

3T NY Modified eff 08/01/2018

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	3	ST; PA**
ULORIC TAB 80MG	3	ST; PA**
NON-OPIOID ANALGESICS§		
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>margesic cap</i>	1	QL (48 caps / 25 days)
<i>tencon tab 50-325mg</i>	1	QL (48 tabs / 25 days)
NSAIDS, COMBINATIONS§		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
NSAIDS§		
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy PA** - PA Applies if Step is not Met OTC - Over the counter ^ - Diabetic Drugs / Supplies are Medical Benefit M - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>fenoprofen calcium cap 400 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tabs / 25 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	

OPIOID AGONIST/ANTAGONISTS

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 25 days)
SUBOXONE MIS 2-0.5MG	2	QL (90 units / 25 days)
SUBOXONE MIS 4-1MG	2	QL (90 units / 25 days)
SUBOXONE MIS 8-2MG	2	QL (90 units / 25 days)
SUBOXONE MIS 12-3MG	2	QL (60 units / 25 days)
ZUBSOLV SUB 0.7-0.18	2	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 units / 25 days)

OPIOID ANALGESICS§

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 25 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles / 25 days)
CAPITAL/COD SUS 120-12/5	3	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
<i>codeine sulfate tab 15 mg</i>	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
<i>codeine sulfate tab 60 mg</i>	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
EMBEDA CAP 20-0.8MG	3	QL (60 caps / 25 days), ST
EMBEDA CAP 30-1.2MG	3	QL (60 caps / 25 days), ST

Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 50-2MG	3	QL (30 caps / 25 days), ST
EMBEDA CAP 60-2.4MG	3	QL (30 caps / 25 days), ST
EMBEDA CAP 80-3.2MG	3	QL (30 caps / 25 days), ST
EMBEDA CAP 100-4MG	3	PA, ST; High Strength Requires PA
<i>endocet tab 2.5-325</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>endocet tab 7.5-325</i>	1	QL (240 tabs / 25 days), ST; Subject to initial 7- day limit
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	QL (120 lozenges / 25 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches / 25 days), ST
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches / 25 days), ST
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, ST; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, ST; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, ST; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 ml / 25 days), ST; Subject to initial 7- day limit

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
HYDROMORPHON SUP 3MG	3	QL (120 suppositories / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 ml / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	1	QL (150 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	QL (30 tabs / 25 days), ST
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	QL (30 tabs / 25 days), ST
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	QL (30 tabs / 25 days), ST
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	PA, ST; High Strength Requires PA
HYSINGLA ER TAB 20 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 30 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 40 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 60 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 80 MG	2	QL (30 tabs / 25 days), ST

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Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 100 MG	2	PA, ST; High Strength Requires PA
HYSINGLA ER TAB 120 MG	2	PA, ST; High Strength Requires PA
<i>levorphanol tartrate tab 2 mg</i>	1	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit
<i>loratab tab 10-325mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>methadone con 10mg/ml</i>	1	QL (60 mL / 25 days), ST; (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (450 ml / 25 days), ST
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (300 mL / 25 days), ST
<i>methadone hcl tab 5 mg</i>	1	QL (90 tabs / 25 days), ST
<i>methadone hcl tab 10 mg</i>	1	QL (60 tabs / 25 days), ST
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 25 days)
<i>methadose tab 40mg</i>	1	QL (9 tabs / 25 days)
MORPHINE SUL SUP 30MG	2	QL (90 supp / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL (60 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL (60 caps / 25 days), ST

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL (60 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL (30 caps / 25 days), ST
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (900 ml / 25 days), ST; Subject to initial 7- day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (675 mL / 25 days), ST; Subject to initial 7- day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 1 mg/ml)</i>	1	QL (135 mL / 25 days), ST; Subject to initial 7- day limit
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supp / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>morphine sulfate tab 30 mg</i>	1	QL (90 tabs / 25 days), ST; Subject to initial 7- day limit
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tabs / 25 days), ST
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tabs / 25 days), ST
<i>morphine sulfate tab er 60 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	PA, ST; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 50MG	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 100MG	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 150MG	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 200MG	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 250MG	2	PA, ST; High Strength Requires PA
NUCYNTA TAB 50MG	2	QL (120 tabs / 25 days), ST; Subject to initial 7- day limit
NUCYNTA TAB 75MG	2	QL (90 tabs / 25 days), ST; Subject to initial 7- day limit
NUCYNTA TAB 100MG	2	QL (60 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (90 mL / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 ml / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 15 mg</i>	1	QL (120 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 20 mg</i>	1	QL (90 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab 30 mg</i>	1	QL (60 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (60 tabs / 25 days), ST

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<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 ml / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs / 25 days), ST; Subject to initial 7- day limit
OXYCONTIN TAB 10MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 15MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 20MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 30MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 40MG CR	2	PA, ST; High Strength Requires PA
OXYCONTIN TAB 60MG CR	2	PA, ST; High Strength Requires PA
OXYCONTIN TAB 80MG CR	2	PA, ST; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxymorphone hcl tab 10 mg</i>	1	QL (90 tabs / 25 days), ST; Subject to initial 7- day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA, ST; High Strength Requires PA
PRIMLEV TAB 5-300MG	3	QL (360 tabs / 25 days), ST; Subject to initial 7- day limit
PRIMLEV TAB 7.5-300	3	QL (240 tabs / 25 days), ST; Subject to initial 7- day limit
PRIMLEV TAB 10-300MG	3	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7- day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (30 tabs / 25 days), ST
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, ST; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, ST; High Strength Requires PA
<i>xylon tab 10-200mg</i>	1	QL (50 tabs / 25 days), ST; Subject to initial 7- day limit
OPIOID PARTIAL AGONISTS§		
BELBUCA MIS 75MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 150MCG	2	QL (60 films / 25 days), ST

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BELBUCA MIS 300MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 450MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 600MCG	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	PA, ST; High Strength Requires Prior Auth
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs / 25 days); Must obtain approval after the initial fill
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs / 25 days); Must obtain approval after the initial fill

SALICYLATES

<i>aspirin chw 81mg</i>	0	OTC, QL (100 tabs / 30 days); OTC; \$0 copay- age and gender restrictions apply
<i>aspirin low tab 81mg ec</i>	0	OTC, QL (100 tabs / 30 days); OTC; \$0 copay- age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

KETEK TAB 300MG	3	
KETEK TAB 400MG	3	
MONUROL PAK GRANULES	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
SULFADIAZINE TAB 500MG	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	1	QL (280 mL / 28 days), PA

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA TAB 200MG	2	
ALINIA SUS 100/5ML	2	
ALINIA TAB 500MG	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	3	QL (84 vials / 28 days), PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	M
DARAPRIM TAB 25MG	3	
<i>doripenem for iv infusion 250 mg</i>	1	M
<i>doripenem for iv infusion 500 mg</i>	1	M
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
PENTAM 300 INJ 300MG	3	
<i>praziquantel tab 600 mg</i>	1	
PRIMSOL SOL 50MG/5ML	2	
SIVEXTRO INJ 200MG	3	M
SIVEXTRO TAB 200MG	3	
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy PA** - PA Applies if
Step is not Met OTC - Over the counter ^ - Diabetic Drugs / Supplies are Medical
Benefit M - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg</i>	1	QL (80 caps / 10 days)
XIFAXAN TAB 200MG	2	
XIFAXAN TAB 550MG	2	PA

ANTIFUNGALS

<i>amphotericin b for inj 50 mg</i>	1	
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
CRESEMBA CAP 186 MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
NOXAFIL SUS 40MG/ML	2	
NOXAFIL TAB 100MG	2	
<i>nystatin oral powder</i>	1	
<i>nystatin tab 500000 unit</i>	1	
SPORANOX SOL 10MG/ML	2	PA
<i>terbinafine hcl tab 250 mg</i>	1	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIRETROVIRAL AGENTS

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	2	QL (120 caps / 30 days)
APTIVUS SOL	2	QL (300 ml / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG	2	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	2	QL (180 caps / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	1	QL (30 caps / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz cap 200 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml / 28 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	3	QL (60 vials / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
INVIRASE CAP 200MG	2	QL (300 caps / 30 days)
INVIRASE TAB 500MG	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ml / 30 days)
<i>lamivudine tab 150 mg</i>	1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	1	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML	2	QL (1680 ml / 30 days)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 ml / 30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 tabs / 30 days)
NORVIR CAP 100MG	2	QL (360 caps / 30 days)
NORVIR SOL 80MG/ML	2	QL (480 mL / 30 days)
NORVIR TAB 100MG	2	QL (360 tabs / 30 days)
PREZISTA SUS 100MG/ML	2	QL (400 ml / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 75MG	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	2	QL (30 tabs / 30 days)
REYATAZ POW 50MG	2	QL (180 packets / 30 days)
<i>ritonavir tab 100 mg</i>	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML	2	QL (1840 mL / 30 days)
SELZENTRY TAB 25MG	2	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG	2	QL (120 tabs / 30 days)
<i>stavudine cap 15 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 tabs / 30 days)
TIVICAY TAB 10MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML	3	
TYBOST TAB 150MG	2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG	2	QL (30 caps / 30 days)
VIDEX SOL 2GM	2	QL (1200 ml / 30 days)
VIDEX SOL 4GM	2	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG	2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG	2	QL (120 tabs / 30 days)
VIRAMUNE SUS 50MG/5ML	2	QL (1200 mL / 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm / 30 days)
VIREAD TAB 150MG	2	QL (30 tabs / 30 days)
VIREAD TAB 200MG	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG	2	QL (30 tabs / 30 days)
ZERIT SOL 1MG/ML	2	QL (2400 ml / 30 days)
<i>zidovudine cap 100 mg</i>	1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ml / 30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 tabs / 30 days)
ATRIPLA TAB	2	QL (30 tabs / 30 days)
BIKTARVY TAB	2	QL (30 tabs / 30 days)
COMPLERA TAB	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	2	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (390 mL / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
STRIBILD TAB	2	QL (30 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	2	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
RIFAMATE CAP	2	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
RIFATER TAB	2	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	2	

