

2023 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of California Marketplace

Notice:

The information in this document is current as of October 1, 2023.

The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Drug Look-Up tool.

Aviso:

La información de este documento está vigente a partir del 1 de octubre de 2023.

El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.

Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Verificar Costo de Medicamentos.



Effective January 1, 2021
En vigor desde el 1.º de enero del 2021

Notice on Drug Company Cost Sharing Assistance

Cost Sharing paid with drug company support will not apply toward any Deductible or yearly Out-of-Pocket Maximum under your plan. Drug company support means discount cards, coupons, gift cards, cash or other financial help you get from the company or a sponsored program for the purpose of buying a company's drugs.

Aviso sobre la Asistencia de Costos Compartidos de la Empresa Farmacéutica

Los costos compartidos que se pagan con el apoyo de la empresa farmacéutica no se aplicarán a ningún Deducible o Máximo de Gastos de su Bolsillo de su plan cada año. El apoyo de la empresa farmacéutica corresponde a tarjetas de descuento, cupones, tarjetas regalo, dinero en efectivo u otra ayuda económica que usted reciba de dicha empresa o de un programa patrocinado con el propósito de comprar los medicamentos de una empresa.



Molina Healthcare Marketplace

Vaccine Announcement for 2023-2024 Fall and Winter Seasons

- Your benefit includes coverage at network pharmacies for Influenza, COVID, and Respiratory Syncytial Virus (RSV) vaccines at no cost to you.
 - Influenza – most shots (muscle or under skin) and nose spray version
 - COVID virus – SPIKEVAX and COMIRNATY for all recommended ages
 - Respiratory Syncytial Virus (RSV) –
 - ABRYSSVO as a recommended option for pregnant persons close to delivery date or for ages 60 years and over
 - AREXVY as a recommended option for ages 60 years and over
 - Note: BEYFORTUS (not vaccine) is covered under the **medical benefit** for babies and children under 2 years of age, as recommended

2023 Formulary Changes Effective October 1, 2023

Drug Name	Description of Formulary Change	Notes/Alternatives
Amjevita SOAJ 40MG/0.8ML	Replace with Hadlima Biosimilar	Use Humira or Hadlima
Amjevita SOSY 20MG/0.4ML	Replace with Hadlima Biosimilar	Use Humira or Hadlima
Amjevita SOSY 40MG/0.8ML	Replace with Hadlima Biosimilar	Use Humira or Hadlima
Hadlima PushTouch SOAJ 40MG/0.4ML	Add to formulary, Tier 4, PA required, QL	Biosimilar for Humira; QL - 2 syringes every 28 days
Hadlima PushTouch SOAJ 40MG/0.8ML	Add to formulary, Tier 4, PA required, QL	Biosimilar for Humira; QL - 2 pens every 28 days
Hadlima SOSY 40MG/0.4ML	Add to formulary, Tier 4, PA required, QL	Biosimilar for Humira; QL - 2 syringes every 28 days
Hadlima SOSY 40MG/0.8ML	Add to formulary, Tier 4, PA required, QL	Biosimilar for Humira; QL - 2 pens every 28 days
VAXNEUVANCE INJ	Update QL	4 shots/lifetime

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

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Welcome to Molina Healthcare!

Molina Healthcare Drug Formulary (List of Drugs)

Your plan has a list of drugs that are covered. The list is called the Drug Formulary. The formulary changes from plan year to plan year. The drugs on the list are chosen by a group of doctors and pharmacists from your insurer and the medical community. The group meets every three months to talk about the drugs that are in the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. Drugs are added or removed from the Drug Formulary for different reasons. Reasons may include:

- Changes in medical practice
- New drugs become available
- New generics are available and take the place of previously covered branded drugs
- New state or federal drug coverage requirements
- A drug is no longer available or has a new safety issue

Within the current plan year, we only make certain changes to the formulary. These changes may include:

- Addition of drugs or dosage forms
- Movement of a drug from one drug tier to another that results in lower enrollee cost sharing
- Changes in preferred status among similar drugs on the list
- Removal of restrictions like prior authorization or step therapy on a drug or dosage form

When updates happen through our standard process, we will publish any changes on a monthly basis. Your plan's most current drug list is on our website MolinaMarketplace.com. A notice of changes is included with update.

Does the drug list include injectable drugs that a Provider treats me with in a clinic or other location?

In general, drugs on the drug list are drugs your provider prescribes for you to get from a pharmacy and give to yourself. Most injectable drugs you need help from a provider to use are covered under the medical benefit instead of the prescription drug ("pharmacy") benefit. Your provider has instructions from us on how to get you approved for drugs they buy and help give to you. Some injectable drugs can be approved to get from a pharmacy using your prescription drug benefit.

I have questions about how my plan covers drugs.

This guide contains many details for common questions. You may also call Molina Healthcare and ask specific coverage questions about a drug:

- Can my prescription be filled at a retail pharmacy?
- How do I find estimates on the cost sharing dollar amount for my prescription?
- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

Call toll-free **1 (888) 858-2150**, Monday through Friday, **8:00 a.m. through 6:00 p.m.** If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

The member handbook and the plan agreement also contain important coverage information. Please see the plan agreement for information on contraceptive coverage, benefit exclusions, hospice services, and more.

If a drug is listed on the formulary, will I be prescribed that drug?

A drug being listed on the formulary does not guarantee that your doctor will prescribe it for you. This guide lets you and your doctor know which prescription drugs are covered by your plan. Drugs that are not on this list may not be covered by your plan and may cost you more. You may ask for nonformulary drugs to be covered. Requests for nonformulary drugs will be considered for a medically accepted use when formulary options cannot be used and/or other coverage requirements are met. Details are included in this guide.

Definitions

“Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

“Coinsurance” is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“Dosage form” is the physical form in which a prescription drug is produced and dispensed, such as a tablet, a capsule, or an injectable.

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

“Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Using the Drug Formulary as your prescription drug coverage guide

How do I locate a drug that is on the drug list?

The list of drugs is organized alphabetically by therapeutic category and class using the American Hospital Formulary Service (AHFS) classification. Within category and class, drug names are also organized in alphabetical order. If you do not know the category or class for the drug you are looking for, there are two ways to search for the drug by name.

- If you are using an electronic version of the drug list, you can use the PDF Search Function by pressing Ctrl + F on your computer keyboard. Type the name of the drug you are looking for in the search box.
- If you are using a print version of the drug list, you can search for the name of the drug in the Index at the end of this guide.

Drug entries on the list contain the Drug Name, Drug Tier, and other coverage details for all the drugs and items covered under your plan's prescription drug benefit.

Here are examples of how a drug may be displayed on the drug list (actual coverage may differ from this example).

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 1	QL (300 tabs / 30 days); MAIL

What drug names are used on the list?

