusion protein (rfixfc))***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
BENEFIX INJ 250UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
BENEFIX INJ 500UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
BENEFIX INJ 1000UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
BENEFIX INJ 2000UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
BENEFIX INJ 3000UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
FEIBA INJ ***(antiinhibitor coagulant complex)***	Tier 4	PA
HELIXATE FS INJ 500UNIT ***(antihemophilic factor (recombinant))***	Tier 4	PA
HELIXATE FS INJ 2000UNIT ***(antihemophilic factor (recombinant))***	Tier 4	PA
HELIXATE FS INJ 3000UNIT ***(antihemophilic factor (recombinant))***	Tier 4	PA
HEMLIBRA INJ 30MG/ML ***(emicizumab-kxwh)***	Tier 4	PA
HEMLIBRA INJ 60/0.4 ***(emicizumab-kxwh)***	Tier 4	PA
HEMLIBRA INJ 105/0.7 ***(emicizumab-kxwh)***	Tier 4	PA
HEMLIBRA INJ 150/ML ***(emicizumab-kxwh)***	Tier 4	PA
HEMOFIL M INJ 1700UNIT ***(antihemophilic factor (human))***	Tier 4	PA
HUMATE-P SOL 500-1200 ***(antihemophilic factor/von willebrand factor complex (human))***	Tier 4	PA
HUMATE-P SOL 2400UNIT ***(antihemophilic factor/von willebrand factor complex (human))***	Tier 4	PA
KOATE-DVI INJ 250UNIT ***(antihemophilic factor (human))***	Tier 4	PA
KOATE-DVI INJ 500UNIT ***(antihemophilic factor (human))***	Tier 4	PA
KOATE-DVI INJ 1000UNIT ***(antihemophilic factor (human))***	Tier 4	PA
KOGENATE FS INJ 250UNIT ***(antihemophilic factor (recombinant))***	Tier 4	PA
KOGENATE FS INJ 1000UNIT ***(antihemophilic factor (recombinant))***	Tier 4	PA
KOGENATE FS INJ 2000UNIT ***(antihemophilic factor (recombinant))***	Tier 4	PA
KOGENATE FS INJ 3000UNIT ***(antihemophilic factor (recombinant))***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
KOVALTRY INJ 250UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
KOVALTRY INJ 500UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
KOVALTRY INJ 1000UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
KOVALTRY INJ 2000UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
KOVALTRY INJ 3000UNIT ***(antihemophilic factor rahf-pfm)***	Tier 4	PA
MONOCLATE-P INJ 1000UNIT ***(antihemophilic factor (human))***	Tier 4	PA
NOVOEIGHT INJ 1500UNIT ***(antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii))***	Tier 4	MAIL, PA
NOVOSEVEN RT INJ 1MG ***(coagulation factor viia (recombinant))***	Tier 4	PA
NOVOSEVEN RT INJ 2MG ***(coagulation factor viia (recombinant))***	Tier 4	PA
NOVOSEVEN RT INJ 5MG ***(coagulation factor viia (recombinant))***	Tier 4	PA
NOVOSEVEN RT INJ 8MG ***(coagulation factor viia (recombinant))***	Tier 4	PA
NUWIQ INJ 250UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ INJ 500UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ INJ 1000UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ INJ 2000UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ INJ 2500UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ INJ 3000UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ INJ 4000UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ KIT 250UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ KIT 500UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ KIT 1000UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ KIT 2000UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
NUWIQ KIT 2500UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ KIT 3000UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
NUWIQ KIT 4000UNIT ***(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))***	Tier 4	PA
PROFILNINE INJ 1500UNIT ***(factor ix complex)***	Tier 4	PA
RECOMBINATE INJ ***(antihemophilic factor (recombinant))***	Tier 4	PA
RECOMBINATE INJ 220-400 ***(antihemophilic factor (recombinant))***	Tier 4	PA
RECOMBINATE INJ 401-800 ***(antihemophilic factor (recombinant))***	Tier 4	PA
RECOMBINATE INJ 801-1240 ***(antihemophilic factor (recombinant))***	Tier 4	PA
RIXUBIS INJ 250 UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
RIXUBIS INJ 500UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
RIXUBIS INJ 1000UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
RIXUBIS INJ 2000UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
RIXUBIS INJ 3000UNIT ***(coagulation factor ix (recombinant))***	Tier 4	PA
XYNTHA SOLOF INJ 500UNIT ***(antihemophilic factor (recombinant) plasma/albumin free)***	Tier 4	PA
XYNTHA SOLOF INJ 1000UNIT ***(antihemophilic factor (recombinant) plasma/albumin free)***	Tier 4	PA
XYNTHA SOLOF INJ 2000UNIT ***(antihemophilic factor (recombinant) plasma/albumin free)***	Tier 4	PA
XYNTHA SOLOF INJ 3000UNIT ***(antihemophilic factor (recombinant) plasma/albumin free)***	Tier 4	PA
XYNTHA SOLOF KIT 250UNIT ***(antihemophilic factor (recombinant) plasma/albumin free)***	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML ***(icatibant acetate)***	Tier 4	PA
icatibant acetate inj 30 mg/3ml (base equivalent)	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT ***(c1 esterase inhibitor (human))***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	QL (120 tabs / 30 days), MAIL
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML ***(lanadelumab-flyo)***	Tier 4	PA
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	Tier 1	MAIL
anagrelide hcl cap 1 mg	Tier 1	MAIL
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 3	MAIL, PA
BRILINTA TAB 60MG ***(ticagrelor)***	Tier 3	QL (60 tabs / 30 days), MAIL, PA
BRILINTA TAB 90MG ***(ticagrelor)***	Tier 3	QL (60 tabs / 30 days), MAIL, PA
cilostazol tab 50 mg	Tier 1	MAIL
cilostazol tab 100 mg	Tier 1	MAIL
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
dipyridamole tab 25 mg	Tier 1	MAIL
dipyridamole tab 50 mg	Tier 1	MAIL
dipyridamole tab 75 mg	Tier 1	MAIL
prasugrel hcl tab 5 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL
prasugrel hcl tab 10 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG ***(vorapaxar sulfate)***	Tier 3	QL (30 tabs / 30 days), MAIL, PA
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG ***(eliglustat tartrate)***	Tier 4	PA
miglustat cap 100 mg	Tier 4	PA
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	Tier 1	QL (10 vials per 30 day)
cyanocobalamin sl tab 500 mcg (Cvs B-12)	Tier 1	OTC
cyanocobalamin sl tab 1000 mcg	Tier 1	OTC
cyanocobalamin sl tab 2500 mcg	Tier 1	OTC
cyanocobalamin tab 100 mcg	Tier 1	OTC
cyanocobalamin tab 250 mcg	Tier 1	OTC
cyanocobalamin tab 500 mcg	Tier 1	OTC
cyanocobalamin tab 1000 mcg	Tier 1	OTC
cyanocobalamin tab er 1000 mcg (Cvs Vitamin B-12 Tr)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg (Fa-8)	Tier 5	OTC, QL (30 caps / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
folic acid tab 1 mg	Tier 1	MAIL
folic acid tab 400 mcg	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
folic acid tab 800 mcg	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG ***(darbepoetin alfa)***	Tier 4	PA
ARANESP INJ 25MCG ***(darbepoetin alfa)***	Tier 4	PA
ARANESP INJ 40MCG ***(darbepoetin alfa)***	Tier 4	PA
ARANESP INJ 60MCG ***(darbepoetin alfa)***	Tier 4	PA
ARANESP INJ 100MCG ***(darbepoetin alfa)***	Tier 4	PA
ARANESP INJ 150MCG ***(darbepoetin alfa)***	Tier 4	PA
ARANESP INJ 200MCG ***(darbepoetin alfa)***	Tier 4	PA
ARANESP INJ 300MCG ***(darbepoetin alfa)***	Tier 4	PA
ARANESP INJ 500MCG ***(darbepoetin alfa)***	Tier 4	PA
EPOGEN INJ 3000/ML ***(epoetin alfa)***	Tier 4	PA
EPOGEN INJ 4000/ML ***(epoetin alfa)***	Tier 4	PA
EPOGEN INJ 10000/ML ***(epoetin alfa)***	Tier 4	PA
EPOGEN INJ 20000/ML ***(epoetin alfa)***	Tier 4	PA
FULPHILA INJ 6/0.6ML ***(pegfilgrastim-jmdb)***	Tier 4	PA
LEUKINE INJ 250MCG ***(sargramostim)***	Tier 4	PA
NEULASTA INJ 6MG/0.6M ***(pegfilgrastim)***	Tier 4	PA
NEUPOGEN INJ 300/0.5 ***(filgrastim)***	Tier 4	PA
NEUPOGEN INJ 300MCG ***(filgrastim)***	Tier 4	PA
NEUPOGEN INJ 480/0.8 ***(filgrastim)***	Tier 4	PA
NEUPOGEN INJ 480MCG ***(filgrastim)***	Tier 4	PA
NIVESTYM INJ 300/0.5 ***(filgrastim-aafi)***	Tier 4	PA
NIVESTYM INJ 300MCG ***(filgrastim-aafi)***	Tier 4	PA
NIVESTYM INJ 480/0.8 ***(filgrastim-aafi)***	Tier 4	PA
NIVESTYM INJ 480MCG ***(filgrastim-aafi)***	Tier 4	PA