ANTIVIRALS§

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL .05MG/ML	2	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
EPCLUSA TAB 400-100	3	QL (28 tabs / 28 days), PA
EPIVIR HBV SOL 5MG/ML	2	
<i>famciclovir tab 125 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
HARVONI TAB 90-400MG	3	QL (28 tabs / 28 days), PA
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (300 mL / 90 days)
PEGASYS INJ	3	QL (4 injections / 28 days), PA
PEGASYS INJ 180MCG/M	3	QL (4 injections / 28 days), PA
PEGASYS INJ PROCLICK	3	QL (4 injections / 28 days), PA
REBETOL SOL 40MG/ML	3	PA
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>ribasphere cap 200mg</i>	1	PA
<i>ribasphere tab 200mg</i>	1	PA
<i>ribasphere tab 400mg</i>	1	PA
<i>ribasphere tab 600mg</i>	1	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
<i>rimantadine hydrochloride tab 100 mg</i>	1	
SOVALDI TAB 400MG	3	QL (28 tabs / 28 days), PA, ST
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
VOSEVI TAB	3	QL (28 tabs / 28 days), PA
ZEPATIER TAB 50-100MG	3	QL (28 tabs / 28 days), PA, ST
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	2	
<i>cefaclor for susp 125 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	1	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>ceftazidime for inj 2 gm</i>	1	
<i>ceftibuten cap 400 mg</i>	1	
<i>ceftibuten for susp 180 mg/5ml</i>	1	
CEFTIN SUS 125/5ML	2	
CEFTIN SUS 250/5ML	2	
<i>ceftriaxone sodium for inj 1 gm</i>	1	M
<i>ceftriaxone sodium for inj 2 gm</i>	1	M
<i>ceftriaxone sodium for inj 10 gm</i>	1	M
<i>ceftriaxone sodium for inj 250 mg</i>	1	M
<i>ceftriaxone sodium for inj 500 mg</i>	1	M
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	M
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	M
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin tab 500 mg</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 1gm</i>	1	M
<i>tazicef inj 2gm</i>	1	M
<i>tazicef inj 6gm</i>	1	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	PA
<i>e.e.s. 400 tab 400mg</i>	1	
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
ERYPED SUS 400/5ML	2	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FLUOROQUINOLONES

<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
FACTIVE TAB 320MG	3	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	

TETRACYCLINES

<i>avidoxy tab 100mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>morgidox cap 1x100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU INJ 100MG	2	M
<i>busulfan inj 6 mg/ml</i>	1	M
CYCLOPHOSPH CAP 25MG	2	
CYCLOPHOSPH CAP 50MG	2	
<i>cyclophosphamide cap 25 mg</i>	1	
<i>cyclophosphamide cap 50 mg</i>	1	
<i>cyclophosphamide for inj 1 gm</i>	1	
<i>cyclophosphamide for inj 2 gm</i>	1	
<i>cyclophosphamide for inj 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine for inj 100 mg</i>	1	M
<i>dacarbazine for inj 200 mg</i>	1	M
EMCYT CAP 140MG	2	
GLEOSTINE CAP 5MG	2	
GLEOSTINE CAP 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
GLIADEL WAF 7.7MG	2	M
HEXALEN CAP 50MG	2	
<i>ifosfamide for inj 1 gm</i>	1	M
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	M
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	M
LEUKERAN TAB 2MG	2	
<i>melphalan tab 2 mg</i>	1	
TEMODAR INJ 100MG	3	PA; M
<i>temozolomide cap 5 mg</i>	3	PA
<i>temozolomide cap 20 mg</i>	3	PA
<i>temozolomide cap 100 mg</i>	3	PA
<i>temozolomide cap 140 mg</i>	3	PA
<i>temozolomide cap 180 mg</i>	3	PA
<i>temozolomide cap 250 mg</i>	3	PA
ANTHRACYCLINES		
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	1	M
DAUNOXOME INJ 2MG/ML	2	M
<i>doxorubicin hcl for inj 10 mg</i>	1	M
<i>doxorubicin hcl for inj 50 mg</i>	1	M
<i>doxorubicin hcl inj 2 mg/ml</i>	1	M
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1	M
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	1	M
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	1	M
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	M
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	M
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	M
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	M
<i>mitomycin for iv soln 20 mg</i>	1	M
<i>mitomycin for iv soln 40 mg</i>	1	M
ANTIMETABOLITES		
<i>adrucil inj 2.5g/50m</i>	1	M
<i>adrucil inj 500/10ml</i>	1	M

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Drug Name	Drug Tier	Requirements/Limits
ALIMTA INJ 100MG	2	M
ALIMTA INJ 500MG	2	M
ARRANON INJ 5MG/ML	2	M
<i>azacitidine for inj 100 mg</i>	3	PA; M
<i>capecitabine tab 150 mg</i>	3	QL (120 tabs / 30 days), PA
<i>capecitabine tab 500 mg</i>	3	QL (300 tabs / 30 days), PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	M
<i>clofarabine iv soln 1 mg/ml</i>	1	M
<i>cytarabine inj 20 mg/ml</i>	1	
<i>cytarabine inj pf 20 mg/ml</i>	1	
<i>cytarabine inj pf 100 mg/ml</i>	1	
<i>decitabine for inj 50 mg</i>	3	PA; M
DEPOCYT INJ 50MG/5ML	2	
<i>floxuridine for inj 0.5 gm</i>	1	
<i>fludarabine phosphate for inj 50 mg</i>	1	M
<i>fludarabine phosphate inj 25 mg/ml</i>	1	M
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	M
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	M
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	M
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	M
<i>gemcitabine hcl for inj 1 gm</i>	1	M
<i>gemcitabine hcl for inj 2 gm</i>	1	M
<i>gemcitabine hcl for inj 200 mg</i>	1	M
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	1	M
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1	M
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1	M
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
NIPENT INJ 10MG	2	M
TABLOID TAB 40MG	2	

ANTIMITOTIC, TAXOIDS

ABRAXANE INJ 100MG	2	M
DOCEFREZ INJ 20MG	2	M
<i>docetaxel for inj conc 20 mg/ml</i>	1	M
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	M
DOCETAXEL INJ 20/0.5ML	2	M
DOCETAXEL INJ 20MG/2ML	2	M
DOCETAXEL INJ 80MG/2ML	2	M
DOCETAXEL INJ 80MG/8ML	2	M
DOCETAXEL INJ 140/7ML	2	M
DOCETAXEL INJ 160/8ML	2	M
DOCETAXEL INJ 160/16ML	2	M
DOCETAXEL INJ 200MG/20	2	M
DOCETAXEL INJ NON-ALCO	2	M
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1	M
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1	M
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1	M
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	M
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	M
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	M
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	M

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate inj 1 mg/ml</i>	1	M
<i>vincasar pfs inj 1mg/ml</i>	1	M
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	M
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	M
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	M

BIOLOGIC RESPONSE MODIFIERS

ERBITUX INJ 100MG	3	PA; M
ERBITUX INJ 200MG	3	PA; M
ERIVEDGE CAP 150MG	3	QL (30 caps / 30 days), PA
FARYDAK CAP 10MG	3	PA
FARYDAK CAP 15MG	3	PA
FARYDAK CAP 20MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
GAZYVA INJ 25MG/ML	3	PA; M
IBRANCE CAP 75MG	3	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	3	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	3	QL (21 caps / 28 days), PA
KADCYLA INJ 100MG	3	PA; M
KADCYLA INJ 160MG	3	PA; M
KEYTRUDA INJ 100MG/4M	3	PA; M
KEYTRUDA SOL 50MG	3	PA; M
LYNPARZA CAP 50MG	3	QL (480 caps / 30 days), PA
LYNPARZA TAB 100MG	3	QL (180 tabs / 30 days), PA
LYNPARZA TAB 150MG	3	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	3	QL (224 caps / 28 days), PA
ZEJULA CAP 100MG	3	QL (90 caps / 30 days), PA
ZOLINZA CAP 100MG	3	QL (120 caps / 30 days), PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	
<i>exemestane tab 25 mg</i>	1	
FARESTON TAB 60MG	2	
FASLODEX INJ 250/5ML	2	
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	PA; M
LUPR DEP-PED INJ 3M 30MG	3	PA; M
LUPR DEP-PED INJ 7.5MG	3	PA; M
LUPR DEP-PED INJ 11.25MG	3	PA; M
LUPR DEP-PED INJ 15MG	3	PA
LUPRON DEPOT INJ 3.75MG	3	PA; M
LUPRON DEPOT INJ 7.5MG	3	PA; M
LUPRON DEPOT INJ 11.25MG	3	PA; M
LUPRON DEPOT INJ 22.5MG	3	PA; M
LUPRON DEPOT INJ 30MG	3	PA; M
LUPRON DEPOT INJ 45MG	3	PA; M
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i>	1	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer
XTANDI CAP 40MG	3	QL (120 caps / 30 days), PA
ZYTIGA TAB 250MG	3	QL (120 tabs / 30 days), PA
ZYTIGA TAB 500MG	3	QL (60 tabs / 30 days), PA

KINASE INHIBITORS

AFINITOR DIS TAB 2MG	3	QL (60 tabs / 30 days), PA
AFINITOR DIS TAB 3MG	3	QL (90 tabs / 30 days), PA
AFINITOR DIS TAB 5MG	3	QL (60 tabs / 30 days), PA
AFINITOR TAB 2.5MG	3	QL (30 tabs / 30 days), PA
AFINITOR TAB 5MG	3	QL (30 tabs / 30 days), PA
AFINITOR TAB 7.5MG	3	QL (30 tabs / 30 days), PA
AFINITOR TAB 10MG	3	QL (30 tabs / 30 days), PA
ALECENSA CAP 150MG	3	QL (240 caps / 30 days), PA
BOSULIF TAB 100MG	3	QL (90 tabs / 30 days), PA
BOSULIF TAB 400MG	3	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	3	QL (30 tabs / 30 days), PA
CALQUENCE CAP 100MG	3	QL (60 caps / 30 days), PA
CAPRELSA TAB 100MG	3	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	3	QL (30 tabs / 30 days), PA
COMETRIQ KIT 60MG	3	QL (1 kit / 28 days), PA
COMETRIQ KIT 100MG	3	QL (1 kit / 28 days), PA