The drug list uses trademarked brand names and non-proprietary or “generic” names to show what form of the drug is covered. There are also trademarked names used by certain generic drugs. The way a drug name is shown on the drug list will tell you if the branded form, the generic form, or the trademarked generic form is what is covered. The example above shows the branded, generic, and trademarked generic forms of the drug “warfarin sodium”.

When the branded form of a drug is covered, the drug name will be listed in all CAPITAL letters as its BRAND NAME. The non-proprietary or “***generic name***” for the branded drug will follow in parentheses and in all ***bold and italicized lowercase*** letters. When the generic form of the drug is covered, it is listed separately by its ***generic name(s)*** in all ***bold and italicized lowercase*** letters. A generic drug that is covered as the trademarked generic form will be listed separately by its ***generic name*** followed by the trademarked name in parentheses. The trademarked generic name will be shown with the first letter of each word capitalized.

If both the brand form and the generic form for a drug are covered on the formulary, they will each be listed as separate drug entries. For example, COUMADIN and ***warfarin sodium*** are listed separately to show both the brand form and the generic form are covered on the formulary. In this example, a trademarked generic form (Jantoven) is also displayed. Different Drug Tier and Requirements/Limits may apply for a trademarked form versus a generic form of a drug if multiple drug forms are listed as covered on the actual drug list.

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

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

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

Drug Tier	Description
Tier 1	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing
Tier 2	Non-Preferred Generic drugs and Preferred Brand Name drugs; Higher cost sharing than Tier 1
Tier 3	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions
Tier 4	Specialty Drugs, both Brand Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Most Specialty Drugs covered in your plan will be available through a pharmacy in the Specialty Pharmacy Network. Some Specialty Drugs are only sold by certain pharmacies the drug company has chosen ("Limited Distribution")
Tier 5	Preventative and family planning drugs and devices (ie, contraception) with \$0 cost sharing
DME	Durable Medical Equipment; Cost sharing follows the medical benefit cost sharing for DME for the non-drug product on the drug list

Following sections 1367.002, 1367.25, and 1367.51 of the Health and Safety Code:

- Your plan covers nationally recognized preventative service drugs and dosage forms (Tier 5) with \$0 cost sharing when prescribed for you to use in line with those recommendations.
- Your plan covers a variety of drug, device, and over-the-counter products for family planning (ie, contraception) under the prescription drug benefit, with \$0 cost sharing (Tier 5).
- Your plan covers treatment and testing for diabetes including insulin, glucagon, medically necessary devices and supplies on the DME tier, and other prescription drugs.

When coverage of nonformulary drugs is approved on formulary exception, enrollees pay Tier 3 cost sharing for Nonspecialty drugs or Tier 4 cost sharing for Specialty drugs. Please see your plan agreement for more details on cost sharing for formulary exceptions.

Certain types of drugs covered by your plan have cost sharing limits each time you fill them. If your state has specific limits, cost sharing will be the lower of your plan design cost sharing or any limit that applies.

- There are limits on your cost sharing for anticancer drugs taken by mouth.
- You have no cost sharing for mifepristone and misoprostol when prescribed to stop an early pregnancy.

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

Information about prescription drug cost sharing amounts can be found in our Benefits-at-a-Glance brochure or by entering prescription information into the "Search Drugs" tool at MolinaMarketplace.com. This tool will provide an

estimate of your cost for formulary drugs. If you create an account with Caremark.com before using the tool, your plan design information will also be used to more closely estimate actual prices you pay at the pharmacy.

Finding a pharmacy to fill a prescription

Pharmacy Network

Molina has networks of retail, mail order, and specialty pharmacies that can process and dispense medications using your coverage. To locate an in-network pharmacy, please use the "Find a Pharmacy" tool at MolinaMarketplace.com. The tool allows you to search pharmacies by zip code, city, country, and state. You can limit search results based on distance, or other specific criteria like store name, language spoken, or services offered.

Specialty Pharmacy

Molina has a network of specialty pharmacies that can process and dispense specialty medications. Specialty medications are placed on Tier 4 on the formulary. Some medications have limited distribution. Limited distribution means the medication is only sold by certain pharmacies. Molina's Pharmacy Benefit Manager, CVS Caremark, has a specialty pharmacy that provides clinical support to help enrollees manage their medications and conditions. Most specialty medications require Prior Authorization before they are covered. A prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the process. If mail delivery of the specialty medication is not an option for the enrollee, CVS offers the option to ship the medication to a local CVS pharmacy for pickup.

CVS Pharmacy Help Desk can be contacted by calling 1 (888) 407-6425.

Mail Order Pharmacy

Your plan has a network of Mail Order pharmacies that can process and dispense up to 90 days' supply of eligible medications. Eligible medications are marked "MAIL" on the formulary.

Your plan's Pharmacy Benefit Manager has a Mail Order pharmacy. To have prescriptions filled through their service the provider or enrollee can call the FastStart® toll-free number at 1 (800) 875-0867 Monday through Friday 7:00 a.m. to 7:00 p.m. or go to Caremark.com.

Out-of-Network Pharmacy

If the in-network pharmacies do not meet the enrollee's needs an exception can be requested to obtain authorization to use a pharmacy outside of network. Exceptions will be reviewed for medical necessity on a case-by-case basis.

Prescription Claims Processor

Molina Healthcare has selected CVS Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina enrollees.

Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (888) 407-6425. Membership, cost sharing, prescription drug benefit information and eligibility concerns may be addressed by calling the Molina Customer Support Center at 1 (888) 858-2150. Member Services is available Monday through Friday 8:00 a.m. to 6:00 p.m. Pacific Time. Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at 1 (855) 322-4075 Monday through Friday 8:30 a.m. – 5:00 p.m. Pacific Time.

Urgent and After-Hours Medication Policy

To prevent an enrollee's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before Prior Authorization may be obtained from Molina. (e.g., an enrollee is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions.

Pharmacies may call Molina at 1 (855) 322-4075 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Refill Timing, Synchronization, and Proration

In general, 30-day supplies of medications can be refilled when 85% of the predicted days of use have passed from the date of the prior fill. Please see the "Proration and Synchronization" section of your plan agreement for any drugs that have special refill timing. Your pharmacy or provider can ask to override refill timing limits in order to synchronize the fill dates of your medications by contacting the CVS Caremark® Help Desk at 1 (888) 407-6425. If shorter or longer day supplies are dispensed to synchronize your medications, your cost sharing on those supplies will be prorated.

Prior authorization and exception request procedure

Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show you have a medically accepted use for the drug and that other treatments have not worked for you or are not clinically appropriate. Other requirements may apply depending on the drug. We may require certain test results to show a drug is right for you. This may be true for Specialty Drugs used to treat long term or other rare conditions. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage.

