



# **Affinity by Molina Healthcare Essential Plan (EP)**

## **2022 List of Covered Drugs**

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

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



**Non-Discrimination Notification  
Affinity by Molina Healthcare**

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

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

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

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

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

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

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

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

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

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

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

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

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

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

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

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

## Can the Drug List change?

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

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

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

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

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

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

## How do I use the Drug List?

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

### 1. Medical Condition

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

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

## 2. Alphabetical Listing

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

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Affinity Essentials Plan (EP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment.

## Are there any restrictions on my coverage?

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

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

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

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

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

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

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

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

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

## **What if my drug is not on the Drug List?**

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

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

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

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

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

## **How likely is it that I will get an exception?**

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

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

## **How do I find out if my exception is granted?**

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

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

## For more information

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

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

## Affinity Essentials Plan (EP) Drug List

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

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

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

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



## Affinity by Molina Healthcare New York Essential Plan

### 2022 Formulary Changes Effective July 1, 2022

Drug Name	Description of Formulary Change	Current Tier	New Tier
TRIUMEQ PD TAB	Add to formulary, Tier 2 with QL		
DESCOVY TAB 120-15MG	Add to formulary, Tier 2 with QL		
OZEMPIC INJ 8MG/3ML	Add to formulary, Tier 2 with ST, QL		
ETODOLAC TAB 500MG	Update QL		
SIRTURO TAB 20MG	Add to formulary, Tier 3		
NURTEC ODT 75MG	Add to formulary Tier 3, PA, QL		
LACOSAMIDE TAB 50MG	Add generic to formulary, Tier 1, QL		
LACOSAMIDE TAB 100MG	Add generic to formulary, Tier 1, QL		
LACOSAMIDE TAB 150MG	Add generic to formulary, Tier 1, QL		
LACOSAMIDE TAB 200MG	Add generic to formulary, Tier 1, QL		
Promacta TABS 12.5MG	Add QL		
Promacta TABS 25MG	Add QL		
Promacta TABS 50MG	Add QL		
Promacta TABS 75MG	Add QL		
Iclusig TABS 15MG	Add QL		
Iclusig TABS 30MG	Add QL		
Iclusig TABS 45MG	Add QL		
Vimpat TABS 50MG	Add QL		
Vimpat TABS 100MG	Add QL		
Vimpat TABS 150MG	Add QL		
Vimpat TABS 200MG	Add QL		
ZARXIO INJ 300/0.5	Add QL		
ZARXIO INJ 480/0.8	Add QL		
LACOSAMIDE ORAL SOLUTION 10 MG/ML	Add generic to formulary, Tier 1		
RINVOQ TAB 15MG	Add QL		
RINVOQ TAB 30MG	Add to formulary, Tier 3, PA, QL		
RINVOQ TAB 45MG ER	Add to formulary, Tier 3, PA, QL		
Brimonidine Tartrate-Timolol SOLN 0.2-0.5%	Add generic to formulary, Tier 1		
Bepotastine Besilate SOLN 1.5%	Add generic to formulary, Tier 1, PA		
cycloSPORINE EMUL 0.05%	Add generic to formulary, Tier 1, PA		
Difluprednate EMUL 0.05%	Add generic to formulary, Tier 1, PA		
DEFERIPRONE TAB 1000 MG	Add generic to formulary, Tier 1, PA		





Drug Name	Description of Formulary Change	Current Tier	New Tier
NEBIVOLOL TAB 2.5MG	Add generic to formulary, Tier 1		
NEBIVOLOL TAB 5MG	Add generic to formulary, Tier 1		
NEBIVOLOL TAB 10MG	Add generic to formulary, Tier 1		
NEBIVOLOL TAB 20MG	Add generic to formulary, Tier 1		
LENALIDOMIDE CAP 5MG	Add generic to formulary, Tier 1, PA, QL		
LENALIDOMIDE CAP 10MG	Add generic to formulary, Tier 1, PA, QL		
LENALIDOMIDE CAP 15MG	Add generic to formulary, Tier 1, PA, QL		
LENALIDOMIDE CAP 25MG	Add generic to formulary, Tier 1, PA, QL		
Iclusig TABS 10MG	Add generic to formulary, Tier 3, PA, QL		
SORAFENIB TAB 200MG	Add generic to formulary, Tier 1, PA, QL		
PIRFENIDONE TAB 267 MG	Add generic to formulary, Tier 1, PA		
BEXAROTENE GEL 1%	Add generic to formulary, Tier 1, PA		

**PA** = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy

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

**AMPHETAMINES**

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

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

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

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

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

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

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

## **ALTERNATIVE MEDICINES**

### **ALTERNATIVE MEDICINE - M'S**

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

### **ALTERNATIVE MEDICINE COMBINATIONS**

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

### **AMINOGLYCOSIDES**

#### **AMINOGLYCOSIDES**

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

### **ANALGESICS - ANTI-INFLAMMATORY**

#### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN KIT PS/UV ( <i>adalimumab</i> )	Tier 3	PA, QL (3 ea / year); Preferred Brand
SIMPONI INJ 50/0.5ML ( <i>golimumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML ( <i>golimumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ TAB 15MG ER ( <i>upadacitinib</i> )	Tier 3	PA, QL (30 tabs / 30 days); Preferred Brand
RINVOQ TAB 30MG ER ( <i>upadacitinib</i> )	Tier 3	PA, QL (30 tabs / 30 days); Preferred Brand
RINVOQ TAB 45MG ER ( <i>upadacitinib</i> )	Tier 3	PA, QL (30 tabs / 30 days); Preferred Brand
XELJANZ SOL 1MG/ML ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
XELJANZ TAB 5MG ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
XELJANZ TAB 10MG ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
XELJANZ XR TAB 11MG ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
XELJANZ XR TAB 22MG ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP 3MG ( <i>auranofin</i> )	Tier 3	PA, MAIL
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ 220MG ( <i>rilonacept</i> )	Tier 3	PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ ( <i>anakinra</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ 80MG/4ML ( <i>tocilizumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 ( <i>tocilizumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTEMRA INJ 200/10ML ( <b><i>tocilizumab</i></b> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML ( <b><i>tocilizumab</i></b> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN ( <b><i>tocilizumab</i></b> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 ( <b><i>sarilumab</i></b> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 200/1.14 ( <b><i>sarilumab</i></b> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

#### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

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

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>SELECTIVE COSTIMULATION MODULATORS</i></b>		
ORENCIA CLCK INJ 125MG/ML <b>(abatacept)</b>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML <b>(abatacept)</b>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 <b>(abatacept)</b>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML <b>(abatacept)</b>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG <b>(abatacept)</b>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b><i>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</i></b>		
ENBREL INJ 25/0.5ML <b>(etanercept)</b>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG <b>(etanercept)</b>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG <b>(etanercept)</b>	Tier 3	PA, QL (8 vials / 24 days); Preferred Brand
ENBREL INJ 50MG/ML <b>(etanercept)</b>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL MINI INJ 50MG/ML <b>(etanercept)</b>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL SRCLK INJ 50MG/ML <b>(etanercept)</b>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
<b>ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS</b>		
<b>butalbital-acetaminophen tab 50-325 mg</b>	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b>	Tier 1	QL (180 tabs / 30 days)
<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b>	Tier 1	QL (180 caps / 30 days), AGE; AGE (Max 64 years)

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

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

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 50-2MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 100-4MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 1	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 1	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 1	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 1	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 1	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 1	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 1	PA; MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>hydromorphone hcl tab 2 mg</i></b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydromorphone hcl tab 4 mg</i></b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydromorphone hcl tab 8 mg</i></b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydromorphone hcl tab er 24hr 8 mg</i></b>	Tier 1	PA; MED
<b><i>hydromorphone hcl tab er 24hr 12 mg</i></b>	Tier 1	PA; MED
<b><i>hydromorphone hcl tab er 24hr 16 mg</i></b>	Tier 1	PA; MED
<b><i>hydromorphone hcl tab er 24hr 32 mg</i></b>	Tier 1	PA; MED
<b><i>HYSINGLA ER TAB 20 MG (hydrocodone bitartrate)</i></b>	Tier 3	PA; MED
<b><i>HYSINGLA ER TAB 30 MG (hydrocodone bitartrate)</i></b>	Tier 3	PA; MED
<b><i>HYSINGLA ER TAB 40 MG (hydrocodone bitartrate)</i></b>	Tier 3	PA; MED
<b><i>HYSINGLA ER TAB 60 MG (hydrocodone bitartrate)</i></b>	Tier 3	PA; MED
<b><i>HYSINGLA ER TAB 80 MG (hydrocodone bitartrate)</i></b>	Tier 3	PA; MED
<b><i>HYSINGLA ER TAB 100 MG (hydrocodone bitartrate)</i></b>	Tier 3	PA; MED
<b><i>HYSINGLA ER TAB 120 MG (hydrocodone bitartrate)</i></b>	Tier 3	PA; MED
<b><i>meperidine hcl oral soln 50 mg/5ml</i></b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>meperidine hcl tab 50 mg</i></b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>meperidine hcl tab 100 mg</i></b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>methadone hcl soln 5 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b><i>methadone hcl soln 10 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b><i>methadone hcl tab 5 mg</i></b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>methadone hcl tab 10 mg</i></b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate oral soln 10 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate oral soln 20 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i></b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab 15 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab 30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab er 15 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 30 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 60 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 100 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 200 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b>NUCYNTA ER TAB 50MG (<i>tapentadol hcl</i>)</b>	Tier 3	PA; MED
<b>NUCYNTA ER TAB 100MG (<i>tapentadol hcl</i>)</b>	Tier 3	PA; MED
<b>NUCYNTA ER TAB 150MG (<i>tapentadol hcl</i>)</b>	Tier 3	PA; MED
<b>NUCYNTA ER TAB 200MG (<i>tapentadol hcl</i>)</b>	Tier 3	PA; MED
<b>NUCYNTA ER TAB 250MG (<i>tapentadol hcl</i>)</b>	Tier 3	PA; MED
<b>NUCYNTA TAB 50MG (<i>tapentadol hcl</i>)</b>	Tier 3	PA; MED
<b>NUCYNTA TAB 75MG (<i>tapentadol hcl</i>)</b>	Tier 3	PA; MED
<b>NUCYNTA TAB 100MG (<i>tapentadol hcl</i>)</b>	Tier 3	PA; MED
<b><i>oxycodone hcl soln 5 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 5 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>oxycodone hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 15 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 20 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab er 12hr deter 10 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 15 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 20 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 30 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 40 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 60 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 80 mg</i></b>	Tier 1	PA; MED
<b>OXYCONTIN TAB 10MG ER (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 15MG ER (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 20MG ER (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 30MG ER (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 40MG ER (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 60MG ER (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 80MG ER (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b><i>oxymorphone hcl tab 5 mg</i></b>	Tier 1	PA; MED
<b><i>oxymorphone hcl tab 10 mg</i></b>	Tier 1	PA; MED
<b><i>oxymorphone hcl tab er 12hr 5 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 7.5 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 10 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 15 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 20 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>oxymorphone hcl tab er 12hr 30 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 40 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>tramadol hcl tab 50 mg</i></b>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>tramadol hcl tab er 24hr 100 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr 200 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr 300 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr biphasic release 100 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr biphasic release 200 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr biphasic release 300 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED

#### **OPIOID COMBINATIONS**

<b><i>acetaminophen w/ codeine soln 120-12 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-15 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-60 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i></b>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i></b>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen tab 5-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen tab 7.5-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>hydrocodone-acetaminophen tab 10-325 mg</b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>hydrocodone-ibuprofen tab 10-200 mg</b>	Tier 1	PA, QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<b>oxycodone w/ acetaminophen tab 5-325 mg</b>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>oxycodone w/ acetaminophen tab 10-325 mg</b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>oxycodone-ibuprofen tab 5-400 mg</b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>tramadol-acetaminophen tab 37.5-325 mg</b>	Tier 1	QL (300 tabs / 30 days); Max 7 day supply initial fill, MED

#### **OPIOID PARTIAL AGONISTS**

<b>buprenorphine hcl sl tab 2 mg (base equiv)</b>	Tier 1	QL (360 tabs / 30 days)
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	Tier 1	QL (90 tabs / 30 days)
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b>	Tier 1	QL (90 / 30 days)
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b>	Tier 1	QL (90 / 30 days)
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b>	Tier 1	QL (90 / 30 days)
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b>	Tier 1	QL (60 / 30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	Tier 1	QL (360 tabs / 30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	Tier 1	QL (90 tabs / 30 days)
<b>buprenorphine td patch weekly 5 mcg/hr</b>	Tier 1	PA; MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>buprenorphine td patch weekly 7.5 mcg/hr</i></b>	Tier 1	PA; MED
<b><i>buprenorphine td patch weekly 10 mcg/hr</i></b>	Tier 1	PA; MED
<b><i>buprenorphine td patch weekly 15 mcg/hr</i></b>	Tier 1	PA; MED
<b><i>buprenorphine td patch weekly 20 mcg/hr</i></b>	Tier 1	PA; MED
<b><i>butorphanol tartrate nasal soln 10 mg/ml</i></b>	Tier 1	PA, QL (6 bottles / 25 days); MED

## **ANDROGENS-ANABOLIC**

### **ANABOLIC STEROIDS**

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

### **ANDROGENS**

<b><i>ANDROXY TAB 10MG (fluoxymesterone)</i></b>	Tier 3	PA, QL (90 tabs / 30 days)
<b><i>danazol cap 50 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>danazol cap 100 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>danazol cap 200 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>METHITEST TAB 10MG (methyltestosterone)</i></b>	Tier 3	PA
<b><i>methyltestosterone cap 10 mg</i></b>	Tier 1	PA
<b><i>testosterone cypionate im inj in oil 100 mg/ml</i></b>	Tier 1	QL (10 mL / 30 days)
<b><i>testosterone cypionate im inj in oil 200 mg/ml</i></b>	Tier 1	QL (10 mL / 30 days)
<b><i>testosterone enanthate im inj in oil 200 mg/ml</i></b>	Tier 1	QL (10 mL / 30 days)

## **ANORECTAL AGENTS**

### **INTRARECTAL STEROIDS**

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

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

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

<b><i>hydrocortisone perianal cream 2.5%</i></b>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
<b>VASODILATING AGENTS</b>		
RECTIV OIN 0.4% ( <i>nitroglycerin (intra-anal)</i> )	Tier 3	
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i> (Mintox Plus)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Almacone)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> (Almacone Double Strength)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> (Cvs Heartburn Relief)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> (Acid Gone)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg</i> (Tgt Antacid Extra Strengt)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> (Cvs Antacid Supreme)	Tier 1	OTC
FOAM ANTACID CHW 80-20MG ( <i>aluminum hydroxide-mag trisil</i> )	Tier 1	OTC
MI-ACID CHW ( <i>calcium carbonate-mag hydrox</i> )	Tier 1	OTC
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (antacid) chew tab 400 mg</i> (Childrens Pepto)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i> (Calcium Antacid)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i> (Cvs Smooth Antacid Extra)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i> (Gnp Antacid Ultra Strengt)	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide tab 250 mg</i> (Gnp Magnesium)	Tier 1	OTC
<i>magnesium oxide tab 420 mg</i> (Maox)	Tier 1	OTC
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tab 200 mg</i>	Tier 1	QL (2 tabs / 1 day); Max 1 Days Supply
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
<i>ivermectin tab 3 mg</i>	Tier 1	QL (16 / 2 days); Max 1 fill per month, max 2 days supply
<i>praziquantel tab 600 mg</i>	Tier 1	PA
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i> (Cvs Pinworm Treatment)	Tier 1	OTC
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 1	
<i>tinidazole tab 250 mg</i>	Tier 3	QL (56 tabs / 7 days); Max 7 days supply
<i>tinidazole tab 500 mg</i>	Tier 3	QL (28 tabs / 7 days); Max 7 days supply
<i>trimethoprim tab 100mg</i>	Tier 1	
XIFAXAN TAB 200MG ( <i>rifaximin</i> )	Tier 3	PA
XIFAXAN TAB 550MG ( <i>rifaximin</i> )	Tier 3	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUS 100/5ML ( <i>nitazoxanide</i> )	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	PA
<i>nitazoxanide tab 500 mg</i>	Tier 1	PA
<b>CARBAPENEMS</b>		
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meropenem iv for soln 500 mg</i>	Tier 1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin for iv soln 500 mg</i>	Tier 1	
<b>GLYCOPEPTIDES</b>		
<i>FIRVANQ SOL 25MG/ML (vancomycin hcl)</i>	Tier 2	
<i>FIRVANQ SOL 50MG/ML (vancomycin hcl)</i>	Tier 2	
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
<b>MONOBACTAMS</b>		
<i>CAYSTON INH 75MG (aztreonam lysine)</i>	Tier 3	PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>isosorbide dinitrate tab 20 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>isosorbide dinitrate tab 30 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab 20 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab er 24hr 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab er 24hr 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab er 24hr 120 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nitroglycerin sl tab 0.3 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin sl tab 0.4 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin sl tab 0.6 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin td patch 24hr 0.1 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.2 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.4 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)</i></b>	Tier 1	QL (30 patches / 30 days), MAIL

## **ANTI-ANXIETY AGENTS**

### **ANTI-ANXIETY AGENTS - MISC.**

<b><i>bupirone hcl tab 5 mg</i></b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 7.5 mg</i></b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 15 mg</i></b>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>hydroxyzine hcl syrup 10 mg/5ml</i></b>	Tier 1	QL (1800 mL / 30 days), AGE, MAIL; AGE (Max 64 years)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>hydroxyzine hcl tab 10 mg</b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine hcl tab 25 mg</b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine hcl tab 50 mg</b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine pamoate cap 25 mg</b>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine pamoate cap 50 mg</b>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine pamoate cap 100 mg</b>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b>meprobamate tab 200 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>meprobamate tab 400 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>BENZODIAZEPINES</b>		
<b>alprazolam tab 0.5 mg</b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<b>alprazolam tab 0.25 mg</b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<b>alprazolam tab 1 mg</b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<b>alprazolam tab 2 mg</b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<b>chlordiazepoxide hcl cap 5 mg</b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b>chlordiazepoxide hcl cap 10 mg</b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b>chlordiazepoxide hcl cap 25 mg</b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b>clorazepate dipotassium tab 3.75 mg</b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>clorazepate dipotassium tab 7.5 mg</i></b>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 15 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>diazepam conc 5 mg/ml</i></b> (Diazepam Intensol)	Tier 1	QL (30 mL / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam oral soln 1 mg/ml</i></b>	Tier 1	QL (120 mL / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>lorazepam conc 2 mg/ml</i></b>	Tier 1	QL (90 mL / 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 0.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 1 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<b><i>oxazepam cap 10 mg</i></b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years)
<b><i>oxazepam cap 15 mg</i></b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years)
<b><i>oxazepam cap 30 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Min 6 years)

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS TYPE I-A**

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl cap 150 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 200 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 250 mg</i>	Tier 1	MAIL
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 50 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 100 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 225 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 300 mg</i>	Tier 1	MAIL
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	MAIL
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	Tier 3	PA, MAIL
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	MAIL
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA INJ 30MG/ML ( <i>benralizumab</i> )	Tier 3	PA
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	Tier 3	PA
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 3	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 3	PA, QL (3 syringes / 28 days)
XOLAIR INJ 75/0.5 ( <i>omalizumab</i> )	Tier 3	PA, QL (2.5 mL / 28 days)
XOLAIR INJ 150MG/ML ( <i>omalizumab</i> )	Tier 3	PA, QL (5 mL / 28 days)
XOLAIR SOL 150MG ( <i>omalizumab</i> )	Tier 3	PA, QL (5 mL / 28 days)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
DUPIXENT INJ 200/1.14 ( <i>dupilumab</i> )	Tier 3	PA
NUCALA INJ 100MG ( <i>mepolizumab</i> )	Tier 3	PA, QL (3 vials / 28 days)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG ( <i>ipratropium bromide hfa</i> )	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG ( <i>umeclidinium bromide</i> )	Tier 2	QL (30 blisters / 30 days), MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (120 vials / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>SPIRIVA CAP HANDIHLR (<i>tiotropium bromide monohydrate</i>)</b>	Tier 2	QL (30 caps / 30 days), MAIL
<b>SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>LEUKOTRIENE MODULATORS</b>		
<b>montelukast sodium chew tab 4 mg (base equiv)</b>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 9 years)
<b>montelukast sodium chew tab 5 mg (base equiv)</b>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 14 years)
<b>montelukast sodium tab 10 mg (base equiv)</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>zafirlukast tab 10 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>zafirlukast tab 20 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>zileuton tab er 12hr 600 mg</b>	Tier 1	PA, MAIL
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<b>DALIRESP TAB 250MCG (<i>roflumilast</i>)</b>	Tier 3	PA, MAIL
<b>DALIRESP TAB 500MCG (<i>roflumilast</i>)</b>	Tier 3	PA, MAIL
<b>STEROID INHALANTS</b>		
<b>ASMANEX 7 AER 110MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 14 AER 220MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 30 AER 110MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 30 AER 220MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 60 AER 220MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 120 AER 220MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX HFA AER 50MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX HFA AER 100 MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (13 gm / 30 days), MAIL
<b>ASMANEX HFA AER 200 MCG (<i>mometasone furoate (inhalation)</i>)</b>	Tier 2	QL (13 gm / 30 days), MAIL
<b>budesonide inhalation susp 0.5 mg/2ml</b>	Tier 1	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>budesonide inhalation susp 0.25 mg/2ml</i></b>	Tier 1	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG ( <b><i>fluticasone propionate hfa</i></b> )	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG ( <b><i>fluticasone propionate hfa</i></b> )	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG ( <b><i>budesonide (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG ( <b><i>budesonide (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIHA AER 80MCG ( <b><i>beclomethasone dipropionate hfa</i></b> )	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIHAL AER 40MCG ( <b><i>beclomethasone dipropionate hfa</i></b> )	Tier 2	QL (10.6 gm / 30 days), MAIL
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50 ( <b><i>fluticasone-salmeterol</i></b> )	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 250/50 ( <b><i>fluticasone-salmeterol</i></b> )	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 500/50 ( <b><i>fluticasone-salmeterol</i></b> )	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR HFA AER 45/21 ( <b><i>fluticasone-salmeterol</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 115/21 ( <b><i>fluticasone-salmeterol</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 230/21 ( <b><i>fluticasone-salmeterol</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
<b><i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i></b>	Tier 1	QL (1 inhaler / 30 days), MAIL; Generic Preferred
<b><i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i></b>	Tier 1	QL (150 ea / 30 days), MAIL
<b><i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i></b>	Tier 1	QL (300 mL / 30 days), MAIL
<b><i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i></b>	Tier 1	QL (225 mL / 30 days), MAIL
<b><i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i></b>	Tier 1	QL (150 mL / 30 days), MAIL
<b><i>albuterol sulfate syrup 2 mg/5ml</i></b>	Tier 1	MAIL
<b><i>albuterol sulfate tab 2 mg</i></b>	Tier 1	MAIL
<b><i>albuterol sulfate tab 4 mg</i></b>	Tier 1	MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ANORO ELLIPT AER 62.5-25 <b>(umeclidinium-vilanterol)</b>	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG <b>(indacaterol maleate)</b>	Tier 3	QL (30 caps / 30 days), MAIL
<b>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</b>	Tier 1	QL (120 mL / 30 days), MAIL
BEVESPI AER 9-4.8MCG <b>(glycopyrrolate-formoterol fumarate)</b>	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 <b>(fluticasone furoate-vilanterol)</b>	Tier 2	QL (60 blisters / 30 days), MAIL
BREO ELLIPTA INH 200-25 <b>(fluticasone furoate-vilanterol)</b>	Tier 2	QL (60 blisters / 30 days), MAIL
BREZTRI AERO AER SPHERE <b>(budesonide-glycopyrrolate-formoterol fumarate)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
BROVANA NEB 15MCG <b>(arformoterol tartrate)</b>	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 <b>(ipratropium-albuterol)</b>	Tier 2	QL (4 gm / 30 days), MAIL
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	Tier 1	QL (360 mL / 30 days), MAIL
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</b>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</b>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</b>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</b>	Tier 1	ST, QL (144 ea / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b>metaproterenol sulfate syrup 10 mg/5ml</b>	Tier 1	MAIL
<b>metaproterenol sulfate tab 10 mg</b>	Tier 1	MAIL
<b>metaproterenol sulfate tab 20 mg</b>	Tier 1	MAIL
SEREVENT DIS AER 50MCG <b>(salmeterol xinafoate)</b>	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 <b>(tiotropium bromide-olodaterol hcl)</b>	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG <b>(olodaterol hcl)</b>	Tier 2	QL (4 gm / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMBICORT AER 80-4.5 ( <b>budesonide-formoterol fumarate dihydrate</b> )	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 ( <b>budesonide-formoterol fumarate dihydrate</b> )	Tier 2	QL (10.2 gm / 30 days), MAIL
<b>terbutaline sulfate tab 2.5 mg</b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>terbutaline sulfate tab 5 mg</b>	Tier 1	QL (180 tabs / 30 days), MAIL
TRELEGY AER ELLIPTA ( <b>fluticasone-umeclidinium-vilanterol</b> )	Tier 2	QL (1 inhaler / 30 days), MAIL