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 140MG	3	QL (1 kit / 28 days), PA
ICLUSIG TAB 15MG	3	QL (60 tabs / 30 days), PA
ICLUSIG TAB 45MG	3	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	3	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	3	QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	3	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	3	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	3	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	3	QL (120 caps / 30 days), PA
IMBRUVICA TAB 140MG	3	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	3	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	3	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 560MG	3	QL (30 tabs / 30 days), PA
INLYTA TAB 1MG	3	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	3	QL (120 tabs / 30 days), PA
JAKAFI TAB 5MG	3	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	3	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	3	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	3	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	3	QL (60 tabs / 30 days), PA
LENVIMA CAP 8 MG	3	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	3	QL (30 caps / 30 days), PA
LENVIMA CAP 14 MG	3	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	3	QL (90 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 20 MG	3	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	3	QL (90 caps / 30 days), PA
MEKINIST TAB 0.5MG	3	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	3	QL (30 tabs / 30 days), PA
NEXAVAR TAB 200MG	3	QL (120 tabs / 30 days), PA
SPRYCEL TAB 20MG	3	QL (90 tabs / 30 days), PA
SPRYCEL TAB 50MG	3	QL (30 tabs / 30 days), PA
SPRYCEL TAB 70MG	3	QL (30 tabs / 30 days), PA
SPRYCEL TAB 80MG	3	QL (30 tabs / 30 days), PA
SPRYCEL TAB 100MG	3	QL (30 tabs / 30 days), PA
SPRYCEL TAB 140MG	3	QL (30 tabs / 30 days), PA
STIVARGA TAB 40MG	3	QL (84 tabs / 28 days), PA
SUTENT CAP 12.5MG	3	QL (30 caps / 30 days), PA
SUTENT CAP 25MG	3	QL (30 caps / 30 days), PA
SUTENT CAP 37.5MG	3	QL (30 caps / 30 days), PA
SUTENT CAP 50MG	3	QL (30 caps / 30 days), PA
TAFINLAR CAP 50MG	3	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	3	QL (120 caps / 30 days), PA
TARCEVA TAB 25MG	3	QL (60 tabs / 30 days), PA
TARCEVA TAB 100MG	3	QL (30 tabs / 30 days), PA
TARCEVA TAB 150MG	3	QL (30 tabs / 30 days), PA
TYKERB TAB 250MG	3	QL (180 tabs / 30 days), PA
VOTRIENT TAB 200MG	3	QL (120 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 200MG	3	QL (60 caps / 30 days), PA
XALKORI CAP 250MG	3	QL (60 caps / 30 days), PA
ZELBORAF TAB 240MG	3	QL (240 tabs / 30 days), PA
ZYDELIG TAB 100MG	3	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	3	QL (60 tabs / 30 days), PA
ZYKADIA CAP 150MG	3	QL (150 caps / 30 days), PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	3	PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	
MATULANE CAP 50MG	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	3	PA; M
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	3	PA; M
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	3	PA; M
ONCASPAR INJ 750/ML	3	PA; M
PHOTOFRIN INJ 75MG	2	M
QUADRAMET INJ	2	M
THERACYS INJ	2	M
TICE BCG INJ	2	M
<i>tretinoin cap 10 mg</i>	1	
TRISENOX INJ 12MG/6ML	2	
TRISENOX SOL 10MG/10M	2	M
UVADEX INJ 20MCG/ML	2	
VISTOGARD PAK 10GM	2	

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	1	M
<i>carboplatin iv soln 150 mg/15ml</i>	1	M
<i>carboplatin iv soln 450 mg/45ml</i>	1	M
<i>carboplatin iv soln 600 mg/60ml</i>	1	M
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	M
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	M
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	M
<i>oxaliplatin for iv inj 50 mg</i>	1	M
<i>oxaliplatin for iv inj 100 mg</i>	1	M

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin iv soln 50 mg/10ml</i>	1	M
<i>oxaliplatin iv soln 100 mg/20ml</i>	1	M
PROTECTIVE AGENTS		
<i>amifostine for inj 500 mg</i>	1	M
<i>dexrazoxane for inj 250 mg</i>	1	M
<i>dexrazoxane for inj 500 mg</i>	1	M
<i>leucovorin calcium for inj 50 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	1	
<i>leucovorin calcium for inj 500 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>mesna inj 100 mg/ml</i>	1	M
MESNEX TAB 400MG	2	
TOPOISOMERASE INHIBITORS		
CAMPTOSAR INJ 300/15ML	2	M
<i>etoposide cap 50 mg</i>	1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	M
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1	M
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1	M
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	1	M
TENIPOSIDE INJ 50MG/5ML	2	M
<i>toposar inj 20mg/ml</i>	1	M
<i>toposar inj 100/5ml</i>	1	M
<i>topotecan hcl for inj 4 mg</i>	1	M
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	3	PA
VENCLEXTA TAB 50MG	3	PA
VENCLEXTA TAB 100MG	3	PA
VENCLEXTA TAB START PK	3	PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>		
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
ALPHA BLOCKERS		

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil1 tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-40 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-40 mg</i>		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **PA**** - PA Applies if Step is not Met **OTC** - Over the counter **^** - Diabetic Drugs / Supplies are Medical Benefit **M** - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
EDARBI TAB 40MG	3	ST; PA**
EDARBI TAB 80MG	3	ST; PA**
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	3	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	PA
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	3	PA
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>procainamide hcl inj 100 mg/ml</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg</i>	1	\$0 copay for members age 40 through 75
LIVALO TAB 1MG	3	
LIVALO TAB 2MG	3	
LIVALO TAB 4MG	3	
<i>lovastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT INJ 75MG/ML	3	QL (2 injections / 28 days), PA
PRALUENT INJ 150MG/ML	3	QL (2 injections / 28 days), PA
REPATHA INJ 140MG/ML	3	QL (2 syringes / 28 days), PA
REPATHA PUSH INJ 420/3.5	3	QL (1 cartridge / 28 days), PA
REPATHA SURE INJ 140MG/ML	3	QL (2 pens / 28 days), PA
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>afeditab tab 30mg cr</i>	1	
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CARDIZEM LA TAB 120MG	2	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedical xl tab 30mg</i>	1	
<i>nifedical xl tab 60mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg/24</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA TAB 150MG	3	ST; PA**
TEKTURNA TAB 300MG	3	ST; PA**
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>chlorthalidone tab 100 mg</i>	1	
DIURIL SUS 250/5ML	3	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
<i>ethacrynate sodium for inj 50 mg</i>	1	M
<i>ethacrynic acid tab 25 mg</i>	1	
FUROSEMIDE ORAL SOLN 8 MG/ML	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
RANEXA TAB 500MG	2	ST; PA**
RANEXA TAB 1000MG	2	ST; PA**
<i>reserpine tab 0.1 mg</i>	1	
<i>reserpine tab 0.25 mg</i>	1	

NITRATES

ISORDIL TAB 40MG	2	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab er 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>minitran dis 0.1mg/hr</i>	1	
<i>minitran dis 0.2mg/hr</i>	1	
<i>minitran dis 0.4mg/hr</i>	1	
<i>minitran dis 0.6mg/hr</i>	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin cap er 9 mg</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA TAB 20MG	3	QL (60 tabs / 30 days), PA, ST
ADEMPAS TAB 0.5MG	3	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	3	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	3	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	3	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	3	QL (90 tabs / 30 days), PA
<i>epoprostenol sodium for inj 0.5 mg</i>	3	PA; M
<i>epoprostenol sodium for inj 1.5 mg</i>	3	PA; M
LETAIRIS TAB 5MG	3	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG	3	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	3	QL (30 tabs / 30 days), PA
ORENITRAM TAB 0.25MG	3	PA
ORENITRAM TAB 0.125MG	3	PA
ORENITRAM TAB 1MG	3	PA
ORENITRAM TAB 2.5MG	3	PA
ORENITRAM TAB 5MG	3	PA
REMODULIN INJ 1MG/ML	3	PA; M
REMODULIN INJ 2.5MG/ML	3	PA; M
REMODULIN INJ 5MG/ML	3	PA; M

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Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 10MG/ML	3	PA; M
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	3	PA; M
<i>sildenafil citrate tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
TRACLEER TAB 32MG	3	QL (112 tabs / 28 days), PA
TRACLEER TAB 62.5MG	3	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG	3	QL (60 tabs / 30 days), PA
TYVASO START SOL 0.6MG/ML	3	QL (28 ampules / 28 days), PA
UPTRAVI TAB 200/800	3	PA
UPTRAVI TAB 200MCG	3	PA
UPTRAVI TAB 400MCG	3	PA
UPTRAVI TAB 600MCG	3	PA
UPTRAVI TAB 800MCG	3	PA
UPTRAVI TAB 1000MCG	3	PA
UPTRAVI TAB 1200MCG	3	PA
UPTRAVI TAB 1400MCG	3	PA
UPTRAVI TAB 1600MCG	3	PA
VENTAVIS SOL 10MCG/ML	3	QL (270 mL / 30 days), PA
VENTAVIS SOL 20MCG/ML	3	QL (270 mL / 30 days), PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY§

ALPRAZOLAM CON 1 MG/ML	2	QL (120 mL / 25 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (60 tabs / 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 1 mg</i>	1	QL (90 tabs / 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (60 tabs / 25 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 25 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	QL (120 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 25 days)
ANTICONVULSANTS		
APTIOM TAB 200MG	3	PA
APTIOM TAB 400MG	3	PA
APTIOM TAB 600MG	3	PA
APTIOM TAB 800MG	3	PA
BANZEL SUS 40MG/ML	3	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	3	PA
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (120 tabs / 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 25 days)
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (35) starter kit</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 25 mg (84) & 100 mg (14) starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit</i>	1	
<i>lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	ST; PA**
LYRICA CAP 50MG	3	ST; PA**
LYRICA CAP 75MG	3	ST; PA**
LYRICA CAP 100MG	3	ST; PA**
LYRICA CAP 150MG	3	ST; PA**
LYRICA CAP 200MG	3	ST; PA**
LYRICA CAP 225MG	3	ST; PA**
LYRICA CAP 300MG	3	ST; PA**
LYRICA SOL 20MG/ML	3	ST; PA**
ONFI SUS 2.5MG/ML	3	PA
ONFI TAB 10MG	3	PA
ONFI TAB 20MG	3	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
SABRIL TAB 500MG	3	QL (180 tabs / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	3	QL (180 packets / 30 days), PA
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	PA; PA applies for members less than 30 years of age