PROCRIT INJ 2000/ML ***(epoetin alfa)***	Tier 4	PA
PROCRIT INJ 3000/ML ***(epoetin alfa)***	Tier 4	PA
PROCRIT INJ 40000/ML ***(epoetin alfa)***	Tier 4	PA
PROMACTA TAB 12.5MG ***(eltrombopag olamine)***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 25MG ***(eltrombopag olamine)***	Tier 4	PA
PROMACTA TAB 50MG ***(eltrombopag olamine)***	Tier 4	PA
PROMACTA TAB 75MG ***(eltrombopag olamine)***	Tier 4	PA
RETACRIT INJ 2000UNIT ***(epoetin alfa-epbx)***	Tier 4	PA
RETACRIT INJ 3000UNIT ***(epoetin alfa-epbx)***	Tier 4	PA
RETACRIT INJ 4000UNIT ***(epoetin alfa-epbx)***	Tier 4	PA
RETACRIT INJ 10000UNT ***(epoetin alfa-epbx)***	Tier 4	PA
RETACRIT INJ 40000UNT ***(epoetin alfa-epbx)***	Tier 4	PA
UDENYCA INJ 6MG/.6ML ***(pegfilgrastim-cbqv)***	Tier 4	PA
ZARXIO INJ 300/0.5 ***(filgrastim-sndz)***	Tier 4	PA
ZARXIO INJ 480/0.8 ***(filgrastim-sndz)***	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML ***(pegfilgrastim-bmez)***	Tier 4	PA
HEMATOPOIETIC MIXTURES		
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP 150MG ***(polysaccharide iron-folic acid-vit b12)***	Tier 1	OTC
iron combination cap (Chromagen)	Tier 1	QL (60 caps / 30 days)
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
IRON		
carbonyl iron susp 15 mg/1.25ml (elemental iron) (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETTS TAB 325MG ***(ferrous fumarate)***	Tier 1	OTC, MAIL
ferrous fumarate tab 324 mg (106 mg elemental fe)	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
ferrous gluconate tab 240 mg (27 mg elemental fe) (Ferate)	Tier 1	OTC, MAIL
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Px Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow-release Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Slow Iron)	Tier 1	OTC, MAIL
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab 325 mg (65 mg elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Tier 1	OTC, MAIL
ferrous sulfate tab er 47.5 mg (elemental fe) (Ra Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	Tier 1	OTC, MAIL
IRON CHW PEDIATRI ***(carbonyl iron)***	Tier 1	OTC
polysaccharide iron complex cap 150 mg (iron equivalent) (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG ***(ferrous sulfate)***	Tier 1	OTC, MAIL
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid tab 500 mg	Tier 1	PA
aminocaproic acid tab 1000 mg	Tier 1	PA
tranexamic acid tab 650 mg	Tier 1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine hcl (sleep) tab 25 mg (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
diphenhydramine hcl (sleep) tab 50 mg	Tier 1	OTC, MAIL
doxylamine succinate (sleep) tab 25 mg (Sleep Aid)	Tier 1	OTC, MAIL
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	Tier 1	QL (1500 mL / 30 days); AGE (Max 12 years)
phenobarbital tab 15 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 16.2 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 30 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 32.4 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 60 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 64.8 mg	Tier 1	QL (90 tabs / 30 days)
phenobarbital tab 97.2 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 100 mg	Tier 1	QL (60 tabs / 30 days)
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	Tier 3	MAIL, PA
doxepin hcl (sleep) tab 6 mg (base equiv)	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
SILENOR TAB 3MG ***(doxepin hcl (sleep))***	Tier 3	MAIL, PA
SILENOR TAB 6MG ***(doxepin hcl (sleep))***	Tier 3	MAIL, PA
NON-BARBITURATE HYPNOTICS		
estazolam tab 1 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
estazolam tab 2 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
eszopiclone tab 1 mg	Tier 3	QL (30 tabs / 30 days); AGE (Min 18 years)
eszopiclone tab 2 mg	Tier 3	QL (30 tabs / 30 days); AGE (Min 18 years)
eszopiclone tab 3 mg	Tier 3	QL (30 tabs / 30 days); AGE (Min 18 years)
flurazepam hcl cap 15 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
flurazepam hcl cap 30 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
temazepam cap 15 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
temazepam cap 30 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
triazolam tab 0.25 mg	Tier 1	QL (60 tabs / 30 days); AGE (Min 18 years)
triazolam tab 0.125 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
zaleplon cap 5 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
zaleplon cap 10 mg	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
zolpidem tartrate tab 5 mg	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
zolpidem tartrate tab 10 mg	Tier 1	QL (30 tabs / 30 days); 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 4	PA
ramelteon tab 8 mg	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
ROZEREM TAB 8MG ***(ramelteon)***	Tier 3	MAIL, PA
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
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)***	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
GOLYTELY SOL ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG ***(sennosides-docusate sodium)***	Tier 1	OTC, MAIL
MOVIPREP SOL ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)***	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
PLENVU SOL ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)***	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3

Drug Name	Drug Tier	Requirements/Limits
PREPOPIK PAK ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	Tier 5	Tier 5 for ages 50-74, 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)***	Tier 5	Tier 5 for ages 50-74, 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
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	OTC, QL (60 packets / 30 days)
polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)	Tier 1	OTC, QL (527 gm / 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
docusate sodium cap 250 mg	Tier 1	OTC
docusate sodium liquid 150 mg/15ml (Silace)	Tier 1	OTC
docusate sodium syrup 60 mg/15ml (Silace)	Tier 1	OTC
docusate sodium tab 100 mg (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		
azithromycin for susp 100 mg/5ml	Tier 1	AGE (Max 12 years)
azithromycin for susp 200 mg/5ml	Tier 1	AGE (Max 12 years)
azithromycin powd pack for susp 1 gm	Tier 1	QL (2 packets / 30 days)
azithromycin tab 250 mg	Tier 1	QL (12 tabs / 30 days)
azithromycin tab 500 mg	Tier 1	QL (6 tabs / 30 days)
azithromycin tab 600 mg	Tier 1	QL (60 tabs / 30 days)
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	Tier 1	AGE (Max 12 years)
clarithromycin for susp 250 mg/5ml	Tier 1	AGE (Max 12 years)
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	Tier 3	AGE (Max 12 years)
erythromycin ethylsuccinate for susp 400 mg/5ml	Tier 3	AGE (Max 12 years)
erythromycin ethylsuccinate tab 400 mg	Tier 3	
erythromycin stearate tab 250 mg (Erythrocin Stearate)	Tier 3	
erythromycin tab 250 mg	Tier 3	
erythromycin tab 500 mg	Tier 3	
erythromycin tab delayed release 250 mg (Ery-tab)	Tier 3	
erythromycin tab delayed release 333 mg (Ery-tab)	Tier 3	
erythromycin tab delayed release 500 mg (Ery-tab)	Tier 3	
FIDAXOMICIN		
DIFICID TAB 200MG ***(fidaxomicin)***	Tier 3	PA
MEDICAL DEVICES		
Parenteral Therapy Supplies		
BD U-500 MIS 31GX6MM ***(insulin syringe/needle u-500)***	DME	QL (150 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR ***(diaphragm arc-spring)***	Tier 5	
FC2 FEMALE MIS CONDOM ***(condoms - female)***	Tier 5	OTC
FEMCAP MIS 22MM ***(cervical caps)***	Tier 5	
FEMCAP MIS 26MM ***(cervical caps)***	Tier 5	
FEMCAP MIS 30MM ***(cervical caps)***	Tier 5	
OMNIFLEX DPR ***(diaphragms)***	Tier 5	
WIDE-SEAL DPR KIT 60 ***(diaphragm wide seal)***	Tier 5	
WIDE-SEAL DPR KIT 65 ***(diaphragm wide seal)***	Tier 5	
WIDE-SEAL DPR KIT 70 ***(diaphragm wide seal)***	Tier 5	
WIDE-SEAL DPR KIT 75 ***(diaphragm wide seal)***	Tier 5	
WIDE-SEAL DPR KIT 80 ***(diaphragm wide seal)***	Tier 5	
WIDE-SEAL DPR KIT 85 ***(diaphragm wide seal)***	Tier 5	
WIDE-SEAL DPR KIT 90 ***(diaphragm wide seal)***	Tier 5	
WIDE-SEAL DPR KIT 95 ***(diaphragm wide seal)***	Tier 5	
DIABETIC SUPPLIES		