### **XANTHINES**

<b>aminophylline inj 25 mg/ml</b>	Tier 1	
<b>theophylline soln 80 mg/15ml</b>	Tier 1	MAIL
<b>theophylline tab er 12hr 100 mg</b>	Tier 1	MAIL
<b>theophylline tab er 12hr 200 mg</b>	Tier 1	MAIL
<b>theophylline tab er 12hr 300 mg</b>	Tier 1	MAIL
<b>theophylline tab er 12hr 450 mg</b>	Tier 1	MAIL
<b>theophylline tab er 24hr 400 mg</b>	Tier 1	MAIL
<b>theophylline tab er 24hr 600 mg</b>	Tier 1	MAIL

### **ANTICOAGULANTS**

#### **COUMARIN ANTICOAGULANTS**

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

#### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS ST P TAB 5MG ( <b>apixaban</b> )	Tier 2	QL (74 / 28 days); Max 1 fill per year
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELIQUIS TAB 2.5MG ( <i>apixaban</i> )	Tier 2	QL (60 tabs / 30 days), MAIL
ELIQUIS TAB 5MG ( <i>apixaban</i> )	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO STAR TAB 15/20MG ( <i>rivaroxaban</i> )	Tier 2	QL (51 tabs / year)
XARELTO SUS 1MG/ML ( <i>rivaroxaban</i> )	Tier 2	QL (310 mL / 30 days), MAIL; AGE (Max 11 years)
XARELTO TAB 2.5MG ( <i>rivaroxaban</i> )	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO TAB 10MG ( <i>rivaroxaban</i> )	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 15MG ( <i>rivaroxaban</i> )	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 20MG ( <i>rivaroxaban</i> )	Tier 2	QL (30 tabs / 30 days), MAIL

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	QL (30 vials / 30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 1	QL (18 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 1	QL (24 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 1	QL (36 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 1	QL (48 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 1	QL (60 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 1	QL (48 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 1	QL (60 mL / 30 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	PA
FRAGMIN INJ 2500/0.2 ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 5000/0.2 ( <i>dalteparin sodium</i> )	Tier 3	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN INJ 7500/0.3 ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 10000/ML ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 12500UNT ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 15000UNT ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 18000UNT ( <i>dalteparin sodium</i> )	Tier 3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP 75MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	PA, MAIL
PRADAXA CAP 110MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	PA, MAIL
PRADAXA CAP 150MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	PA, MAIL
<b>ANTICONSULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB 2MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 4MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 6MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 8MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 10MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 12MG ( <i>perampanel</i> )	Tier 3	
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 30 days)
KLONOPIN TAB 0.5MG ( <i>clonazepam</i> )	Tier 1	QL (300 tabs / 30 days)
KLONOPIN TAB 2MG ( <i>clonazepam</i> )	Tier 1	QL (300 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALTOCO SPR 5MG ( <b>diazepam (anticonvulsant)</b> )	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 10MG ( <b>diazepam (anticonvulsant)</b> )	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 15MG ( <b>diazepam (anticonvulsant)</b> )	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 20MG ( <b>diazepam (anticonvulsant)</b> )	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)

### **ANTICONVULSANTS - MISC.**

APTIOM TAB 200MG ( <b>eslicarbazepine acetate</b> )	Tier 3	MAIL
APTIOM TAB 400MG ( <b>eslicarbazepine acetate</b> )	Tier 3	MAIL
APTIOM TAB 600MG ( <b>eslicarbazepine acetate</b> )	Tier 3	MAIL
APTIOM TAB 800MG ( <b>eslicarbazepine acetate</b> )	Tier 3	MAIL
BANZEL TAB 200MG ( <b>rufinamide</b> )	Tier 3	MAIL
BANZEL TAB 400MG ( <b>rufinamide</b> )	Tier 3	MAIL
<b>carbamazepine cap er 12hr 100 mg</b>	Tier 1	MAIL
<b>carbamazepine cap er 12hr 200 mg</b>	Tier 1	MAIL
<b>carbamazepine cap er 12hr 300 mg</b>	Tier 1	MAIL
<b>carbamazepine chew tab 100 mg</b>	Tier 1	MAIL
<b>carbamazepine susp 100 mg/5ml</b>	Tier 1	MAIL
<b>carbamazepine tab 200 mg (Eitol)</b>	Tier 1	MAIL
<b>carbamazepine tab er 12hr 100 mg</b>	Tier 1	MAIL
<b>carbamazepine tab er 12hr 200 mg</b>	Tier 1	MAIL
<b>carbamazepine tab er 12hr 400 mg</b>	Tier 1	MAIL
DIACOMIT CAP 250MG ( <b>stiripentol</b> )	Tier 3	PA, MAIL
DIACOMIT CAP 500MG ( <b>stiripentol</b> )	Tier 3	PA, MAIL
DIACOMIT PAK 250MG ( <b>stiripentol</b> )	Tier 3	PA, MAIL
DIACOMIT PAK 500MG ( <b>stiripentol</b> )	Tier 3	PA, MAIL
<b>gabapentin cap 100 mg</b>	Tier 1	MAIL
<b>gabapentin cap 300 mg</b>	Tier 1	MAIL
<b>gabapentin cap 400 mg</b>	Tier 1	MAIL
<b>gabapentin oral soln 250 mg/5ml</b>	Tier 1	MAIL
<b>gabapentin tab 600 mg</b>	Tier 1	MAIL
<b>gabapentin tab 800 mg</b>	Tier 1	MAIL
<b>lacosamide oral solution 10 mg/ml</b>	Tier 1	
<b>lacosamide tab 50 mg</b>	Tier 1	QL (120 tabs / 30 days)
<b>lacosamide tab 100 mg</b>	Tier 1	QL (120 tabs / 30 days)
<b>lacosamide tab 150 mg</b>	Tier 1	QL (120 tabs / 30 days)
<b>lacosamide tab 200 mg</b>	Tier 1	QL (90 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>lamotrigine tab 25 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab 100 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab 150 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab 200 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab chewable dispersible 5 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab chewable dispersible 25 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam oral soln 100 mg/ml</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab 250 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab 500 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab 750 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab 1000 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab er 24hr 500 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab er 24hr 750 mg</i></b>	Tier 1	MAIL
<b><i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i></b>	Tier 1	MAIL
<b><i>oxcarbazepine tab 150 mg</i></b>	Tier 1	MAIL
<b><i>oxcarbazepine tab 300 mg</i></b>	Tier 1	MAIL
<b><i>oxcarbazepine tab 600 mg</i></b>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 50 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 75 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 100 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 150 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 200 MG	Tier 1	PA, QL (90 caps / 30 days)
PREGABALIN CAP 225 MG	Tier 1	PA, QL (60 caps / 30 days)
PREGABALIN CAP 300 MG	Tier 1	PA, QL (60 caps / 30 days)
<b><i>primidone tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>primidone tab 250 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>rufinamide susp 40 mg/ml</i></b>	Tier 1	MAIL
<b><i>rufinamide tab 200 mg</i></b>	Tier 1	MAIL
<b><i>rufinamide tab 400 mg</i></b>	Tier 1	MAIL
<b><i>topiramate sprinkle cap 15 mg</i></b>	Tier 1	MAIL
<b><i>topiramate sprinkle cap 25 mg</i></b>	Tier 1	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>topiramate tab 25 mg</b>	Tier 1	MAIL
<b>topiramate tab 50 mg</b>	Tier 1	MAIL
<b>topiramate tab 100 mg</b>	Tier 1	MAIL
<b>topiramate tab 200 mg</b>	Tier 1	MAIL
VIMPAT SOL 10MG/ML ( <b>lacosamide</b> )	Tier 2	
VIMPAT TAB 50MG ( <b>lacosamide</b> )	Tier 2	QL (120 tabs / 30 days)
VIMPAT TAB 100MG ( <b>lacosamide</b> )	Tier 2	QL (120 tabs / 30 days)
VIMPAT TAB 150MG ( <b>lacosamide</b> )	Tier 2	QL (120 tabs / 30 days)
VIMPAT TAB 200MG ( <b>lacosamide</b> )	Tier 2	QL (90 tabs / 30 days)
<b>zonisamide cap 25 mg</b>	Tier 1	MAIL
<b>zonisamide cap 50 mg</b>	Tier 1	MAIL
<b>zonisamide cap 100 mg</b>	Tier 1	MAIL
<b>CARBAMATES</b>		
<b>felbamate susp 600 mg/5ml</b>	Tier 1	MAIL
<b>felbamate tab 400 mg</b>	Tier 1	MAIL
<b>felbamate tab 600 mg</b>	Tier 1	MAIL
<b>GABA MODULATORS</b>		
<b>tiagabine hcl tab 2 mg</b>	Tier 1	MAIL
<b>tiagabine hcl tab 4 mg</b>	Tier 1	MAIL
<b>tiagabine hcl tab 12 mg</b>	Tier 1	MAIL
<b>tiagabine hcl tab 16 mg</b>	Tier 1	MAIL
<b>vigabatrin powd pack 500 mg</b> (Vigadrone)	Tier 1	QL (180 packets / 30 days)
<b>vigabatrin tab 500 mg</b>	Tier 1	QL (180 tabs / 30 days)
<b>HYDANTOINS</b>		
DILANTIN CAP 30MG ( <b>phenytoin sodium extended</b> )	Tier 2	MAIL
DILANTIN CAP 100MG ( <b>phenytoin sodium extended</b> )	Tier 2	MAIL
PEGANONE TAB 250MG ( <b>ethotoin</b> )	Tier 3	MAIL
PHENYTEK CAP 200MG ( <b>phenytoin sodium extended</b> )	Tier 2	MAIL
PHENYTEK CAP 300MG ( <b>phenytoin sodium extended</b> )	Tier 2	MAIL
<b>phenytoin chew tab 50 mg</b>	Tier 1	MAIL
<b>phenytoin sodium extended cap 100 mg</b>	Tier 1	MAIL
<b>phenytoin sodium extended cap 200 mg</b>	Tier 1	MAIL
<b>phenytoin sodium extended cap 300 mg</b>	Tier 1	MAIL
<b>phenytoin susp 125 mg/5ml</b>	Tier 1	MAIL
<b>SUCCINIMIDES</b>		
CELONTIN CAP 300MG ( <b>methsuximide</b> )	Tier 3	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ethosuximide cap 250 mg</i>	Tier 1	MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	MAIL
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM DIS 6MG/24HR ( <i>selegiline</i> )	Tier 3	PA, MAIL
EMSAM DIS 9MG/24HR ( <i>selegiline</i> )	Tier 3	PA, MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMSAM DIS 12MG/24H ( <i>selegiline</i> )	Tier 3	PA, MAIL
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	Tier 3	PA, MAIL
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL

### ***SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>sertraline hcl oral concentrate for solution 20 mg/ml</i></b>	Tier 1	QL (300 mL / 30 days), MAIL; AGE (Max 11 years)
<b><i>sertraline hcl tab 25 mg</i></b>	Tier 1	QL (45 tabs / 30 days), MAIL
<b><i>sertraline hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>sertraline hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

### **SEROTONIN MODULATORS**

<b><i>nefazodone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nefazodone hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nefazodone hcl tab 150 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nefazodone hcl tab 200 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nefazodone hcl tab 250 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>trazodone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>trazodone hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>trazodone hcl tab 150 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG ( <b><i>vortioxetine hbr</i></b> )	Tier 3	PA, MAIL
TRINTELLIX TAB 10MG ( <b><i>vortioxetine hbr</i></b> )	Tier 3	PA, MAIL
TRINTELLIX TAB 20MG ( <b><i>vortioxetine hbr</i></b> )	Tier 3	PA, MAIL
VIIBRYD KIT STARTER ( <b><i>vilazodone hcl</i></b> )	Tier 3	PA
VIIBRYD TAB 10MG ( <b><i>vilazodone hcl</i></b> )	Tier 3	PA, MAIL
VIIBRYD TAB 20MG ( <b><i>vilazodone hcl</i></b> )	Tier 3	PA, MAIL
VIIBRYD TAB 40MG ( <b><i>vilazodone hcl</i></b> )	Tier 3	PA, MAIL

### **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

<b><i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i></b>	Tier 1	QL (60 caps / 30 days), MAIL

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



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>imipramine hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>imipramine hcl tab 25 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>imipramine hcl tab 50 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>nortriptyline hcl cap 10 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>nortriptyline hcl cap 25 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>nortriptyline hcl cap 50 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>nortriptyline hcl cap 75 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>protriptyline hcl tab 5 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>protriptyline hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>trimipramine maleate cap 25 mg</i></b>	Tier 1	MAIL
<b><i>trimipramine maleate cap 50 mg</i></b>	Tier 1	MAIL
<b><i>trimipramine maleate cap 100 mg</i></b>	Tier 1	MAIL

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

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

### **ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 60 INJ 1000MCG <b><i>(pramlintide acetate)</i></b>	Tier 3	PA, MAIL
SYMLN PEN 120 INJ 1000MCG <b><i>(pramlintide acetate)</i></b>	Tier 3	PA, MAIL

### **ANTIDIABETIC COMBINATIONS**

<b><i>alogliptin-metformin hcl tab 12.5-500 mg</i></b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>alogliptin-metformin hcl tab 12.5-1000 mg</i></b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 12.5-15 mg</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 12.5-30 mg</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 12.5-45 mg</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-15 mg</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-30 mg</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-45 mg</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>glipizide-metformin hcl tab 2.5-250 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>glipizide-metformin hcl tab 2.5-500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>glipizide-metformin hcl tab 5-500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 1.25-250 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 2.5-500 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 5-500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRIJARDY XR TAB ( <i>empagliflozin-linagliptin-metformin</i> )	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 5-2.5-1000MG; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 2.5-1000 ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 5-500MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 5-1000MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 10-500MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 10-1000 ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XULTOPHY INJ 100/3.6 ( <i>insulin degludec-liraglutide</i> )	Tier 2	ST, QL (5 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin in the last 180 days
<b>BIGUANIDES</b>		
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE ( <i>glucagon</i> )	Tier 2	QL (2 ea / 30 days)
<i>diazoxide susp 50 mg/ml</i>	Tier 1	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCAGEN INJ HYPOKIT ( <i>glucagon hcl (rdna)</i> )	Tier 2	QL (2 syringes / 30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	QL (2 kits / 30 days)
GLUCAGON KIT 1MG	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE ( <i>dextrose (diabetic use)</i> )	Tier 1	OTC
TGT GLUCOSE CHW GRAPE ( <i>glucose-vitamin c</i> )	Tier 1	OTC
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 25MG ( <i>sitagliptin phosphate</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 50MG ( <i>sitagliptin phosphate</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 100MG ( <i>sitagliptin phosphate</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
TRADJENTA TAB 5MG ( <i>linagliptin</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB 0.8MG ( <i>bromocriptine mesylate (diabetes)</i> )	Tier 2	QL (180 tabs / 30 days), MAIL
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
OZEMPIC INJ 2/1.5ML ( <i>semaglutide</i> )	Tier 2	ST, QL (1.5 mL / 24 days), MAIL; 0.25 or 0.5 mg/dose, Requires trial of Metformin in the last 180 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC INJ 2/1.5ML ( <b>semaglutide</b> )	Tier 2	ST, QL (3 mL / 24 days), MAIL; 1 mg/dose, Requires trial of Metformin in the last 180 days
OZEMPIC INJ 4MG/3ML ( <b>semaglutide</b> )	Tier 2	ST, QL (3 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
OZEMPIC INJ 8MG/3ML ( <b>semaglutide</b> )	Tier 2	ST, QL (3 mL / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
RYBELSUS TAB 3MG ( <b>semaglutide</b> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
RYBELSUS TAB 7MG ( <b>semaglutide</b> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
RYBELSUS TAB 14MG ( <b>semaglutide</b> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
TRULICITY INJ 0.75/0.5 ( <b>dulaglutide</b> )	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
TRULICITY INJ 1.5/0.5 ( <b>dulaglutide</b> )	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
TRULICITY INJ 3/0.5 ( <b>dulaglutide</b> )	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
TRULICITY INJ 4.5/0.5 ( <b>dulaglutide</b> )	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
VICTOZA INJ 18MG/3ML ( <b>liraglutide</b> )	Tier 2	ST, QL (9 mL / 25 days), MAIL; Requires Trial of Metformin in the last 180 days



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INSULIN</b>		
ADMELOG INJ 100U/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 4-8-12 ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 4UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 8 UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 8-12UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 12 UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
APIDRA INJ SOLOSTAR ( <i>insulin glulisine</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 ( <i>insulin glulisine</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT ( <i>insulin glargine</i> )	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	QL (5 pens per 30 days), MAIL
HUMALOG INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL (10 cartridges) / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMALOG JR INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG MIX INJ 50/50 ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 50/50KWP ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 75/25KWP ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 2	QL (20 mL / 25 days), MAIL
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 2	QL (6 pens / 30 days), MAIL
INSULIN ASPA INJ 70/30	Tier 2	QL (30 mL / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ 100/ML	Tier 2	QL (3 vials / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ FLEXPEN	Tier 2	QL (10 pens / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ PENFILL	Tier 2	QL (10 cartridges / 30 days), MAIL; Novo Nordisk
INSULIN LISP INJ 100/ML	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
LEVEMIR INJ ( <i>insulin detemir</i> )	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTOUC ( <i>insulin detemir</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN N INJ 100 UNIT ( <i>insulin nph (human) (isophane)</i> )	Tier 2	QL (10 pens / 30 days), OTC, MAIL; Novolin N products preferred
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN R INJ 100 UNIT ( <i>insulin regular (human)</i> )	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLOG INJ 100/ML ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TOUJEO MAX INJ 300IU/ML ( <i>insulin glargine</i> )	Tier 2	QL (6 pens / 30 days), MAIL
TOUJEO SOLO INJ 300IU/ML ( <i>insulin glargine</i> )	Tier 2	QL (12 pens / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
<b>INSULIN SENSITIZING AGENTS</b>		
AVANDIA TAB 2MG ( <i>rosiglitazone maleate</i> )	Tier 3	PA, MAIL
AVANDIA TAB 4MG ( <i>rosiglitazone maleate</i> )	Tier 3	PA, MAIL
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>nateglinide tab 120 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>repaglinide tab 0.5 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>repaglinide tab 1 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>repaglinide tab 2 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

<b>FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
<b>FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
<b>JARDIANCE TAB 10MG (<i>empagliflozin</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
<b>JARDIANCE TAB 25MG (<i>empagliflozin</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days

### **SULFONYLUREAS**

<b><i>chlorpropamide tab 100 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>chlorpropamide tab 250 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>glimepiride tab 1 mg</i></b>	Tier 1	MAIL
<b><i>glimepiride tab 2 mg</i></b>	Tier 1	MAIL
<b><i>glimepiride tab 4 mg</i></b>	Tier 1	MAIL
<b><i>glipizide tab 5 mg</i></b>	Tier 1	MAIL
<b><i>glipizide tab 10 mg</i></b>	Tier 1	MAIL
<b><i>glipizide tab er 24hr 2.5 mg</i></b>	Tier 1	MAIL
<b><i>glipizide tab er 24hr 5 mg</i></b>	Tier 1	MAIL
<b><i>glipizide tab er 24hr 10 mg</i></b>	Tier 1	MAIL
<b><i>glyburide micronized tab 1.5 mg</i></b>	Tier 1	MAIL
<b><i>glyburide micronized tab 3 mg</i></b>	Tier 1	MAIL
<b><i>glyburide micronized tab 6 mg</i></b>	Tier 1	MAIL
<b><i>glyburide tab 1.25 mg</i></b>	Tier 1	MAIL
<b><i>glyburide tab 2.5 mg</i></b>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