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cap er 24hr 14 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg</i>	1	PA
<i>rivastigmine tartrate cap 3 mg</i>	1	PA
<i>rivastigmine tartrate cap 4.5 mg</i>	1	PA
<i>rivastigmine tartrate cap 6 mg</i>	1	PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	1	PA; Members 70 and older subject to PA
<i>amitriptyline hcl tab 100 mg</i>	1	PA; Members 70 and older subject to PA
<i>amitriptyline hcl tab 150 mg</i>	1	PA; Members 70 and older subject to PA
<i>amoxapine tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**
<i>doxepin hcl cap 10 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	1	QL (450 mL / 25 days); QL applies to members age 65 and older
<i>duloxetine hcl cap 20 mg</i>	1	
<i>duloxetine hcl cap 30 mg</i>	1	
<i>duloxetine hcl cap 60 mg</i>	1	
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl tab 10 mg</i>	1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	1	PA; Members 70 and older subject to PA
<i>imipramine pamoate cap 150 mg</i>	1	PA; Members 70 and older subject to PA
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 50 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	1	PA; Members 70 and older subject to PA
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg</i>	1	
<i>venlafaxine hcl tab 37.5 mg</i>	1	
<i>venlafaxine hcl tab 50 mg</i>	1	
<i>venlafaxine hcl tab 75 mg</i>	1	
<i>venlafaxine hcl tab 100 mg</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
VIIBRYD KIT STARTER	3	ST; PA**
VIIBRYD TAB 10MG	3	ST; PA**
VIIBRYD TAB 20MG	3	ST; PA**
VIIBRYD TAB 40MG	3	ST; PA**

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	3	PA
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tab 200 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPSYCHOTICS		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LATUDA TAB 20MG	2	ST; PA**
LATUDA TAB 40MG	2	ST; PA**
LATUDA TAB 60MG	2	ST; PA**
LATUDA TAB 80MG	2	ST; PA**
LATUDA TAB 120MG	2	ST; PA**
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
NUPLAZID TAB 17MG	3	PA
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	ST; PA**
REXULTI TAB 0.25MG	3	ST; PA**
REXULTI TAB 1MG	3	ST; PA**
REXULTI TAB 2MG	3	ST; PA**
REXULTI TAB 3MG	3	ST; PA**
REXULTI TAB 4MG	3	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 2.5MG	3	ST; PA**
SAPHRIS SUB 5MG	3	ST; PA**
SAPHRIS SUB 10MG	3	ST; PA**
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDERS		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 25 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	ST; PA**
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs / 25 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release 1 (osm) 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release 1 (osm) 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release 1 (osm) 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release 1 (osm) 54 mg</i>	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG	2	
VYVANSE CAP 20MG	2	
VYVANSE CAP 30MG	2	
VYVANSE CAP 40MG	2	
VYVANSE CAP 50MG	2	
VYVANSE CAP 60MG	2	
VYVANSE CAP 70MG	2	
VYVANSE CHW 10MG	2	
VYVANSE CHW 20MG	2	
VYVANSE CHW 30MG	2	
VYVANSE CHW 40MG	2	
VYVANSE CHW 50MG	2	
VYVANSE CHW 60MG	2	
<i>zenzedi tab 2.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 7.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 15mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 20mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 30mg</i>	1	QL (30 tabs / 25 days)
HYPNOTICS§		
BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
<i>doxylamine succinate tab 25mg</i>	1	OTC; OTC
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)
ROZEREM TAB 8MG	3	QL (15 tabs / 25 days), ST; PA**
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 25 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **PA**** - PA Applies if Step is not Met **OTC** - Over the counter **^** - Diabetic Drugs / Supplies are Medical Benefit **M** - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs / 25 days)

MIGRAINES

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs / 25 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	QL (8 units / 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 vials / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG	3	QL (12 sprays / 25 days)
ZOMIG SPR 5MG	3	QL (12 sprays / 25 days)

MISCELLANEOUS

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
GUANIDINE TAB 125MG	3	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
MESTINON SYP 60MG/5ML	2	
NUEDEXTA CAP 20-10MG	2	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
<i>riluzole tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
<i>tetrabenazine tab 12.5 mg</i>	3	QL (240 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	3	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	3	QL (60 tabs / 30 days), PA
AUBAGIO TAB 7MG	2	QL (30 tabs / 30 days), PA
AUBAGIO TAB 14MG	2	QL (30 tabs / 30 days), PA
AVONEX KIT 30MCG	3	QL (4 injections / 28 days), PA, ST
AVONEX PEN KIT 30MCG	3	QL (4 injections / 28 days), PA, ST
AVONEX PREFL KIT 30MCG	3	QL (4 injections / 28 days), PA, ST
BETASERON INJ 0.3MG	2	QL (14 injections / 28 days), PA
COPAXONE INJ 40MG/ML	2	QL (12 syringes / 28 days), PA
GILENYA CAP 0.5MG	2	QL (30 caps / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 20 2 mg/ml</i>		QL (30 injections / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 2 mg/ml</i>		QL (12 syringes / 28 days), PA
PLEGRIDY INJ	3	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ PEN	3	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ STARTER	3	QL (1 kit / 28 days), PA, ST
PLEGRIDY PEN INJ STARTER	3	QL (1 pack / 28 days), PA, ST
REBIF INJ 22/0.5	2	QL (12 syringes / 28 days), PA
REBIF INJ 44/0.5	2	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 22/0.5	2	QL (12 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDO INJ 44/0.5	2	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ TITRATN	2	QL (1 box / 28 days), PA
REBIF TITRTN INJ PACK	2	QL (1 box / 28 days), PA
TECFIDERA CAP 120MG	2	QL (14 caps / 7 days), PA
TECFIDERA CAP 240MG	2	QL (60 caps / 30 days), PA
TECFIDERA MIS STARTER	2	QL (1 kit / 30 days), PA
TYSABRI INJ 300/15ML	3	QL (1 vial / 28 days), PA; M

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>carisoprodol tab 350 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>metaxalone tab 800 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
XYREM SOL 500MG/ML	2	
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	PA
CHANTIX PAK 0.5& 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nicorelief gum 4mg mint</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol loz 4mg mint</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 7mg/24hr</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 14mg/24h</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 21mg</i>	0	OTC; OTC; \$0 limited to 2 treatment cycles/year

ENDOCRINE AND METABOLIC

ANDROGENS

<i>methyltestosterone cap 10 mg</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS^

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, AMYLIN ANALOGS^		
SYMLINPEN 60 INJ 1000MCG	3	PA
SYMLINPEN 120 INJ 1000MCG	3	PA
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS^		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIABETICS, BIGUANIDE^		
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	1	
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS^		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	PA
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	PA
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	PA
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
TRADJENTA TAB 5MG	2	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS^		
CYCLOSET TAB 0.8MG	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS^		
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS^		
OZEMPIC INJ 2/1.5ML	2	
TANZEUM INJ 30MG	3	
TANZEUM INJ 50MG	3	
TRULICITY INJ 0.75/0.5	2	
TRULICITY INJ 1.5/0.5	2	
VICTOZA INJ 18MG/3ML	2	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION^		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION^		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER^		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
ANTIDIABETICS, INSULIN^		
APIDRA INJ SOLOSTAR	2	
APIDRA INJ U-100	2	
BASAGLAR KWIKPEN	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
HUMALOG INJ 100/ML	3	
HUMALOG KWIK INJ 100/ML	3	
HUMALOG KWIK INJ 200/ML	3	
HUMALOG MIX INJ 50/50	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	OTC; OTC
HUMULIN INJ 70/30KWP	3	OTC; OTC
HUMULIN N INJ U-100	3	OTC; OTC
HUMULIN N INJ U-100KWP	3	OTC; OTC
HUMULIN R INJ U-100	3	OTC; OTC

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	OTC; OTC;RELION not covered
NOVOLIN N INJ U-100	2	OTC; OTC;RELION not covered
NOVOLIN R INJ U-100	2	OTC; OTC;RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION^		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE^		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO^		
INVOKAMET TAB 50-500MG	2	
INVOKAMET TAB 50-1000	2	
INVOKAMET TAB 150-500	2	
INVOKAMET TAB 150-1000	2	
INVOKAMET XR TAB 50-500MG	2	
INVOKAMET XR TAB 50-1000	2	
INVOKAMET XR TAB 150-500	2	
INVOKAMET XR TAB 150-1000	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS^		
QTERN TAB 10MG/5MG	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB[^]		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	2	
INVOKANA TAB 300MG	2	
JARDIANCE TAB 10MG	3	ST; PA**
JARDIANCE TAB 25MG	3	ST; PA**