DEXCOM G5 MIS RECEIVER ***(continuous blood glucose system receiver)***	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT ***(continuous blood glucose system transmitter)***	Tier 2	QL (1 box / 90 days), PA
DEXCOM G6 MIS RECEIVER ***(continuous blood glucose system receiver)***	Tier 2	QL (1 each / year), PA
DEXCOM G6 MIS SENSOR ***(continuous blood glucose system sensor)***	Tier 2	QL (3 boxes / 30 days), PA
DEXCOM G6 MIS TRANSMIT ***(continuous blood glucose system transmitter)***	Tier 2	QL (1 box / 90 days), PA
FREESTYLE KIT SENSOR ***(continuous blood glucose system sensor)***	Tier 2	QL (2 boxes / 30 days), PA
FREESTYLE KIT SENSOR ***(continuous blood glucose system sensor)***	Tier 2	QL (3 boxes / 30 days), PA
FREESTYLE MIS READER ***(continuous blood glucose system receiver)***	Tier 2	QL (1 each / year), PA
G5/G4 MIS SENSOR ***(continuous blood glucose system sensor)***	Tier 2	QL (4 boxes / 30 days), PA
LANCETS MIS 30G	DME	OTC
TRUE METRIX KIT AIR ***(blood glucose monitoring supplies)***	DME	OTC, QL (1 box / year)
MISC. DEVICES		
ALCOHOL PREP PAD MED 70% ***(alcohol swabs)***	Tier 1	OTC, QL (200 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRG MIS 0.3/29G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/29G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/30G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/30G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/31G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/31G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/28G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/29G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/29G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/30G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/30G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/31G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/31G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/28G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/29G ***(insulin syringe/needle u-100)***	DME	QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/30G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/30G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/31G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G ***(insulin syringe/needle u-100)***	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLES MIS 18GX1.5" ***(needle (disp) 18 g)***	DME	OTC
PEN NEEDLES MIS 29GX10MM ***(insulin pen needle)***	DME	OTC, QL (150 / 30 days); TECHLITE

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 29GX12.7 ***(insulin pen needle)***	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 29GX12MM ***(insulin pen needle)***	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX5MM ***(insulin pen needle)***	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM ***(insulin pen needle)***	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM ***(insulin pen needle)***	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM ***(insulin pen needle)***	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX8MM ***(insulin pen needle)***	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX8MM ***(insulin pen needle)***	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM ***(insulin pen needle)***	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM ***(insulin pen needle)***	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM ***(insulin pen needle)***	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM ***(insulin pen needle)***	DME	OTC, QL (150 / 30 days); TECHLITE
3ML SYRINGE MIS REG TIP ***(syringe (disposable))***	DME	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS ***(nebulizers)***	Tier 2	OTC
INSPIRACHAMB MIS LARGE ***(spacer/aerosol-holding chambers)***	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED ***(peak flow meter)***	DME	OTC, QL (1 each / year)
PULMONEB LT MIS NEBULIZE ***(respiratory therapy supplies)***	Tier 2	QL (1 each / 30 days)
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine tab 1-100 mg	Tier 3	PA
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj 1 mg/ml	Tier 3	PA
ERGOMAR SUB 2MG ***(ergotamine tartrate)***	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
almotriptan malate tab 12.5 mg	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
eletriptan hydrobromide tab 20 mg (base equivalent)	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
eletriptan hydrobromide tab 40 mg (base equivalent)	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
frovatriptan succinate tab 2.5 mg (base equivalent)	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
naratriptan hcl tab 1 mg (base equiv)	Tier 1	QL (9 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	Tier 1	QL (9 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	Tier 1	QL (12 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Tier 1	QL (12 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	Tier 1	QL (12 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	Tier 1	QL (12 tabs / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	Tier 3	QL (2 mL / 30 days); Vials
sumatriptan succinate tab 25 mg	Tier 1	QL (9 tabs / 30 days)
sumatriptan succinate tab 50 mg	Tier 1	QL (9 tabs / 30 days)
sumatriptan succinate tab 100 mg	Tier 1	QL (9 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan orally disintegrating tab 2.5 mg	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
zolmitriptan orally disintegrating tab 5 mg	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
zolmitriptan tab 2.5 mg	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
zolmitriptan tab 5 mg	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
ZOMIG SPR 2.5MG ***(zolmitriptan)***	Tier 3	QL (2 mL / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
ZOMIG SPR 5MG ***(zolmitriptan)***	Tier 3	QL (2 mL / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
MINERALS & ELECTROLYTES		
CALCIUM		
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
calcium carb-vit d w/ minerals chew tab 600 mg-800 unit (Sm Calcium 600 + D Plus M)	Tier 1	OTC
calcium carbonate tab 600 mg (Calcium 600)	Tier 1	OTC, MAIL
calcium carbonate tab 1250 mg (500 mg elemental ca)	Tier 1	OTC, MAIL
calcium carbonate tab 1500 mg (600 mg elemental ca)	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

Drug Name	Drug Tier	Requirements/Limits
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 tab 250 mg-125 unit	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 (Oyster Shell Calcium Plus)	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 chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 250 mg-125 unit (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-200 unit (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-400 unit	Tier 1	OTC, MAIL
CALCIUM CITR TAB 200MG	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

Drug Name	Drug Tier	Requirements/Limits
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)***	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 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)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
MAGNESIUM		
MAG64 TAB 64MG ***(magnesium chloride)***	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 gluconate tab 500 mg (27 mg elemental mg) (Mag-g)	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 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
POTASSIUM		
potassium bicarbonate effer tab 25 meq (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
potassium chloride cap er 8 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride cap er 10 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 tabs / 30 days), MAIL
potassium chloride oral soln 10% (20 meq/15ml)	Tier 3	MAIL
potassium chloride oral soln 20% (40 meq/15ml)	Tier 3	MAIL

Drug Name	Drug Tier	Requirements/Limits
potassium chloride tab er 8 meq (600 mg)	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride tab er 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride tab er 20 meq (1500 mg)	Tier 1	QL (150 tabs / 30 days), MAIL
SODIUM		
sodium chloride tab 1 gm	Tier 1	OTC
ZINC		