Your provider may fax a completed drug Prior Authorization form to **Molina at 1 (866) 508-6445**. The clinical policies and forms are on our website MolinaMarketplace.com. The form may be obtained on MolinaMarketplace.com at the provider forms and documents page. The form must be completed and include all medical information. Otherwise, it will not be accepted. Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.

If your prescription requires a Prior Authorization or Formulary Exception, the request can be considered under Standard or Exigent Circumstances.

- A request is considered an Exigent Circumstance if any of the following apply:
 - You are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function
 - You are in severe uncontrolled pain, or the urgency of your care requires a rapid coverage decision
 - You are undergoing current treatment using a nonformulary drug. Trials of pharmaceutical samples from your doctor or a manufacturer will not be considered as current treatment
- Supporting information is required to justify the urgency of the request
- Any request that is not considered an Exigent Circumstance is considered a Standard Exception request

You and/or your provider will be notified of our decision, made no later than:

- 24 hours following receipt of request with Exigent Circumstances.
- 72 hours following receipt of request with Standard Circumstances.

If a determination is not made within these timeframes, the request will automatically be approved.

If the request is approved, we will send a letter to your prescriber. We will include how long the request is approved for before renewal of the authorization is required. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up.

Following 1367.22 of the Health and Safety Code, if a drug request is approved, it will continue to be covered for the length of the prescription, including refills. Molina will not limit or exclude coverage for a drug if we previously approved it for your condition and your provider continues to prescribe it, as long as the drug is appropriately prescribed and continues to be safe and effective.

Requesting an Exception

Can I have a drug covered if it is not on the formulary or does not follow plan requirements such as step therapy?

Molina has a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. Your doctor may order a drug that is not on the formulary but that he or she believes is best for you. You may be taking a drug that is no longer on the new plan year's drug list. Pharmacy systems may require you to try certain drugs before others are covered ("Step Therapy"). Your doctor may send Molina a formulary exception request using the Prior Authorization process above.

Molina will grant an exception for a nonformulary drug or step therapy requirement if its reviewers determine the supporting information shows any of the following:

- The member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member's documented clinical characteristics
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event
- The member is established on the drug as a current treatment from previous insurance coverage. If the established drug is a brand drug and we cover the generic or interchangeable biological product, an exception may be given if switching to the required drug will likely cause clinically predictable adverse reactions or harm
- The supporting medical information clearly shows formulary or required drugs are not in the member's best interest, because they are likely to:
 - Present a barrier to treatment plan adherence, or
 - Negatively impact a member's comorbid condition, or
 - Cause a clinically predictable negative drug interaction, or
 - Decrease the member's ability to achieve or maintain reasonable functional ability in performing daily activities

Review timeframes and conditions are found in the "Prior Authorization" section of this guide. If the request is approved, Molina will send a letter to you and your doctor. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up. If you disagree with the denial reasons, you can appeal the decision. Your doctor can request an external exception review.

Following 1300.67.24 of the Health and Safety Code, we cannot require you to repeat step therapy on a formulary drug if you changed insurance plans and are continuing a drug that is now subject to step therapy requirements under your Molina plan. Your provider will have to notify us with an exception request so we can know you are continuing to take the drug from before, it is appropriately prescribed, and it is safe and effective for your condition.

Complaints and Appeals

You may file a grievance or complaint by contacting the Molina Customer Support Center at **1 (888) 858-2150**. If Molina denies your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers “Complaints and Appeals”. A copy of the Agreement, also called the Evidence of Coverage, can be found on MolinaMarketplace.com.

Notice

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Legend

What are the Requirements and Limits on the drug list?

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

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

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

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

Your plan also covers up to 90-day supplies in person at CVS retail pharmacies on the same drugs that are eligible for Mail Order.

2023

Guía del Formulario

(Lista de Medicamentos Cubiertos)

Covered California – Molina Marketplace

MolinaMarketplace.com



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¡Bienvenido(a) a Molina Healthcare!

Formulario de Medicamentos de Molina Healthcare (Lista de Medicamentos)

Su plan cuenta con una lista de medicamentos que tienen cobertura. Esta lista se denomina Formulario de Medicamentos. El formulario cambia cada año del plan. Los medicamentos que aparecen en la lista son elegidos por un grupo de doctores y farmacéuticos de su aseguradora y la comunidad médica. El grupo se reúne cada tres meses para conversar sobre los medicamentos que están en el formulario. Revisan los nuevos medicamentos y los cambios en la atención médica. Tratan de encontrar los medicamentos más efectivos para las distintas afecciones. Los medicamentos se agregan al Formulario de Medicamentos o se retiran de él por diferentes motivos. Los motivos pueden incluir:

- Cambios en la práctica médica.
- Disponibilidad de nuevos medicamentos.
- Disponibilidad de nuevos medicamentos genéricos que se utilizan en lugar de los medicamentos de marca cubiertos anteriormente.
- Nuevos requisitos estatales o federales de cobertura para medicamentos.
- Un medicamento ya no está disponible o presenta un nuevo problema de seguridad.

Dentro del año del plan actual, solo realizamos ciertos cambios en el formulario. Estos cambios pueden incluir:

- Adición de medicamentos o formas farmacéuticas.
- Cambio de un medicamento de una categoría de medicamento a otra, lo que representa menores costos compartidos para la persona inscrita.
- Cambios en el estado de preferencia entre medicamentos similares de la lista.
- Eliminación de restricciones como la autorización previa o la terapia progresiva en un medicamento o forma farmacéutica.

Cuando se implementen actualizaciones a través de nuestro proceso estándar, publicaremos todos los cambios de forma mensual. La lista de medicamentos más actual de su plan se encuentra en nuestro sitio web MolinaMarketplace.com. Con la actualización, se incluye un aviso de cambios.

¿La lista de medicamentos incluye medicamentos inyectables que un Proveedor me administra en una clínica u otra ubicación?

En general, los medicamentos de la lista de medicamentos son aquellos que su proveedor le receta para que los obtenga en una farmacia y se los administre usted mismo. La mayoría de los medicamentos inyectables en los que necesita ayuda de un proveedor para utilizarlos tienen cobertura del beneficio médico en lugar del beneficio de medicamentos recetados ("farmacia"). Su proveedor cuenta con nuestras instrucciones sobre cómo brindarle aprobación para los medicamentos que compra y lo ayuda a administrarlos. Algunos medicamentos inyectables se pueden aprobar para obtenerse de una farmacia utilizando su beneficio de medicamentos recetados.

Tengo preguntas sobre cómo mi plan cubre medicamentos.

Esta guía contiene varios detalles para preguntas comunes. Además, puede llamar a Molina Healthcare y preguntar por la cobertura específica de un medicamento:

- ¿Mi receta médica se puede surtir en una farmacia minorista?
- ¿Cómo puedo encontrar estimaciones sobre el monto en dólares de los costos compartidos para mi receta médica?
- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización Previa?

- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o tiene requisitos de terapia progresiva?
- ¿Está mi medicamento cubierto bajo el beneficio de medicamentos recetados o el beneficio médico?

Llame al número de teléfono gratuito **1 (888) 858-2150**, de lunes a viernes, **de 8:00 a.m. a 6:00 p.m.** Si es sordo o tiene problemas de audición, marque el 711 para llamar al Servicio de Telecomunicaciones. También puede solicitar el envío por correo de una copia de la lista de medicamentos.

El Manual del Miembro y el acuerdo del plan también contienen información importante sobre la cobertura. Consulte el acuerdo del plan para obtener información sobre cobertura para métodos anticonceptivos, exclusiones de beneficios y servicios de cuidados paliativos, entre otros.

Si un medicamento figura en el formulario, ¿se me recetará ese medicamento?

Un medicamento que figura en el formulario no garantiza que su doctor se lo recetará. Esta guía le informa a usted y a su doctor qué medicamentos recetados están cubiertos por su plan. Es posible que los medicamentos que no están en esta lista no estén cubiertos por su plan y pueden costarle más. Puede solicitar que se cubran medicamentos que no están en el formulario. Las solicitudes para medicamentos que no están en el formulario se considerarán para un uso aceptado por razones médicas cuando las opciones del formulario no se pueden utilizar o se cumplen otros requisitos de cobertura. Los detalles se incluyen en esta guía.

Definiciones

“Medicamento de marca” es un medicamento que se comercializa bajo un nombre protegido de marca registrada y que está patentado. El medicamento de marca registrada se deberá indicar completamente en MAYÚSCULAS.

“Coseguro” es un porcentaje del costo de un beneficio de atención médica cubierta que un afiliado paga después de haber pagado el deducible en el caso de que se aplique un deducible al beneficio de atención médica, tal como el beneficio de medicamentos recetados.

“Copago” es un monto fijo en dólares que un afiliado paga por el beneficio de atención médica cubierta después de haber pagado el deducible en el caso de que se aplique un deducible al beneficio de atención médica, tal como el beneficio de medicamentos recetados.

“Deducible” es el monto que un afiliado paga por los beneficios de atención médica cubierta antes de que el plan de salud del afiliado comience a pagar, total o parcialmente, el costo del beneficio de atención médica según los términos de la póliza.

“Forma farmacéutica” es la forma física en la que se produce y se dispensa un medicamento recetado, tales como un comprimido, una cápsula o un inyectable.

“Categoría de Medicamento” es un grupo de medicamentos recetados que corresponde a una categoría específica de costos compartidos en la cobertura de medicamentos recetados del plan de salud. La categoría en la que se encuentra un medicamento recetado determina la parte del costo del afiliado por un medicamento.

“Afiliado” es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla de formulario también deberán incluir al suscriptor, tal como se define en la siguiente sección.

“Solicitud de excepción” es una solicitud para cubrir un medicamento recetado. Si un afiliado, su persona designada o proveedor de atención médica que receta envía una solicitud de excepción para cubrir un medicamento recetado, el

plan de salud debe cubrir el medicamento con receta cuando se determina que el medicamento es necesario por razones médicas para tratar la afección del afiliado.

“Circunstancias urgentes” corresponde a cuando un afiliado sufre de una afección médica que puede poner en grave peligro su vida, salud o capacidad para recuperar la funcionalidad máxima, o cuando un afiliado se encuentra actualmente en tratamiento con un medicamento que no aparece en el formulario.

“Formulario” es la lista de medicamentos completa preferida para el uso y es elegible para la cobertura bajo un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también es conocido como una lista de medicamentos recetados.

“Medicamento genérico” es el mismo medicamento que el equivalente de marca registrada en términos de dosis, seguridad, concentración, administración, calidad, desempeño y uso previsto. Un medicamento genérico se menciona en letras minúsculas negritas y cursivas.

“Medicamento que no está en el formulario” es un medicamento recetado que no figura en el formulario del plan de salud.

“Gastos de su bolsillo” son los copagos, los coseguros y el deducible correspondiente, además de todos los costos por los servicios de atención médica que el plan de salud no cubre.

“Proveedor que receta” es un proveedor de atención médica autorizado para escribir una receta médica con el fin de tratar una afección médica para un afiliado del plan de salud.

“Receta médica” es una orden oral, escrita o electrónica emitida por un proveedor que receta para un afiliado específico, la cual contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que receta si la receta está por escrito y, si la solicita el afiliado, la afección médica o el propósito por el cual se receta el medicamento.

“Medicamento recetado” es un medicamento que receta el proveedor que receta del afiliado y necesita una receta médica conforme a las leyes correspondientes.

“Autorización Previa” es un requisito del plan de salud en que el afiliado o el proveedor recetador del afiliado obtienen la autorización del plan de salud para recibir un medicamento recetado antes de que el plan de salud cubra dicho medicamento. El plan de salud deberá otorgar una autorización previa cuando sea médicamente necesario para que el afiliado obtenga el medicamento.

“Terapia progresiva” es un proceso que especifica la secuencia en la cual se recetan los distintos medicamentos recetados para una afección médica determinada y adecuados por razones médicas para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de que el plan de salud cubra un medicamento en particular para la afección conforme a la solicitud de terapia progresiva. Si el proveedor que receta del afiliado envía una solicitud para la excepción de terapia progresiva, el plan de salud deberá hacer excepciones para la terapia progresiva cuando se cumplan los criterios.

“Suscriptor” significa la persona que es responsable del pago de un plan o cuyo empleo u otro estado, excepto la dependencia familiar, es la base de elegibilidad para la afiliación en el plan.

Cómo utilizar el Formulario de Medicamentos como su guía de cobertura de medicamentos recetados

¿Cómo encuentro un medicamento que está en la lista de medicamentos?

La lista de medicamentos está organizada alfabéticamente por categoría terapéutica y clase mediante el uso de la clasificación del Servicio de Formularios de Hospitales Norteamericanos (American Hospital Formulary Service, AHFS). Dentro de la categoría y clase, los nombres de los medicamentos también están organizados en orden alfabético. Si no conoce la categoría o clase del medicamento que está buscando, existen dos maneras de buscar el medicamento por nombre.

- Si está utilizando una versión electrónica de la lista de medicamentos, puede presionar Ctrl + F en el teclado de la computadora para utilizar la función de búsqueda de PDF. Escriba el nombre del medicamento que está buscando en la casilla de búsqueda.
- Si está utilizando una versión impresa de la lista de medicamentos, puede buscar el nombre del medicamento en el índice que se encuentra al final de esta guía.