ANTIDIABETICS, SULFONYLUREA[^]		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 6 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 1.25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>pamidronate disodium for inj 30 mg</i>	1	M
<i>pamidronate disodium for inj 90 mg</i>	1	M
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	M
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	M
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	3	PA; M
<i>zoledronic acid iv soln 5 mg/100ml</i>	3	PA; M
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	3	PA
SENSIPAR TAB 60MG	3	QL (60 tabs / 30 days), PA
SENSIPAR TAB 90MG	3	QL (120 tabs / 30 days), PA
CHELATING AGENTS		
CHEMET CAP 100MG	3	
DEPEN TITRA TAB 250MG	3	
FERRIPROX SOL 100MG/ML	3	PA
FERRIPROX TAB 500MG	3	PA
JADENU SPRKL GRA 90MG	3	PA
JADENU SPRKL GRA 180MG	3	PA
JADENU SPRKL GRA 360MG	3	PA
JADENU TAB 90MG	3	PA
JADENU TAB 180MG	3	PA
JADENU TAB 360MG	3	PA
<i>kionex sus 15gm/60</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
<i>trientine hcl cap 250 mg</i>	1	
CONTRACEPTIVES		
<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy PA** - PA Applies if Step is not Met OTC - Over the counter ^ - Diabetic Drugs / Supplies are Medical Benefit M - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
<i>alyacen tab 7/7/7</i>	0	
<i>amethia tab</i>	0	
<i>amethyst tab 90-20mcg</i>	0	
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
<i>aviane tab</i>	0	
<i>azurette tab 28 day</i>	0	
BALCOLTRA TAB 0.1-20	0	
<i>camila tab 0.35mg</i>	0	
<i>caziant pak</i>	0	
<i>chateal tab 0.15/30</i>	0	
<i>cryselle-28 tab 28 tabs</i>	0	
<i>cyclafem tab 1/35</i>	0	
<i>cyclafem tab 7/7/7</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest tab</i>	0	
ELLA TAB 30MG	0	
<i>emoquette tab</i>	0	
<i>enpresse-28 tab</i>	0	
<i>enskyce tab</i>	0	
<i>errin tab 0.35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>falmina tab</i>	0	
<i>fayosim tab</i>	0	
<i>gianvi tab 3-0.02mg</i>	0	
<i>gildess fe tab 1.5/30</i>	0	
<i>gildess fe tab 1/20</i>	0	
<i>gildess tab 1.5/30</i>	0	
<i>gildess tab 1/20</i>	0	
<i>heather tab 0.35mg</i>	0	
<i>introvale tab</i>	0	
<i>jolessa tab</i>	0	
<i>jolivette tab 0.35mg</i>	0	
<i>junel 1.5/30 tab</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20 tab</i>	0	
<i>junel fe tab 1.5/30</i>	0	
<i>junel fe tab 1/20</i>	0	
<i>kariva tab 28 day</i>	0	
<i>kelnor tab 1/35</i>	0	
<i>kurvelo tab 0.15/30</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 / 300 days)
<i>larin tab 1.5/30</i>	0	
<i>leena tab</i>	0	
<i>lessina tab</i>	0	
<i>levonest tab</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth 0 est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 52MG	0	QL (1 / 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutra tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>mibelas 24 chw fe</i>	0	
MIRENA IUD SYSTEM	0	QL (1 / 300 days)
<i>mono-linyah tab 0.25-35</i>	0	
<i>mononessa tab</i>	0	
<i>myzilra tab</i>	0	
NATAZIA TAB	0	
<i>necon tab 0.5/35</i>	0	
<i>necon tab 1/35</i>	0	
<i>necon tab 1/50-28</i>	0	
NECON TAB 10/11-28	0	
NEXPLANON IMP 68MG	0	QL (1 / 300 days)
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tab 0.35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone tab 0.35 mg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
NUVARING MIS	0	QL (13 / 300 days)
<i>ocella tab 3-0.03mg</i>	0	
<i>ogestrel tab</i>	0	
<i>orsythia tab</i>	0	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<i>pirmella tab 1/35</i>	0	
<i>pirmella tab 7/7/7</i>	0	
<i>portia-28 tab</i>	0	
<i>previfem tab</i>	0	
<i>quasense tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SKYLA IUD 13.5MG	0	QL (1 / 300 days)
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
<i>take action tab 1.5mg</i>	0	OTC; OTC
TAYTULLA CAP 1MG/20MC	0	
<i>tilia fe tab</i>	0	
<i>tri-linyah tab</i>	0	
<i>tri-sprintec tab</i>	0	
<i>trinessa tab</i>	0	
<i>trivora-28 tab</i>	0	
<i>velivet pak</i>	0	
<i>vestura tab 3-0.02mg</i>	0	
<i>viorele tab</i>	0	
<i>wera tab 0.5/35</i>	0	
<i>xulane dis 150-35</i>	0	
<i>zarah tab 3-0.03mg</i>	0	
<i>zenchent fe chw 0.4mg-35</i>	0	
<i>zenchent tab</i>	0	
<i>zovia 1/35e tab</i>	0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	2	
ENZYME REPLACEMENTS		
CERDELGA CAP 84MG	3	QL (60 caps / 30 days), PA
CYSTADANE POW	3	
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
<i>miglustat cap 100 mg</i>	3	QL (90 caps / 30 days), PA
ORFADIN CAP 2MG	3	PA
ORFADIN CAP 5MG	3	PA
ORFADIN CAP 10MG	3	PA
ORFADIN CAP 20MG	3	PA
ORFADIN SUS 4MG/ML	3	PA
ZAVESCA CAP 100MG	3	QL (90 caps / 30 days), PA
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	
DUAVEE TAB 0.45-20	2	
ENJUVIA TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
ENJUVIA TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
ENJUVIA TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
ENJUVIA TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.51 mg</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 0.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estropipate tab 0.75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli tab 1mg-5mcg</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey lo tab 0.5-0.1</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 0.5 mg-2.5 mcg</i>	1	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	3	
<i>yuvaferm tab 10mcg</i>	1	
FERTILITY REGULATORS		
<i>chor gonadot inj 10000unt</i>	3	PA
<i>clomiphene citrate tab 50 mg</i>	1	
OIDREL INJ	3	PA
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	1	
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg 1 (21)</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
GLUCOSE ELEVATING AGENTS^		
GLUCAGON KIT 1MG	2	
ORAL GLUCOSE REPLACEMENT	2	OTC; OTC
HUMAN GROWTH HORMONES		
HUMATROPE INJ 5MG	3	PA
HUMATROPE INJ 6MG	3	PA
HUMATROPE INJ 12MG	3	PA
HUMATROPE INJ 24MG	3	PA
NORDITROPIN INJ 5/1.5ML	3	PA
NORDITROPIN INJ 10/1.5ML	3	PA
NORDITROPIN INJ 15/1.5ML	3	PA
NORDITROPIN INJ 30/3ML	3	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO SOL 600/2.4	3	QL (2.4 ml / 28 days), PA, ST
INCRELEX INJ 40MG/4ML	3	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	3	QL (90 ml / 30 days), PA; M
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	3	QL (90 ml / 30 days), PA; M
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	3	QL (225 ml / 30 days), PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	3	QL (90 ml / 30 days), PA; M
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	3	QL (45 ml / 30 days), PA; M
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	3	QL (60mg / 24 weeks), PA; M
<i>raloxifene hcl tab 60 mg</i>	1	\$0 copay for women > 35 years for the primary prevention of breast cancer
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
SOMATULINE INJ 60/0.2ML	3	QL (1 injection / 28 days), PA, M
SOMATULINE INJ 90/0.3ML	3	QL (1 injection / 28 days), PA, M
SOMATULINE INJ 120/.5ML	3	QL (1 injection / 28 days), PA, M
SOMAVERT INJ 10MG	3	QL (30 vials / 30 days), PA
SOMAVERT INJ 15MG	3	QL (30 vials / 30 days), PA
SOMAVERT INJ 20MG	3	QL (30 vials / 30 days), PA
SOMAVERT INJ 25MG	3	QL (30 vials / 30 days), PA
SOMAVERT INJ 30MG	3	QL (30 vials / 30 days), PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO CHW 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
LUPANETA KIT 3.75-5	3	PA, M
LUPANETA KIT 11.25-5	3	PA, M
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	

VASOPRESSINS

<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

GASTROINTESTINAL

ANTICHOLINERGICS

CUVPOSA SOL 1MG/5ML	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>ed-spaz tab 0.125mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate tab sl 0.125 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sr tab 0.375mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
<i>symax-sl sub 0.125mg</i>	1	

ANTIEMETICS§

<i>AKYNZEO CAP 300-0.5</i>	3	QL (2 caps / 21 days)
<i>ANZEMET TAB 50MG</i>	3	QL (6 tabs / 21 days)
<i>ANZEMET TAB 100MG</i>	3	QL (6 tabs / 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs / 21 days)
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps / 25 days)
<i>EMEND SUS 125MG</i>	3	QL (6 kits / 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>phenadoz sup 25mg</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 12.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
SANCUSO DIS 3.1MG	3	QL (2 patches / 21 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI INJ	2	
VARUBI TAB 90MG	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
<i>ranitidine hcl cap 150 mg</i>	1	
<i>ranitidine hcl cap 300 mg</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	2	
<i>balsalazide disodium cap 750 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide delayed release particles cap 3 mg</i>	1	
CANASA SUP 1000MG	2	
<i>colocort ene 100mg</i>	1	
DIPENTUM CAP 250MG	3	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	1	PA
LAXATIVES		
CLENPIQ SOL	0	\$0 copay for members age 50 through 74
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-h kit</i>	0	\$0 copay for members age 50 through 74
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
GOLYTELY SOL	2	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	0	\$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
PREPOPIK PAK	0	\$0 copay for members age 50 through 74

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL SOL PREP KIT	0	\$0 copay for members age 50 through 74; Tier 3 for all others
MISCELLANEOUS		
<i>anti-diarrhe tab 2mg</i>	1	OTC; OTC
CARAFATE SUS 1GM/10ML	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOTOFEN TAB 1-0.025	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000	2	
ZENPEP CAP 40000UNT	2	
PROTON PUMP INHIBITORS§		
DEXILANT CAP 30MG DR	3	QL (90 caps / 365 days), ST; PA**
DEXILANT CAP 60MG DR	3	QL (90 caps / 365 days), ST; PA**
<i>esomepra mag cap 20mg dr</i>	1	OTC, QL (90 caps / 365 days); OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / 365 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / 365 days), ST
<i>lansoprazole cap 15mg dr</i>	1	OTC, QL (90 caps / 365 days); OTC
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / 365 days)
NEXIUM 24HR CAP 20MG	1	OTC, QL (90 caps / 365 days); OTC
NEXIUM 24HR TAB 20MG	1	OTC, QL (90 tabs / 365 days); OTC
<i>omepra/bicar cap 20-1100</i>	1	OTC, QL (90 caps / 365 days); OTC
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	1	OTC, QL (90 caps / 365 days); OTC
OMEPRAZOLE TAB 20MG	1	OTC, QL (90 tabs / 365 days); OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / 365 days)