#### ANTIDIARRHEAL/PROBIOTIC AGENTS

##### ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

##### ANTIPERISTALTIC AGENTS

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

#### ANTIDOTES AND SPECIFIC ANTAGONISTS

##### ANTIDOTES - CHELATING AGENTS

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

##### OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days)
NARCAN SPR ( <i>naloxone hcl</i> )	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIVITROL INJ 380MG ( <i>naltrexone</i> )	Tier 2	QL (1 injection / 28 days)

## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

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

### **ANTIEMETICS - ANTICHOLINERGIC**

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

### **ANTIEMETICS - MISCELLANEOUS**

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

### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<i>aprepitant capsule 40 mg</i>	Tier 1	PA
<i>aprepitant capsule 80 mg</i>	Tier 1	PA
<i>aprepitant capsule 125 mg</i>	Tier 1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b>	Tier 1	PA

## ANTIFUNGALS

### ANTIFUNGALS

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

### IMIDAZOLE-RELATED ANTIFUNGALS

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

## ANTIHIISTAMINES

### ANTIHIISTAMINES - ALKYLAMINES

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

### ANTIHIISTAMINES - ETHANOLAMINES

<b>ALER-DRYL TAB 50MG (diphenhydramine hcl)</b>	Tier 1	OTC
<b>carbinoxamine maleate soln 4 mg/5ml</b>	Tier 1	
<b>carbinoxamine maleate tab 4 mg</b>	Tier 1	
<b>clemastine fumarate tab 1.34 mg (1 mg base equiv) (Gnp Dayhist Allergy)</b>	Tier 1	OTC
<b>clemastine fumarate tab 2.68 mg</b>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>diphenhydramine hcl cap 25 mg</b> (Pharbedryl)	Tier 1	OTC
<b>diphenhydramine hcl cap 50 mg</b>	Tier 1	OTC
<b>diphenhydramine hcl chew tab 12.5 mg</b> (Gnp Allergy Relief)	Tier 1	AGE, OTC; AGE (Max 12 years)
<b>diphenhydramine hcl elixir 12.5 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>diphenhydramine hcl inj 50 mg/ml</b>	Tier 1	
<b>diphenhydramine hcl liquid 12.5 mg/5ml</b> (Cvs Allergy Relief Childr)	Tier 1	AGE, OTC; AGE (Max 12 years)
<b>diphenhydramine hcl tab 25 mg</b>	Tier 1	OTC
<b>diphenhydramine hcl tab disint 12.5 mg</b> (Wal-dryl Allergy Relief C)	Tier 1	OTC

### **ANTI-HISTAMINES - NON-SEDATING**

<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b>	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
<b>cetirizine hcl tab 5 mg</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>cetirizine hcl tab 10 mg</b> (Ra Cetirizine)	Tier 1	QL (30 tabs / 30 days), OTC
<b>desloratadine tab 5 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>fexofenadine hcl tab 60 mg</b>	Tier 1	QL (60 tabs / 30 days), OTC
<b>fexofenadine hcl tab 180 mg</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</b>	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
<b>levocetirizine dihydrochloride tab 5 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>loratadine rapidly-disintegrating tab 10 mg</b> (Wal-itin Aller-melts)	Tier 1	QL (30 tabs / 30 days), OTC
<b>loratadine syrup 5 mg/5ml</b> (Gnp Loratadine)	Tier 1	QL (300 mL / 30 days), AGE, OTC; AGE (Max 12 years)
<b>loratadine tab 10 mg</b> (Allergy Relief)	Tier 1	QL (30 tabs / 30 days), OTC

### **ANTI-HISTAMINES - PHENOTHIAZINES**

<b>promethazine hcl inj 25 mg/ml</b>	Tier 1	
<b>promethazine hcl suppos 12.5 mg</b>	Tier 1	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
<b>promethazine hcl suppos 25 mg</b>	Tier 1	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)



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

### **ANTI HISTAMINES - PIPERIDINES**

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

### **ANTIHYPERLIPIDEMICS**

#### **ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

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

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

#### **ANTIHYPERLIPIDEMICS - MISC.**

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

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

#### **FIBRIC ACID DERIVATIVES**

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL

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

#### **HMG COA REDUCTASE INHIBITORS**

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

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

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

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

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

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

### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

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

### **ANTIHYPERTENSIVES**

#### **ACE INHIBITORS**

<b><i>benazepril hcl tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>benazepril hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>benazepril hcl tab 20 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>benazepril hcl tab 40 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>captopril tab 12.5 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>captopril tab 25 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>captopril tab 50 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>captopril tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ramipril cap 2.5 mg</b>	Tier 1	QL (30 caps / 30 days), MAIL
<b>ramipril cap 5 mg</b>	Tier 1	QL (30 caps / 30 days), MAIL
<b>ramipril cap 10 mg</b>	Tier 1	QL (30 caps / 30 days), MAIL
<b>trandolapril tab 1 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>trandolapril tab 2 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>trandolapril tab 4 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL

#### **AGENTS FOR PHEOCHROMOCYTOMA**

<b>phenoxybenzamine hcl cap 10 mg</b>	Tier 1	
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#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<b>candesartan cilexetil tab 4 mg</b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>candesartan cilexetil tab 8 mg</b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>candesartan cilexetil tab 16 mg</b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>candesartan cilexetil tab 32 mg</b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)</b>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>telmisartan tab 80 mg</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b><i>valsartan tab 40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>valsartan tab 80 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>valsartan tab 160 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>valsartan tab 320 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

<b><i>clonidine hcl tab 0.1 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>clonidine hcl tab 0.2 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>clonidine hcl tab 0.3 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>clonidine td patch weekly 0.1 mg/24hr</i></b>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<b><i>clonidine td patch weekly 0.2 mg/24hr</i></b>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<b><i>clonidine td patch weekly 0.3 mg/24hr</i></b>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<b><i>doxazosin mesylate tab 1 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 2 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 4 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 8 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>guanfacine hcl tab 1 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>guanfacine hcl tab 2 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>methyldopa tab 250 mg</i></b>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>methyldopa tab 500 mg</i></b>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>prazosin hcl cap 1 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>prazosin hcl cap 2 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>prazosin hcl cap 5 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>terazosin hcl cap 1 mg (base equivalent)</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>terazosin hcl cap 2 mg (base equivalent)</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>terazosin hcl cap 5 mg (base equivalent)</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>terazosin hcl cap 10 mg (base equivalent)</i></b>	Tier 1	QL (60 caps / 30 days), MAIL

#### **ANTIHYPERTENSIVE COMBINATIONS**

<b><i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-10 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-20 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-40 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 10-20 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 10-40 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>atenolol &amp; chlorthalidone tab 50-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>atenolol &amp; chlorthalidone tab 100-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>minoxidil tab 10 mg</i></b>	Tier 1	MAIL
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<b><i>atovaquone-proguanil hcl tab 62.5-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>atovaquone-proguanil hcl tab 250-100 mg</i></b>	Tier 1	QL (30 tabs / 30 days)
<b>COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)</b>	Tier 3	
PYRIME/LEUCO CAP 12.5/2.5	Tier 1	QL (90 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/5MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/20MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
<b>ANTIMALARIALS</b>		
<b><i>chloroquine phosphate tab 250 mg</i></b>	Tier 1	QL (20 tabs / 30 days)
<b><i>chloroquine phosphate tab 500 mg</i></b>	Tier 1	QL (10 tabs / 30 days)
<b><i>hydroxychloroquine sulfate tab 200 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>mefloquine hcl tab 250 mg</i></b>	Tier 1	QL (6 tabs / 30 days)
<b><i>primaquine phosphate tab 26.3 mg (15 mg base)</i></b>	Tier 1	PA, QL (21 tabs / 30 days)
<b><i>quinine sulfate cap 324 mg</i></b>	Tier 1	QL (30 caps / 30 days)
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
GUANIDINE TAB 125MG	Tier 2	
<b><i>pyridostigmine bromide tab 60 mg</i></b>	Tier 1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFATER TAB ( <i>isoniazid-rifampin w/ pyrazinamide</i> )	Tier 3	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
CAPASTAT SUL INJ 1GM ( <i>capreomycin sulfate</i> )	Tier 3	
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM ( <i>aminosalicylic acid</i> )	Tier 3	
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 20MG ( <i>bedaquiline fumarate</i> )	Tier 3	
SIRTURO TAB 100MG ( <i>bedaquiline fumarate</i> )	Tier 3	
TRECTOR TAB 250MG ( <i>ethionamide</i> )	Tier 3	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide cap 25 mg</i>	Tier 1	PA
<i>cyclophosphamide cap 50 mg</i>	Tier 1	PA
GLEOSTINE CAP 10MG ( <i>lomustine</i> )	Tier 3	PA
GLEOSTINE CAP 40MG ( <i>lomustine</i> )	Tier 3	PA
GLEOSTINE CAP 100MG ( <i>lomustine</i> )	Tier 3	PA
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	Tier 3	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA
<i>temozolomide cap 5 mg</i>	Tier 1	PA
<i>temozolomide cap 20 mg</i>	Tier 1	PA
<i>temozolomide cap 100 mg</i>	Tier 1	PA
<i>temozolomide cap 140 mg</i>	Tier 1	PA
<i>temozolomide cap 180 mg</i>	Tier 1	PA
<i>temozolomide cap 250 mg</i>	Tier 1	PA
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	Tier 1	PA
<i>capecitabine tab 500 mg</i>	Tier 1	PA
<i>fludarabine phosphate inj 25 mg/ml</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>mercaptopurine tab 50 mg</b>	Tier 1	
<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	Tier 1	MAIL
<b>TABLOID TAB 40MG (thioguanine)</b>	Tier 3	PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
<b>HERZUMA INJ 150MG (trastuzumab-pkrb)</b>	Tier 3	PA, QL (6 vials / 14 days)
<b>HERZUMA INJ 420MG (trastuzumab-pkrb)</b>	Tier 3	PA, QL (2 vials / 14 days)
<b>KANJINTI INJ 420MG (trastuzumab-anns)</b>	Tier 3	PA, QL (2 vials / 14 days)
<b>KANJINTI SOL 150MG (trastuzumab-anns)</b>	Tier 3	PA, QL (6 vials / 14 days)
<b>OGIVRI INJ 150MG (trastuzumab-dkst)</b>	Tier 3	PA, QL (6 vials / 14 days)
<b>OGIVRI INJ 420MG (trastuzumab-dkst)</b>	Tier 3	PA, QL (2 vials / 14 days)
<b>ONTRUZANT INJ 150MG (trastuzumab-dttb)</b>	Tier 3	PA, QL (6 vials / 14 days)
<b>ONTRUZANT INJ 420MG (trastuzumab-dttb)</b>	Tier 3	PA, QL (2 vials / 14 days)
<b>TRAZIMERA INJ 150MG (trastuzumab-qyyp)</b>	Tier 3	PA, QL (6 vials / 14 days)
<b>TRAZIMERA INJ 420MG (trastuzumab-qyyp)</b>	Tier 3	PA, QL (2 vials / 14 days)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
<b>RUXIENCE INJ 100/10ML (rituximab-pvvr)</b>	Tier 3	PA, QL (10 vials / 7 days)
<b>RUXIENCE INJ 500/50ML (rituximab-pvvr)</b>	Tier 3	PA, QL (2 vials / 7 days)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
<b>ERIVEDGE CAP 150MG (vismodegib)</b>	Tier 3	PA, QL (30 per 30 days)
<b>ODOMZO CAP 200MG (sonidegib phosphate)</b>	Tier 3	PA, QL (30 per 30 days)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<b>abiraterone acetate tab 250 mg</b>	Tier 1	PA, QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>abiraterone acetate tab 500 mg</i></b>	Tier 1	PA, QL (60 tabs / 30 days)
<b><i>anastrozole tab 1 mg</i></b>	Tier 1	MAIL; Prev for ages 35 and over, otherwise Tier 1
<b><i>bicalutamide tab 50 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG ( <b><i>leuprolide acetate</i></b> )	Tier 3	PA
ELIGARD INJ 22.5MG ( <b><i>leuprolide acetate (3 month)</i></b> )	Tier 3	PA
EMCYT CAP 140MG ( <b><i>estramustine phosphate sodium</i></b> )	Tier 3	PA
<b><i>exemestane tab 25 mg</i></b>	Tier 1	PA, MAIL; Prev for ages 35 and over, otherwise Tier 1
FIRMAGON INJ 80MG ( <b><i>degarelix acetate</i></b> )	Tier 3	PA
<b><i>flutamide cap 125 mg</i></b>	Tier 1	
<b><i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i></b>	Tier 3	PA
<b><i>letrozole tab 2.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>leuprolide acetate inj kit 5 mg/ml</i></b>	Tier 1	PA
LUPRON DEPOT INJ 3.75MG ( <b><i>leuprolide acetate</i></b> )	Tier 3	PA
LUPRON DEPOT INJ 7.5MG ( <b><i>leuprolide acetate</i></b> )	Tier 3	PA
LUPRON DEPOT INJ 11.25MG ( <b><i>leuprolide acetate (3 month)</i></b> )	Tier 3	PA
LUPRON DEPOT INJ 22.5MG ( <b><i>leuprolide acetate (3 month)</i></b> )	Tier 3	PA
LYSODREN TAB 500MG ( <b><i>mitotane</i></b> )	Tier 3	PA
<b><i>megestrol acetate susp 40 mg/ml</i></b>	Tier 1	
<b><i>megestrol acetate tab 20 mg</i></b>	Tier 1	
<b><i>megestrol acetate tab 40 mg</i></b>	Tier 1	
<b><i>nilutamide tab 150 mg</i></b>	Tier 1	PA
<b><i>tamoxifen citrate tab 10 mg (base equivalent)</i></b>	PREV	MAIL; Prev for ages 35 and over, otherwise Tier 1
<b><i>tamoxifen citrate tab 20 mg (base equivalent)</i></b>	PREV	MAIL; Prev for ages 35 and over, otherwise Tier 1
<b><i>toremifene citrate tab 60 mg (base equivalent)</i></b>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
TRELSTAR MIX INJ 3.75MG ( <b><i>triptorelin pamoate</i></b> )	Tier 3	PA
TRELSTAR MIX INJ 11.25MG ( <b><i>triptorelin pamoate</i></b> )	Tier 3	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XTANDI CAP 40MG ( <b>enzalutamide</b> )	Tier 3	PA, QL (120 / 30 days)
XTANDI TAB 40MG ( <b>enzalutamide</b> )	Tier 3	PA, QL (120 / 30 days)
XTANDI TAB 80MG ( <b>enzalutamide</b> )	Tier 3	PA, QL (60 / 30 days)
ZOLADEX IMP 3.6MG ( <b>goserelin acetate</b> )	Tier 3	PA
ZOLADEX IMP 10.8MG ( <b>goserelin acetate</b> )	Tier 3	PA

#### **ANTINEOPLASTIC - IMMUNOMODULATORS**

POMALYST CAP 1MG ( <b>pomalidomide</b> )	Tier 3	PA, QL (30 per 30 days)
POMALYST CAP 2MG ( <b>pomalidomide</b> )	Tier 3	PA, QL (30 per 30 days)
POMALYST CAP 3MG ( <b>pomalidomide</b> )	Tier 3	PA, QL (30 per 30 days)
POMALYST CAP 4MG ( <b>pomalidomide</b> )	Tier 3	PA, QL (30 per 30 days)

#### **ANTINEOPLASTIC COMBINATIONS**

KISQALI 200 PAK FEMARA ( <b>ribociclib succinate-letrozole</b> )	Tier 3	PA, QL (49 per 28 days)
KISQALI 400 PAK FEMARA ( <b>ribociclib succinate-letrozole</b> )	Tier 3	PA, QL (70 per 28 days)
KISQALI 600 PAK FEMARA ( <b>ribociclib succinate-letrozole</b> )	Tier 3	PA, QL (91 per 28 days)
LONSURF TAB 15-6.14 ( <b>trifluridine-tipiracil</b> )	Tier 3	PA, QL (100 per 28 days)
LONSURF TAB 20-8.19 ( <b>trifluridine-tipiracil</b> )	Tier 3	PA, QL (100 per 28 days)

#### **ANTINEOPLASTIC ENZYME INHIBITORS**

AFINITOR DIS TAB 2MG ( <b>everolimus</b> )	Tier 3	PA, QL (60 per 30 days)
AFINITOR DIS TAB 3MG ( <b>everolimus</b> )	Tier 3	PA, QL (90 per 30 days)
AFINITOR DIS TAB 5MG ( <b>everolimus</b> )	Tier 3	PA, QL (60 per 30 days)
AFINITOR TAB 10MG ( <b>everolimus</b> )	Tier 3	PA, QL (30 per 30 days)
ALECENSA CAP 150MG ( <b>alectinib hcl</b> )	Tier 3	PA, QL (240 per 30 days)
BRUKINSA CAP 80MG ( <b>zanubrutinib</b> )	Tier 3	PA, QL (120 per 30 days)
CABOMETYX TAB 20MG ( <b>cabozantinib s-malate</b> )	Tier 3	PA, QL (30 / 30 days)
CABOMETYX TAB 40MG ( <b>cabozantinib s-malate</b> )	Tier 3	PA, QL (30 / 30 days)
CABOMETYX TAB 60MG ( <b>cabozantinib s-malate</b> )	Tier 3	PA, QL (30 / 30 days)
CAPRELSA TAB 100MG ( <b>vandetanib</b> )	Tier 3	PA, QL (60 per 30 days)
CAPRELSA TAB 300MG ( <b>vandetanib</b> )	Tier 3	PA, QL (30 per 30 days)
COMETRIQ KIT 60MG ( <b>cabozantinib s-malate</b> )	Tier 3	PA, QL (90 per 30 days)
COMETRIQ KIT 100MG ( <b>cabozantinib s-malate</b> )	Tier 3	PA, QL (60 per 30 days)
COMETRIQ KIT 140MG ( <b>cabozantinib s-malate</b> )	Tier 3	PA, QL (120 per 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>erlotinib hcl tab 25 mg (base equivalent)</i></b>	Tier 1	PA, QL (90 per 30 days)
<b><i>erlotinib hcl tab 100 mg (base equivalent)</i></b>	Tier 1	PA, QL (30 per 30 days)
<b><i>erlotinib hcl tab 150 mg (base equivalent)</i></b>	Tier 1	PA, QL (30 per 30 days)
<b><i>everolimus tab 2.5 mg</i></b>	Tier 1	PA, QL (30 per 30 days)
<b><i>everolimus tab 5 mg</i></b>	Tier 1	PA, QL (30 per 30 days)
<b><i>everolimus tab 7.5 mg</i></b>	Tier 1	PA, QL (30 per 30 days)
<b><i>everolimus tab 10 mg</i></b>	Tier 1	PA, QL (30 per 30 days)
<b><i>everolimus tab for oral susp 2 mg</i></b>	Tier 1	PA, QL (60 per 30 days)
<b><i>everolimus tab for oral susp 3 mg</i></b>	Tier 1	PA, QL (90 per 30 days)
<b><i>everolimus tab for oral susp 5 mg</i></b>	Tier 1	PA, QL (60 per 30 days)
<b>FARYDAK CAP 10MG (<i>panobinostat lactate</i>)</b>	Tier 3	PA, QL (6 per 21 days)
<b>FARYDAK CAP 15MG (<i>panobinostat lactate</i>)</b>	Tier 3	PA, QL (6 per 21 days)
<b>FARYDAK CAP 20MG (<i>panobinostat lactate</i>)</b>	Tier 3	PA, QL (6 per 21 days)
<b>GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>IBRANCE CAP 75MG (<i>palbociclib</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>IBRANCE CAP 100MG (<i>palbociclib</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>IBRANCE CAP 125MG (<i>palbociclib</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>IBRANCE TAB 75MG (<i>palbociclib</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>IBRANCE TAB 100MG (<i>palbociclib</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>IBRANCE TAB 125MG (<i>palbociclib</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>ICLUSIG TAB 10MG (<i>ponatinib hcl</i>)</b>	Tier 3	PA, QL (30 tabs / 30 days)
<b>ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)</b>	Tier 3	PA, QL (30 tabs / 30 days)
<b>ICLUSIG TAB 30MG (<i>ponatinib hcl</i>)</b>	Tier 3	PA, QL (30 tabs / 30 days)
<b>ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)</b>	Tier 3	PA, QL (30 tabs / 30 days)
<b><i>imatinib mesylate tab 100 mg (base equivalent)</i></b>	Tier 1	PA, QL (90 per 30 days)
<b><i>imatinib mesylate tab 400 mg (base equivalent)</i></b>	Tier 1	PA, QL (60 per 30 days)
<b>IMBRUVICA CAP 140MG (<i>ibrutinib</i>)</b>	Tier 3	PA, QL (90 per 30 days)
<b>JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)</b>	Tier 3	PA, QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JAKAFI TAB 10MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 15MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 20MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 25MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 3	PA, QL (60 per 30 days)
KISQALI TAB 200DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 3	PA, QL (30 per 30 days)
KISQALI TAB 400DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 3	PA, QL (60 per 30 days)
KISQALI TAB 600DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 3	PA, QL (90 per 30 days)
<b><i>lapatinib ditosylate tab 250 mg (base equiv)</i></b>	Tier 1	PA, QL (180 per 30 days)
LENVIMA CAP 4MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 3	PA, QL (30 per 30 days)
LENVIMA CAP 8 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 10 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 3	PA, QL (30 per 30 days)
LENVIMA CAP 12MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 3	PA, QL (90 per 30 days)
LENVIMA CAP 14 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 18 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 3	PA, QL (90 per 30 days)
LENVIMA CAP 20 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 24 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 3	PA, QL (90 per 30 days)
LYNPARZA TAB 100MG ( <b><i>olaparib</i></b> )	Tier 3	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG ( <b><i>olaparib</i></b> )	Tier 3	PA, QL (120 tabs / 30 days)
MEKINIST TAB 0.5MG ( <b><i>trametinib dimethyl sulfoxide</i></b> )	Tier 3	PA, QL (90 per 30 days)
MEKINIST TAB 2MG ( <b><i>trametinib dimethyl sulfoxide</i></b> )	Tier 3	PA, QL (30 per 30 days)
NEXAVAR TAB 200MG ( <b><i>sorafenib tosylate</i></b> )	Tier 3	PA, QL (120 per 30 days)
RUBRACA TAB 200MG ( <b><i>rucaparib camsylate</i></b> )	Tier 3	PA, QL (120 tabs / 30 days)
RUBRACA TAB 250MG ( <b><i>rucaparib camsylate</i></b> )	Tier 3	PA, QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RUBRACA TAB 300MG ( <b><i>rucaparib camsylate</i></b> )	Tier 3	PA, QL (120 tabs / 30 days)
<b><i>sorafenib tosylate tab 200 mg (base equivalent)</i></b>	Tier 1	PA, QL (120 per 30 days)
SPRYCEL TAB 20MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (90 per 30 days)
SPRYCEL TAB 50MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 70MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 80MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 100MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 140MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
STIVARGA TAB 40MG ( <b><i>regorafenib</i></b> )	Tier 3	PA, QL (90 per 30 days)
<b><i>sunitinib malate cap 12.5 mg (base equivalent)</i></b>	Tier 1	PA, QL (120 per 30 days)
<b><i>sunitinib malate cap 25 mg (base equivalent)</i></b>	Tier 1	PA, QL (60 per 30 days)
<b><i>sunitinib malate cap 37.5 mg (base equivalent)</i></b>	Tier 1	PA, QL (30 per 30 days)
<b><i>sunitinib malate cap 50 mg (base equivalent)</i></b>	Tier 1	PA, QL (30 per 30 days)
SUTENT CAP 12.5MG ( <b><i>sunitinib malate</i></b> )	Tier 3	PA, QL (120 per 30 days)
SUTENT CAP 25MG ( <b><i>sunitinib malate</i></b> )	Tier 3	PA, QL (60 per 30 days)
SUTENT CAP 37.5MG ( <b><i>sunitinib malate</i></b> )	Tier 3	PA, QL (30 per 30 days)
SUTENT CAP 50MG ( <b><i>sunitinib malate</i></b> )	Tier 3	PA, QL (30 per 30 days)
TAFINLAR CAP 50MG ( <b><i>dabrafenib mesylate</i></b> )	Tier 3	PA, QL (120 per 30 days)
TAFINLAR CAP 75MG ( <b><i>dabrafenib mesylate</i></b> )	Tier 3	PA, QL (120 per 30 days)
TAGRISSO TAB 40MG ( <b><i>osimertinib mesylate</i></b> )	Tier 3	PA, QL (30 per 30 days)
TAGRISSO TAB 80MG ( <b><i>osimertinib mesylate</i></b> )	Tier 3	PA, QL (30 per 30 days)
TASIGNA CAP 50MG ( <b><i>nilotinib hcl</i></b> )	Tier 3	PA, QL (120 per 30 days)
TASIGNA CAP 150MG ( <b><i>nilotinib hcl</i></b> )	Tier 3	PA, QL (120 per 30 days)
TASIGNA CAP 200MG ( <b><i>nilotinib hcl</i></b> )	Tier 3	PA, QL (120 per 30 days)
VOTRIENT TAB 200MG ( <b><i>pazopanib hcl</i></b> )	Tier 3	PA, QL (120 per 30 days)
XALKORI CAP 200MG ( <b><i>crizotinib</i></b> )	Tier 3	PA, QL (60 per 30 days)
XALKORI CAP 250MG ( <b><i>crizotinib</i></b> )	Tier 3	PA, QL (60 per 30 days)
ZEJULA CAP 100MG ( <b><i>niraparib tosylate</i></b> )	Tier 3	PA, QL (90 per 30 days)
ZOLINZA CAP 100MG ( <b><i>vorinostat</i></b> )	Tier 3	PA, QL (120 per 30 days)
ZYDELIG TAB 100MG ( <b><i>idelalisib</i></b> )	Tier 3	PA, QL (60 per 30 days)