Las entradas de los medicamentos en la lista contienen el nombre del medicamento, la categoría del medicamento y otros detalles de cobertura para todos los medicamentos y artículos cubiertos bajo el beneficio de medicamentos recetados de su plan.

Estos son ejemplos de cómo un medicamento puede aparecer en la lista de medicamentos (la cobertura real puede diferir de este ejemplo).

Nombre del Medicamento	Categoría de Medicamento	Requisitos/Límites
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 1	QL (300 tabs / 30 days); MAIL

¿Qué nombres de medicamentos se usan en la lista?

La lista de medicamentos usa nombres de marca comercial y nombres “genéricos” no patentados para mostrar qué forma del medicamento está cubierta. También hay nombres de marcas registradas utilizados por ciertos medicamentos genéricos. La manera en que el nombre de un medicamento se muestra en la lista de medicamentos le dirá si está cubierta la forma de marca, la forma genérica o la forma genérica de marca registrada. El ejemplo anterior muestra las formas de marca, genérica y genérica de marca registrada del medicamento “warfarin sodium” (warfarina sódica).

Cuando la forma de marca de un medicamento está cubierta, el nombre del medicamento se mencionará en letras MAYÚSCULAS como su NOMBRE DE MARCA REGISTRADA. Luego, se mencionará la denominación común o el “**nombre genérico**” del medicamento de marca entre paréntesis y todo en letras **minúsculas negritas y cursivas**. Si la forma genérica del medicamento tiene cobertura, se menciona de forma separada por sus **nombres genéricos** en letras **minúsculas negritas y cursivas**. Un medicamento genérico que tiene cobertura como la forma genérica de marca

registrada se mencionará de forma separada por su **nombre genérico** seguido del nombre de marca registrada entre paréntesis. El nombre genérico de marca registrada se mostrará con la primera letra de cada palabra en mayúscula.

Si la forma de marca y la forma genérica para un medicamento están cubiertas en el formulario, cada una se indicará como entradas de medicamentos separadas. Por ejemplo, el COUMADIN y la **warfarina sódica** se mencionan por separado para mostrar que tanto la forma de marca como la forma genérica se incluyen en el formulario. En este ejemplo, también se muestra una forma genérica de marca registrada (Jantoven). Se pueden aplicar diferentes Categorías de Medicamento, así como Requisitos/Límites para una forma de marca, en comparación con la forma genérica de un medicamento si ambas están enumeradas en la lista de medicamentos.

¿Qué son las Categorías de Medicamento y cómo afectan mi parte del costo de medicamentos?

Asignamos los medicamentos en distintos niveles llamados “categorías” en función de qué tan bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene las siguientes categorías. Por lo general, en el caso de las Categorías de la 1 a la 4, mientras más baja es la Categoría de Medicamento, más baja será su parte del costo.

A continuación, encontrará más detalles sobre los medicamentos que se encuentran en cada categoría.

Categoría de Medicamento	Descripción
Tier 1	Medicamentos genéricos preferidos y medicamentos de marca registrada de bajo costo: los menores costos compartidos para el afiliado.
Tier 2	Medicamentos genéricos no preferidos y medicamentos de marca registrada preferidos: costos compartidos más altos que en la Categoría 1.
Tier 3	Medicamentos no preferidos, medicamentos de marca registrada y medicamentos genéricos: costos compartidos más altos que los medicamentos de categorías inferiores utilizados para tratar las mismas afecciones.
Tier 4	Medicamentos de especialidad, tanto de marca registrada como genéricos: costos compartidos más altos que los medicamentos de categorías inferiores que se utilizan para tratar las mismas afecciones, si están disponibles. La mayoría de los Medicamentos de Especialidad cubiertos por su plan se encontrarán disponibles a través de una farmacia que forme parte de la Red de Farmacias de Especialidad. Algunos Medicamentos de Especialidad se venden únicamente en ciertas farmacias que la empresa farmacéutica haya elegido (“Distribución Limitada”).
Tier 5	Medicamentos y dispositivos para servicios preventivos y de planificación familiar (es decir, anticoncepción) con costos compartidos de \$0.
DME	Equipo Médico Duradero: los costos compartidos son el resultado de los costos compartidos del beneficio médico para equipo médico duradero (Durable Medical Equipment, DME) del producto no farmacológico que aparece en la lista de medicamentos.

De acuerdo con las secciones 1367.002, 1367.25, y 1367.51 del Código de Salud y Seguridad:

- Su plan cubre medicamentos de servicios médicos preventivos y formas farmacéuticas reconocidos a nivel nacional (Categoría 5) con costos compartidos de \$0 si se recetan para que los utilice de acuerdo con esas recomendaciones.
- Su plan cubre una variedad de medicamentos, dispositivos y productos de venta libre para planificación familiar (es decir, anticonceptivos) bajo el beneficio de medicamentos recetados, con costos compartidos de \$0 (Categoría 5).
- Su plan cubre el tratamiento y las pruebas para la diabetes, lo que incluye insulina, glucagón, dispositivos y suministros médicamente necesarios en la categoría de DME, además de otros medicamentos recetados.

Cuando se aprueba una excepción de formulario con el fin de cubrir medicamentos que no aparecen en el formulario, las personas inscritas pagan los costos compartidos de Nivel 3 para los Medicamentos No Especializados o los costos compartidos de Nivel 4 para los Medicamentos Especializados. Consulte el contrato de su plan para obtener más información sobre los costos compartidos de las excepciones de formulario.

Ciertos tipos de medicamentos cubiertos por su plan tienen límites de costos compartidos cada vez que los surte. Si su estado cuenta con límites específicos, los costos compartidos serán los costos compartidos más bajos del diseño de su plan o de cualquier límite que se aplique.

- Existen límites en sus costos compartidos para medicamentos contra el cáncer que se toman por vía oral.
- Usted no cuenta con costos compartidos para la mifepristona ni el misoprostol cuando estos se prescriben para detener un embarazo durante los primeros meses.

¿Cómo puedo encontrar más información sobre cuánto costará mi medicamento?

Puede encontrar información sobre los montos de los costos compartidos para medicamentos recetados en nuestro folleto Sus Beneficios a Simple Vista, o bien puede ingresar su información de recetas médicas en la herramienta de “Search Drugs” (Búsqueda de Medicamentos) en MolinaMarketplace.com. Esta herramienta proporcionará una estimación del costo para los medicamentos del formulario. Si crea una cuenta en Caremark.com antes de utilizar la herramienta, la información de diseño de su plan también se utilizará para estimar de manera más exacta los precios reales que usted paga en la farmacia.

Cómo encontrar una farmacia para surtir una receta médica

Red de Farmacias

Molina cuenta con redes de farmacias minoristas, servicio de farmacia por correo y farmacias de especialidad que pueden procesar y dispensar medicamentos con su cobertura. Para encontrar una farmacia dentro de la red, utilice la herramienta “Encontrar una farmacia” en MolinaMarketplace.com.