zinc sulfate cap 220 mg (50 mg elemental zn) (Zinc-220)	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG ***(penicillamine)***	Tier 2	
DEPEN TITRA TAB 250MG ***(penicillamine)***	Tier 2	
penicillamine tab 250 mg	Tier 1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG ***(lenalidomide)***	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 5MG ***(lenalidomide)***	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 10MG ***(lenalidomide)***	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 15MG ***(lenalidomide)***	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 20MG ***(lenalidomide)***	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 25MG ***(lenalidomide)***	Tier 4	QL (30 caps / 30 days), PA
THALOMID CAP 50MG ***(thalidomide)***	Tier 4	PA
THALOMID CAP 100MG ***(thalidomide)***	Tier 4	PA
THALOMID CAP 150MG ***(thalidomide)***	Tier 4	PA
THALOMID CAP 200MG ***(thalidomide)***	Tier 4	PA
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 50 mg	Tier 1	QL (240 tabs / 30 days), MAIL
cyclosporine cap 25 mg	Tier 1	MAIL
cyclosporine cap 100 mg	Tier 1	MAIL
cyclosporine modified cap 25 mg	Tier 1	MAIL
cyclosporine modified cap 50 mg	Tier 1	MAIL
cyclosporine modified cap 100 mg	Tier 1	MAIL
cyclosporine modified oral soln 100 mg/ml	Tier 1	MAIL
everolimus tab 0.5 mg	Tier 4	PA
everolimus tab 0.25 mg	Tier 4	PA
everolimus tab 0.75 mg	Tier 4	PA
mycophenolate mofetil cap 250 mg	Tier 1	MAIL
mycophenolate mofetil tab 500 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	Tier 3	MAIL
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	Tier 3	MAIL
NEORAL CAP 25MG ***(cyclosporine modified (for microemulsion))***	Tier 2	MAIL
NEORAL CAP 100MG ***(cyclosporine modified (for microemulsion))***	Tier 2	MAIL
NULOJIX INJ 250MG ***(belatacept)***	Tier 3	PA
RAPAMUNE SOL 1MG/ML ***(sirolimus)***	Tier 3	MAIL
SANDIMMUNE CAP 25MG ***(cyclosporine)***	Tier 2	MAIL
SANDIMMUNE CAP 100MG ***(cyclosporine)***	Tier 2	MAIL
sirolimus oral soln 1 mg/ml	Tier 3	MAIL
sirolimus tab 0.5 mg	Tier 3	MAIL
sirolimus tab 1 mg	Tier 3	MAIL
sirolimus tab 2 mg	Tier 3	MAIL
tacrolimus cap 0.5 mg	Tier 1	MAIL
tacrolimus cap 1 mg	Tier 1	MAIL
tacrolimus cap 5 mg	Tier 1	MAIL
ZORTRESS TAB 0.5MG ***(everolimus (immunosuppressant))***	Tier 4	PA
ZORTRESS TAB 0.25MG ***(everolimus (immunosuppressant))***	Tier 4	PA
ZORTRESS TAB 0.75MG ***(everolimus (immunosuppressant))***	Tier 4	PA
ZORTRESS TAB 1MG ***(everolimus (immunosuppressant))***	Tier 4	PA
IRRIGATION SOLUTIONS		
irrigation solution, physiological (Physiolyte)	Tier 1	
water for irrigation, sterile irrigation soln	Tier 1	
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate oral susp 15 gm/60ml	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	Tier 1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	Tier 1	QL (70 ea / 10 days)
nystatin susp 100000 unit/ml	Tier 1	
ORAVIG TAB 50MG ***(miconazole (mouth-throat))***	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	Tier 1	
DENTAL PRODUCTS		
sodium fluoride cream 1.1% (Sf 5000 Plus)	Tier 1	MAIL
sodium fluoride gel 1.1% (0.5% f) (Sf)	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	Tier 1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	Tier 3	MAIL, PA
pilocarpine hcl tab 5 mg	Tier 1	MAIL
pilocarpine hcl tab 7.5 mg	Tier 1	MAIL
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c & folic acid cap 1 mg (Virt-caps)	Tier 1	
b-complex w/ c & folic acid tab (Vita-bee/c)	Tier 1	OTC
b-complex w/ c & folic acid tab 0.8 mg (Rena-vite)	Tier 1	OTC
b-complex w/ c & folic acid tab 5 mg (Folbee Plus)	Tier 1	
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/ iron tab (Stress Formula W/iron)	Tier 1	OTC
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap (V-c Forte)	Tier 1	
multiple vitamins w/ minerals liquid (Multivitamin & Mineral)	Tier 1	OTC
multiple vitamins w/ minerals tab (Ocuvite/lutein)	Tier 1	OTC
MULTIVITAMINS		
MULTI VITAMI TAB D-3	Tier 1	OTC
multiple vitamin cap (Mv-one)	Tier 1	OTC
multiple vitamin tab (Daily Vite)	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multiple vitamin w/ minerals & c chew tab (Mvw Complete Formulation)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml (Aquadeks)	Tier 1	OTC
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON ***(pediatric multiple vitamins w/ iron)***	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)	Tier 1	OTC
pediatric multiple vitamins w/ iron drops 10 mg/ml (Bprotected Pedia Poly-vit)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO ***(pediatric multiple vitamins)***	Tier 2	OTC, QL (50 / 30 days)
pediatric multiple vitamin liq (Multi-delyn)	Tier 1	OTC
pediatric multiple vitamin w/ c & fa chew tab (Chewable Vite Childrens)	Tier 1	OTC
pediatric multiple vitamin w/ c soln 35 mg/ml (Bprotected Pedia Poly-vit)	Tier 1	OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Land Before Time Multivit)	Tier 1	OTC
PEDIATRIC VITAMINS		
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Bprotected Pedia Tri-vite)	Tier 1	OTC, QL (50 / 30 days)
TRI-VI-SOL SOL ***(pediatric vitamins adc)***	Tier 2	OTC, QL (50 / 30 days)
PRENATAL VITAMINS		
BE WELL PAK ROUNDED ***(prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acd)***	Tier 1	OTC
BRAINSTRONG MIS PRENATAL ***(prenatal mv & min w/fe carbonyl-fa-dha)***	Tier 1	OTC, QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PRENATAL MUL CAP +DHA ***(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)***	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL TAB ***(prenatal vit w/ ferrous fumarate-folic acid)***	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB COMPLETE ***(prenatal vit w/ ferrous fumarate-folic acid)***	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB FORMULA ***(prenatal vit w/ selenium-fe fumarate-folic acid)***	Tier 1	OTC, QL (30 tabs / 30 days)
prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg (Prenatal 19)	Tier 1	QL (30 tabs / 30 days)
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	OTC, QL (30 tabs / 30 days)
PRENATAL/FE TAB ***(prenatal multivit-min w/fe-fa)***	Tier 1	OTC, QL (30 tabs / 30 days)
RA PRENATAL TAB FORMULA ***(prenatal vit w/ ferrous fumarate-folic acid)***	Tier 1	OTC, QL (30 tabs / 30 days)
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	OTC, QL (30 tabs / 30 days)
THERANATAL MIS COMPLETE ***(prenatal mv & min w/fe fumarate-fa-dha)***	Tier 1	OTC, QL (30 tabs / 30 days)
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		
baclofen tab 10 mg	Tier 1	QL (90 tabs / 30 days), MAIL
baclofen tab 20 mg	Tier 1	QL (120 tabs / 30 days), MAIL
carisoprodol tab 350 mg	Tier 1	QL (120 tabs / 30 days)
chlorzoxazone tab 500 mg	Tier 1	QL (180 tabs / 30 days)
cyclobenzaprine hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days)
cyclobenzaprine hcl tab 10 mg	Tier 1	QL (90 tabs / 30 days)
metaxalone tab 800 mg	Tier 3	PA
methocarbamol tab 500 mg	Tier 1	QL (180 tabs / 30 days); AGE (Max 64 years)
methocarbamol tab 750 mg	Tier 1	QL (300 tabs / 30 days); AGE (Max 64 years)
orphenadrine citrate tab er 12hr 100 mg	Tier 1	QL (60 tabs / 30 days)
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	QL (270 tabs / 30 days), MAIL; AGE (Max 64 years)
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	Tier 1	
dantrolene sodium cap 50 mg	Tier 1	
dantrolene sodium cap 100 mg	Tier 1	
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML ***(sodium hyaluronate (viscosupplement))***	Tier 4	QL (3 syringes / 180 days), PA
VISCO-3 INJ 25/2.5ML ***(sodium hyaluronate (viscosupplement))***	Tier 4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray 0.65% (Cvs Saline Nasal Spray)	Tier 1	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	QL (30 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray

Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 1	OTC, QL (52 mL / 30 days), MAIL
olopatadine hcl nasal soln 0.6%	Tier 3	QL (30.5 gm / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 1	QL (30 mL / 30 days), MAIL
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)	Tier 1	OTC, QL (1 bottle / 30 days), MAIL
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 1	QL (25 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (16 gm / 30 days), MAIL; AGE (Min 4 years)