RECTAL,CORTICOSTEROIDS

<i>procto-pak cre 1%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	3	ST; PA**
CARDURA XL TAB 8MG	3	ST; PA**
CIALIS TAB 2.5MG	2	QL (30 tabs / 25 days), PA
CIALIS TAB 5MG	2	QL (30 tabs / 25 days), PA
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
RAPAFLO CAP 4MG	2	ST; PA**
RAPAFLO CAP 8MG	2	ST; PA**
<i>tamsulosin hcl cap 0.4 mg</i>	1	

CONTRACEPTIVES

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Drug Name	Drug Tier	Requirements/Limits
CONCEPTROL GEL 4%	0	OTC; OTC
ENCARE SUP 100MG	0	OTC; OTC
GYNOL II GEL 3%	0	OTC; OTC
SHUR-SEAL GEL 2%	0	OTC; OTC
TODAY SPONGE MIS	0	OTC; OTC
VCF VAGINAL AER CONTRACP	0	OTC; OTC
VCF VAGINAL MIS CONTRACP	0	OTC; OTC

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>flavoxate hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
MYRBETRIQ TAB 25MG	3	ST; PA**
MYRBETRIQ TAB 50MG	3	ST; PA**
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
VESICARE TAB 5MG	3	ST; PA**
VESICARE TAB 10MG	3	ST; PA**

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
GYNAZOLE-1 CRE 2%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 1 kit 1200-2%</i>	1	OTC; OTC
<i>miconazole 3 kit 4%</i>	1	OTC; OTC
<i>miconazole 3 kit combo pk</i>	1	OTC
<i>miconazole 3 sup 200mg</i>	1	
<i>miconazole 7 cre tube/kit</i>	1	OTC; OTC
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>vandazole gel 0.75%</i>	1	
<i>zazole cre 0.8%</i>	1	
<i>zazole sup 80mg</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ARGATROBAN INJ 125/125	3	M
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	M
ARGATROBAN INJ 250/250	3	M
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	3	PA, M
ARANESP INJ 25MCG	3	PA, M
ARANESP INJ 40MCG	3	PA, M
ARANESP INJ 60MCG	3	PA, M
ARANESP INJ 100MCG	3	PA, M
ARANESP INJ 150MCG	3	PA, M
ARANESP INJ 200MCG	3	PA, M
ARANESP INJ 300MCG	3	PA, M
ARANESP INJ 500MCG	3	PA, M
NEULASTA INJ 6MG/0.6M	3	QL (2 injections / 28 days), PA
NEULASTA KIT 6MG/0.6M	3	QL (2 injections / 28 days), PA
PROCRIT INJ 2000/ML	3	PA
PROCRIT INJ 3000/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 4000/ML	3	PA
PROCRIT INJ 10000/ML	3	PA
PROCRIT INJ 20000/ML	3	PA
PROCRIT INJ 40000/ML	3	PA
PROMACTA TAB 12.5MG	3	QL (30 tabs / 30 days), PA
PROMACTA TAB 25MG	3	QL (30 tabs / 30 days), PA
PROMACTA TAB 50MG	3	QL (60 tabs / 30 days), PA
PROMACTA TAB 75MG	3	QL (60 tabs / 30 days), PA
ZARXIO INJ 300/0.5	3	PA
ZARXIO INJ 480/0.8	3	PA

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
FIRAZYR INJ 30MG/3ML	3	PA
<i>pentoxifylline tab er 400 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	M
<i>tranexamic acid tab 650 mg</i>	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
ZONTIVITY TAB 2.08MG	2	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML	3	QL (5 vials / 28 days), PA, ST; M
ACTEMRA INJ 162/0.9	3	QL (4 syringes / 28 days), PA, ST
ACTEMRA INJ 200/10ML	3	QL (4 vials / 14 days), PA, ST; M
ACTEMRA INJ 400/20ML	3	QL (2 vials / 14 days), PA, ST; M
ENBREL INJ 25/0.5ML	3	QL (8 syringes / 28 days), PA
ENBREL INJ 25MG	3	QL (8 syringes / 28 days), PA
ENBREL INJ 50MG/ML	3	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	3	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	3	QL (8 syringes / 28 days), PA
HUMIRA INJ 10MG/0.2	3	QL (2 injections / 28 days), PA
HUMIRA KIT 20MG/0.4	3	QL (2 injections / 28 days), PA
HUMIRA KIT 40MG/0.8	3	QL (4 injections / 28 days), PA
HUMIRA PEN INJ CROHNS	3	QL (6 pens / 28 days), PA
HUMIRA PEN INJ PSORIASI	3	QL (4 pens / 28 days), PA
KEVZARA INJ 150/1.14	3	QL (2 pens / 28 days), PA
KEVZARA INJ 150/1.14	3	QL (2 syringes / 4 weeks), PA
KEVZARA INJ 200/1.14	3	QL (2 pens / 28 days), PA
KEVZARA INJ 200/1.14	3	QL (2 syringes / 4 weeks), PA
ORENCIA CLCK INJ 125MG/ML	3	QL (4 syringes / 28 days), PA, ST
ORENCIA INJ 50/0.4	3	QL (4 syringes / 28 days), PA, ST
ORENCIA INJ 87.5/0.7	3	QL (4 syringes / 28 days), PA, ST

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 125MG/ML	3	QL (4 syringes / 28 days), PA, ST
ORENCIA INJ 250MG	3	QL (1000 mg / 4 weeks), PA, ST; M
SIMPONI ARIA SOL 50MG/4ML	3	QL (200 mg / 8 weeks), PA, ST; M
SIMPONI INJ 50/0.5ML	3	QL (1 injection / 28 days), PA, ST
SIMPONI INJ 100MG/ML	3	QL (1 injection / 28 days), PA, ST
STELARA INJ 45MG/0.5	3	QL (1 syringe / 84 days), PA
STELARA INJ 90MG/ML	3	QL (1 syringe / 56 days), PA
XELJANZ TAB 5MG	3	QL (60 tabs / 30 days), PA, ST

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
OTEZLA TAB 10/20/30	3	QL (55 tabs / 28 days), PA
OTEZLA TAB 30MG	3	QL (60 tabs / 30 days), PA

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	3	PA
HYQVIA INJ 5-400	3	PA
HYQVIA INJ 10-800	3	PA
HYQVIA INJ 20-1600	3	PA
HYQVIA INJ 30-2400	3	PA

IMMUNOMODULATORS

ALFERON N INJ 5MU/ML	3	M
INTRON A INJ 10MU	3	PA
INTRON A INJ 18MU	3	PA
INTRON A INJ 25MU	3	PA
INTRON A INJ 50MU	3	PA
POMALYST CAP 1MG	3	QL (21 caps / 21 days), PA
POMALYST CAP 2MG	3	QL (21 caps / 21 days), PA
POMALYST CAP 3MG	3	QL (21 caps / 21 days), PA
POMALYST CAP 4MG	3	QL (21 caps / 21 days), PA

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 2.5MG	3	QL (28 caps / 28 days), PA
REVLIMID CAP 5MG	3	QL (28 caps / 28 days), PA
REVLIMID CAP 10MG	3	QL (28 caps / 28 days), PA
REVLIMID CAP 15MG	3	QL (21 caps / 28 days), PA
REVLIMID CAP 20MG	3	QL (21 caps / 28 days), PA
REVLIMID CAP 25MG	3	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	3	QL (28 caps / 28 days), PA
THALOMID CAP 100MG	3	QL (28 caps / 28 days), PA
THALOMID CAP 150MG	3	QL (56 caps / 28 days), PA
THALOMID CAP 200MG	3	QL (56 caps / 28 days), PA

IMMUNOSUPPRESSANTS

<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
RAPAMUNE SOL 1MG/ML	2	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	2	
ZORTRESS TAB 0.25MG	2	

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 0.75MG	2	
VACCINES		
ACTHIB INJ	0	\$0 copay for members age 18 and younger
ADACEL INJ	0	
AFLURIA INJ 2017-18	0	
AFLURIA INJ PF 17-18	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
COMVAX INJ	0	\$0 copay for members age 18 and younger
DAPTACEL INJ	0	\$0 copay for members age 18 and younger
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger
ENGERIX-B INJ 10/0.5ML	0	
ENGERIX-B INJ 20MCG/ML	0	
FLUAD INJ 2017-18	0	
FLUBLOK QUAD INJ 2017-18	0	
FLUBLOK SOL 2017-18	0	
FLUCLVX QUAD INJ 2017-18	0	
FLULAVAL QUA INJ 2017-18	0	
FLUMIST QUAD SUS 2017-18	0	
FLUVIRIN INJ 2017-18	0	
FLUZONE HD INJ PF 17-18	0	
FLUZONE QUAD INJ 2017-18	0	
GARDASIL 9 INJ	0	
GARDASIL INJ	0	
HAVRIX INJ 720UNIT	0	
HAVRIX INJ 1440UNIT	0	
HEPLISAV-B INJ 20MCG	0	
HIBERIX SOL 10MCG	0	\$0 copay for members age 18 and younger
INFANRIX INJ	0	\$0 copay for members age 18 and younger
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger
KINRIX INJ	0	\$0 copay for members age 18 and younger
M-M-R II INJ	0	
MENACTRA INJ	0	
MENHIBRIX INJ	0	\$0 copay for members age 18 and younger
MENOMUNE INJ A/C/Y/W	0	
MENVEO INJ	0	

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger
PEDVAX HIB INJ	0	\$0 copay for members age 18 and younger
PENTACEL INJ	0	\$0 copay for members age 18 and younger
PNEUMOVAX 23 INJ 25/0.5	0	
PREVNAR 13 INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger
RECOMBIVA HB INJ 5MCG/0.5	0	
RECOMBIVA HB INJ 10MCG/ML	0	
RECOMBIVA-HB INJ 40MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger
ROTATEQ SOL	0	\$0 copay for members age 18 and younger
SHINGRIX INJ 50MCG	0	\$0 copay for members age 19 and older
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older
TET/DIP TOX INJ 2-2 LF	0	\$0 copay for members age 19 and older
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older
VAQTA INJ 25/0.5ML	0	
VAQTA INJ 50UNT/ML	0	
VARIVAX INJ	0	
ZOSTAVAX INJ	0	\$0 copay for members age 19 and older