La herramienta le permite buscar farmacias por código postal, ciudad, país y estado. Usted puede delimitar los resultados de búsqueda según la distancia u otros criterios específicos, tales como nombre de tienda, idioma hablado o servicios ofrecidos.

Farmacia de Especialidad

Molina cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos de especialidad. Los medicamentos especializados se posicionan en el Nivel 4 del Formulario. Algunos medicamentos tienen una distribución limitada. La distribución limitada significa que solo determinadas farmacias venden el medicamento. El Administrador de Beneficios Farmacéuticos de Molina, CVS Caremark, tiene una farmacia especializada que proporciona

apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y a tratar sus afecciones. La mayoría de los medicamentos de especialidad requieren autorización previa antes de que tengan cobertura. Un recetador puede enviar solicitudes de Autorización Previa directamente a Molina o enviar una receta médica a CVS para comenzar el proceso. Si la entrega por correo del medicamento de especialidad no es una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para su retiro.

Se puede comunicar con la Línea de Ayuda Técnica Farmacéutica de CVS al 1 (888) 407-6425.

Servicio de Farmacia por Correo

Su plan cuenta con una red de farmacias con el servicio de pedido por correo que pueden procesar y dispensar un suministro de hasta 90 días de medicamentos elegibles. Los medicamentos elegibles están marcados con la palabra "MAIL" (CORREO) en el formulario.

El Administrador de Beneficios Farmacéuticos de su plan cuenta con el servicio de farmacia por correo. Para surtir las recetas médicas a través de dicho servicio, el proveedor o la persona inscrita pueden llamar al número de teléfono gratuito de FastStart® al 1 (800) 875-0867, de lunes a viernes, de 7:00 a. m. a 7:00 p. m., o bien pueden visitar Caremark.com.

Farmacia Fuera de la Red

Si las farmacias de la red no cumplen con las necesidades del afiliado, se puede solicitar una excepción a fin de obtener autorización para utilizar una farmacia fuera de la red. Las excepciones se revisarán caso por caso en función de la necesidad médica.

Procesador de Reclamaciones de Recetas Médicas

Molina Healthcare seleccionó a CVS Caremark como la compañía de Administración de Beneficios Farmacéuticos (Pharmacy Benefit Management, "PBM") para administrar el beneficio de recetas médicas de las personas inscritas en Molina.

Las preguntas sobre cómo procesar las reclamaciones, estado del formulario o reclamaciones rechazadas se pueden dirigir al soporte técnico de CVS Caremark al 1 (888) 407-6425. La información sobre membresía, costos compartidos, beneficios de medicamentos recetados y las dudas sobre elegibilidad pueden abordarse llamando al Centro de Asistencia al Cliente de Molina al **1 (888) 858-2150**. El Departamento de Servicios para Miembros atiende de lunes a viernes, de **8:00 a.m. a 6:00 p.m., hora del Pacífico**. Las preguntas relacionadas con el proveedor se pueden resolver llamando a la Línea de Ayuda Técnica para Servicios de Proveedores de Molina al **1 (855) 322-4075**, de lunes a viernes, de **8:30 a.m. a 5:00 p.m., hora del Pacífico**.

Política de Medicamentos urgentes y Después del Horario de atención

Para evitar que la afección de un afiliado empeore en una situación urgente, es posible que sea necesario dispensar un suministro de 72 horas de un medicamento agudo, antes de que pueda obtenerse la Autorización Previa de Molina. (Por ejemplo, un afiliado recibe el alta de un hospital después del horario regular de atención con una receta de antibióticos especiales).

Se les instruye a las farmacias utilizar su juicio profesional. Molina reembolsará a las farmacias por un suministro de 72 horas de un medicamento agudo en tarifas contratadas para estas recetas.

Las farmacias pueden llamar a Molina al **1 (855) 322-4075** al siguiente día hábil para obtener una autorización que permita que la receta médica urgente o después del horario de atención se procese en línea. Se aconseja y espera que la farmacia brinde documentación razonable de los casos en los que se distribuyeron los medicamentos bajo estas circunstancias urgentes.

Tiempo de Renovación, Sincronización y Prorrateso

En general, los suministros de medicamentos para 30 días se pueden renovar cuando haya pasado un 85 % de los días previstos de uso de la fecha de surtido anterior. Consulte la sección “Prorrateso y Sincronización” del acuerdo de su plan para conocer los medicamentos que tienen un tiempo de renovación especial. Su farmacia o proveedor pueden solicitar que se anulen los límites de tiempo de renovación a fin de sincronizar las fechas de surtido de sus medicamentos, solo deben comunicarse con la Línea de Ayuda Técnica de CVS Caremark® al 1 (888) 407-6425. Si se dispensan suministros para menos o más días a fin de sincronizar sus medicamentos, se prorratesarán sus costos compartidos en función de esos suministros.

Procedimiento de solicitud de excepción y autorización previa

Autorización previa

Los medicamentos que requieren una aprobación anticipada para obtener cobertura se revisan en contraste con las normas estándares para determinar la necesidad médica. Los proveedores deben demostrar que su uso médico del medicamento está aceptado y que otros tratamientos no funcionaron ni son adecuados desde el punto de vista clínico. Pueden aplicarse otros requisitos dependiendo del medicamento. Podemos requerir ciertos resultados de prueba para demostrar que un medicamento es adecuado para usted. Esto puede ser correcto en el caso de los Medicamentos de Especialidad que se utilizan para tratar afecciones prolongadas u otras afecciones poco frecuentes. La respuesta de un afiliado a muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará un motivo para evitar las normas estándares de cobertura.

Su proveedor puede enviar por fax un formulario completado de Autorización Previa de medicamentos a Molina al **1 (866) 508-6445**. Las políticas y los formularios clínicos se encuentran en nuestro sitio web MolinaMarketplace.com. El formulario está disponible en MolinaMarketplace.com en la página de formularios y documentos del proveedor. El formulario se debe completar y debe incluir toda la información médica. De lo contrario, no se aceptará. Su proveedor también puede utilizar CoverMyMeds® o Surescripts® para enviar su solicitud de forma electrónica.

Si su receta médica requiere una Autorización Previa o una Excepción de Formulario, la solicitud puede considerarse bajo Circunstancias Estándares o Urgentes.