OMNARIS SPR ***(ciclesonide (nasal))***	Tier 3	MAIL, PA
triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Goodsense Nasal Allergy S)	Tier 1	OTC, QL (16.9 mL / 30 days), MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML ***(pseudoephedrine hcl)***	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML ***(pseudoephedrine hcl)***	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Cvs Nasal Spray)	Tier 1	OTC
phenylephrine hcl tab 10 mg (Cvs Nasal Decongestant Pe)	Tier 1	OTC
pseudoephedrine hcl liq 15 mg/5ml (Childrens Silfedrine)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
pseudoephedrine hcl tab 30 mg (Cvs Nasal Decongestant)	Tier 1	OTC
pseudoephedrine hcl tab 60 mg	Tier 1	OTC
pseudoephedrine hcl tab er 12hr 120 mg (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN ***(phenylephrine hcl (oral))***	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab 50 mg	Tier 3	QL (60 tabs / 30 days), MAIL, PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT ***(onabotulinumtoxina)***	Tier 4	PA
BOTOX INJ 200UNIT ***(onabotulinumtoxina)***	Tier 4	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
docosahexaenoic acid cap 200 mg (Prenatal Dha)	Tier 1	OTC, QL (30 caps / 30 days)
omega-3 fatty acids cap 300 mg	Tier 1	OTC
omega-3 fatty acids cap 500 mg	Tier 1	OTC
omega-3 fatty acids cap 1000 mg	Tier 1	OTC
omega-3 fatty acids cap 1200 mg	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg (Hm Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1200 mg (Cvs Fish Oil)	Tier 1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear ophth ointment (Akwa Tears)	Tier 1	OTC, MAIL
artificial tear ophth solution (Sm Artificial Tears)	Tier 1	OTC, MAIL
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Hm Lubricating Plus)	Tier 1	OTC, MAIL
carboxymethylcellulose sodium ophth soln 0.5% (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
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
hypromellose ophth soln 0.3% (Pure & Gentle Lubricant)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP ***(artificial tear insert)***	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
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
white petrolatum-mineral oil ophth ointment (Genteal 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 3	QL (5 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.25%	Tier 3	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
tropicamide ophth soln 0.5%	Tier 1	MAIL
tropicamide ophth soln 1%	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP ***(echothiophate iodide)***	Tier 2	MAIL
pilocarpine hcl ophth soln 1%	Tier 1	MAIL
pilocarpine hcl ophth soln 2%	Tier 1	MAIL
pilocarpine hcl ophth soln 4%	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	Tier 1	
brimonidine tartrate ophth soln 0.2%	Tier 1	QL (15 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
brimonidine tartrate ophth soln 0.15%	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% ***(brinzolamide-brimonidine tartrate)***	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% ***(azithromycin (ophth))***	Tier 3	PA
bacitracin ophth oint 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint (Polycin)	Tier 1	
BESIVANCE SUS 0.6% ***(besifloxacin hcl)***	Tier 3	PA
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 1	
erythromycin ophth oint 5 mg/gm	Tier 1	
gatifloxacin ophth soln 0.5%	Tier 1	PA
gentamicin sulfate ophth oint 0.3% (Gentak)	Tier 1	
gentamicin sulfate ophth soln 0.3%	Tier 1	QL (5 mL / 30 days)
levofloxacin ophth soln 0.5%	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP ***(natamycin)***	Tier 3	PA
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin ophth soln 0.3%	Tier 1	QL (5 mL / 30 days)
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	QL (10 mL / 30 days)
sulfacetamide sodium ophth soln 10%	Tier 1	QL (15 mL / 30 days)
tobramycin ophth soln 0.3%	Tier 1	QL (5 mL / 30 days)
trifluridine ophth soln 1%	Tier 1	QL (7.5 mL / 30 days)
ZIRGAN GEL 0.15% ***(ganciclovir ophthalmic)***	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% ***(cyclosporine (ophth))***	Tier 3	MAIL, PA
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl ophth soln 0.5%	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% ***(loteprednol etabonate)***	Tier 3	PA
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	QL (5 mL / 30 days)
DUREZOL EMU 0.05% ***(difluprednate)***	Tier 3	PA
fluorometholone ophth susp 0.1%	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% ***(loteprednol etabonate)***	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OIN 0.5% ***(loteprednol etabonate)***	Tier 3	PA
LOTEMAX SUS 0.5% ***(loteprednol etabonate)***	Tier 3	PA
loteprednol etabonate ophth susp 0.5%	Tier 3	PA
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
prednisolone acetate ophth susp 1%	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1% ***(tobramycin-dexamethasone)***	Tier 2	QL (3.5 gm / 30 days)
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
ALOCRIL SOL 2% ***(nedocromil sodium (ophth))***	Tier 3	MAIL, PA
ALOMIDE SOL 0.1% OP ***(lodoxamide tromethamine)***	Tier 3	MAIL, PA
azelastine hcl ophth soln 0.05%	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP ***(brinzolamide)***	Tier 2	QL (10 mL / 30 days), MAIL
BEPREVE DRO 1.5% ***(bepotastine besilate)***	Tier 3	MAIL, PA
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 3	
cromolyn sodium ophth soln 4%	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% ***(cysteamine hcl)***	Tier 3	MAIL, PA
diclofenac sodium ophth soln 0.1%	Tier 1	
dorzolamide hcl ophth soln 2%	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP ***(emedastine difumarate)***	Tier 3	MAIL, PA
epinastine hcl ophth soln 0.05%	Tier 1	QL (5 mL / 30 days), MAIL
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ketorolac tromethamine ophth soln 0.4%	Tier 1	QL (10 mL / 30 days)
ketorolac tromethamine ophth soln 0.5%	Tier 1	QL (10 mL / 30 days)
ketotifen fumarate ophth soln 0.025% (base equiv)	Tier 1	OTC, QL (5 mL / 30 days), MAIL
LASTACAFT SOL 0.25% ***(alcaftadine)***	Tier 3	MAIL, PA
NEVANAC SUS 0.1% ***(nepafenac)***	Tier 3	PA
olopatadine hcl ophth soln 0.1% (base equivalent)	Tier 3	QL (5 mL / 30 days), MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
olopatadine hcl ophth soln 0.2% (base equivalent)	Tier 3	QL (2.5 mL / 30 days), MAIL, PA
sodium chloride hypertonic ophth oint 5% (Cvs Sodium Chloride)	Tier 1	OTC
sodium chloride hypertonic ophth soln 5% (Cvs Sodium Chloride)	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
latanoprost ophth soln 0.005%	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% ***(bimatoprost)***	Tier 3	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
TRAVATAN Z DRO 0.004% ***(travoprost)***	Tier 2	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% ***(tafluprost)***	Tier 2	QL (30 ea / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	Tier 1	
carbamide peroxide 6.5% otic soln (Ear Drops Earwax Removal)	Tier 1	OTC
isopropyl alcohol-glycerin otic liquid 95-5% (Ra Ear Drying Agent)	Tier 1	OTC
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln 0.2% (base equivalent)	Tier 1	QL (14 ea / 30 days)
ofloxacin otic soln 0.3%	Tier 1	QL (5 mL / 30 days)
OTIC COMBINATIONS		
CIPRO HC SUS OTIC ***(ciprofloxacin-hydrocortisone)***	Tier 3	PA
CIPRODEX SUS 0.3-0.1% ***(ciprofloxacin-dexamethasone)***	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
COLY-MYCIN S SUS OTIC ***(neomycin-colistin-hc-thonzonium)***	Tier 3	
neomycin-polymyxin-hc otic soln 1%	Tier 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 1	
OTIC STEROIDS		
fluocinolone acetonide (otic) oil 0.01%	Tier 1	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 1	
OXYTOCICS		
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NF INJ 12GM ***(immune globulin (human) iv)***	Tier 4	PA
CUVITRU INJ 4GM/20ML ***(immune globulin (human) subcutaneous)***	Tier 4	PA
CUVITRU SOL 1GM/5ML ***(immune globulin (human) subcutaneous)***	Tier 4	PA