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC; OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 / 300 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **PA**** - PA Applies if Step is not Met **OTC** - Over the counter **^** - Diabetic Drugs / Supplies are Medical Benefit **M** - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 95	0	QL (1 / 300 days)
DIABETIC SUPPLIES^		
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL PREP WIPES AND SWABS	2	OTC; OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC; OTC
GLUCOSE URINE TEST STRIPS	2	OTC; OTC
INSULIN PEN NEEDLES	2	OTC; OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC; OTC
KETONE URINE TEST STRIPS	2	OTC; OTC
LANCETS	2	OTC; OTC
LANCING DEVICE	2	OTC; OTC
MISC LANCETS	2	OTC; OTC
ONETOUCH BLOOD GLUCOSE TEST KITS	2	OTC; OTC
ONETOUCH BLOOD GLUCOSE TEST STRIPS	2	OTC, QL (204 Test Strips / 25 days); OTC
SHARPS CONTAINER	2	OTC; OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC; OTC
URINE TEST STRIPS	2	OTC; OTC
MISCELLANEOUS		
ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC; OTC
HUMATROPEN MIS FOR 6MG	2	OTC; OTC
HUMATROPEN MIS FOR 12MG	2	OTC; OTC
HUMATROPEN MIS FOR 24MG	2	OTC; OTC
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC; OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC; OTC
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>fluor-a-day dro 0.125mg</i>	0	\$0 applies for ages 5 and under
FLUORABON DRO	0	\$0 applies for ages 5 and under
<i>fluoritab chw 0.5mg f</i>	0	\$0 applies for ages 5 and under
<i>fluoritab chw 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>fluoritab chw 2.2mg</i>	1	
<i>flura-drops dro 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>flura-drops dro 0.125mg</i>	0	\$0 applies for ages 5 and under
<i>k-effervesce tab 25meq ef</i>	1	
<i>klor-con 8 tab 8meq er</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10 tab 10meq er</i>	1	
KLOR-CON M15 TAB 15MEQ ER	2	
<i>klor-con m20 tab 20meq er</i>	1	
<i>ludent chw 0.5mg f</i>	0	\$0 applies for ages 5 and under
<i>ludent chw 0.25mg f</i>	0	\$0 applies for ages 5 and under
<i>ludent chw 1mg f</i>	1	
LURIDE DRO 0.5MG/ML	0	\$0 applies for ages 5 and under
<i>nafrinse chw 1mg f</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys 1 er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys 1 er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>sodium chloride flush iv soln 0.9%</i>	1	M
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	
IV REPLACEMENT SOLUTIONS		
<i>sodium chloride inj 0.9%</i>	1	M
<i>sodium chloride inj 0.45%</i>	1	M
<i>sodium chloride inj 3%</i>	1	M
<i>sodium chloride inj 5%</i>	1	M
<i>sodium chloride iv soln 0.9%</i>	1	M

VITAMINS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy PA** - PA Applies if Step is not Met OTC - Over the counter ^ - Diabetic Drugs / Supplies are Medical Benefit M - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
BABY SUPER DRO DAILY D3	0	OTC; OTC; \$0 applies for ages 65 and older
BIO-D-MULSIO LIQ 400/0.4	0	OTC; OTC; \$0 applies for ages 65 and older
<i>bio-d-mulsio liq 400unit</i>	0	OTC; OTC; \$0 applies for ages 65 and older
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>cholecalciferol cap 400 unit</i>	0	OTC; OTC; \$0 applies for ages 65 and older
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>d3 kids chw 400unit</i>	0	OTC; OTC; \$0 applies for ages 65 and older
D-VI-SOL LIQ 400UNIT	0	OTC; OTC; \$0 applies for ages 65 and older
DDROPS BOOST LIQ 600/.028	0	OTC; OTC; \$0 applies for ages 65 and older
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>elite-ob tab</i>	1	
<i>ergocalciferol cap 50000 unit</i>	1	
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC, QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
<i>folic acid tab 800 mcg</i>	0	OTC, QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
MEPHYTON TAB 5MG	2	
<i>multi-vit/fe dro /fl 0.25</i>	1	
<i>multi-vit/fl dro 0.5mg/ml</i>	1	
<i>multi-vit/fl dro 0.25mg</i>	1	
<i>multivit/fl chw 0.5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>multivit/fl chw 0.25mg</i>	1	
<i>multivit/fl chw 1mg</i>	1	
<i>mvc-fluoride chw 1mg</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>pedia d-vite dro 400unit</i>	0	OTC; OTC; \$0 applies for ages 65 and older
<i>phytonadione tab 5 mg</i>	1	
<i>prenatabs rx tab</i>	1	
<i>pyridoxine hcl tab 25 mg</i>	1	OTC; OTC
<i>pyridoxine hcl tab 50 mg</i>	1	OTC; OTC
<i>sm vitamin d tab 400unit</i>	0	OTC; OTC; \$0 applies for ages 65 and older
<i>tri-vit/fe dro /fl 0.25</i>	1	
<i>tri-vit/fl dro 0.5mg</i>	1	
<i>tri-vit/fl dro 0.25mg</i>	1	
<i>virt-vite tab forte</i>	1	
<i>vit a/c/d/fl dro 0.25mg</i>	1	
VITAMIN D2 TAB 400UNIT	0	OTC; OTC; \$0 applies for ages 65 and older
VITAMIN D3 LIQ 1000UNIT	0	OTC; OTC; \$0 applies for ages 65 and older
VITAMIN D3 LIQ 1200UNIT	0	OTC; OTC; \$0 applies for ages 65 and older

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	2	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
MOXEZA SOL 0.5%	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	2	
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base 1 equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base 1 equivalent)</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
FLAREX SUS 0.1% OP	2	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	3	

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
VEXOL SUS 1% OP	3	

ANTIALLERGICS

ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	ST
BEPREVE DRO 1.5%	3	ST
<i>cromolyn sodium ophth soln 4%</i>	1	
EMADINE SOL 0.05% OP	3	ST
<i>epinastine hcl ophth soln 0.05%</i>	1	ST
<i>ketotif fum dro 0.025%op</i>	1	OTC; OTC
LASTACFT SOL 0.25%	2	ST
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	ST
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	ST
PAZEO DRO 0.7%	2	

ANTI GLAUCOMA

<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	2	ST; PA**
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	2	
TIMOPTIC OCU SOL 0.25% OP	2	
TRAVATAN Z DRO 0.004%	2	ST; PA**
ZIOPTAN DRO 0.0015%	3	ST; PA**

MISCELLANEOUS

<i>atropine sulfate ophth soln 1%</i>	1	
CYSTARAN SOL 0.44%	3	PA
LACRISERT MIS 5MG OP	3	
<i>naphazoline hcl ophth soln 0.1%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
RESTASIS EMU 0.05%	2	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte sol</i>	1	
<i>tis-u-sol sol</i>	1	

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	(generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§

ANORO ELLIPT AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 25 days)

ANTICHOLINERGICSS

INCRUSE ELPT INH 62.5MCG	2	QL (1 package / 25 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes / 25 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA AER 1.25MCG	2	QL (1 package / 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 package / 25 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package / 25 days)
TUDORZA PRES AER 400/ACT	3	QL (1 package / 25 days)

ANTI-HISTAMINE COMBINATIONS

DYMISTA SPR 137-50	2	QL (1 package / 25 days)
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ANTI-HISTAMINES§

<i>all day allg cap 10mg</i>	1	OTC; OTC
<i>all day allg chw 10mg</i>	1	OTC; OTC
<i>allergy relf tab 10mg</i>	1	OTC; OTC
<i>allergy tab 10mg</i>	1	OTC; OTC
<i>arbinoxa sol 4mg/5ml</i>	1	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>cetirizine hcl chew tab 5 mg</i>	1	OTC; OTC
<i>cetirizine hcl tab 5 mg</i>	1	OTC; OTC
<i>cetirizine hcl tab 10 mg</i>	1	OTC; OTC
<i>cetirizine sol 1mg/ml</i>	1	OTC; OTC
CLARINEX SYP 0.5MG/ML	3	ST
<i>clemastine fumarate tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	ST
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	ST
<i>desloratadine tab orally disintegrating 5 mg</i>	1	ST
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine hcl tab 60 mg</i>	1	OTC; OTC
<i>fexofenadine hcl tab 180 mg</i>	1	OTC; OTC
<i>fexofenadine sus 30mg/5ml</i>	1	OTC; OTC
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>loratadine cap 10 mg</i>	1	OTC; OTC
<i>loratadine syp 5mg/5ml</i>	1	OTC; OTC

BETA AGONISTS§

<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
BROVANA NEB 15MCG	3	QL (2 boxes / 25 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (45 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	
PERFOROMIST NEB 20MCG	2	QL (2 boxes / 25 days)
PROAIR HFA AER	2	QL (2 inhalers / 25 days)
PROAIR RESPI AER	2	QL (2 packages / 25 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package / 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>cheratussin syp 100-10/5</i>	1	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
NORTUSS-EX LIQ 200-20/5	2	
<i>prometh vc sol plain</i>	1	
<i>prometh vc/ syp codeine</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-101 mg/5ml</i>	1	
<i>tussigon tab 5-1.5mg</i>	1	
TUZISTRA XR SUS	3	
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS§		

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DALIRESP TAB 250MCG	3	PA
DALIRESP TAB 500MCG	3	PA
KALYDECO PAK 50MG	3	QL (60 packets / 30 days), PA
KALYDECO PAK 75MG	3	QL (60 packets / 30 days), PA
KALYDECO TAB 150MG	3	QL (60 tabs / 30 days), PA
ORKAMBI TAB 100-125	3	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	3	QL (112 tabs / 28 days), PA
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
SYMDEKO TAB 100-150	3	QL (56 tabs / 28 days), PA
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 containers / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 container / 25 days)
<i>fluticasone spr 50mcg</i>	1	OTC, QL (1 container / 25 days); OTC
OMNARIS SPR	3	QL (1 package / 25 days)
<i>rhinocort sus allergy</i>	1	OTC, QL (1 bottle / 25 days); OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	OTC, QL (1 bottle / 25 days); OTC
STERIOD INHALANTS§		
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 25 days)
ASMANEX 30 AER 220MCG	2	QL (4 inhalers / 25 days)
ASMANEX 60 AER 220MCG	2	QL (2 inhalers / 25 days)
ASMANEX 120 AER 220MCG	2	QL (1 inhaler / 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 inhaler / 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 inhaler / 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 boxes / 25 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy PA** - PA Applies if Step is not Met OTC - Over the counter ^ - Diabetic Drugs / Supplies are Medical Benefit M - Medical Benefit 110