- Una solicitud se considera una Circunstancia Urgente si se aplica alguna de las siguientes condiciones:
 - Usted tiene una afección que podría poner en grave peligro su vida, su salud o su capacidad para recuperar las funciones por completo.
 - Presenta dolor intenso no controlado, o bien la urgencia de su atención requiere una decisión rápida de cobertura.
 - Actualmente, está en tratamiento con un medicamento que no aparece en el formulario. Las pruebas de muestras farmacéuticas de su doctor o un fabricante no se considerarán como su tratamiento actual.
- Se requiere información de respaldo para justificar la urgencia de la solicitud.
- Cualquier solicitud que no se considere una Circunstancia Urgente se considera una solicitud de Excepción Estándar.

Se les notificará a usted o a su proveedor sobre nuestra decisión, a más tardar, en los siguientes plazos:

- 24 horas después de recibir la solicitud con Circunstancias Urgentes.
- 72 horas después de recibir la solicitud con Circunstancias Estándares.

Si no se realiza una determinación dentro de estos plazos, la solicitud se aprobará automáticamente.

Si se aprueba la solicitud, le enviaremos una carta a su recetador. Incluiremos el tiempo que demorará la aprobación de la solicitud antes de que sea necesario renovar la autorización. Si la solicitud no se aprueba, enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de hacer un seguimiento.

De acuerdo con 1367.22 del Código de Salud y Seguridad, si se aprueba una solicitud de medicamento, continuará estando cubierta para la duración de la receta, incluidas las renovaciones. Molina no limitará ni excluirá la cobertura de un medicamento si lo aprobamos anteriormente para su afección y su proveedor continúa recetándolo, siempre que el medicamento se recete de manera adecuada y continúe siendo seguro y efectivo.

Cómo solicitar una Excepción

¿Puedo recibir un medicamento cubierto si no está en el formulario o no cumple con los requisitos del plan, como la terapia progresiva?

Molina tiene un proceso para permitirle solicitar medicamentos adecuados por razones clínicas que no están en el formulario o que tienen requisitos o límites bajo su plan. Su doctor puede solicitar un medicamento que no aparece en el formulario, pero que considera que es lo mejor para usted. Es posible que esté tomando un medicamento que ya no se encuentra en la lista de medicamentos nueva del año del plan. Los sistemas de farmacia pueden requerir que usted pruebe ciertos medicamentos antes de que se otorgue cobertura para otros (“terapia progresiva”). Su doctor puede enviar una solicitud de excepción de formulario a Molina por medio del proceso de Autorización Previa antes descrito.

Molina concederá una excepción para una terapia progresiva o medicamento que no aparece en el formulario si sus revisores determinan que la información de respaldo indica alguna de las siguientes razones:

- El miembro tiene una contraindicación médica al medicamento del formulario o al medicamento requerido.
- El medicamento requerido probablemente causará una reacción adversa clínicamente previsible si el miembro lo toma.
- Se espera que el medicamento requerido sea ineficaz en función de las características clínicas documentadas del miembro.
- El miembro probó el medicamento requerido, un medicamento relacionado o un medicamento que funciona de una manera similar, e interrumpió su consumo debido a la falta de efectividad, la pérdida de efecto o la aparición de un efecto adverso.
- El miembro toma el medicamento como tratamiento actual de la cobertura de seguro anterior. Si el medicamento que se administra es un medicamento de marca y nosotros cubrimos el producto biológico genérico o intercambiable, se puede otorgar una excepción si el cambio al medicamento requerido podría causar efectos adversos o daños clínicamente predecibles.
- La información médica de respaldo muestra claramente que el formulario o los medicamentos requeridos no proporcionarán el mayor beneficio al miembro debido a que puede ocurrir alguna de las siguientes consecuencias:
 - representará una barrera para el cumplimiento del plan de tratamiento;
 - tendrá un efecto negativo sobre la situación de comorbilidad del miembro;
 - provocará una interacción farmacológica negativa clínicamente predecible; o
 - disminuirá la capacidad del miembro para lograr o mantener un desempeño funcional razonable en el desarrollo de sus actividades diarias.

En la sección “Autorización Previa” de esta guía, se encuentran los plazos y las condiciones de revisión. Si se aprueba la solicitud, Molina le enviará una carta a usted y a su doctor. Si la solicitud no se aprueba, enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de hacer un seguimiento. Si no está de acuerdo con los motivos del rechazo, puede apelar la decisión. Su doctor puede solicitar una revisión externa de la excepción.

De acuerdo con 1300.67.24 del Código de Salud y Seguridad, no podemos exigirle que repita la terapia progresiva con un medicamento del formulario si cambió de planes de seguro y continúa tomando un medicamento que ahora está sujeto a requisitos de terapia progresiva según su plan de Molina. Su proveedor tendrá que notificarnos con una solicitud de excepción, para que podamos saber que usted sigue tomando el medicamento desde antes, que este se receta de manera adecuada y que es seguro y eficiente para su afección.

Quejas y Apelaciones

Puede presentar un reclamo o queja comunicándose con el Centro de Apoyo al Cliente de Molina al **1 (888) 858-2150**. Si Molina rechaza su solicitud de medicamento, un aviso de derechos para apelar la decisión se incluirá en el aviso de acción. Para obtener más información, consulte la sección de su Contrato (póliza) que incluye “Quejas y Apelaciones”. Puede encontrar una copia del Contrato, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

La información contenida en este documento es patentada. La información no se puede copiar de manera parcial ni total sin el permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos. Los nombres y servicios de socios como CVS Caremark, CVS Specialty y Caremark.com son propiedad de y operados por CVS Health Corporation. CoverMyMeds® y Surescripts® son marcas comerciales registradas de terceros y pertenecen a sus respectivas empresas.

Leyenda

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

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

Requisitos/Límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos por este medicamento o forma farmacéutica para ciertos grupos de edad según la información sobre la seguridad, la eficacia y el costo del medicamento.
MED	Se aplican límites de Dosis Equivalente de Morfina (Morphine Equivalent Dose, MED). Las cantidades de este medicamento están limitadas al equivalente (“EQ”) de 90 miligramos de morfina por día de suministro surtido.
ONC	Abreviatura de “Oncología” o especialidad del cáncer. Los medicamentos que se ingieren por vía oral para tratar el cáncer tienen límites mensuales de costos compartidos de acuerdo con su plan.
OTC	Las formas farmacéuticas de venta sin receta (Over-the-Counter, OTC) están cubiertas en la lista de medicamentos con una receta médica válida emitida por un proveedor.
PA	Se requiere Autorización Previa (Prior Authorization, PA). Requerimos aprobación anticipada de cobertura para algunos medicamentos antes de que se pague por estos. Si la Autorización Previa es necesaria para un medicamento o forma farmacéutica, los proveedores deben demostrar que usted tiene un uso aceptado por razones médicas para el medicamento y que otros tratamientos no han funcionado o no son adecuados. Pueden aplicarse otros requisitos dependiendo del medicamento.
QL	Se aplican Límites de Cantidad (Quantity Limits, QL). Pagaremos por un monto diario máximo según la información sobre el costo y uso aceptado por razones médicas del medicamento.
ST	Se requiere Terapia Progresiva (Step Therapy, ST). Si en el pasado hemos pagado para que usted reciba los medicamentos de Terapia Progresiva necesarios, este medicamento se pagará en la farmacia sin necesidad de una Autorización Previa o solicitud de excepción de la Terapia Progresiva. La lista de medicamentos le muestra qué medicamentos se requieren primero y por cuánto tiempo.