CUVITRU SOL 10GM/50M ***(immune globulin (human) subcutaneous)***	Tier 4	PA
FLEBOGAMMA INJ DIF 5% ***(immune globulin (human) iv)***	Tier 4	PA
GAMASTAN INJ ***(immune globulin (human) im)***	Tier 4	PA
GAMMAGARD INJ 1GM/10ML ***(immune globulin (human) iv or subcutaneous)***	Tier 4	PA
GAMMAGARD SD INJ 10GM HU ***(immune globulin (human) iv)***	Tier 4	PA
HIZENTRA INJ 1GM/5ML ***(immune globulin (human) subcutaneous)***	Tier 4	PA
HIZENTRA INJ 2GM/10ML ***(immune globulin (human) subcutaneous)***	Tier 4	PA
HIZENTRA INJ 4GM/20ML ***(immune globulin (human) subcutaneous)***	Tier 4	PA
HIZENTRA INJ 10/50ML ***(immune globulin (human) subcutaneous)***	Tier 4	PA
HIZENTRA SOL 20% ***(immune globulin (human) subcutaneous)***	Tier 4	PA
OCTAGAM INJ 5GM ***(immune globulin (human) iv)***	Tier 4	PA
PRIVIGEN INJ 20GRAMS ***(immune globulin (human) iv)***	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
RHOGAM PLUS INJ 300MCG ***(rho d immune globulin (human))***	Tier 2	
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG ***(palivizumab)***	Tier 4	PA
SYNAGIS INJ 100MG/ML ***(palivizumab)***	Tier 4	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200 ***(immune globulin (human)-hyaluronidase (human recombinant))***	Tier 4	PA
HYQVIA INJ 5-400 ***(immune globulin (human)-hyaluronidase (human recombinant))***	Tier 4	PA
HYQVIA INJ 10-800 ***(immune globulin (human)-hyaluronidase (human recombinant))***	Tier 4	PA
HYQVIA INJ 20-1600 ***(immune globulin (human)-hyaluronidase (human recombinant))***	Tier 4	PA
HYQVIA INJ 30-2400 ***(immune globulin (human)-hyaluronidase (human recombinant))***	Tier 4	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 (Max 12 years)
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	AGE (Max 12 years)
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	AGE (Max 12 years)
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	AGE (Max 12 years)
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	AGE (Max 12 years)
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	AGE (Max 12 years)
amoxicillin (trihydrate) tab 500 mg	Tier 3	
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 (Max 12 years)
penicillin v potassium for soln 250 mg/5ml	Tier 1	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 3	AGE (Max 12 years)
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 3	AGE (Max 12 years)
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 3	AGE (Max 12 years)
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	AGE (Max 12 years)
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	AGE (Max 12 years)
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	QL (20 tabs / 10 days)
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	QL (20 tabs / 10 days)
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML ***(amoxicillin & pot clavulanate)***	Tier 3	AGE (Max 12 years)
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	Tier 1	
dicloxacillin sodium cap 500 mg	Tier 1	
PROGESTINS		
PROGESTINS		
hydroxyprogesterone caproate im in oil 250 mg/ml	Tier 4	PA
medroxyprogesterone acetate tab 2.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
medroxyprogesterone acetate tab 5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
medroxyprogesterone acetate tab 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL
norethindrone acetate tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
progesterone micronized cap 100 mg	Tier 1	QL (30 caps / 30 days), MAIL
progesterone micronized cap 200 mg	Tier 1	QL (60 caps / 30 days), MAIL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	Tier 1	MAIL
disulfiram tab 250 mg	Tier 1	QL (30 tabs / 30 days), MAIL
disulfiram tab 500 mg	Tier 1	QL (30 tabs / 30 days), MAIL
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML ***(sodium oxybate)***	Tier 4	PA
ANTIDEMENTIA AGENTS		
donepezil hydrochloride orally disintegrating tab 5 mg	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride orally disintegrating tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
donepezil hydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
donepezil hydrochloride tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
galantamine hydrobromide cap er 24hr 8 mg	Tier 1	MAIL
galantamine hydrobromide cap er 24hr 16 mg	Tier 1	MAIL
galantamine hydrobromide cap er 24hr 24 mg	Tier 1	MAIL
galantamine hydrobromide tab 4 mg	Tier 1	MAIL
galantamine hydrobromide tab 8 mg	Tier 1	MAIL
galantamine hydrobromide tab 12 mg	Tier 1	MAIL
memantine hcl cap er 24hr 7 mg	Tier 3	MAIL, PA
memantine hcl cap er 24hr 14 mg	Tier 3	MAIL, PA
memantine hcl cap er 24hr 21 mg	Tier 3	MAIL, PA
memantine hcl cap er 24hr 28 mg	Tier 3	MAIL, PA
memantine hcl oral solution 2 mg/ml	Tier 1	MAIL
memantine hcl tab 5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
memantine hcl tab 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	Tier 1	QL (49 tabs / year)
rivastigmine tartrate cap 1.5 mg (base equivalent)	Tier 3	MAIL
rivastigmine tartrate cap 3 mg (base equivalent)	Tier 3	MAIL
rivastigmine tartrate cap 4.5 mg (base equivalent)	Tier 3	MAIL
rivastigmine tartrate cap 6 mg (base equivalent)	Tier 3	MAIL
rivastigmine td patch 24hr 4.6 mg/24hr	Tier 3	MAIL, PA
rivastigmine td patch 24hr 9.5 mg/24hr	Tier 3	MAIL, PA
rivastigmine td patch 24hr 13.3 mg/24hr	Tier 3	MAIL, PA
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK ***(milnacipran hcl)***	Tier 3	MAIL, PA
SAVELLA TAB 12.5MG ***(milnacipran hcl)***	Tier 3	MAIL, PA
SAVELLA TAB 25MG ***(milnacipran hcl)***	Tier 3	MAIL, PA
SAVELLA TAB 50MG ***(milnacipran hcl)***	Tier 3	MAIL, PA
SAVELLA TAB 100MG ***(milnacipran hcl)***	Tier 3	MAIL, PA
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab 12.5 mg	Tier 4	PA
tetrabenazine tab 25 mg	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG ***(teriflunomide)***	Tier 4	PA
AUBAGIO TAB 14MG ***(teriflunomide)***	Tier 4	PA
AVONEX KIT 30MCG ***(interferon beta-1a)***	Tier 4	PA
AVONEX PEN KIT 30MCG ***(interferon beta-1a)***	Tier 4	PA
AVONEX PREFL KIT 30MCG ***(interferon beta-1a)***	Tier 4	PA
dalfampridine tab er 12hr 10 mg	Tier 4	PA
EXTAVIA INJ 0.3MG ***(interferon beta-1b)***	Tier 4	PA
GILENYA CAP 0.5MG ***(fingolimod hcl)***	Tier 4	PA
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 4	PA
glatiramer acetate soln prefilled syringe 40 mg/ml	Tier 4	PA
MAYZENT TAB 0.25MG ***(siponimod fumarate)***	Tier 4	PA
PLEGRIDY INJ ***(peginterferon beta-1a)***	Tier 4	PA
PLEGRIDY INJ PEN ***(peginterferon beta-1a)***	Tier 4	PA
PLEGRIDY INJ STARTER ***(peginterferon beta-1a)***	Tier 4	PA
PLEGRIDY PEN INJ STARTER ***(peginterferon beta-1a)***	Tier 4	PA
TECFIDERA CAP 120MG ***(dimethyl fumarate)***	Tier 4	PA
TECFIDERA CAP 240MG ***(dimethyl fumarate)***	Tier 4	PA
TECFIDERA MIS STARTER ***(dimethyl fumarate)***	Tier 4	PA
TYSABRI INJ 300/15ML ***(natalizumab)***	Tier 4	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	Tier 3	MAIL, PA
pimozide tab 1 mg	Tier 1	QL (300 tabs / 30 days), MAIL
pimozide tab 2 mg	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG ***(varenicline tartrate)***	Tier 5	QL (53 tabs / year), MAIL
CHANTIX TAB 0.5MG ***(varenicline tartrate)***	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG ***(varenicline tartrate)***	Tier 5	QL (60 tabs / 30 days), MAIL
nicotine polacrilex gum 2 mg	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
nicotine polacrilex lozenge 2 mg (Cvs Nicotine Lozenge)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex lozenge 4 mg (Eq Nicotine Polacrilex)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	OTC, QL (56 patches / 30 days), MAIL
nicotine td patch 24hr 7 mg/24hr (Nicotine Transdermal Syst)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
nicotine td patch 24hr 14 mg/24hr (Hm Nicotine Transdermal S)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
nicotine td patch 24hr 21 mg/24hr (Cvs Nicotine Transdermal)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
NICOTROL INH ***(nicotine)***	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML ***(nicotine)***	Tier 5	QL (40 mL / 30 days), MAIL
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