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>pramipexole dihydrochloride tab 0.125 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 1 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 1.5 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 0.5 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 0.25 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 1 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 2 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 3 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 4 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 5 mg</i></b>	Tier 1	MAIL

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

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

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

#### **ANTIMANIC AGENTS**

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

#### **ANTIPSYCHOTICS - MISC.**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR CAP 4.5MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 6MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
<b>ziprasidone hcl cap 20 mg</b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>ziprasidone hcl cap 40 mg</b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>ziprasidone hcl cap 60 mg</b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>ziprasidone hcl cap 80 mg</b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)

### **BENZISOXAZOLES**

FANAPT PAK ( <i>iloperidone</i> )	Tier 3	PA
FANAPT TAB 1MG ( <i>iloperidone</i> )	Tier 3	PA, MAIL
FANAPT TAB 2MG ( <i>iloperidone</i> )	Tier 3	PA, MAIL
FANAPT TAB 4MG ( <i>iloperidone</i> )	Tier 3	PA, MAIL
FANAPT TAB 6MG ( <i>iloperidone</i> )	Tier 3	PA, MAIL
FANAPT TAB 8MG ( <i>iloperidone</i> )	Tier 3	PA, MAIL
FANAPT TAB 10MG ( <i>iloperidone</i> )	Tier 3	PA, MAIL
FANAPT TAB 12MG ( <i>iloperidone</i> )	Tier 3	PA, MAIL
INVEGA SUST INJ 39/0.25 ( <i>paliperidone palmitate</i> )	Tier 3	QL (0.25 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML ( <i>paliperidone palmitate</i> )	Tier 3	QL (0.5 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 ( <i>paliperidone palmitate</i> )	Tier 3	QL (0.75 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML ( <i>paliperidone palmitate</i> )	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 ( <i>paliperidone palmitate</i> )	Tier 3	QL (1.5 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 273MG ( <i>paliperidone palmitate</i> )	Tier 3	QL (0.88 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 410MG ( <i>paliperidone palmitate</i> )	Tier 3	QL (1.32 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 546MG ( <i>paliperidone palmitate</i> )	Tier 3	QL (1.75 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 819MG ( <i>paliperidone palmitate</i> )	Tier 3	QL (2.65 mL / 90 days), AGE; AGE (Min 6 years)
<b>paliperidone tab er 24hr 1.5 mg</b>	Tier 1	PA, MAIL
<b>paliperidone tab er 24hr 3 mg</b>	Tier 1	PA, MAIL
<b>paliperidone tab er 24hr 6 mg</b>	Tier 1	PA, MAIL
<b>paliperidone tab er 24hr 9 mg</b>	Tier 1	PA, MAIL

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

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

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

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

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

### **QUINOLINONE DERIVATIVES**

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

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

### **THIOXANTHENES**

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

### **ANTISEPTICS & DISINFECTANTS**

#### **CHLORINE ANTISEPTICS**

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

#### **ANTIRETROVIRALS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
<b>DESCOVY TAB 120-15MG (emtricitabine-tenofovir alafenamide fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
<b>DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
<b>didanosine delayed release capsule 200 mg</b>	Tier 1	QL (60 caps / 30 days)
<b>didanosine delayed release capsule 250 mg</b>	Tier 1	QL (30 caps / 30 days)
<b>didanosine delayed release capsule 400 mg</b>	Tier 1	QL (30 caps / 30 days)
<b>DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)</b>	Tier 2	QL (30 tabs / 30 days)
<b>EDURANT TAB 25MG (rilpivirine hcl) efavirenz cap 50 mg</b>	Tier 2	QL (30 tabs / 30 days)
<b>efavirenz cap 200 mg</b>	Tier 1	QL (360 caps / 30 days)
<b>efavirenz tab 600 mg</b>	Tier 1	QL (90 caps / 30 days)
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>emtricitabine caps 200 mg</b>	Tier 1	QL (30 caps / 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b>	Tier 1	QL (30 tabs / 30 days); PREV for PrEP
<b>EMTRIVA SOL 10MG/ML (emtricitabine) etravirine tab 100 mg</b>	Tier 2	QL (720 mL / 30 days)
<b>etravirine tab 200 mg</b>	Tier 1	QL (120 tabs / 30 days)
<b>EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat)</b>	Tier 1	QL (60 tabs / 30 days)
<b>fosamprenavir calcium tab 700 mg (base equiv)</b>	Tier 2	QL (30 tabs / 30 days)
<b>FUZEON INJ 90MG (enfuvirtide)</b>	Tier 1	QL (120 tabs / 30 days)
<b>GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)</b>	Tier 3	PA
<b>INTELENCE TAB 25MG (etravirine)</b>	Tier 2	QL (30 tabs / 30 days)
<b>INTELENCE TAB 100MG (etravirine)</b>	Tier 2	QL (480 tabs / 30 days)
	Tier 2	QL (120 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ritonavir tab 100 mg</b>	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML ( <b>maraviroc</b> )	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG ( <b>maraviroc</b> )	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG ( <b>maraviroc</b> )	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG ( <b>maraviroc</b> )	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG ( <b>maraviroc</b> )	Tier 2	QL (60 tabs / 30 days)
<b>stavudine cap 15 mg</b>	Tier 1	QL (60 caps / 30 days)
<b>stavudine cap 20 mg</b>	Tier 1	QL (60 caps / 30 days)
<b>stavudine cap 30 mg</b>	Tier 1	QL (60 caps / 30 days)
<b>stavudine cap 40 mg</b>	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB ( <b>elvitegravir-cobicistat-emtricitabine-tenofovir df</b> )	Tier 2	QL (30 tabs / 30 days)
SYMTUZA TAB ( <b>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</b> )	Tier 2	QL (30 tabs / 30 days)
TEMIKYS TAB 300-300 ( <b>lamivudine-tenofovir disoproxil fumarate</b> )	Tier 2	QL (30 tabs / 30 days)
<b>tenofovir disoproxil fumarate tab 300 mg</b>	Tier 1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ PD TAB ( <b>abacavir-dolutegravir-lamivudine</b> )	Tier 2	QL (180 tabs / 30 days)
TRIUMEQ TAB ( <b>abacavir-dolutegravir-lamivudine</b> )	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG ( <b>cobicistat</b> )	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG ( <b>didanosine</b> )	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG ( <b>nelfinavir mesylate</b> )	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG ( <b>nelfinavir mesylate</b> )	Tier 2	QL (120 tabs / 30 days)
<b>zidovudine cap 100 mg</b>	Tier 1	QL (180 caps / 30 days)
<b>zidovudine syrup 10 mg/ml</b>	Tier 1	QL (1800 mL / 30 days)
<b>zidovudine tab 300 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>CMV AGENTS</b>		
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b>	Tier 1	PA
<b>valganciclovir hcl tab 450 mg (base equivalent)</b>	Tier 1	PA



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>oseltamivir phosphate cap 45 mg (base equiv)</i></b>	Tier 1	QL (Max 10 days supply)
<b><i>oseltamivir phosphate cap 75 mg (base equiv)</i></b>	Tier 1	QL (Max 10 days supply)
<b><i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i></b>	Tier 1	QL (Max 10 days supply), AGE; AGE (Max 12 years)
<b>RELENZA MIS DISKHALE (<i>zanamivir</i>)</b>	Tier 2	QL (2 inhalers / year)
<b><i>rimantadine hydrochloride tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b>XOFLUZA TAB 20MG (<i>baloxavir marboxil</i>)</b>	Tier 2	QL (2 tabs / 30 days)
<b>XOFLUZA TAB 40MG (<i>baloxavir marboxil</i>)</b>	Tier 2	QL (2 tabs / 30 days)

## **BETA BLOCKERS**

### **ALPHA-BETA BLOCKERS**

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

### **BETA BLOCKERS CARDIO-SELECTIVE**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>propranolol hcl tab 60 mg</i></b>	Tier 1	MAIL
<b><i>propranolol hcl tab 80 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl (afib/afl) tab 80 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl (afib/afl) tab 120 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl (afib/afl) tab 160 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl tab 80 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl tab 120 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl tab 160 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl tab 240 mg</i></b>	Tier 1	MAIL
<b><i>timolol maleate tab 5 mg</i></b>	Tier 1	MAIL
<b><i>timolol maleate tab 10 mg</i></b>	Tier 1	MAIL
<b><i>timolol maleate tab 20 mg</i></b>	Tier 1	MAIL

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>diltiazem hcl extended release beads cap er 24hr 360 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 420 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>diltiazem hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 60 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 90 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 120 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 2.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isradipine cap 2.5 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>isradipine cap 5 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>nicardipine hcl cap 20 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>nicardipine hcl cap 30 mg</i></b>	Tier 1	QL (90 caps / 30 days), MAIL
<b><i>nifedipine cap 10 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>nifedipine cap 20 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>nifedipine tab er 24hr 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr 60 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr 90 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 90 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nimodipine cap 30 mg</i></b>	Tier 1	MAIL
<b><i>nisoldipine tab er 24hr 8.5 mg</i></b>	Tier 1	PA, MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>nisoldipine tab er 24hr 17 mg</i></b>	Tier 1	PA, MAIL
<b><i>nisoldipine tab er 24hr 20 mg</i></b>	Tier 1	PA, MAIL
<b><i>nisoldipine tab er 24hr 25.5 mg</i></b>	Tier 1	PA, MAIL
<b><i>nisoldipine tab er 24hr 30 mg</i></b>	Tier 1	PA, MAIL
<b><i>nisoldipine tab er 24hr 34 mg</i></b>	Tier 1	PA, MAIL
<b><i>nisoldipine tab er 24hr 40 mg</i></b>	Tier 1	PA, MAIL
<b><i>verapamil hcl cap er 24hr 100 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 120 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 180 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 240 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 300 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 360 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl tab 40 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>verapamil hcl tab 80 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>verapamil hcl tab 120 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>verapamil hcl tab er 120 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>verapamil hcl tab er 180 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>verapamil hcl tab er 240 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

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

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
ENTRESTO TAB 24-26MG ( <i>sacubitril-valsartan</i> )	Tier 2	PA, MAIL
ENTRESTO TAB 49-51MG ( <i>sacubitril-valsartan</i> )	Tier 2	PA, MAIL
ENTRESTO TAB 97-103MG ( <i>sacubitril-valsartan</i> )	Tier 2	PA, MAIL
<b>PERIPHERAL VASODILATORS</b>		
<i>inositol niacinate cap 500 mg</i> (Niacin Flush Free)	Tier 1	OTC, MAIL
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM TAB 0.25MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 0.125MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 1MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 2.5MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 5MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	PA
VENTAVIS SOL 10MCG/ML ( <i>iloprost</i> )	Tier 3	PA
VENTAVIS SOL 20MCG/ML ( <i>iloprost</i> )	Tier 3	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	Tier 1	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 1	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG ( <i>macitentan</i> )	Tier 3	PA, QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRACLEER TAB 32MG ( <i>bosentan</i> )	Tier 3	PA, QL (60 tabs / 30 days)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate tab 20 mg</i>	Tier 1	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 1	PA, QL (60 tabs / 30 days)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB 200/800 ( <i>selexipag</i> )	Tier 3	PA, QL (200 tabs / 30 days)
UPTRAVI TAB 200MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB 0.5MG ( <i>riociguat</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG ( <i>riociguat</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG ( <i>riociguat</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG ( <i>riociguat</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG ( <i>riociguat</i> )	Tier 3	PA, QL (90 tabs / 30 days)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR SOL 5MG/5ML ( <i>ivabradine hcl</i> )	Tier 2	PA, MAIL
CORLANOR TAB 5MG ( <i>ivabradine hcl</i> )	Tier 2	PA, MAIL
CORLANOR TAB 7.5MG ( <i>ivabradine hcl</i> )	Tier 2	PA, MAIL



Drug Name	Drug Tier	Requirements/Limits
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## CEPHALOSPORINS

### CEPHALOSPORINS - 1ST GENERATION

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

### CEPHALOSPORINS - 2ND GENERATION

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

### CEPHALOSPORINS - 3RD GENERATION

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>cefixime cap 400 mg</b>	Tier 1	
<b>cefixime for susp 100 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>cefixime for susp 200 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>cefpodoxime proxetil for susp 50 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>cefpodoxime proxetil for susp 100 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>cefpodoxime proxetil tab 100 mg</b>	Tier 1	
<b>cefpodoxime proxetil tab 200 mg</b>	Tier 1	
<b>ceftriaxone sodium for inj 1 gm</b>	Tier 1	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<b>cefepime hcl for inj 2 gm</b>	Tier 1	
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
<b>TEFLARO INJ 400MG (ceftaroline fosamil)</b>	Tier 3	
<b>TEFLARO INJ 600MG (ceftaroline fosamil)</b>	Tier 3	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<b>BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)</b>	PREV	QL (39 tablets / 28 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FALESSA KIT (levonorgestrel-ethinyl estradiol &amp; folic acid)</b>	PREV	QL (75 tablets / 28 days), MAIL
<b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg (Rivelsa)</b>	PREV	QL (30 tablets / 28 days), MAIL
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b>	PREV	QL (30 tablets / 28 days), MAIL
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b>	PREV	QL (30 tablets / 28 days), MAIL
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	PREV	QL (30 tablets / 28 days), MAIL
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	PREV	QL (28 tablets / 28 days), MAIL
<b>LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>NATAZIA TAB (estradiol valerate-dienogest)</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	PREV	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)</b>	PREV	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)</b>	PREV	QL (39 tablets / 28 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> (Melodetta 24 Fe)	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b>	PREV	QL (28 caps / 28 days), MAIL
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> (Larin 24 Fe)	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> (Nortrel 7/7/7)	PREV	QL (39 tablets / 28 days), MAIL
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> (Leena)	PREV	QL (39 tablets / 28 days), MAIL
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	PREV	QL (39 tablets / 28 days), MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> (Low-ogestrel)	PREV	QL (39 tablets / 28 days), MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> (Ogestrel)	PREV	QL (39 tablets / 28 days), MAIL
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> (Xulane)	PREV	QL (4 patches / 28 days), MAIL
TWIRLA DIS 120-30 ( <b>levonorgestrel-ethinyl estradiol</b> )	PREV	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS ( <b>segesterone acetate-ethinyl estradiol</b> )	PREV	
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b>	PREV	QL (1 ring / 28 days), MAIL
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b> (Eluryng)	PREV	QL (1 ring / 28 days), MAIL
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A ( <b>copper (iud)</b> )	PREV	QL (1 IUD in lifetime)
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG ( <b>ulipristal acetate</b> )	PREV	QL (4 tabs / 90 days)
<b>levonorgestrel tab 1.5 mg</b> (My Way)	PREV	QL (4 tabs / 90 days), OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG ( <b>etonogestrel</b> )	PREV	QL (1 implant in lifetime)

Drug Name	Drug Tier	Requirements/Limits
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SQ PROV INJ 104 <i>(medroxyprogesterone acetate (contraceptive))</i>	PREV	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	PREV	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	PREV	QL (1 injection / 90 days)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG ( <i>levonorgestrel (iud)</i> )	PREV	QL (1 IUD in lifetime)
LILETTA IUD 52MG ( <i>levonorgestrel (iud)</i> )	PREV	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM ( <i>levonorgestrel (iud)</i> )	PREV	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG ( <i>levonorgestrel (iud)</i> )	PREV	QL (1 IUD in lifetime)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>SLYND TAB 4MG (drospirenone)</i>	PREV	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	PA
<i>cortisone acetate tab 25 mg</i>	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>methylprednisolone tab therapy pack 4 mg (21)</i></b>	Tier 1	
<b><i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i></b>	Tier 1	
<b><i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i></b>	Tier 1	
<b><i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i></b>	Tier 1	
<b><i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i></b>	Tier 1	
<b><i>prednisone oral soln 5 mg/5ml</i></b>	Tier 1	
<b><i>prednisone tab 1 mg</i></b>	Tier 1	
<b><i>prednisone tab 2.5 mg</i></b>	Tier 1	
<b><i>prednisone tab 5 mg</i></b>	Tier 1	
<b><i>prednisone tab 10 mg</i></b>	Tier 1	
<b><i>prednisone tab 20 mg</i></b>	Tier 1	
<b><i>prednisone tab 50 mg</i></b>	Tier 1	
<b><i>prednisone tab therapy pack 5 mg (21)</i></b>	Tier 1	
<b><i>prednisone tab therapy pack 5 mg (48)</i></b>	Tier 1	
<b><i>prednisone tab therapy pack 10 mg (21)</i></b>	Tier 1	
<b><i>prednisone tab therapy pack 10 mg (48)</i></b>	Tier 1	
<b>MINERALOCORTICOIDS</b>		
<b><i>fludrocortisone acetate tab 0.1 mg</i></b>	Tier 1	MAIL
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<b><i>benzonatate cap 100 mg</i></b>	Tier 1	
<b><i>benzonatate cap 200 mg</i></b>	Tier 1	
<b><i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i></b>	Tier 1	
<b>ROBITUSSIN SYP 7.5/5ML <i>(dextromethorphan hbr)</i></b>	Tier 1	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<b>ALLERGY CONG TAB 25-10MG <i>(diphenhydramine-phenylephrine)</i></b>	Tier 1	OTC
<b><i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i></b> (Wal-tap Cold & Allergy)	Tier 1	OTC
<b>BROTAPP DM LIQ 15-1-5/5 <i>(pseudoephed-bromphen-dm)</i></b>	Tier 1	QL (240 mL / 30 days), OTC
<b><i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i></b> (All Day Allergy D)	Tier 1	QL (60 ea / 30 days), OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</b> (Diabetic Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<b>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</b> (Diabetic Tussin Cough/che)	Tier 1	QL (240 mL / 30 days), OTC
<b>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</b> (Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<b>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</b> (Mucus-dm)	Tier 1	OTC
<b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> (Cvs Cold & Cough Nighttim)	Tier 1	QL (240 mL / 30 days), OTC
<b>diphenhydramine-phenylephrine tab 25-10 mg</b> (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
<b>guaifenesin-codeine soln 100-10 mg/5ml</b> (Guaiatussin Ac)	Tier 1	QL (240 mL / 30 days), OTC
<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b> (Loratadine-d 12hr)	Tier 1	QL (60 ea / 30 days), OTC
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b> (Loratadine-d 24hr)	Tier 1	QL (30 tabs / 30 days), OTC
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine-dm syrup 6.25-15 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> (Ra Mucus Relief D)	Tier 1	OTC
Z-TUSS AC LIQ 2-9/5ML <b>(chlorpheniramine w/ codeine)</b>	Tier 2	QL (240 mL / 25 days), OTC
<b>EXPECTORANTS</b>		
<b>guaifenesin liquid 100 mg/5ml</b>	Tier 1	OTC
<b>guaifenesin syrup 100 mg/5ml</b> (Robafen)	Tier 1	OTC
<b>guaifenesin tab 200 mg</b>	Tier 1	OTC
<b>guaifenesin tab 400 mg</b> (Sm Chest Congestion Relie)	Tier 1	OTC
<b>guaifenesin tab er 12hr 600 mg</b> (Gnp Mucus Er)	Tier 1	QL (60 ea / 30 days), OTC
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>sodium chloride soln nebu 0.9%</b>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>sodium chloride soln nebu 3%</b> (Nebusal)	Tier 1	
<b>sodium chloride soln nebu 7%</b>	Tier 1	
<b>MUCOLYTICS</b>		
<b>acetylcysteine inhal soln 10%</b>	Tier 1	
<b>acetylcysteine inhal soln 20%</b>	Tier 1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ACNE MEDICAT LOT 5% ( <b>benzoyl peroxide</b> )	Tier 1	OTC
ACNE MEDICAT LOT 10% ( <b>benzoyl peroxide</b> )	Tier 1	OTC
<b>adapalene gel 0.1%</b>	Tier 1	QL (45 / 25 days)
<b>adapalene gel 0.1%</b> (Adapalene Treatment)	Tier 1	QL (45 / 25 days), OTC
<b>adapalene lotion 0.1%</b>	Tier 1	ST, QL (59 mL / 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>benzoyl peroxide gel 5%</b> (Bp Gel)	Tier 1	OTC
<b>benzoyl peroxide gel 10%</b> (Clean & Clear Persa-gel M)	Tier 1	OTC
<b>benzoyl peroxide liq 5%</b> (Bp Wash)	Tier 1	QL (240 gm / 30 days), OTC
<b>benzoyl peroxide liq 10%</b> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 30 days), OTC
<b>benzoyl peroxide-erythromycin gel 5-3%</b>	Tier 1	PA
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	Tier 1	PA
<b>clindamycin phosphate gel 1%</b>	Tier 1	QL (60 gm / 30 days)
<b>clindamycin phosphate lotion 1%</b>	Tier 1	QL (60 mL / 30 days)
<b>clindamycin phosphate soln 1%</b>	Tier 1	QL (60 mL / 30 days)
<b>clindamycin phosphate-tretinoin gel 1.2-0.025%</b>	Tier 1	PA
DIFFERIN GEL 0.1% ( <b>adapalene</b> )	Tier 1	QL (45 / 25 days), OTC
<b>erythromycin soln 2%</b>	Tier 1	QL (60 mL / 30 days)
<b>isotretinoin cap 10 mg</b> (Claravis)	Tier 1	PA
<b>isotretinoin cap 20 mg</b> (Amnesteem)	Tier 1	PA
<b>isotretinoin cap 30 mg</b>	Tier 1	PA
<b>isotretinoin cap 40 mg</b>	Tier 1	PA
<b>sulfacetamide sodium lotion 10%</b> (acne)	Tier 1	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i></b> (Bp Cleansing Wash)	Tier 1	
<b><i>tretinoin cream 0.1%</i></b>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin cream 0.05%</i></b>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin cream 0.025%</i></b>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin gel 0.01%</i></b>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin gel 0.025%</i></b> (Avita)	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OIN 15% ( <i>sinecatechins</i> )	Tier 3	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<b><i>diclofenac sodium gel 1%</i></b>	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
VOLTAREN GEL 1% ( <b><i>diclofenac sodium (topical)</i></b> )	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX OIN 1% ( <b><i>retapamulin</i></b> )	Tier 3	PA
<b><i>bacitracin oint 500 unit/gm</i></b>	Tier 1	OTC
<b><i>bacitracin zinc oint 500 unit/gm</i></b>	Tier 1	OTC
<b><i>bacitracin-polymyxin b oint</i></b> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% ( <b><i>bacitracin-polymyxin-neomycin hc</i></b> )	Tier 3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>gentamicin sulfate cream 0.1%</b>	Tier 1	QL (60 gm / 30 days)
<b>gentamicin sulfate oint 0.1%</b>	Tier 1	QL (60 gm / 30 days)
<b>mupirocin oint 2%</b>	Tier 1	QL (44 gm / 30 days)
<b>neomycin-bacitracin-polymyxin oint</b> (Cvs Triple Antibiotic)	Tier 1	OTC
<b>neomycin-bacitracin-polymyxin-pramoxine oint 1%</b> (Triple Antibiotic Plus)	Tier 1	OTC