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 boxes / 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 box / 25 days)
QVAR AER 40MCG	2	QL (2 packages / 25 days)
QVAR AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIHA AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIHAL AER 40MCG	2	QL (2 packages / 25 days)

STEROID/BETA-AGONIST COMBINATIONS§

ADVAIR DISKU AER 100/50	2	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50	2	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50	2	QL (1 package / 25 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	2	QL (1 package / 25 days)

XANTHINES

<i>theochron tab 100mg cr</i>	1	
<i>theochron tab 200mg cr</i>	1	
<i>theochron tab 300mg cr</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

TOPICAL

DERMATOLOGY, ACNE

ACANYA GEL 1.2-2.5%	3	ST; PA**
<i>acne cleansi bar 10%</i>	1	OTC; OTC
<i>acne medicat gel 5%</i>	1	OTC; OTC
ACNE MEDICAT LOT 5%	1	OTC; OTC
ACNE MEDICAT LOT 10%	1	OTC; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>adapalene cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene lotion 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	ST
<i>amneesteem cap 10mg</i>	1	PA
<i>amneesteem cap 20mg</i>	1	PA
<i>amneesteem cap 40mg</i>	1	PA
<i>avita cre 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>avita gel 0.025%</i>	1	PA; PA applies for members age 35 and older
AZELEX CRE 20%	3	ST; PA**
BENZI Q GEL 5.25%	2	ST
BENZI Q LS GEL 2.75%	2	ST
<i>benzi q wash liq 5.25%</i>	1	OTC
BENZOYL PER GEL 2.5%	1	OTC; OTC
<i>benzoyl per gel 10%</i>	1	OTC; OTC
<i>benzoyl per liq 5% wash</i>	1	OTC; OTC
<i>benzoyl per liq 10% wash</i>	1	OTC; OTC
<i>benzoyl per lot 6%</i>	1	OTC; OTC
<i>benzoyl peroxide gel 5%</i>	1	OTC; OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>bp foaming liq wash 10%</i>	1	ST
<i>bp gel gel 10%</i>	1	OTC; OTC
<i>bp wash liq 2.5%</i>	1	ST
<i>bp wash liq 5%</i>	1	OTC; OTC
<i>bpo-5 wash liq 5%</i>	1	OTC; OTC
<i>claravis cap 10mg</i>	1	PA
<i>claravis cap 20mg</i>	1	PA
<i>claravis cap 30mg</i>	1	PA
<i>claravis cap 40mg</i>	1	PA
<i>clean&clear cre 10%</i>	1	OTC; OTC
CLEAR PORE LIQ 3.5%	1	OTC; OTC
<i>clearplex x gel 10%</i>	1	ST
CLINDACIN KIT PAC 1%	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **PA**** - PA Applies if Step is not Met **OTC** - Over the counter **^** - Diabetic Drugs / Supplies are Medical Benefit **M** - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
<i>clindacin mis etz 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>creamy face liq wash 4%</i>	1	OTC; OTC
EPIDUO FORTE GEL 0.3-2.5%	3	ST
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>myorisan cap 10mg</i>	1	PA
<i>myorisan cap 20mg</i>	1	PA
<i>myorisan cap 40mg</i>	1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>targetd acne cre 2.5%</i>	1	OTC; OTC
<i>tretinoin cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OIN 1%	3	ST
<i>bacitracin oin 500/gm</i>	1	OTC; OTC
CENTANY AT KIT 2%	3	ST
CORTISPORIN CRE 0.5%	3	ST
CORTISPORIN OIN 1%	3	ST
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
IV PREP WIPE PAD	2	OTC
<i>mupirocin oint 2%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
SULFAMYLLON CRE 85MG/GM	3	
<i>triple antib oin</i>	1	OTC; OTC
DERMATOLOGY, ANTIFUNGALS		
<i>anti-fungal pow 1%</i>	1	OTC; OTC
<i>antifungal cre 1%</i>	1	OTC; OTC
<i>antifungal cre 2%</i>	1	OTC; OTC
<i>ath foot spr aer 1%</i>	1	OTC; OTC
<i>butenafine hcl cream 1%</i>	1	OTC; OTC
<i>ciclopirox gel 0.77%</i>	1	ST
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	ST
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	ST
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole cre 1%</i>	1	OTC; OTC
<i>clotrimazole cream 1%</i>	1	ST
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	OTC; OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>cruex aer 2%</i>	1	OTC; OTC
<i>econazole nitrate cream 1%</i>	1	ST
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	ST; PA**
EXELDERM SOL 1%	3	ST; PA**
JUBLIA SOL 10%	3	PA
<i>ketconazole cream 2%</i>	1	ST
<i>ketodan aer 2%</i>	1	ST
LAMISIL ADV GEL 1%	1	OTC; OTC
LAMISIL AT SPR 1%	1	OTC; OTC

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Drug Name	Drug Tier	Requirements/Limits
LOTRIMIN AF AER 2%	1	OTC; OTC
LOTRIMIN ULT CRE 1%	1	OTC; OTC
MENTAX CRE 1%	3	
<i>miconazorb pow af 2%</i>	1	OTC; OTC
<i>naftifine hcl cream 1%</i>	1	ST
<i>naftifine hcl cream 2%</i>	1	ST
<i>nyamyc pow 100000</i>	1	ST
<i>nystatin cream 100000 unit/gm</i>	1	ST
<i>nystatin oint 100000 unit/gm</i>	1	ST
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop pow 100000</i>	1	ST
<i>oxiconazole nitrate cream 1%</i>	1	ST
OXISTAT LOT 1%	3	ST
<i>terbinafine cre 1%</i>	1	OTC; OTC
<i>tolnaftate aerosol pow 1%</i>	1	OTC; OTC
<i>tolnaftate soln 1%</i>	1	OTC; OTC
<i>triple paste oin af 2%</i>	1	OTC; OTC

DERMATOLOGY, ANTIPRURITIC

<i>doxepin hcl cream 5%</i>	1	QL (90 grams / 25 days), ST; PA**
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DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	
COSENTYX INJ 150MG/ML	3	QL (1 box / 28 days), PA
COSENTYX PEN INJ 300DOSE	3	QL (1 box / 28 days), PA
<i>methoxsalen rapid cap 10 mg</i>	1	
8-MOP CAP 10MG	3	
<i>tazarotene cream 0.1%</i>	1	PA
TAZORAC CRE 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>alphatrex gel 0.05%</i>	1	QL (120g / 25 days)
<i>amcinonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>amcinonide lotion 0.1%</i>	1	QL (120mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120g / 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base 1 equivalent)</i>		QL (120g / 25 days)
<i>betamethasone valerate lotion 0.1% (base 1 equivalent)</i>		QL (120mL / 25 days)
<i>betamethasone valerate oint 0.1% (base 1 equivalent)</i>	1	QL (120g / 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clobetasol propionate spray 0.05%</i>	1	
<i>clocortolone pivalate cream 0.1%</i>	1	QL (120g / 25 days)
CORDRAN 24X3 TAP 4MCG/CM	3	
<i>desonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>desonide lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>desonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120g / 25 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120g / 25 days)
<i>diflorasone diacetate cream 0.05%</i>	1	QL (120g / 25 days)
<i>diflorasone diacetate oint 0.05%</i>	1	QL (120g / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide soln 0.05%</i>	1	
<i>flurandrenolide cream 0.05%</i>	1	QL (120g / 25 days)
<i>flurandrenolide lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>flurandrenolide oint 0.05%</i>	1	QL (120g / 25 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
HALOG CRE 0.1%	3	QL (120g / 25 days)
HALOG OIN 0.1%	3	QL (120g / 25 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120g / 25 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120g / 25 days)
<i>lokara lot 0.05%</i>	1	QL (120mL / 25 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120mL / 25 days)
<i>prednicarbate cream 0.1%</i>	1	QL (120g / 25 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120g / 25 days)
<i>scalacort lot 2%</i>	1	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	1	QL (30gm / 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50mL / 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
<i>pramox gel 1%</i>	1	
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA CRE 10%	1	OTC; OTC
<i>acyclovir oint 5%</i>	1	
AVAGE CRE 0.1%	3	
CONDYLOX GEL 0.5%	3	
DENAVIR CRE 1%	3	ST
<i>diclofenac sodium gel 1%</i>	1	QL (500g / 25 days)
ELIDEL CRE 1%	2	ST; PA**
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 10%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
OXSORALEN LOT 1%	3	
<i>podofilox soln 0.5%</i>	1	
RECTIV OIN 0.4%	3	
<i>tacrolimus oint 0.1%</i>	1	ST; PA**
<i>tacrolimus oint 0.03%</i>	1	ST; PA**
TARGETIN GEL 1%	3	PA
VEREGEN OIN 15%	3	
DERMATOLOGY, ROSACEA		
FINACEA AER 15%	2	
FINACEA GEL 15%	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	
<i>rosadan cre 0.75%</i>	1	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	3	
EURAX LOT 10%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy PA** - PA Applies if Step is not Met OTC - Over the counter ^ - Diabetic Drugs / Supplies are Medical Benefit M - Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
<i>lice treatmt lot 1%</i>	1	OTC; OTC
<i>lice trtmnt liq 1%</i>	1	OTC; OTC
<i>lindane lotion 1%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
SKLICE LOT 0.5%	3	ST
<i>spinosad susp 0.9%</i>	1	
ULESFIA LOT 5%	3	ST
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	3	
SANTYL OIN 250/GM	3	
<i>sodium chloride irrigation soln 0.9%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>oralone dent pst 0.1%</i>	1	
<i>perio gard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
CORTISPORIN SUS -TC OTIC	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
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