GLASSIA INJ ***(alpha1-proteinase inhibitor (human))***	Tier 4	PA
PROLASTIN-C INJ 1000MG ***(alpha1-proteinase inhibitor (human))***	Tier 4	PA
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG ***(ivacaftor)***	Tier 4	PA
KALYDECO PAK 50MG ***(ivacaftor)***	Tier 4	PA
KALYDECO PAK 75MG ***(ivacaftor)***	Tier 4	PA
KALYDECO TAB 150MG ***(ivacaftor)***	Tier 4	PA
PULMOZYME SOL 1MG/ML ***(dornase alfa)***	Tier 4	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG ***(pirfenidone)***	Tier 4	PA
ESBRIET TAB 267MG ***(pirfenidone)***	Tier 4	PA
ESBRIET TAB 801MG ***(pirfenidone)***	Tier 4	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	Tier 3	
TETRACYCLINES		
TETRACYCLINES		
demeclocycline hcl tab 150 mg	Tier 3	
demeclocycline hcl tab 300 mg	Tier 3	
doxycycline hyclate cap 50 mg	Tier 1	
doxycycline hyclate cap 100 mg	Tier 1	
doxycycline hyclate tab 20 mg	Tier 1	
doxycycline hyclate tab 100 mg	Tier 1	
doxycycline monohydrate cap 50 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
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	
minocycline hcl cap 75 mg	Tier 1	
minocycline hcl cap 100 mg	Tier 1	
tetracycline hcl cap 250 mg	Tier 3	
tetracycline hcl cap 500 mg	Tier 3	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	Tier 1	MAIL
methimazole tab 10 mg	Tier 1	MAIL
propylthiouracil tab 50 mg	Tier 1	MAIL
THYROID HORMONES		
ARMOUR THYRO TAB 15MG ***(thyroid)***	Tier 2	MAIL
ARMOUR THYRO TAB 30MG ***(thyroid)***	Tier 2	MAIL
ARMOUR THYRO TAB 60MG ***(thyroid)***	Tier 2	MAIL
ARMOUR THYRO TAB 90MG ***(thyroid)***	Tier 2	MAIL
ARMOUR THYRO TAB 120MG ***(thyroid)***	Tier 2	MAIL
ARMOUR THYRO TAB 180MG ***(thyroid)***	Tier 2	MAIL
ARMOUR THYRO TAB 240MG ***(thyroid)***	Tier 2	MAIL
ARMOUR THYRO TAB 300MG ***(thyroid)***	Tier 2	MAIL
levothyroxine sodium tab 25 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 50 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 75 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 100 mcg	Tier 1	MAIL
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 200 mcg	Tier 1	MAIL
levothyroxine sodium tab 300 mcg	Tier 1	MAIL
liothyronine sodium tab 5 mcg	Tier 1	MAIL
liothyronine sodium tab 25 mcg	Tier 1	MAIL
liothyronine sodium tab 50 mcg	Tier 1	MAIL
NATURE THROI TAB 162.5MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 16.25MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 32.5MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 48.75MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 65MG ***(thyroid)***	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROI TAB 97.5MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 113.75MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 130MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 146.25MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 195MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 260MG ***(thyroid)***	Tier 2	MAIL
NATURE-THROI TAB 325MG ***(thyroid)***	Tier 2	MAIL
SYNTHROID TAB 25MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 50MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 75MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 88MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 100MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 112MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 125MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 137MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 150MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 175MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 200MCG ***(levothyroxine sodium)***	Tier 2	MAIL
SYNTHROID TAB 300MCG ***(levothyroxine sodium)***	Tier 2	MAIL
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	MAIL
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	MAIL
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	MAIL
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	MAIL
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG ***(liotrix (t3-t4))***	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG ***(liotrix (t3-t4))***	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG ***(liotrix (t3-t4))***	Tier 2	MAIL
THYROLAR-2 TAB 120MG ***(liotrix (t3-t4))***	Tier 2	MAIL
THYROLAR-3 TAB 180MG ***(liotrix (t3-t4))***	Tier 2	MAIL
WP THYROID TAB 81.25MG ***(thyroid)***	Tier 2	MAIL
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	Tier 5	Prior history of prenatal vitamins in past 90 days required
BOOSTRIX INJ ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	Tier 5	Members who are not pregnant must go through provider office
TDVAX INJ 2-2 LF ***(tetanus-diphtheria toxoids (td))***	Tier 5	QL (Max 1 injection / 10 years); AGE (Min 7 years)
TENIVAC INJ 5-2LF ***(tetanus-diphtheria toxoids (td))***	Tier 5	QL (Max 1 injection / 10 years); AGE (Min 7 years)

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
dicyclomine hcl cap 10 mg	Tier 1	AGE (Max 64 years)
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	AGE (Max 64 years)
dicyclomine hcl tab 20 mg	Tier 1	AGE (Max 64 years)
glycopyrrolate tab 1 mg	Tier 1	
glycopyrrolate tab 2 mg	Tier 1	
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	Tier 1	MAIL; AGE (Max 64 years)
hyoscyamine sulfate sl tab 0.125 mg	Tier 1	MAIL; AGE (Max 64 years)
hyoscyamine sulfate soln 0.125 mg/ml	Tier 1	MAIL; AGE (Max 64 years)
hyoscyamine sulfate tab 0.125 mg	Tier 1	MAIL; AGE (Max 64 years)
hyoscyamine sulfate tab disint 0.125 mg	Tier 1	MAIL; AGE (Max 64 years)
hyoscyamine sulfate tab er 12hr 0.375 mg	Tier 1	MAIL; AGE (Max 64 years)
methscopolamine bromide tab 2.5 mg	Tier 3	
methscopolamine bromide tab 5 mg	Tier 3	
H-2 ANTAGONISTS		
cimetidine tab 200 mg	Tier 1	MAIL
cimetidine tab 300 mg	Tier 1	MAIL
cimetidine tab 400 mg	Tier 1	MAIL
cimetidine tab 800 mg	Tier 1	MAIL
famotidine for susp 40 mg/5ml	Tier 1	QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
famotidine tab 10 mg	Tier 1	OTC, MAIL
famotidine tab 20 mg	Tier 1	MAIL
famotidine tab 40 mg	Tier 1	MAIL
nizatidine cap 150 mg	Tier 1	MAIL
nizatidine cap 300 mg	Tier 1	MAIL
nizatidine oral soln 15 mg/ml	Tier 1	MAIL; AGE (Max 12 years)
ranitidine hcl tab 75 mg (Sm Acid Reducer)	Tier 1	OTC, MAIL
ranitidine hcl tab 150 mg	Tier 1	MAIL
ranitidine hcl tab 300 mg	Tier 1	MAIL
MISC. ANTI-ULCER		
sucralfate tab 1 gm	Tier 1	QL (120 tabs / 30 days), MAIL
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR ***(dexlansoprazole)***	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

Drug Name	Drug Tier	Requirements/Limits
DEXILANT CAP 60MG DR ***(dexlansoprazole)***	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
esomeprazole magnesium cap delayed release 20 mg (base eq) (Sm Esomeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days), MAIL
FIRST-OMEPRA SUS 2MG/ML ***(omeprazole)***	Tier 1	QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
lansoprazole cap delayed release 15 mg	Tier 3	QL (60 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
lansoprazole cap delayed release 30 mg	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
omeprazole cap delayed release 10 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole cap delayed release 20 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole cap delayed release 40 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) (Cvs Omeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), MAIL
PRILOSEC OTC TAB 20MG ***(omeprazole magnesium)***	Tier 1	OTC, QL (60 tabs / 30 days), MAIL
rabeprazole sodium ec tab 20 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab 100 mcg	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
misoprostol tab 200 mcg	Tier 1	QL (120 tabs / 30 days), MAIL
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
methenamine hippurate tab 1 gm	Tier 1	
MONUROL PAK GRANULES ***(fosfomycin tromethamine)***	Tier 3	
nitrofurantoin macrocrystalline cap 50 mg	Tier 1	QL (60 caps / 30 days); AGE (Max 64 years)
nitrofurantoin macrocrystalline cap 100 mg	Tier 1	QL (120 caps / 30 days); AGE (Max 64 years)
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Tier 1	QL (60 caps / 30 days); AGE (Max 64 years)