### **ANTIFUNGALS - TOPICAL**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>oxiconazole nitrate cream 1%</i></b>	Tier 1	PA, QL (90 gm / 30 days)
OXISTAT LOT 1% ( <b><i>oxiconazole nitrate</i></b> )	Tier 3	PA
<b><i>sulconazole nitrate cream 1%</i></b>	Tier 1	PA
<b><i>sulconazole nitrate solution 1%</i></b>	Tier 1	PA
<b><i>terbinafine hcl cream 1%</i></b>	Tier 1	QL (30 gm / 30 days), OTC
<b><i>tolnaftate aerosol pow 1%</i></b> (Cvs Af Spray Powder)	Tier 1	OTC
<b><i>tolnaftate cream 1%</i></b>	Tier 1	OTC
<b><i>tolnaftate powder 1%</i></b> (Anti-fungal Powder)	Tier 1	OTC
<b><i>tolnaftate soln 1%</i></b> (Mycocide Clinical Ns Anti)	Tier 1	OTC
<b>ANTIHISTAMINES-TOPICAL</b>		
<b><i>diphenhydramine-zinc acetate cream 2-0.1%</i></b> (Sm Anti-itch Extra Streng)	Tier 1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<b><i>bexarotene gel 1%</i></b>	Tier 1	PA
<b><i>fluorouracil cream 5%</i></b>	Tier 1	
PANRETIN GEL 0.1% ( <b><i>alitretinoin</i></b> )	Tier 3	PA
PICATO GEL 0.05% ( <b><i>ingenol mebutate</i></b> )	Tier 3	PA
PICATO GEL 0.015% ( <b><i>ingenol mebutate</i></b> )	Tier 3	PA
TARGRETIN GEL 1% ( <b><i>bexarotene (topical)</i></b> )	Tier 3	PA
<b>ANTIPSORIATICS</b>		
<b><i>acitretin cap 10 mg</i></b>	Tier 1	PA
<b><i>acitretin cap 17.5 mg</i></b>	Tier 1	PA
<b><i>acitretin cap 25 mg</i></b>	Tier 1	PA
<b><i>calcipotriene oint 0.005%</i></b>	Tier 1	PA
<b><i>calcipotriene soln 0.005% (50 mcg/ml)</i></b>	Tier 1	PA
<b><i>calcitriol oint 3 mcg/gm</i></b>	Tier 1	PA, QL (100 gm / 30 days)
COSENTYX INJ 75MG/0.5 ( <b><i>secukinumab</i></b> )	Tier 3	PA; Preferred Brand
COSENTYX INJ 150MG/ML ( <b><i>secukinumab</i></b> )	Tier 3	PA; Preferred Brand
COSENTYX INJ 300DOSE ( <b><i>secukinumab</i></b> )	Tier 3	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML ( <b><i>secukinumab</i></b> )	Tier 3	PA; Preferred Brand

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX PEN INJ 300DOSE <b>(secukinumab)</b>	Tier 3	PA; Preferred Brand
DRITHO-CREME CRE HP 1% <b>(anthralin)</b>	Tier 3	PA, QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE <b>(risankizumab-rzaa)</b>	Tier 3	PA; Preferred Brand
SKYRIZI INJ 150MG/ML <b>(risankizumab-rzaa)</b>	Tier 3	PA; Preferred Brand
SKYRIZI PEN INJ 150MG/ML <b>(risankizumab-rzaa)</b>	Tier 3	PA; Preferred Brand
STELARA INJ 45MG/0.5 <b>(ustekinumab)</b>	Tier 3	PA; Preferred Brand
STELARA INJ 90MG/ML <b>(ustekinumab)</b>	Tier 3	PA; Preferred Brand
<b>tazarotene cream 0.1%</b>	Tier 1	PA, QL (60 gm / 30 days)
TAZORAC CRE 0.05% <b>(tazarotene)</b>	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC GEL 0.1% <b>(tazarotene)</b>	Tier 3	PA, QL (100 gm / 30 days)
TAZORAC GEL 0.05% <b>(tazarotene)</b>	Tier 3	PA, QL (100 gm / 30 days)
TREMFYA INJ 100MG/ML <b>(guselkumab)</b>	Tier 3	PA; Preferred Brand; Pen
TREMFYA INJ 100MG/ML <b>(guselkumab)</b>	Tier 3	PA; Preferred Brand; Prefilled Syringe
<b>ANTISEBORRHEIC PRODUCTS</b>		
<b>selenium sulfide lotion 1%</b> (Cvs Anti-dandruff)	Tier 1	OTC
<b>selenium sulfide lotion 2.5%</b>	Tier 1	
<b>ANTIVIRALS - TOPICAL</b>		
ABREVA CRE 10% <b>(docosanol)</b>	Tier 1	QL (2 gm / 30 days), OTC
<b>acyclovir oint 5%</b>	Tier 1	PA
DENAVIR CRE 1% <b>(penciclovir)</b>	Tier 3	PA
<b>docosanol cream 10%</b>	Tier 1	QL (2 gm / 30 days), OTC
<b>BURN PRODUCTS</b>		
<b>mafenide acetate packet for topical soln 5% (50 gm)</b>	Tier 1	
<b>silver sulfadiazine cream 1%</b>	Tier 1	QL (400 gm / 30 days)
SULFAMYLON CRE 85MG/GM <b>(mafenide acetate)</b>	Tier 3	QL (454 gm / 30 days)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<b>alclometasone dipropionate cream 0.05%</b>	Tier 1	QL (60 gm / 30 days)

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>mometasone furoate solution 0.1% (lotion)</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>prednicarbate cream 0.1%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>prednicarbate oint 0.1%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>triamcinolone acetonide cream 0.1%</i></b>	Tier 1	QL (454 gm / 30 days)
<b><i>triamcinolone acetonide cream 0.5%</i></b>	Tier 1	QL (15 gm / 30 days)
<b><i>triamcinolone acetonide cream 0.025%</i></b>	Tier 1	QL (454 gm / 30 days)
<b><i>triamcinolone acetonide lotion 0.1%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>triamcinolone acetonide lotion 0.025%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>triamcinolone acetonide oint 0.1%</i></b>	Tier 1	QL (454 gm / 30 days)
<b><i>triamcinolone acetonide oint 0.5%</i></b>	Tier 1	QL (15 gm / 30 days)
<b><i>triamcinolone acetonide oint 0.025%</i></b>	Tier 1	QL (454 gm / 30 days)
<b>ECZEMA AGENTS</b>		
<b>DUPIXENT INJ 100/0.67 (<i>dupilumab</i>)</b>	Tier 3	PA
<b>DUPIXENT INJ 200MG (<i>dupilumab</i>)</b>	Tier 3	PA
<b>DUPIXENT INJ 300/2ML (<i>dupilumab</i>)</b>	Tier 3	PA; Pen
<b>DUPIXENT INJ 300/2ML (<i>dupilumab</i>)</b>	Tier 3	PA; Prefilled Syringe
<b>EMOLLIENTS</b>		
<b><i>emollient - ointment</i> (Hydrophor)</b>	Tier 1	OTC
<b><i>lactic acid (ammonium lactate) cream 12%</i></b>	Tier 1	QL (280 gm / 30 days), OTC
<b><i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)</b>	Tier 1	QL (225 gm / 30 days), OTC
<b>ENZYMES - TOPICAL</b>		
<b>SANTYL OIN 250/GM (<i>collagenase</i>)</b>	Tier 3	PA, QL (60 gm / 30 days)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<b><i>imiquimod cream 5%</i></b>	Tier 1	PA, QL (24 ea / 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<b><i>tacrolimus oint 0.1%</i></b>	Tier 1	PA, QL (30 gm / 30 days)
<b><i>tacrolimus oint 0.03%</i></b>	Tier 1	PA, QL (30 gm / 30 days)
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<b><i>podofilox soln 0.5%</i></b>	Tier 1	QL (7 mL / 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<b><i>capsaicin cream 0.1%</i></b>	Tier 1	OTC
<b><i>lidocaine cream 4%</i></b>	Tier 1	QL (90 gm / 30 days), OTC
<b><i>lidocaine hcl gel 2%</i> (Regenecare Ha)</b>	Tier 1	OTC; Regenecare gel products preferred
<b><i>lidocaine hcl soln 4%</i></b>	Tier 1	
<b><i>lidocaine hcl urethral/mucosal gel 2%</i></b>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</b>	Tier 1	
<b>lidocaine patch 4%</b> (Gnp Lidocaine Pain Relief)	Tier 1	QL (90 patches / 30 days), OTC
<b>lidocaine patch 5%</b>	Tier 1	PA, QL (90 ea / 30 days)
<b>lidocaine-prilocaine cream 2.5-2.5%</b>	Tier 1	QL (60 gm / 30 days)
<b>MISC. TOPICAL</b>		
DRYSOL SOL 20% ( <b>aluminum chloride</b> )	Tier 1	QL (60 mL / 30 days)
<b>skin protectants misc - cream</b> (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% ( <b>menthol-zinc oxide</b> )	Tier 1	OTC
<b>ROSACEA AGENTS</b>		
<b>metronidazole cream 0.75%</b>	Tier 1	QL (45 gm / 30 days)
<b>metronidazole gel 0.75%</b>	Tier 1	QL (45 gm / 30 days)
<b>metronidazole lotion 0.75%</b>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% ( <b>brimonidine tartrate (topical)</b> )	Tier 3	PA
<b>SCABICIDES &amp; PEDICULICIDES</b>		
EURAX CRE 10% ( <b>crotamiton</b> )	Tier 2	ST, QL (60 gm / 30 days); Prior use of permethrin 5% cream within the past 90 days.
<b>ivermectin lotion 0.5%</b>	Tier 1	PA, QL (117 gm / 30 days)
<b>lindane shampoo 1%</b>	Tier 1	QL (60 mL / 30 days)
<b>malathion lotion 0.5%</b>	Tier 1	QL (59 mL / 30 days)
<b>permethrin aerosol 0.5%</b> (Sm Bedding Lice Treatment)	Tier 1	OTC
<b>permethrin cream 5%</b>	Tier 1	QL (120 gm / 30 days)
<b>permethrin creme rinse 1%</b> (Lice Treatment)	Tier 1	OTC
<b>permethrin lotion 1%</b> (Sm Lice Treatment)	Tier 1	OTC
<b>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</b> (Stop Lice Complete Lice T)	Tier 1	OTC
<b>pyrethrins-piperonyl butoxide liq 0.3-3%</b> (Sb Lice Treatment)	Tier 1	OTC
<b>pyrethrins-piperonyl butoxide liq 0.33-4%</b> (Stop Lice Maximum Strengt)	Tier 1	OTC
<b>pyrethrins-piperonyl butoxide shampoo 0.33-4%</b> (Lice Killing Maximum Stre)	Tier 1	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RA LICE KIT SOLUTION ( <i>permethrin &amp; pyrethrins-piperonyl butoxide spinosad susp 0.9%</i> )	Tier 1	OTC
ULESFIA LOT 5% ( <i>benzyl alcohol (pediculicide)</i> )	Tier 3	PA

### **WOUND CARE PRODUCTS**

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

#### **DIAGNOSTIC DRUGS**

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

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

### **DIGESTIVE AIDS**

#### **DIGESTIVE ENZYMES**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZENPEP CAP 25000 ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL

## DIURETICS

### CARBONIC ANHYDRASE INHIBITORS

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

### DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50 ( <i>spironolactone &amp; hydrochlorothiazide</i> )	Tier 2	MAIL
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL

### LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 1	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torseamide tab 5 mg</i>	Tier 1	MAIL
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>torse mide tab 100 mg</i></b>	Tier 1	MAIL
<b>POTASSIUM SPARING DIURETICS</b>		
<b><i>amiloride hcl tab 5 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone tab 25 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone tab 50 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone tab 100 mg</i></b>	Tier 1	MAIL
<b><i>triamterene cap 50 mg</i></b>	Tier 1	MAIL
<b><i>triamterene cap 100 mg</i></b>	Tier 1	MAIL
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<b><i>chlorothiazide tab 250 mg</i></b>	Tier 1	MAIL
<b><i>chlorothiazide tab 500 mg</i></b>	Tier 1	MAIL
<b><i>chlorthalidone tab 25 mg</i></b>	Tier 1	MAIL
<b><i>chlorthalidone tab 50 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide cap 12.5 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 12.5 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 25 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 50 mg</i></b>	Tier 1	MAIL
<b><i>indapamide tab 1.25 mg</i></b>	Tier 1	MAIL
<b><i>indapamide tab 2.5 mg</i></b>	Tier 1	MAIL
<b><i>methyclothiazide tab 5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 2.5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 10 mg</i></b>	Tier 1	MAIL
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<b><i>alendronate sodium tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>alendronate sodium tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>alendronate sodium tab 35 mg</i></b>	Tier 1	QL (4 tablets / 28 days), MAIL
<b><i>alendronate sodium tab 40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>alendronate sodium tab 70 mg</i></b>	Tier 1	QL (4 tablets / 28 days), MAIL
<b><i>calcitonin (salmon) nasal soln 200 unit/act</i></b>	Tier 1	QL (30 mL / 30 days), MAIL
<b><i>etidronate disodium tab 200 mg</i></b>	Tier 1	MAIL
<b><i>etidronate disodium tab 400 mg</i></b>	Tier 1	MAIL
<b>FORTEO INJ 600/2.4 (<i>teriparatide (recombinant)</i>)</b>	Tier 3	PA
<b><i>ibandronate sodium tab 150 mg (base equivalent)</i></b>	Tier 1	QL (1 tablet / 28 days), MAIL
<b>PROLIA SOL 60MG/ML (<i>denosumab</i>)</b>	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risedronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 1	QL (1 tablet / 28 days), MAIL
TYMLOS INJ ( <i>abaloparatide</i> )	Tier 3	PA
XGEVA INJ ( <i>denosumab</i> )	Tier 3	PA
<b>FERTILITY REGULATORS</b>		
<i>clomiphene citrate tab 50 mg</i>	Tier 1	PA, QL (10 tabs / 5 days); Max 5 days supply
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ 10MG ( <i>pegvisomant</i> )	Tier 3	PA
SOMAVERT INJ 15MG ( <i>pegvisomant</i> )	Tier 3	PA
SOMAVERT INJ 20MG ( <i>pegvisomant</i> )	Tier 3	PA
<b>GROWTH HORMONES</b>		
OMNITROPE INJ 5.8MG ( <i>somatropin</i> )	Tier 3	PA
OMNITROPE INJ 5/1.5ML ( <i>somatropin</i> )	Tier 3	PA
OMNITROPE INJ 10/1.5ML ( <i>somatropin</i> )	Tier 3	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA TAB 60MG ( <i>ospemifene</i> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>raloxifene hcl tab 60 mg</i>	PREV	QL (30 tabs / 30 days), MAIL; Prev for ages 35 and over, otherwise Tier 1
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	Tier 3	PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPANETA KIT 3.75-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	Tier 3	PA
LUPANETA KIT 11.25-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	Tier 3	PA
LUPR DEP-PED INJ 3M 30MG ( <i>leuprolide acetate (cpp) (3 month)</i> )	Tier 3	PA
LUPR DEP-PED INJ 7.5MG ( <i>leuprolide acetate (cpp)</i> )	Tier 3	PA
LUPR DEP-PED INJ 11.25MG ( <i>leuprolide acetate (cpp)</i> )	Tier 3	PA
LUPR DEP-PED INJ 11.25MG ( <i>leuprolide acetate (cpp) (3 month)</i> )	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPR DEP-PED INJ 15MG ( <i>leuprolide acetate (cpp)</i> )	Tier 3	PA
SYNAREL SOL 2MG/ML ( <i>nafarelin acetate</i> )	Tier 3	PA
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	PA
CYSTADANE POW ( <i>betaine</i> )	Tier 3	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	Tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 1	PA
<i>nitisinone cap 5 mg</i>	Tier 1	PA
<i>nitisinone cap 10 mg</i>	Tier 1	PA
ORFADIN CAP 20MG ( <i>nitisinone</i> )	Tier 3	PA
<i>paricalcitol cap 1 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol iv soln 2 mcg/ml</i>	Tier 1	
<i>paricalcitol iv soln 5 mcg/ml</i>	Tier 1	
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 1	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 1	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	PA, MAIL
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	PA, MAIL
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML ( <i>desmopressin acetate</i> )	Tier 3	PA
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>SOMATOSTATIC AGENTS</b>		
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b>	Tier 1	PA
<b>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b>	Tier 1	PA
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b>	Tier 1	PA
<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b>	Tier 1	PA
<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b>	Tier 1	PA
<b>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</b>	Tier 1	PA
<b>SANDOSTATIN KIT LAR 10MG (octreotide acetate)</b>	Tier 3	PA
<b>SANDOSTATIN KIT LAR 20MG (octreotide acetate)</b>	Tier 3	PA
<b>SANDOSTATIN KIT LAR 30MG (octreotide acetate)</b>	Tier 3	PA
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<b>tolvaptan tab 15 mg</b>	Tier 1	PA
<b>tolvaptan tab 30 mg</b>	Tier 1	PA
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<b>DUAVEE TAB 0.45-20 (conjugated estrogens-bazedoxifene)</b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Lopreeza)</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>PREMPHASE TAB (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMPRO TAB (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMPRO TAB 0.3-1.5 (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMPRO TAB 0.45-1.5 (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>ESTROGENS</b>		
<b><i>estradiol tab 0.5 mg</i></b>	Tier 1	MAIL
<b><i>estradiol tab 1 mg</i></b>	Tier 1	MAIL
<b><i>estradiol tab 2 mg</i></b>	Tier 1	MAIL
<b><i>estradiol td patch twice weekly 0.1 mg/24hr</i></b>	Tier 1	QL (8 ea / 28 days), MAIL
<b><i>estradiol td patch twice weekly 0.05 mg/24hr</i></b>	Tier 1	QL (8 ea / 28 days), MAIL
<b><i>estradiol td patch twice weekly 0.025 mg/24hr</i></b>	Tier 1	QL (8 ea / 28 days), MAIL
<b><i>estradiol td patch twice weekly 0.075 mg/24hr</i></b>	Tier 1	QL (8 ea / 28 days), MAIL
<b><i>estradiol td patch twice weekly 0.0375 mg/24hr</i></b>	Tier 1	QL (8 ea / 28 days), MAIL
<b><i>estradiol td patch weekly 0.1 mg/24hr</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b><i>estradiol td patch weekly 0.05 mg/24hr</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b><i>estradiol td patch weekly 0.06 mg/24hr</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b><i>estradiol td patch weekly 0.025 mg/24hr</i></b>	Tier 1	QL (4 patches / 28 days), MAIL
<b><i>estradiol td patch weekly 0.075 mg/24hr</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b><i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b>MENEST TAB 0.3MG (<i>esterified estrogens</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>MENEST TAB 0.625MG (<i>esterified estrogens</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>MENEST TAB 1.25MG (<i>esterified estrogens</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 0.3MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 0.9MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 0.45MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 0.625MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 1.25MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
<b>BAXDELA TAB 450MG (delafloxacin meglumine)</b>	Tier 3	PA
<b>ciprofloxacin hcl tab 250 mg (base equiv)</b>	Tier 1	
<b>ciprofloxacin hcl tab 500 mg (base equiv)</b>	Tier 1	
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	Tier 1	
<b>levofloxacin oral soln 25 mg/ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>levofloxacin tab 250 mg</b>	Tier 1	
<b>levofloxacin tab 500 mg</b>	Tier 1	
<b>levofloxacin tab 750 mg</b>	Tier 1	
<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	Tier 1	
<b>ofloxacin tab 300 mg</b>	Tier 1	
<b>ofloxacin tab 400 mg</b>	Tier 1	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIPLATULENTS</b>		
<b>simethicone cap 125 mg (Cvs Gas Relief)</b>	Tier 1	OTC
<b>simethicone cap 180 mg</b>	Tier 1	OTC
<b>simethicone chew tab 80 mg</b>	Tier 1	OTC
<b>simethicone chew tab 125 mg (Cvs Gas Relief Extra Stre)</b>	Tier 1	OTC
<b>simethicone liquid 40 mg/0.6ml (Cvs Gas Relief Drops Extr)</b>	Tier 1	OTC
<b>simethicone susp 40 mg/0.6ml (Gas Relief)</b>	Tier 1	OTC
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<b>ursodiol cap 300 mg</b>	Tier 1	QL (60 caps / 30 days), MAIL
<b>ursodiol tab 250 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>ursodiol tab 500 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<b>lubiprostone cap 8 mcg</b>	Tier 3	PA, MAIL
<b>lubiprostone cap 24 mcg</b>	Tier 3	PA, MAIL
<b>GASTROINTESTINAL STIMULANTS</b>		
<b>metoclopramide hcl inj 5 mg/ml (base equivalent)</b>	Tier 1	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	Tier 1	
<b>metoclopramide hcl tab 5 mg (base equivalent)</b>	Tier 1	QL (180 tabs / 30 days)
<b>metoclopramide hcl tab 10 mg (base equivalent)</b>	Tier 1	QL (180 tabs / 30 days)
<b>INFLAMMATORY BOWEL AGENTS</b>		
<b>AVSOLA INJ 100MG (infliximab-axxq)</b>	Tier 3	PA
<b>balsalazide disodium cap 750 mg</b>	Tier 1	QL (270 caps / 30 days), MAIL
<b>CIMZIA KIT 200MG (certolizumab pegol)</b>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>CIMZIA PREFL KIT 200MG/ML (certolizumab pegol)</b>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>CIMZIA START KIT 200MG/ML (certolizumab pegol)</b>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>DIPENTUM CAP 250MG (olsalazine sodium)</b>	Tier 3	MAIL
<b>INFLECTRA INJ 100MG (infliximab-dyyb)</b>	Tier 3	PA
<b>mesalamine cap er 24hr 0.375 gm</b>	Tier 1	QL (120 caps / 30 days), MAIL
<b>mesalamine enema 4 gm</b>	Tier 1	
<b>mesalamine tab delayed release 800 mg</b>	Tier 1	MAIL
<b>RENFLEXIS INJ 100MG (infliximab-abda)</b>	Tier 3	PA
<b>STELARA INJ 5MG/ML (ustekinumab (iv))</b>	Tier 3	PA; Preferred Brand
<b>sulfasalazine tab 500 mg</b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>sulfasalazine tab delayed release 500 mg</b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>INTESTINAL ACIDIFIERS</b>		
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	Tier 1	MAIL
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<b>alosetron hcl tab 0.5 mg (base equiv)</b>	Tier 1	PA, MAIL
<b>alosetron hcl tab 1 mg (base equiv)</b>	Tier 1	PA, MAIL
<b>LINZESS CAP 72MCG (linaclotide)</b>	Tier 2	PA, MAIL
<b>LINZESS CAP 145MCG (linaclotide)</b>	Tier 2	PA, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LINZESS CAP 290MCG ( <i>linaclotide</i> )	Tier 2	PA, MAIL
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB 12.5MG ( <i>naloxegol oxalate</i> )	Tier 3	PA
MOVANTIK TAB 25MG ( <i>naloxegol oxalate</i> )	Tier 3	PA
RELISTOR INJ 12/0.6ML ( <i>methylnaltrexone bromide</i> )	Tier 3	PA
RELISTOR TAB 150MG ( <i>methylnaltrexone bromide</i> )	Tier 3	PA
SYMPROIC TAB 0.2MG ( <i>naldemedine tosylate</i> )	Tier 3	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG ( <i>sucroferric oxyhydroxide</i> )	Tier 3	PA, MAIL
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Tier 1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG ( <i>cysteamine bitartrate</i> )	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)</b>	Tier 3	PA
<b>GENITOURINARY IRRIGANTS</b>		
<b><i>acetic acid irrigation soln 0.25%</i></b>	Tier 1	
<b><i>sodium chloride irrigation soln 0.9%</i></b>	Tier 1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
<b>ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)</b>	Tier 3	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<b><i>alfuzosin hcl tab er 24hr 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>dutasteride cap 0.5 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i></b>	Tier 1	PA, QL (30 caps / 30 days), MAIL
<b><i>finasteride tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>silodosin cap 4 mg</i></b>	Tier 1	PA, QL (30 caps / 30 days), MAIL
<b><i>silodosin cap 8 mg</i></b>	Tier 1	PA, QL (30 caps / 30 days), MAIL
<b><i>tamsulosin hcl cap 0.4 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b>URINARY ANALGESICS</b>		
<b><i>phenazopyridine hcl tab 100 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>phenazopyridine hcl tab 200 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<b><i>colchicine w/ probenecid tab 0.5-500 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>GOUT AGENTS</b>		
<b><i>allopurinol tab 100 mg</i></b>	Tier 1	MAIL
<b><i>allopurinol tab 300 mg</i></b>	Tier 1	MAIL
<b><i>colchicine tab 0.6 mg</i></b>	Tier 1	QL (30 tabs / 90 days)
<b>FEBUXOSTAT TAB 40 MG</b>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<b>FEBUXOSTAT TAB 80 MG</b>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<b>URICOSURICS</b>		
<b><i>probenecid tab 500 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ALPHANINE SD INJ 500UNIT ( <i>coagulation factor ix</i> )	Tier 3	PA
ALPHANINE SD INJ 1500UNIT ( <i>coagulation factor ix</i> )	Tier 3	PA
HELIXATE FS INJ 500UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
HELIXATE FS INJ 2000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
HELIXATE FS INJ 3000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
KOGENATE FS INJ 250UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
KOGENATE FS INJ 1000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
KOGENATE FS INJ 2000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
KOGENATE FS INJ 3000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
MONOCLATE-P INJ 1000UNIT ( <i>antihemophilic factor (human)</i> )	Tier 3	PA
RECOMBINATE INJ ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
RECOMBINATE INJ 220-400 ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
RECOMBINATE INJ 401-800 ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
RECOMBINATE INJ 801-1240 ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 1	PA
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ 500UNIT ( <i>c1 esterase inhibitor (human)</i> )	Tier 3	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FOLIC ACID/FOLATES</b>		
<b><i>folic acid cap 0.8 mg</i></b> (Fa-8)	PREV	QL (30 caps / 30 days), OTC, MAIL; Prev for ages 55 and under, otherwise Tier 1
<b><i>folic acid tab 1 mg</i></b>	Tier 1	MAIL
<b><i>folic acid tab 400 mcg</i></b>	PREV	QL (30 tabs / 30 days), OTC, MAIL; Prev for ages 55 and under, otherwise Tier 1
<b><i>folic acid tab 800 mcg</i></b>	PREV	QL (30 tabs / 30 days), OTC, MAIL; Prev for ages 55 and under, otherwise Tier 1
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
ARANESP INJ 25MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
ARANESP INJ 40MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
ARANESP INJ 60MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
ARANESP INJ 100MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
ARANESP INJ 150MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
ARANESP INJ 200MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
ARANESP INJ 300MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
ARANESP INJ 500MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 3	PA
EPOGEN INJ 3000/ML ( <b><i>epoetin alfa</i></b> )	Tier 3	PA
EPOGEN INJ 4000/ML ( <b><i>epoetin alfa</i></b> )	Tier 3	PA
EPOGEN INJ 10000/ML ( <b><i>epoetin alfa</i></b> )	Tier 3	PA
EPOGEN INJ 20000/ML ( <b><i>epoetin alfa</i></b> )	Tier 3	PA
PROCRIPT INJ 2000/ML ( <b><i>epoetin alfa</i></b> )	Tier 3	PA
PROCRIPT INJ 3000/ML ( <b><i>epoetin alfa</i></b> )	Tier 3	PA
PROCRIPT INJ 40000/ML ( <b><i>epoetin alfa</i></b> )	Tier 3	PA
PROMACTA TAB 12.5MG ( <b><i>eltrombopag olamine</i></b> )	Tier 3	PA, QL (30 tabs / 30 days)
PROMACTA TAB 25MG ( <b><i>eltrombopag olamine</i></b> )	Tier 3	PA, QL (60 tabs / 30 days)
PROMACTA TAB 50MG ( <b><i>eltrombopag olamine</i></b> )	Tier 3	PA, QL (60 tabs / 30 days)
PROMACTA TAB 75MG ( <b><i>eltrombopag olamine</i></b> )	Tier 3	PA, QL (60 tabs / 30 days)
RETACRIT INJ 2000UNIT ( <b><i>epoetin alfa-epbx</i></b> )	Tier 3	PA
RETACRIT INJ 3000UNIT ( <b><i>epoetin alfa-epbx</i></b> )	Tier 3	PA
RETACRIT INJ 4000UNIT ( <b><i>epoetin alfa-epbx</i></b> )	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETACRIT INJ 10000UNT ( <b>epoetin alfa-epbx</b> )	Tier 3	PA
RETACRIT INJ 20000UNI ( <b>epoetin alfa-epbx</b> )	Tier 3	PA
RETACRIT INJ 40000UNT ( <b>epoetin alfa-epbx</b> )	Tier 3	PA
ZARXIO INJ 300/0.5 ( <b>filgrastim-sndz</b> )	Tier 3	PA, QL (7 mL / 14 days)
ZARXIO INJ 480/0.8 ( <b>filgrastim-sndz</b> )	Tier 3	PA, QL (11.2 mL / 14 days)
ZIEXTENZO INJ 6/0.6ML ( <b>pegfilgrastim-bmez</b> )	Tier 3	PA, QL (0.6 per 14 days)

#### **HEMATOPOIETIC MIXTURES**

<b>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</b> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE ( <b>polysaccharide iron-folic acid-vit b12</b> )	Tier 1	OTC
<b>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</b> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)

#### **IRON**

<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG ( <b>ferrous fumarate</b> )	Tier 1	OTC, MAIL
<b>ferrous fumarate tab 324 mg (106 mg elemental fe)</b>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<b>ferrous gluconate tab 240 mg (27 mg elemental fe)</b> (Ferate)	Tier 1	OTC, MAIL
<b>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</b>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</b> (Px Iron)	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab er 45 mg (fe equivalent)</b> (Slow-release Iron)	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</b> (Slow Iron)	Tier 1	OTC, MAIL
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate tab 325 mg (65 mg elemental fe)</b>	Tier 1	OTC, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i></b>	Tier 1	OTC, MAIL
<b><i>ferrous sulfate tab er 47.5 mg (elemental fe)</i></b> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<b><i>ferrous sulfate tab er 50 mg (elemental fe)</i></b> (Slow Release Iron)	Tier 1	OTC, MAIL
<b><i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i></b>	Tier 1	OTC, MAIL
IRON CHW PEDIATRI ( <b><i>carbonyl iron</i></b> )	Tier 1	OTC
<b><i>polysaccharide iron complex cap 150 mg (iron equivalent)</i></b> (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG ( <b><i>ferrous sulfate</i></b> )	Tier 1	OTC, MAIL

## HEMOSTATICS

### HEMOSTATICS - SYSTEMIC

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

## HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

### ANTI-HISTAMINE HYPNOTICS

<b><i>diphenhydramine hcl (sleep) tab 25 mg</i></b> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<b><i>diphenhydramine hcl (sleep) tab 50 mg</i></b>	Tier 1	OTC, MAIL
<b><i>doxylamine succinate (sleep) tab 25 mg</i></b> (Sleep Aid)	Tier 1	OTC, MAIL

### BARBITURATE HYPNOTICS

<b><i>phenobarbital elixir 20 mg/5ml</i></b>	Tier 1	QL (1500 mL / 30 days), AGE; AGE (Max 12 years)
<b><i>phenobarbital tab 15 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 16.2 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 32.4 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 64.8 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>phenobarbital tab 97.2 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days)

### HYPNOTICS - TRICYCLIC AGENTS

<b><i>doxepin hcl (sleep) tab 3 mg (base equiv)</i></b>	Tier 1	PA, MAIL
<b><i>doxepin hcl (sleep) tab 6 mg (base equiv)</i></b>	Tier 1	PA, MAIL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NON-BARBITURATE HYPNOTICS</b>		
<b><i>estazolam tab 1 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>estazolam tab 2 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 1 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 2 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 3 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>flurazepam hcl cap 15 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<b><i>flurazepam hcl cap 30 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<b><i>temazepam cap 15 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<b><i>temazepam cap 30 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<b><i>triazolam tab 0.25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>triazolam tab 0.125 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>zaleplon cap 5 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<b><i>zaleplon cap 10 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<b><i>zolpidem tartrate tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>zolpidem tartrate tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)

Drug Name	Drug Tier	Requirements/Limits
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB 5MG ( <i>suvorexant</i> )	Tier 3	PA
BELSOMRA TAB 10MG ( <i>suvorexant</i> )	Tier 3	PA
BELSOMRA TAB 15MG ( <i>suvorexant</i> )	Tier 3	PA
BELSOMRA TAB 20MG ( <i>suvorexant</i> )	Tier 3	PA
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ CAP 20MG ( <i>tasimelteon</i> )	Tier 3	PA
<i>ramelteon tab 8 mg</i>	Tier 1	PA, MAIL
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
<i>corn dextrin oral powder</i> (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG ( <i>psyllium</i> )	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
METAMUCIL WAF ( <i>psyllium</i> )	Tier 1	OTC, MAIL
<i>methylcellulose tab 500 mg</i> (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
<i>psyllium cap 0.52 gm</i> (Fiber Laxative)	Tier 1	OTC, MAIL
<i>psyllium cap 400 mg</i> (Reguloid)	Tier 1	OTC, MAIL
<i>psyllium powder 28.3%</i> (Gnp Natural Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 30.9%</i> (Konsyl)	Tier 1	OTC, MAIL
<i>psyllium powder 33%</i> (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
<i>psyllium powder 48.57%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 58.6%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 95%</i> (Qc Natural Vegetable)	Tier 1	OTC, MAIL
<i>psyllium powder 100%</i>	Tier 1	OTC, MAIL
UNIFIBER POW ( <i>cellulose</i> )	Tier 1	OTC
<i>wheat dextrin oral powder</i> (Clear Soluble Fiber)	Tier 1	OTC
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ SOL ( <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i> )	PREV	Prev for ages 45-74, otherwise Tier 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</b>	PREV	Prev for ages 45-74, otherwise Tier 3
<b>MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)</b>	Tier 1	OTC, MAIL
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b>	PREV	Prev for ages 45-74, otherwise Tier 1
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</b>	PREV	Prev for ages 45-74, otherwise Tier 1
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</b>	PREV	Prev for ages 45-74, otherwise Tier 3
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b>	PREV	Prev for ages 45-74, otherwise Tier 1
<b>PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)</b>	PREV	Prev for ages 45-74, otherwise Tier 3
<b>PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)</b>	PREV	Prev for ages 45-74, otherwise Tier 3
<b>sennosides-docusate sodium tab 8.6-50 mg</b>	Tier 1	OTC, MAIL
<b>SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)</b>	PREV	Prev for ages 45-74, otherwise Tier 3
<b>LAXATIVES - MISCELLANEOUS</b>		
<b>glycerin suppos 1.2 gm (Gnp Glycerin Child)</b>	Tier 1	OTC
<b>glycerin suppos 2 gm (Cvs Glycerin Adult)</b>	Tier 1	OTC
<b>glycerin suppos 2.1 gm (Gnp Glycerin Adult)</b>	Tier 1	OTC
<b>glycerin suppos 80.7% (Ra Glycerin Child)</b>	Tier 1	OTC
<b>lactulose solution 10 gm/15ml</b>	Tier 1	MAIL
<b>polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)</b>	Tier 1	QL (60 packets / 30 days), OTC
<b>polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)</b>	Tier 1	QL (527 gm / 30 days), OTC
<b>LUBRICANT LAXATIVES</b>		
<b>mineral oil</b>	Tier 1	OTC
<b>mineral oil enema</b>	Tier 1	OTC
<b>SALINE LAXATIVES</b>		
<b>magnesium citrate soln (Gnp Magnesium Citrate)</b>	Tier 1	OTC
<b>magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)</b>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>magnesium hydroxide susp concentrate 2400 mg/10ml</b> (Milk Of Magnesia Concentr)	Tier 1	OTC
<b>OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)</b>	Tier 3	PA
<b>sodium phosphates - enema</b>	Tier 1	OTC

### **STIMULANT LAXATIVES**

<b>bisacodyl suppos 10 mg</b> (Cvs Gentle Laxative)	Tier 1	OTC
<b>bisacodyl tab delayed release 5 mg</b> (Stimulant Laxative)	Tier 1	OTC
<b>sennosides chew tab 15 mg</b> (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
<b>sennosides syrup 8.8 mg/5ml</b>	Tier 1	OTC, MAIL
<b>sennosides tab 8.6 mg</b> (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
<b>sennosides tab 25 mg</b> (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL

### **SURFACTANT LAXATIVES**

<b>docusate calcium cap 240 mg</b> (Stool Softener)	Tier 1	OTC
<b>docusate sodium cap 50 mg</b> (Ra Col-rite)	Tier 1	OTC
<b>docusate sodium cap 100 mg</b> (Stool Softener)	Tier 1	OTC
<b>docusate sodium cap 250 mg</b>	Tier 1	OTC
<b>docusate sodium liquid 150 mg/15ml</b> (Silace)	Tier 1	OTC
<b>docusate sodium syrup 60 mg/15ml</b> (Silace)	Tier 1	OTC
<b>docusate sodium tab 100 mg</b> (Dok)	Tier 1	OTC
<b>DOCUSOL PLUS ENE 20-283 (benzocaine-docusate sodium)</b>	Tier 1	OTC
<b>PEDIA-LAX LIQ 50MG (docusate sodium)</b>	Tier 1	OTC

### **MACROLIDES**

#### **AZITHROMYCIN**

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>CLARITHROMYCIN</b>		
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
<b>ERYTHROMYCINS</b>		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 1	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 1	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 1	
<b>FIDAXOMICIN</b>		
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	Tier 3	PA
<b>MEDICAL DEVICES</b>		
<b>Parenteral Therapy Supplies</b>		
BD U-500 MIS 31GX6MM ( <i>insulin syringe/needle u-500</i> )	DME	QL (150 ea / 30 days)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CAYA DPR ( <i>diaphragm arc-spring</i> )	PREV	
FC2 FEMALE MIS CONDOM ( <i>condoms - female</i> )	PREV	QL (12 / 45 days), OTC
FEMCAP MIS 22MM ( <i>cervical caps</i> )	PREV	
FEMCAP MIS 26MM ( <i>cervical caps</i> )	PREV	
FEMCAP MIS 30MM ( <i>cervical caps</i> )	PREV	
OMNIFLEX DPR ( <i>diaphragms</i> )	PREV	
WIDE-SEAL DPR KIT 60 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 65 ( <i>diaphragm wide seal</i> )	PREV	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WIDE-SEAL DPR KIT 70 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 75 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 80 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 85 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 90 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 95 ( <i>diaphragm wide seal</i> )	PREV	

### **DIABETIC SUPPLIES**

DEXCOM G5 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization
DEXCOM G5 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	PA, QL (1 box / 90 days); Age 2 to 18 with history of insulin, no prior authorization
DEXCOM G6 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization
DEXCOM G6 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (3 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization
DEXCOM G6 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	PA, QL (1 box / 90 days); Age 2 to 18 with history of insulin, no prior authorization
FREESTY LIBR KIT 2 SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (2 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization
FREESTY LIBR MIS 2 READER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (2 boxes / 30 days); 14 day; Age 2 to 18 with history of insulin, no prior authorization

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (3 boxes / 30 days); 10 day; Age 2 to 18 with history of insulin, no prior authorization
FREESTYLE MIS READER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization
G5/G4 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (4 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization
LANCETS MIS 30G	DME	OTC
RELION TRUE KIT MET AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT METER ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX MIS AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim

#### **MISC. DEVICES**

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

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 32GX4MM ( <i>insulin pen needle</i> )	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM ( <i>insulin pen needle</i> )	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM ( <i>insulin pen needle</i> )	DME	QL (150 / 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP ( <i>syringe (disposable)</i> )	DME	

### **RESPIRATORY THERAPY SUPPLIES**

ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS ( <i>nebulizers</i> )	Tier 2	OTC
INSPIRACHAMB MIS LARGE ( <i>spacer/aerosol-holding chambers</i> )	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED ( <i>peak flow meter</i> )	DME	QL (1 each / year), OTC
PULMONEB LT MIS NEBULIZE ( <i>nebulizers</i> )	Tier 2	QL (1 each / 30 days)

### **MIGRAINE PRODUCTS**

#### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AIMOVIG INJ 70MG/ML ( <i>erenumab-aooe</i> )	Tier 3	PA, QL (2 pens / 28 days)
AIMOVIG INJ 140MG/ML ( <i>erenumab-aooe</i> )	Tier 3	PA, QL (1 pen / 28 days)
EMGALITY INJ 100MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 3	PA, QL (3 syringes / 28 days)
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 3	PA, QL (2 pens / 28 days)
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 3	PA, QL (2 syringes / 28 days)
NURTEC TAB 75MG ODT ( <i>rimegepant sulfate</i> )	Tier 3	PA, QL (8 tabs / 30 days)
UBRELVY TAB 50MG ( <i>ubrogepant</i> )	Tier 3	PA, QL (16 ea / 30 days)
UBRELVY TAB 100MG ( <i>ubrogepant</i> )	Tier 3	PA, QL (16 ea / 30 days)