nitrofurantoin susp 25 mg/5ml	Tier 3	AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
oxybutynin chloride syrup 5 mg/5ml	Tier 1	QL (600 mL / 30 days), MAIL
oxybutynin chloride tab 5 mg	Tier 1	QL (90 tabs / 30 days), MAIL
oxybutynin chloride tab er 24hr 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
oxybutynin chloride tab er 24hr 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
oxybutynin chloride tab er 24hr 15 mg	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 ***(oxybutynin)***	Tier 2	OTC, QL (8 ea / 30 days), MAIL
solifenacin succinate tab 5 mg	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
solifenacin succinate tab 10 mg	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate tab 1 mg	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
tolterodine tartrate tab 2 mg	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG ***(fesoterodine fumarate)***	Tier 3	QL (30 tabs / 30 days), MAIL, PA
TOVIAZ TAB 8MG ***(fesoterodine fumarate)***	Tier 3	QL (30 tabs / 30 days), MAIL, PA
trospium chloride cap er 24hr 60 mg	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
trospium chloride tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
VESICARE TAB 5MG ***(solifenacin succinate)***	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
VESICARE TAB 10MG ***(solifenacin succinate)***	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG ***(mirabegron)***	Tier 3	QL (30 tabs / 30 days), MAIL, PA
MYRBETRIQ TAB 50MG ***(mirabegron)***	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	Tier 1	QL (120 tabs / 30 days)
bethanechol chloride tab 10 mg	Tier 1	QL (120 tabs / 30 days)
bethanechol chloride tab 25 mg	Tier 1	QL (120 tabs / 30 days)
bethanechol chloride tab 50 mg	Tier 1	QL (120 tabs / 30 days)
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5 ***(pneumococcal vac polyvalent)***	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	Tier 5	QL (Max 4 injections per lifetime)
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20 ***(influenza virus vaccine split quadrivalent)***	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML ***(hepatitis b vaccine (recomb))***	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML ***(hepatitis b vaccine (recomb))***	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 ***(influenza virus vaccine split quadrivalent)***	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 ***(influenza virus vaccine split quadrivalent)***	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2019-20 ***(influenza virus vaccine live quadrivalent)***	Tier 5	QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 ***(influenza virus vaccine split quadrivalent)***	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT ***(hepatitis a vaccine)***	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT ***(hepatitis a vaccine)***	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML ***(hepatitis b vaccine recombinant adjuvanted)***	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG ***(hepatitis b vaccine recombinant adjuvanted)***	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 ***(hepatitis b vaccine (recomb))***	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML ***(hepatitis b vaccine (recomb))***	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML ***(zoster vaccine recombinant adjuvanted)***	Tier 5	QL (Max 2 injections per lifetime); AGE (Min 50 years)
TWINRIX INJ ***(hepatitis a (inactivated)-hepatitis b (recombinant) vaccines)***	Tier 5	QL (Max 3 injections per lifetime); AGE (Min 18 years)

Drug Name	Drug Tier	Requirements/Limits
VAQTA INJ 25/0.5ML ***(hepatitis a vaccine)***	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML ***(hepatitis a vaccine)***	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ ***(zoster vaccine live)***	Tier 5	QL (Max 1 injection per lifetime); AGE (Min 50 years)
VAGINAL PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG ***(nonoxynol-9)***	Tier 5	OTC
GYNOL II GEL 3% ***(nonoxynol-9)***	Tier 5	OTC
nonoxynol-9 gel 4% (Vcf Vaginal Contraceptive)	Tier 5	OTC
SHUR-SEAL GEL 2% ***(nonoxynol-9)***	Tier 5	OTC
TODAY SPONGE MIS ***(nonoxynol-9)***	Tier 5	OTC
VCF VAGINAL AER CONTRACP ***(nonoxynol-9)***	Tier 5	OTC
VCF VAGINAL MIS CONTRACP ***(nonoxynol-9)***	Tier 5	OTC
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	Tier 1	QL (40 gm / 30 days)
clotrimazole vaginal cream 1%	Tier 1	OTC
clotrimazole vaginal cream 2% (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% ***(butoconazole nitrate (one dose))***	Tier 2	
metronidazole vaginal gel 0.75%	Tier 1	QL (70 gm / 30 days)
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit (Sm Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal cream 2% (Miconazole 7)	Tier 1	OTC
miconazole nitrate vaginal cream 4% (200 mg/5gm) (Qc 3 Day Vaginal Cream)	Tier 1	OTC
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit (Gnp Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal suppos 100 mg (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK ***(miconazole nitrate vaginal)***	Tier 1	OTC
terconazole vaginal cream 0.4%	Tier 1	
terconazole vaginal cream 0.8%	Tier 1	
terconazole vaginal suppos 80 mg	Tier 3	
tioconazole vaginal oint 6.5% (Ra Tioconazole 1)	Tier 1	OTC
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	Tier 1	QL (42.5 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
estradiol vaginal tab 10 mcg	Tier 3	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG ***(estrogens, conjugated vaginal)***	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 ***(progesterone (vaginal))***	Tier 3	PA
PROGESTERONE SUP VGS 200 ***(progesterone (vaginal))***	Tier 3	PA
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ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG ***(epinephrine (anaphylaxis))***	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG ***(epinephrine (anaphylaxis))***	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG ***(epinephrine (anaphylaxis))***	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG ***(epinephrine (anaphylaxis))***	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP 100MG ***(droxidopa)***	Tier 4	PA
NORTHERA CAP 200MG ***(droxidopa)***	Tier 4	PA
NORTHERA CAP 300MG ***(droxidopa)***	Tier 4	PA
VASOPRESSORS		
midodrine hcl tab 2.5 mg	Tier 1	
midodrine hcl tab 5 mg	Tier 1	
midodrine hcl tab 10 mg	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	Tier 1	OTC
cholecalciferol cap 25 mcg (1000 unit) (D 1000)	Tier 1	OTC
cholecalciferol cap 50 mcg (2000 unit) (D2000 Ultra Strength)	Tier 1	OTC
cholecalciferol cap 125 mcg (5000 unit) (D 5000)	Tier 1	OTC
cholecalciferol cap 250 mcg (10000 unit)	Tier 1	OTC
cholecalciferol chew tab 10 mcg (400 unit) (Kp Vitamin D)	Tier 1	OTC
cholecalciferol chew tab 25 mcg (1000 unit) (Cvs D3)	Tier 1	OTC
cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength)	Tier 1	OTC
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) (Aqueous Vitamin D Infants)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
cholecalciferol tab 10 mcg (400 unit)	Tier 1	OTC
cholecalciferol tab 25 mcg (1000 unit)	Tier 1	OTC
cholecalciferol tab 50 mcg (2000 unit)	Tier 1	OTC
cholecalciferol tab 125 mcg (5000 unit)	Tier 1	OTC
ergocalciferol cap 1.25 mg (50000 unit)	Tier 1	
phytonadione tab 5 mg	Tier 1	QL (150 tabs / 30 days)
WATER SOLUBLE VITAMINS		
ascorbic acid tab 500 mg (Hm Vitamin C/rose Hips)	Tier 1	OTC
niacin cap er 250 mg	Tier 1	OTC
niacin cap er 500 mg	Tier 1	OTC
niacin tab 50 mg	Tier 1	OTC
niacin tab 100 mg	Tier 1	OTC
niacin tab 250 mg	Tier 1	OTC
niacin tab 500 mg	Tier 1	OTC
niacin tab er 250 mg	Tier 1	OTC
niacin tab er 500 mg	Tier 1	OTC
niacin tab er 750 mg	Tier 1	OTC
niacinamide tab 500 mg	Tier 1	OTC
pyridoxine hcl tab 25 mg	Tier 1	OTC
pyridoxine hcl tab 50 mg	Tier 1	OTC
pyridoxine hcl tab 100 mg	Tier 1	OTC
pyridoxine hcl tab er 200 mg	Tier 1	OTC
riboflavin tab 100 mg (Cvs Vitamin B-2)	Tier 1	OTC
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ZYPREXA RELP INJ 210MG 81
ZYPREXA RELP INJ 300MG 81
ZYPREXA RELP INJ 405MG 81

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