#### **MIGRAINE COMBINATIONS**

<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	PA
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#### **MIGRAINE PRODUCTS**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 1	PA
ERGOMAR SUB 2MG ( <i>ergotamine tartrate</i> )	Tier 3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SEROTONIN AGONISTS</b>		
<b><i>almotriptan malate tab 6.25 mg</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>almotriptan malate tab 12.5 mg</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>eletriptan hydrobromide tab 20 mg (base equivalent)</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>eletriptan hydrobromide tab 40 mg (base equivalent)</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>frovatriptan succinate tab 2.5 mg (base equivalent)</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>naratriptan hcl tab 1 mg (base equiv)</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>naratriptan hcl tab 2.5 mg (base equiv)</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>REYVOW TAB 50MG (lasmiditan succinate)</i></b>	Tier 3	PA, QL (8 tabs / 30 days)
<b><i>REYVOW TAB 100MG (lasmiditan succinate)</i></b>	Tier 3	PA, QL (8 tabs / 30 days)
<b><i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>rizatriptan benzoate tab 5 mg (base equivalent)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>rizatriptan benzoate tab 10 mg (base equivalent)</i></b>	Tier 1	QL (12 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>sumatriptan succinate inj 6 mg/0.5ml</i></b>	Tier 1	QL (2 mL / 30 days); Vials
<b><i>sumatriptan succinate tab 25 mg</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>sumatriptan succinate tab 50 mg</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>sumatriptan succinate tab 100 mg</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>zolmitriptan nasal spray 2.5 mg/spray unit</i></b>	Tier 1	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan nasal spray 5 mg/spray unit</i></b>	Tier 1	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan orally disintegrating tab 2.5 mg</i></b>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan orally disintegrating tab 5 mg</i></b>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan tab 2.5 mg</i></b>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan tab 5 mg</i></b>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

## **MINERALS & ELECTROLYTES**

### **CALCIUM**

<b><i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i></b> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> (Sm Calcium 600 + D Plus M)	Tier 1	OTC
<b>calcium carbonate tab 1250 mg (500 mg elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium carbonate tab 1500 mg (600 mg elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium carbonate tab 1500 mg (600 mg elemental ca)</b> (Calcium 600)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol cap 600 mg-500 unit</b> (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</b> (Calcium 500/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</b> (Oysco 500+d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</b> (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 250 mg-125 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-125 unit</b> (Calcium 500 + D)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-125 unit</b> (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-200 unit</b> (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-200 unit</b> (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-400 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-400 unit</b> (Oystercal-d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-600 unit</b> (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 600 mg-200 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 600 mg-400 unit</b>	Tier 1	OTC, MAIL

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

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

## **MAGNESIUM**

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REVLIMID CAP 25MG ( <i>lenalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 50MG ( <i>thalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 100MG ( <i>thalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 150MG ( <i>thalidomide</i> )	Tier 3	PA, QL (60 per 30 days)
THALOMID CAP 200MG ( <i>thalidomide</i> )	Tier 3	PA, QL (60 per 30 days)

### **IMMUNOSUPPRESSIVE AGENTS**

<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 1	PA
<i>everolimus tab 0.25 mg</i>	Tier 1	PA
<i>everolimus tab 0.75 mg</i>	Tier 1	PA
<i>everolimus tab 1 mg</i>	Tier 1	PA
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	MAIL
NEORAL CAP 25MG ( <i>cyclosporine modified (for microemulsion)</i> )	Tier 2	MAIL
NEORAL CAP 100MG ( <i>cyclosporine modified (for microemulsion)</i> )	Tier 2	MAIL
SANDIMMUNE CAP 25MG ( <i>cyclosporine</i> )	Tier 2	MAIL
SANDIMMUNE CAP 100MG ( <i>cyclosporine</i> )	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 1	MAIL
<i>sirolimus tab 1 mg</i>	Tier 1	MAIL
<i>sirolimus tab 2 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG ( <i>everolimus (immunosuppressant)</i> )	Tier 3	PA
ZORTRESS TAB 0.25MG ( <i>everolimus (immunosuppressant)</i> )	Tier 3	PA
ZORTRESS TAB 0.75MG ( <i>everolimus (immunosuppressant)</i> )	Tier 3	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZORTRESS TAB 1MG ( <i>everolimus (immunosuppressant)</i> )	Tier 3	PA
<b>IRRIGATION SOLUTIONS</b>		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK 5GM ( <i>sodium zirconium cyclosilicate</i> )	Tier 3	QL (90 / 30 days), MAIL
LOKELMA PAK 10GM ( <i>sodium zirconium cyclosilicate</i> )	Tier 3	QL (90 / 30 days), MAIL
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
VELTASSA POW 8.4GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 16.8GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 25.2GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG ( <i>miconazole (mouth-throat)</i> )	Tier 3	PA
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<b>DENTAL PRODUCTS</b>		
<i>sodium fluoride cream 1.1%</i> (Sf 5000 Plus)	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f)</i> (Sf)	Tier 1	MAIL
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
<b><i>b-complex w/ c &amp; folic acid cap 1 mg</i></b> (Virt-caps)	Tier 1	
<b><i>b-complex w/ c &amp; folic acid tab</i></b> (Vita- bee/c)	Tier 1	OTC
<b><i>b-complex w/ c &amp; folic acid tab 0.8 mg</i></b> (Rena-vite)	Tier 1	OTC
<b><i>b-complex w/ c &amp; folic acid tab 5 mg</i></b> (Folbee Plus)	Tier 1	
<b>MULTIPLE VITAMINS W/ IRON</b>		
<b><i>multiple vitamins w/ iron tab</i></b> (Stress Formula W/iron)	Tier 1	OTC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<b><i>multiple vitamins w/ minerals cap</i></b> (V-c Forte)	Tier 1	
<b><i>multiple vitamins w/ minerals liquid</i></b> (Multivitamin & Mineral)	Tier 1	OTC
<b><i>multiple vitamins w/ minerals tab</i></b> (Ocuvite/lutein)	Tier 1	OTC
<b>MULTIVITAMINS</b>		
<b><i>multiple vitamin cap</i></b> (Mv-one)	Tier 1	OTC
<b><i>multiple vitamin tab</i></b> (Daily Vite)	Tier 1	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<b><i>pediatric multiple vitamins w/ fl-fe</i></b> <b><i>drops 0.25-10 mg/ml</i></b> (Multi- vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days), OTC
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<b>AQUADEKS DRO (<i>pediatric multiple</i></b> <b><i>vitamin w/ minerals &amp; c</i>)</b>	Tier 1	OTC
<b><i>pediatric multiple vitamin w/ minerals</i></b> <b><i>&amp; c chew tab</i></b> (Mvw Complete Formulation)	Tier 1	OTC
<b><i>pediatric multiple vitamin w/ minerals</i></b> <b><i>&amp; c chew tab</i></b> (Polyvitamin/iron)	Tier 1	OTC
<b>PED MV W/ FLUORIDE</b>		
<b><i>pediatric multiple vitamins w/ fluoride</i></b> <b><i>chew tab 0.5 mg</i></b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<b><i>pediatric multiple vitamins w/ fluoride</i></b> <b><i>chew tab 0.25 mg</i></b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<b><i>pediatric multiple vitamins w/ fluoride</i></b> <b><i>chew tab 1 mg</i></b> (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
<b><i>pediatric multiple vitamins w/ fluoride</i></b> <b><i>soln 0.5 mg/ml</i></b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC
<b>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<b>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<b>PED MV W/ IRON</b>		
ANIMAL SHAPE CHW IRON ( <b>pediatric multiple vitamins w/ iron</b> )	Tier 1	OTC
MULTIVITAMIN DRO /IRON ( <b>pediatric multiple vitamins w/ iron</b> )	Tier 2	OTC
<b>pediatric multiple vitamins w/ iron chew tab 15 mg</b> (Chewable Vite With Iron/c)	Tier 1	OTC
<b>pediatric multiple vitamins w/ iron chew tab 18 mg</b> (Ultra Choice Multivitamin)	Tier 1	OTC
POLY-VITE SOL /IRON ( <b>pediatric multiple vitamins w/ iron</b> )	Tier 1	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
MULT VITAM DRO ( <b>pediatric multiple vitamins</b> )	Tier 2	QL (50 / 30 days), OTC
<b>pediatric multiple vitamin liq</b> (Multi-delyn)	Tier 1	OTC
<b>pediatric multiple vitamin w/ c &amp; fa chew tab</b> (Chewable Vite Childrens)	Tier 1	OTC
<b>pediatric multiple vitamin w/ extra c &amp; fa chew tab</b> (Land Before Time Multivit)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML ( <b>pediatric multiple vitamins</b> )	Tier 2	OTC
POLY-VITE DRO ( <b>pediatric multiple vitamins</b> )	Tier 1	OTC
<b>PEDIATRIC VITAMINS</b>		
<b>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</b> (Bprotected Pedia Tri-vite)	Tier 1	QL (50 / 30 days), OTC
TRI-VI-SOL SOL A/C/D ( <b>pediatric vitamins adc</b> )	Tier 2	QL (50 / 30 days), OTC
<b>PRENATAL VITAMINS</b>		
BE WELL PAK ROUNDED ( <b>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</b> )	Tier 1	OTC
BRAINSTRONG MIS PRENATAL ( <b>prenatal mv &amp; min w/fe carbonyl-fa-dha</b> )	Tier 1	QL (30 tabs / 30 days), OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PRENATAL DHA PAK MULTI (prenatal mv &amp; min w/ methylfolate-choline-fish oil)</b>	Tier 1	OTC
<b>PRENATAL FRM TAB A-FREE (prenatal without a vit w/ fe fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>PRENATAL MUL CAP +DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</b>	Tier 1	QL (30 caps / 30 days), OTC
<b>PRENATAL TAB (prenatal vit w/ ferrous fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>PRENATAL TAB COMPLETE (prenatal vit w/ ferrous fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>PRENATAL TAB FORMULA (prenatal vit w/ selenium-fe fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg (Inatal Gt)</b>	Tier 1	QL (30 tabs / 30 days)
<b>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg (Prenatal 19)</b>	Tier 1	QL (30 tabs / 30 days)
<b>prenatal vit w/ fe fumarate-fa tab 28-1 mg (Trinate)</b>	Tier 1	QL (30 tabs / 30 days)
<b>prenatal vit w/ iron carbonyl-fa tab 29-1 mg (Prenatabs Rx)</b>	Tier 1	QL (30 tabs / 30 days)
<b>PRENATAL+DHA MIS (prenatal mv &amp; min w/fe fumarate-fa-dha)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>PRENATAL/FE TAB (prenatal multivit-min w/fe-fa)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>RA PRENATAL TAB FORMULA (prenatal vit w/ ferrous fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>SE-NATAL 19 CHW (prenatal vit w/ ferrous fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days)
<b>SM ONE DAILY MIS PRENATAL (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>THERANATAL MIS COMPLETE (prenatal mv &amp; min w/fe fumarate-fa-dha)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>TL FOLATE TAB (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days)
<b>TRINATAL RX TAB 1 (prenatal vit w/ ferrous fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VINATE II TAB (prenatal vit w/ fe bisglycinate chelate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VINATE M TAB (prenatal vit w/ selenium-fe fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VITAFOL-OB TAB 65-1MG (prenatal vit w/ ferrous fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VOL-PLUS TAB (prenatal vit w/ ferrous fumarate-folic acid)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VOL-TAB RX TAB (prenatal vit w/ iron carbonyl-folic acid)</b>	Tier 1	QL (30 tabs / 30 days)

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

<b>baclofen tab 10 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>baclofen tab 20 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>carisoprodol tab 350 mg</b>	Tier 1	QL (120 tabs / 30 days)
<b>chlorzoxazone tab 500 mg</b>	Tier 1	QL (180 tabs / 30 days)
<b>cyclobenzaprine hcl tab 5 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>cyclobenzaprine hcl tab 10 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>metaxalone tab 800 mg</b>	Tier 1	PA
<b>methocarbamol tab 500 mg</b>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Max 64 years)
<b>methocarbamol tab 750 mg</b>	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
<b>orphenadrine citrate tab er 12hr 100 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b>tizanidine hcl tab 4 mg (base equivalent)</b>	Tier 1	QL (270 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

### **DIRECT MUSCLE RELAXANTS**

<b>dantrolene sodium cap 25 mg</b>	Tier 1	
<b>dantrolene sodium cap 50 mg</b>	Tier 1	
<b>dantrolene sodium cap 100 mg</b>	Tier 1	

### **MUSCLE RELAXANT COMBINATIONS**

<b>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</b>	Tier 1	PA, QL (240 tabs / 30 days)
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### **VISCOSUPPLEMENTS**

<b>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</b>	Tier 3	PA, QL (3 syringes / 180 days)
<b>VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))</b>	Tier 3	PA, QL (3 syringes / 180 days)

## **NASAL AGENTS - SYSTEMIC AND TOPICAL**

### **NASAL AGENTS - MISC.**

<b>saline nasal spray 0.65% (Cvs Saline Nasal Spray)</b>	Tier 1	OTC
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**AGE** - Age Limit **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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

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

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

## **NEUROMUSCULAR AGENTS**

### **ALS AGENTS**

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

BOTOX INJ 100UNIT <b>(onabotulinumtoxin)</b>	Tier 3	PA
BOTOX INJ 200UNIT <b>(onabotulinumtoxin)</b>	Tier 3	PA

## **NUTRIENTS**

### **MISC. NUTRITIONAL SUBSTANCES**

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

## **OPHTHALMIC AGENTS**

### **ARTIFICIAL TEARS AND LUBRICANTS**

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



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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ofloxacin ophth soln 0.3%</i></b>	Tier 1	QL (5 mL / 30 days)
<b><i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i></b>	Tier 1	QL (10 mL / 30 days)
<b><i>sulfacetamide sodium ophth soln 10%</i></b>	Tier 1	QL (15 mL / 30 days)
<b><i>tobramycin ophth soln 0.3%</i></b>	Tier 1	QL (5 mL / 30 days)
<b><i>trifluridine ophth soln 1%</i></b>	Tier 1	QL (7.5 mL / 30 days)
<b>ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)</b>	Tier 3	PA
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<b><i>cyclosporine (ophth) emulsion 0.05%</i></b>	Tier 1	PA, MAIL
<b>RESTASIS EMU 0.05% (<i>cyclosporine (ophth)</i>)</b>	Tier 3	PA, MAIL
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<b><i>proparacaine hcl ophth soln 0.5%</i></b>	Tier 1	
<b>OPHTHALMIC STEROIDS</b>		
<b>ALREX SUS 0.2% (<i>loteprednol etabonate</i>)</b>	Tier 3	PA
<b><i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i></b>	Tier 1	
<b><i>dexamethasone sodium phosphate ophth soln 0.1%</i></b>	Tier 1	QL (5 mL / 30 days)
<b><i>difluprednate ophth emulsion 0.05%</i></b>	Tier 1	PA
<b>DUREZOL EMU 0.05% (<i>difluprednate</i>)</b>	Tier 3	PA
<b><i>fluorometholone ophth susp 0.1%</i></b>	Tier 1	QL (15 mL / 30 days)
<b>LOTEMAX GEL 0.5% (<i>loteprednol etabonate</i>)</b>	Tier 3	PA
<b>LOTEMAX OIN 0.5% (<i>loteprednol etabonate</i>)</b>	Tier 3	PA
<b><i>loteprednol etabonate ophth gel 0.5%</i></b>	Tier 1	PA
<b><i>loteprednol etabonate ophth susp 0.5%</i></b>	Tier 1	PA
<b><i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i></b>	Tier 1	
<b><i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i></b>	Tier 1	
<b>PRED-G SUS OP (<i>gentamicin-prednisolone acetate</i>)</b>	Tier 3	QL (10 mL / 30 days)
<b><i>prednisolone acetate ophth susp 1%</i></b>	Tier 1	
<b><i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i></b>	Tier 1	
<b>TOBRADEX OIN 0.3-0.1% (<i>tobramycin-dexamethasone</i>)</b>	Tier 2	QL (3.5 gm / 30 days)
<b><i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i></b>	Tier 1	QL (10 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYLET SUS 0.5-0.3% ( <i>loteprednol etabonate-tobramycin</i> )	Tier 3	QL (10 mL / 30 days)
<b>OPHTHALMICS - MISC.</b>		
ALOCRI SOL 2% ( <i>nedocromil sodium (ophth)</i> )	Tier 3	PA, MAIL
ALOMIDE SOL 0.1% OP ( <i>lodoxamide tromethamine</i> )	Tier 3	PA, MAIL
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP ( <i>brinzolamide</i> )	Tier 2	QL (10 mL / 30 days), MAIL
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	PA, MAIL
BEPREVE DRO 1.5% ( <i>bepotastine besilate</i> )	Tier 3	PA, MAIL
<i>brinzolamide ophth susp 1%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% ( <i>cysteamine hcl</i> )	Tier 3	PA
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP ( <i>emedastine difumarate</i> )	Tier 3	PA, MAIL
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL
LASTACFT SOL 0.25% ( <i>alcaftadine</i> )	Tier 3	PA, MAIL
NEVANAC SUS 0.1% ( <i>nepafenac</i> )	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PATADAY SOL 0.1% ( <i>olopatadine hcl</i> )	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.2% ( <i>olopatadine hcl</i> )	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC

### **PROSTAGLANDINS - OPHTHALMIC**

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

### **OTIC AGENTS**

#### **OTIC AGENTS - MISCELLANEOUS**

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

#### **OTIC ANTI-INFECTIVES**

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

#### **OTIC COMBINATIONS**

CIPRO HC SUS OTIC ( <i>ciprofloxacin-hydrocortisone</i> )	Tier 3	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i></b>	Tier 1	PA
<b>COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)</b>	Tier 3	
<b><i>neomycin-polymyxin-hc otic soln 1%</i></b>	Tier 1	
<b><i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i></b>	Tier 1	
<b>OTIC STEROIDS</b>		
<b><i>fluocinolone acetonide (otic) oil 0.01%</i></b>	Tier 1	
<b><i>hydrocortisone w/ acetic acid otic soln 1-2%</i></b>	Tier 1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<b><i>methylergonovine maleate tab 0.2 mg</i></b>	Tier 1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
<b>CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)</b>	Tier 3	PA
<b>CUVITRU INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)</b>	Tier 3	PA
<b>CUVITRU SOL 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)</b>	Tier 3	PA
<b>CUVITRU SOL 10GM/50M (<i>immune globulin (human) subcutaneous</i>)</b>	Tier 3	PA
<b>FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)</b>	Tier 3	PA
<b>GAMASTAN INJ (<i>immune globulin (human) im</i>)</b>	Tier 3	PA
<b>GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)</b>	Tier 3	PA
<b>GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)</b>	Tier 3	PA
<b>HIZENTRA INJ 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)</b>	Tier 3	PA
<b>HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)</b>	Tier 3	PA
<b>HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)</b>	Tier 3	PA
<b>HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)</b>	Tier 3	PA
<b>HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)</b>	Tier 3	PA
<b>OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)</b>	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PRIVIGEN INJ 20GRAMS (immune globulin (human) iv)</b>	Tier 3	PA
<b>RHOGAM PLUS INJ 300MCG (rho d immune globulin (human))</b>	Tier 2	
<b>MONOCLONAL ANTIBODIES</b>		
<b>SYNAGIS INJ 50MG (palivizumab)</b>	Tier 3	PA
<b>SYNAGIS INJ 100MG/ML (palivizumab)</b>	Tier 3	PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
<b>HYQVIA INJ 2.5-200 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA
<b>HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA
<b>HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA
<b>HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA
<b>HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<b>amoxicillin (trihydrate) cap 250 mg</b>	Tier 1	
<b>amoxicillin (trihydrate) cap 500 mg</b>	Tier 1	
<b>amoxicillin (trihydrate) chew tab 125 mg</b>	Tier 1	AGE; AGE (Max 12 years)
<b>amoxicillin (trihydrate) chew tab 250 mg</b>	Tier 1	AGE; AGE (Max 12 years)
<b>amoxicillin (trihydrate) for susp 125 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>amoxicillin (trihydrate) for susp 200 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>amoxicillin (trihydrate) for susp 250 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>amoxicillin (trihydrate) for susp 400 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>amoxicillin (trihydrate) tab 500 mg</b>	Tier 1	
<b>amoxicillin (trihydrate) tab 875 mg</b>	Tier 1	
<b>ampicillin cap 500 mg</b>	Tier 1	
<b>NATURAL PENICILLINS</b>		
<b>penicillin v potassium for soln 125 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>penicillin v potassium for soln 250 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>penicillin v potassium tab 250 mg</i></b>	Tier 1	
<b><i>penicillin v potassium tab 500 mg</i></b>	Tier 1	

#### **PENICILLIN COMBINATIONS**

<b><i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate tab 250-125 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b><i>amoxicillin &amp; k clavulanate tab 500-125 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b><i>amoxicillin &amp; k clavulanate tab 875-125 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b>AUGMENTIN SUS 125/5ML (<i>amoxicillin &amp; pot clavulanate</i>)</b>	Tier 3	AGE; AGE (Max 12 years)
<b><i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i></b>	Tier 1	
<b><i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i></b>	Tier 1	

#### **PENICILLINASE-RESISTANT PENICILLINS**

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

#### **PROGESTINS**

##### **PROGESTINS**

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>progesterone cap 100 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>progesterone cap 200 mg</i>	Tier 1	QL (60 caps / 30 days)

## **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

### **AGENTS FOR CHEMICAL DEPENDENCY**

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

### **ANTI-CATAPLECTIC AGENTS**

XYREM SOL 500MG/ML ( <i>sodium oxybate</i> )	Tier 3	PA
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### **ANTIDEMENTIA AGENTS**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i></b>	Tier 1	MAIL
<b><i>rivastigmine tartrate cap 6 mg (base equivalent)</i></b>	Tier 1	MAIL
<b><i>rivastigmine td patch 24hr 4.6 mg/24hr</i></b>	Tier 1	PA, MAIL
<b><i>rivastigmine td patch 24hr 9.5 mg/24hr</i></b>	Tier 1	PA, MAIL
<b><i>rivastigmine td patch 24hr 13.3 mg/24hr</i></b>	Tier 1	PA, MAIL
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<b><i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i></b>	Tier 1	AGE (Max 64 years)
<b><i>chlordiazepoxide-amitriptyline tab 10-25 mg</i></b>	Tier 1	AGE (Max 64 years)
<b><i>perphenazine-amitriptyline tab 2-10 mg</i></b>	Tier 1	PA, MAIL; AGE (Max 64 years)
<b><i>perphenazine-amitriptyline tab 2-25 mg</i></b>	Tier 1	PA, MAIL; AGE (Max 64 years)
<b><i>perphenazine-amitriptyline tab 4-10 mg</i></b>	Tier 1	PA, MAIL; AGE (Max 64 years)
<b><i>perphenazine-amitriptyline tab 4-25 mg</i></b>	Tier 1	PA, MAIL; AGE (Max 64 years)
<b><i>perphenazine-amitriptyline tab 4-50 mg</i></b>	Tier 1	PA, MAIL; AGE (Max 64 years)
<b>FIBROMYALGIA AGENTS</b>		
<b>SAVELLA MIS TITR PAK (<i>milnacipran hcl</i>)</b>	Tier 3	PA, MAIL
<b>SAVELLA TAB 12.5MG (<i>milnacipran hcl</i>)</b>	Tier 3	PA, MAIL
<b>SAVELLA TAB 25MG (<i>milnacipran hcl</i>)</b>	Tier 3	PA, MAIL
<b>SAVELLA TAB 50MG (<i>milnacipran hcl</i>)</b>	Tier 3	PA, MAIL
<b>SAVELLA TAB 100MG (<i>milnacipran hcl</i>)</b>	Tier 3	PA, MAIL
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<b><i>tetrabenazine tab 12.5 mg</i></b>	Tier 1	PA
<b><i>tetrabenazine tab 25 mg</i></b>	Tier 1	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>AUBAGIO TAB 7MG (<i>teriflunomide</i>)</b>	Tier 3	PA
<b>AUBAGIO TAB 14MG (<i>teriflunomide</i>)</b>	Tier 3	PA
<b>AVONEX KIT 30MCG (<i>interferon beta-1a</i>)</b>	Tier 3	PA
<b>AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)</b>	Tier 3	PA
<b>AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)</b>	Tier 3	PA
<b>COPAXONE INJ 20MG/ML (<i>glatiramer acetate</i>)</b>	Tier 3	PA; Preferred Brand

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COPAXONE INJ 40MG/ML ( <i>glatiramer acetate</i> )	Tier 3	PA; Preferred Brand
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Tier 1	PA
EXTAVIA INJ 0.3MG ( <i>interferon beta-1b</i> )	Tier 3	PA
GILENYA CAP 0.5MG ( <i> fingolimod hcl</i> )	Tier 3	PA
MAYZENT TAB 0.25MG ( <i>siponimod fumarate</i> )	Tier 3	PA
MAYZENT TAB 2MG ( <i>siponimod fumarate</i> )	Tier 3	PA
PLEGRIDY INJ ( <i>peginterferon beta-1a</i> )	Tier 3	PA
PLEGRIDY INJ PEN ( <i>peginterferon beta-1a</i> )	Tier 3	PA
PLEGRIDY INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 3	PA
PLEGRIDY PEN INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 3	PA
REBIF INJ 22/0.5 ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF INJ 44/0.5 ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF REBIDO INJ 22/0.5 ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF REBIDO INJ 44/0.5 ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF REBIDO INJ TITRATN ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF TITRTN INJ PACK ( <i>interferon beta-1a</i> )	Tier 3	PA
TYSABRI INJ 300/15ML ( <i>natalizumab</i> )	Tier 3	PA
VUMERITY CAP 231MG ( <i>diroximel fumarate</i> )	Tier 3	PA, QL (120 / 30 days)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>ergoloid mesylates tab 1 mg</i>	Tier 1	PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days), MAIL
<i>pimozide tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PREV	QL (60 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CHANTIX PAK 0.5& 1MG ( <b>varenicline tartrate</b> )	PREV	QL (53 tabs / 24 days), MAIL; Max 2 fills
CHANTIX TAB 0.5MG ( <b>varenicline tartrate</b> )	PREV	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG ( <b>varenicline tartrate</b> )	PREV	QL (60 tabs / 30 days), MAIL
<b>nicotine polacrilex gum 2 mg</b>	PREV	QL (240 pieces / 30 days), OTC, MAIL
<b>nicotine polacrilex gum 4 mg</b> (Cvs Nicotine Polacrilex)	PREV	QL (240 pieces / 30 days), OTC, MAIL
<b>nicotine polacrilex lozenge 2 mg</b> (Cvs Nicotine Lozenge)	PREV	QL (240 lozgs / 30 days), OTC, MAIL
<b>nicotine polacrilex lozenge 4 mg</b> (Eq Nicotine Polacrilex)	PREV	QL (240 lozgs / 30 days), OTC, MAIL
NICOTINE SYS KIT TRANSDER	PREV	QL (56 patches / 30 days), OTC, MAIL
<b>nicotine td patch 24hr 7 mg/24hr</b> (Nicotine Transdermal Syst)	PREV	QL (30 patches / 30 days), OTC, MAIL
<b>nicotine td patch 24hr 14 mg/24hr</b> (Hm Nicotine Transdermal S)	PREV	QL (30 patches / 30 days), OTC, MAIL
<b>nicotine td patch 24hr 21 mg/24hr</b> (Cvs Nicotine Transdermal)	PREV	QL (30 patches / 30 days), OTC, MAIL
NICOTROL INH ( <b>nicotine</b> )	PREV	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML ( <b>nicotine</b> )	PREV	QL (40 mL / 30 days), MAIL

## RESPIRATORY AGENTS - MISC.

### ALPHA-PROTEINASE INHIBITOR (HUMAN)

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

### CYSTIC FIBROSIS AGENTS

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

### PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG ( <b>pirfenidone</b> )	Tier 3	PA
ESBRIET TAB 267MG ( <b>pirfenidone</b> )	Tier 3	PA
ESBRIET TAB 801MG ( <b>pirfenidone</b> )	Tier 3	PA
OFEV CAP 100MG ( <b>nintedanib esylate</b> )	Tier 3	PA
OFEV CAP 150MG ( <b>nintedanib esylate</b> )	Tier 3	PA
<b>pirfenidone tab 267 mg</b>	Tier 1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>pirfenidone tab 801 mg</i></b>	Tier 1	PA
<b>SULFONAMIDES</b>		
<b><i>SULFONAMIDES</i></b>		
SULFADIAZINE TAB 500 MG	Tier 3	
<b>TETRACYCLINES</b>		
<b><i>TETRACYCLINES</i></b>		
<b><i>demeclocycline hcl tab 150 mg</i></b>	Tier 1	
<b><i>demeclocycline hcl tab 300 mg</i></b>	Tier 1	
<b><i>doxycycline monohydrate cap 50 mg</i></b>	Tier 1	
<b><i>doxycycline monohydrate cap 100 mg</i></b>	Tier 1	
<b><i>doxycycline monohydrate tab 50 mg</i></b>	Tier 1	
<b><i>doxycycline monohydrate tab 100 mg</i></b>	Tier 1	
<b><i>minocycline hcl cap 50 mg</i></b>	Tier 1	
<b><i>minocycline hcl cap 75 mg</i></b>	Tier 1	
<b><i>minocycline hcl cap 100 mg</i></b>	Tier 1	
<b><i>tetracycline hcl cap 250 mg</i></b>	Tier 1	
<b><i>tetracycline hcl cap 500 mg</i></b>	Tier 1	
<b>THYROID AGENTS</b>		
<b><i>ANTITHYROID AGENTS</i></b>		
<b><i>methimazole tab 5 mg</i></b>	Tier 1	MAIL
<b><i>methimazole tab 10 mg</i></b>	Tier 1	MAIL
<b><i>propylthiouracil tab 50 mg</i></b>	Tier 1	MAIL
<b><i>THYROID HORMONES</i></b>		
ARMOUR THYRO TAB 15MG ( <b><i>thyroid</i></b> )	Tier 2	MAIL
ARMOUR THYRO TAB 30MG ( <b><i>thyroid</i></b> )	Tier 2	MAIL
ARMOUR THYRO TAB 60MG ( <b><i>thyroid</i></b> )	Tier 2	MAIL
ARMOUR THYRO TAB 90MG ( <b><i>thyroid</i></b> )	Tier 2	MAIL
ARMOUR THYRO TAB 120MG ( <b><i>thyroid</i></b> )	Tier 2	MAIL
ARMOUR THYRO TAB 180MG ( <b><i>thyroid</i></b> )	Tier 2	MAIL
ARMOUR THYRO TAB 240MG ( <b><i>thyroid</i></b> )	Tier 2	MAIL
ARMOUR THYRO TAB 300MG ( <b><i>thyroid</i></b> )	Tier 2	MAIL
<b><i>levothyroxine sodium tab 25 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 50 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 75 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 88 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 100 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 112 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 125 mcg</i></b> (Levoxyl)	Tier 1	MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>levothyroxine sodium tab 137 mcg</b> (Levoxyl)	Tier 1	MAIL
<b>levothyroxine sodium tab 150 mcg</b> (Levoxyl)	Tier 1	MAIL
<b>levothyroxine sodium tab 175 mcg</b> (Levoxyl)	Tier 1	MAIL
<b>levothyroxine sodium tab 200 mcg</b>	Tier 1	MAIL
<b>levothyroxine sodium tab 300 mcg</b>	Tier 1	MAIL
<b>liothyronine sodium iv soln 10 mcg/ml</b>	Tier 1	
<b>liothyronine sodium tab 5 mcg</b>	Tier 1	MAIL
<b>liothyronine sodium tab 25 mcg</b>	Tier 1	MAIL
<b>liothyronine sodium tab 50 mcg</b>	Tier 1	MAIL
NATURE THROI TAB 162.5MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 16.25MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 32.5MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 48.75MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 65MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 97.5MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 113.75MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 130MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 146.25MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 195MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 260MG ( <b>thyroid</b> )	Tier 2	MAIL
NATURE-THROI TAB 325MG ( <b>thyroid</b> )	Tier 2	MAIL
SYNTHROID TAB 25MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 50MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 75MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 88MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 100MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 112MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 125MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 137MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 150MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 175MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TAB 200MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
SYNTHROID TAB 300MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL
<b>thyroid tab 15 mg (1/4 grain)</b> (Np Thyroid 15)	Tier 1	MAIL
<b>thyroid tab 30 mg (1/2 grain)</b> (Np Thyroid 30)	Tier 1	MAIL
<b>thyroid tab 60 mg (1 grain)</b> (Np Thyroid 60)	Tier 1	MAIL
<b>thyroid tab 90 mg (1 1/2 grain)</b> (Np Thyroid 90)	Tier 1	MAIL
<b>thyroid tab 120 mg (2 grain)</b> (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG ( <b>liotrix (t3-t4)</b> )	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG ( <b>liotrix (t3-t4)</b> )	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG ( <b>liotrix (t3-t4)</b> )	Tier 2	MAIL
THYROLAR-2 TAB 120MG ( <b>liotrix (t3-t4)</b> )	Tier 2	MAIL
THYROLAR-3 TAB 180MG ( <b>liotrix (t3-t4)</b> )	Tier 2	MAIL
WP THYROID TAB 81.25MG ( <b>thyroid</b> )	Tier 2	MAIL

## **TOXOIDS**

### **TOXOID COMBINATIONS**

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

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

<b>atropine sul inj 0.1mg/ml</b>	Tier 1	
<b>atropine sul inj 0.05mg/1</b>	Tier 1	
<b>dicyclomine hcl cap 10 mg</b>	Tier 1	AGE; AGE (Max 64 years)
<b>dicyclomine hcl oral soln 10 mg/5ml</b>	Tier 1	AGE; AGE (Max 64 years)
<b>dicyclomine hcl tab 20 mg</b>	Tier 1	AGE; AGE (Max 64 years)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXILANT CAP 60MG DR <b>(dexlansoprazole)</b>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b>dexlansoprazole cap delayed release 30 mg</b>	Tier 1	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b>dexlansoprazole cap delayed release 60 mg</b>	Tier 1	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b> (Sm Esomeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
FIRST-OMEPRASUS 2MG/ML <b>(omeprazole)</b>	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<b>lansoprazole cap delayed release 15 mg</b>	Tier 1	ST, QL (60 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b>lansoprazole cap delayed release 30 mg</b>	Tier 1	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
NEXIUM 24HR CAP 20MG <b>(esomeprazole magnesium)</b>	Tier 1	QL (60 caps / 30 days), OTC, MAIL
<b>omeprazole cap delayed release 10 mg</b>	Tier 1	QL (60 caps / 30 days), MAIL
<b>omeprazole cap delayed release 20 mg</b>	Tier 1	QL (60 caps / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>omeprazole cap delayed release 40 mg</b>	Tier 1	QL (60 caps / 30 days), MAIL
<b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> (Cvs Omeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC
<b>omeprazole magnesium delayed release tab 20 mg (base equiv)</b>	Tier 1	QL (60 tabs / 30 days), OTC
<b>pantoprazole sodium ec tab 20 mg (base equiv)</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>pantoprazole sodium ec tab 40 mg (base equiv)</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>PRILOSEC OTC TAB 20MG (omeprazole magnesium)</b>	Tier 1	QL (60 tabs / 30 days), OTC
<b>rabeprazole sodium ec tab 20 mg</b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

#### **ULCER DRUGS - PROSTAGLANDINS**

<b>misoprostol tab 100 mcg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>misoprostol tab 200 mcg</b>	Tier 1	QL (120 tabs / 30 days), MAIL

#### **ULCER THERAPY COMBINATIONS**

<b>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</b>	Tier 1	Max 10 days supply
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#### **URINARY ANTI-INFECTIVES**

##### **URINARY ANTI-INFECTIVES**

<b>fosfomycin tromethamine powd pack 3 gm (base equivalent)</b>	Tier 1	
<b>methenamine hippurate tab 1 gm</b>	Tier 1	
<b>nitrofurantoin macrocrystalline cap 50 mg</b>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<b>nitrofurantoin macrocrystalline cap 100 mg</b>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Max 64 years)
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg</b>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<b>nitrofurantoin susp 25 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS</b>		
<b>(ANTICHOLINERGIC)</b>		
<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<b>oxybutynin chloride syrup 5 mg/5ml</b>	Tier 1	QL (600 mL / 30 days), MAIL
<b>oxybutynin chloride tab 5 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>oxybutynin chloride tab er 24hr 5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>oxybutynin chloride tab er 24hr 10 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>oxybutynin chloride tab er 24hr 15 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 <b>(oxybutynin)</b>	Tier 2	QL (8 ea / 30 days), OTC, MAIL
SOLIFENACIN SUCCINATE TAB 5 MG	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
SOLIFENACIN SUCCINATE TAB 10 MG	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<b>tolterodine tartrate tab 1 mg</b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<b>tolterodine tartrate tab 2 mg</b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG ( <b>fesoterodine fumarate</b> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL
TOVIAZ TAB 8MG ( <b>fesoterodine fumarate</b> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>tropium chloride cap er 24hr 60 mg</i></b>	Tier 1	ST, QL (30 caps / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<b><i>tropium chloride tab 20 mg</i></b>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB 25MG ( <b><i>mirabegron</i></b> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL
MYRBETRIQ TAB 50MG ( <b><i>mirabegron</i></b> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<b><i>bethanechol chloride tab 5 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>bethanechol chloride tab 10 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>bethanechol chloride tab 25 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>bethanechol chloride tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<b><i>flavoxate hcl tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
PNEUMOVAX 23 INJ 25/0.5 ( <b><i>pneumococcal vac polyvalent</i></b> )	PREV	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ ( <b><i>pneumococcal 13-valent conjugate vaccine</i></b> )	PREV	QL (Max 4 injections per lifetime)
PREVNAR 20 INJ ( <b><i>pneumococcal 20-valent conjugate vaccine</i></b> )	PREV	QL (1 inj / lifetime)
VAXNEUVANCE INJ ( <b><i>pneumococcal 15-valent conjugate vaccine</i></b> )	PREV	QL (1 inj / lifetime)
<b>VIRAL VACCINES</b>		
AFLURIA QUAD INJ 2021-22 ( <b><i>influenza virus vaccine split quadrivalent</i></b> )	PREV	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML ( <b><i>hepatitis b vaccine (recomb)</i></b> )	PREV	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML ( <b><i>hepatitis b vaccine (recomb)</i></b> )	PREV	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2021-22 ( <b><i>influenza virus vaccine split quadrivalent</i></b> )	PREV	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2021-22 ( <b><i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i></b> )	PREV	QL (Max 1 Injection per year)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUCLVX QUAD INJ 2021-22 ( <b><i>influenza virus vaccine tissue-cultured subunit quadrivalent</i></b> )	PREV	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2021-22 ( <b><i>influenza virus vaccine split quadrivalent</i></b> )	PREV	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2021-22 ( <b><i>influenza virus vaccine live quadrivalent</i></b> )	PREV	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE HD INJ 2021-22 ( <b><i>influenza virus vac split high-dose quad preservative free</i></b> )	PREV	QL (1 / year); AGE (Min 65 years)
FLUZONE QUAD INJ 2021-22 ( <b><i>influenza virus vaccine split quadrivalent</i></b> )	PREV	QL (Max 1 Injection per year)
GARDASIL 9 INJ ( <b><i>human papillomavirus (hpv) 9-valent recombinant vaccine</i></b> )	PREV	QL (3 inj / lifetime)
HAVRIX INJ 720UNIT ( <b><i>hepatitis a vaccine</i></b> )	PREV	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT ( <b><i>hepatitis a vaccine</i></b> )	PREV	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML ( <b><i>hepatitis b vaccine recombinant adjuvanted</i></b> )	PREV	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG ( <b><i>hepatitis b vaccine recombinant adjuvanted</i></b> )	PREV	QL (Maximum 3 injections per lifetime)
JANSSEN VACC INJ COVID-19 ( <b><i>covid-19 (sars-cov-2) adenovirus vaccine</i></b> )	PREV	
MODERNA VAC INJ COVID-19 ( <b><i>covid-19 (sars-cov-2) mrna virus vaccine</i></b> )	PREV	
PFIZER VACC INJ COVID-19 ( <b><i>covid-19 (sars-cov-2) mrna virus vaccine</i></b> )	PREV	
RECOMBIVA HB INJ 5MCG/0.5 ( <b><i>hepatitis b vaccine (recomb)</i></b> )	PREV	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML ( <b><i>hepatitis b vaccine (recomb)</i></b> )	PREV	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML ( <b><i>zoster vaccine recombinant adjuvanted</i></b> )	PREV	QL (Max 2 injections per lifetime), AGE; AGE (Min 18 years)
TWINRIX INJ ( <b><i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i></b> )	PREV	QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years)
VAQTA INJ 25/0.5ML ( <b><i>hepatitis a vaccine</i></b> )	PREV	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML ( <b><i>hepatitis a vaccine</i></b> )	PREV	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ ( <b><i>zoster vaccine live</i></b> )	PREV	QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years)

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

Drug Name	Drug Tier	Requirements/Limits
<b>VAGINAL PRODUCTS</b>		
<b>SPERMICIDES</b>		
ENCARE SUP 100MG ( <i>nonoxynol-9</i> )	PREV	OTC
GYNOL II GEL 3% ( <i>nonoxynol-9</i> )	PREV	OTC
SHUR-SEAL GEL 2% ( <i>nonoxynol-9</i> )	PREV	OTC
TODAY SPONGE MIS ( <i>nonoxynol-9</i> )	PREV	OTC
VCF VAGINAL AER CONTRACP ( <i>nonoxynol-9</i> )	PREV	OTC
VCF VAGINAL GEL CONTRACE ( <i>nonoxynol-9</i> )	PREV	OTC
VCF VAGINAL MIS CONTRACP ( <i>nonoxynol-9</i> )	PREV	OTC
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% ( <i>butoconazole nitrate (one dose)</i> )	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i> (Gnp Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK ( <i>miconazole nitrate vaginal</i> )	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	
<i>tioconazole vaginal oint 6.5%</i> (Ra Tioconazole 1)	Tier 1	OTC
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</b> (Aqueous Vitamin D Infants)	Tier 1	OTC
<b>cholecalciferol tab 10 mcg (400 unit)</b>	Tier 1	OTC
<b>cholecalciferol tab 25 mcg (1000 unit)</b>	Tier 1	OTC
<b>cholecalciferol tab 50 mcg (2000 unit)</b>	Tier 1	OTC
<b>cholecalciferol tab 125 mcg (5000 unit)</b>	Tier 1	OTC
<b>ergocalciferol cap 1.25 mg (50000 unit)</b>	Tier 1	
<b>phytonadione tab 5 mg</b>	Tier 1	QL (150 tabs / 30 days)
<b>WATER SOLUBLE VITAMINS</b>		
<b>ascorbic acid tab 500 mg</b> (Hm Vitamin C/rose Hips)	Tier 1	OTC
<b>niacin cap er 250 mg</b>	Tier 1	OTC
<b>niacin cap er 500 mg</b>	Tier 1	OTC
<b>niacin tab 50 mg</b>	Tier 1	OTC
<b>niacin tab 100 mg</b>	Tier 1	OTC
<b>niacin tab 250 mg</b>	Tier 1	OTC
<b>niacin tab 500 mg</b>	Tier 1	OTC
<b>niacin tab er 250 mg</b>	Tier 1	OTC
<b>niacin tab er 500 mg</b>	Tier 1	OTC
<b>niacin tab er 750 mg</b>	Tier 1	OTC
<b>niacinamide tab 500 mg</b>	Tier 1	OTC
<b>pyridoxine hcl tab 25 mg</b>	Tier 1	OTC
<b>pyridoxine hcl tab 50 mg</b>	Tier 1	OTC
<b>pyridoxine hcl tab 100 mg</b>	Tier 1	OTC
<b>riboflavin tab 100 mg</b> (Cvs Vitamin B-2)	Tier 1	OTC
<b>thiamine hcl tab 50 mg</b>	Tier 1	OTC
<b>thiamine hcl tab 100 mg</b>	Tier 1	OTC
<b>thiamine hcl tab 250 mg</b>	Tier 1	OTC
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*amphetamine-dextroamphetamine*  
*cap er 24hr 25 mg* ..... 1  
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*amphetamine-dextroamphetamine*  
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<b>carbidopa-levodopa-entacapone tabs 50-200-200 mg</b>	76	<b>cefaclor for susp 125 mg/5ml</b>	96
		<b>cefaclor for susp 250 mg/5ml</b>	96
		<b>cefaclor for susp 375 mg/5ml</b>	96
		<b>cefadroxil cap 500 mg</b>	96
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		<b>cefadroxil for susp 500 mg/5ml</b>	96
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		<b>cefdinir for susp 125 mg/5ml</b>	96
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		<b>cefditoren pivoxil tab 200 mg (base equivalent)</b>	96
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