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

La lista de medicamentos además indicará si un medicamento es elegible para programas de pedido por correo (**MAIL**) en la columna Requisitos/Límites. Usted elige si desea utilizar programas de Pedidos por Correo. Es posible que tenga costos compartidos más bajos cuando utilice el servicio de Pedidos por Correo de algunos medicamentos.

Su plan también cubre hasta 90 días de suministros de forma presencial en las farmacias minoristas de CVS con los mismos medicamentos que son elegibles para Pedidos por Correo.

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

AMPHETAMINES

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

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

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 mL in lifetime), AGE; AGE (Max 1 year)
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AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 18 mg (base equiv)	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 25 mg (base equiv)	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 40 mg (base equiv)	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 60 mg (base equiv)	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 80 mg (base equiv)	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
atomoxetine hcl cap 100 mg (base equiv)	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
clonidine hcl tab er 12hr 0.1 mg	Tier 3	PA, QL (120 tabs every 30 days), MAIL
guanfacine hcl tab er 24hr 1 mg (base equiv)	Tier 3	PA, QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
guanfacine hcl tab er 24hr 2 mg (base equiv)	Tier 3	PA, QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
guanfacine hcl tab er 24hr 3 mg (base equiv)	Tier 3	PA, QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
guanfacine hcl tab er 24hr 4 mg (base equiv)	Tier 3	PA, QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)

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Drug Name	Drug Tier	Requirements/Limits
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA
<i>armodafinil tab 150 mg</i>	Tier 1	PA
<i>armodafinil tab 200 mg</i>	Tier 1	PA
<i>armodafinil tab 250 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 3	PA, QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 3	PA, QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 3	PA, QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 3	PA, QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>modafinil tab 100 mg</i>	Tier 3	PA, QL (30 tabs every 30 days)
<i>modafinil tab 200 mg</i>	Tier 3	PA, QL (60 tabs every 30 days)

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin cap 3 mg</i>	Tier 1	OTC
<i>melatonin cap 5 mg</i> (Cvs Melatonin)	Tier 1	OTC
MELATONIN LIQ 1MG/4ML	Tier 1	OTC
<i>melatonin tab 1-10mg</i>	Tier 1	OTC; (melatonin with pyridoxine)
<i>melatonin tab 3 mg</i>	Tier 1	OTC
<i>melatonin tab 5 mg</i>	Tier 1	OTC
<i>melatonin tab 300mcg</i>	Tier 1	OTC
<i>melatonin tablet disintegrating 5 mg</i>	Tier 1	OTC
<i>melatonin-pyridoxine tab er 10-10 mg</i> (Melatonin Advanced Sleep)	Tier 1	OTC

ALTERNATIVE MEDICINE COMBINATIONS

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

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg</i>	Tier 3	
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HADLIMA INJ 40/0.4ML (<i>adalimumab-bwwd</i>)	Tier 4	PA, QL (2 syringes every 28 days)
HADLIMA INJ 40/0.8ML (<i>adalimumab-bwwd</i>)	Tier 4	PA, QL (2 syringes every 28 days)
HADLIMA PUSH INJ 40/0.4ML (<i>adalimumab-bwwd</i>)	Tier 4	PA, QL (2 pens every 28 days)
HADLIMA PUSH INJ 40/0.8ML (<i>adalimumab-bwwd</i>)	Tier 4	PA, QL (2 pens every 28 days)
HUMIRA INJ 10/0.1ML (<i>adalimumab</i>)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10MG/0.2 (adalimumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA INJ 20/0.2ML (adalimumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA INJ 40/0.4ML (adalimumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA KIT 20MG/0.4 (adalimumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	PA, QL (2 ea every year); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	PA, QL (3 ea every year); Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 4	PA, QL (3 ea every year); Preferred Brand
HUMIRA PEN KIT PS/UV (adalimumab)	Tier 4	PA, QL (3 ea every year); Preferred Brand
SIMPONI INJ 50/0.5ML (golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML (golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER (upadacitinib)	Tier 4	PA, QL (30 tabs every 30 days); Preferred Brand
RINVOQ TAB 30MG ER (upadacitinib)	Tier 4	PA, QL (30 tabs every 30 days); Preferred Brand
RINVOQ TAB 45MG ER (upadacitinib)	Tier 4	PA, QL (30 tabs every 30 days); Preferred Brand
XELJANZ SOL 1MG/ML (tofacitinib citrate)	Tier 4	PA; Preferred Brand
XELJANZ TAB 5MG (tofacitinib citrate)	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG (tofacitinib citrate)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG (tofacitinib citrate)	Tier 4	PA; Preferred Brand

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

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

Drug Name	Drug Tier	Requirements/Limits
celecoxib cap 200 mg	Tier 1	QL (60 caps every 30 days), MAIL
celecoxib cap 400 mg	Tier 1	QL (60 caps every 30 days), MAIL
diclofenac potassium tab 50 mg	Tier 1	QL (120 tabs every 30 days), MAIL
diclofenac sodium tab delayed release 25 mg	Tier 1	QL (90 tabs every 30 days), MAIL
diclofenac sodium tab delayed release 50 mg	Tier 1	QL (90 tabs every 30 days), MAIL
diclofenac sodium tab delayed release 75 mg	Tier 1	QL (60 tabs every 30 days), MAIL
diclofenac sodium tab er 24hr 100 mg	Tier 1	QL (60 tabs every 30 days), MAIL
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	Tier 3	QL (60 tabs every 30 days)
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	Tier 3	QL (60 tabs every 30 days)
etodolac cap 200 mg	Tier 1	QL (150 caps every 30 days), MAIL
etodolac tab 400 mg	Tier 1	QL (90 tabs every 30 days), MAIL
etodolac tab 500 mg	Tier 1	QL (60 tabs every 30 days), MAIL
fenoprofen calcium tab 600 mg	Tier 3	PA, QL (120 tabs every 30 days)
flurbiprofen tab 50 mg	Tier 1	QL (120 tabs every 30 days), MAIL
flurbiprofen tab 100 mg	Tier 1	QL (120 tabs every 30 days), MAIL
ibuprofen cap 200 mg (Medi-profen)	Tier 1	QL (120 caps every 30 days), OTC
ibuprofen chew tab 100 mg (Sm Ibuprofen Ib)	Tier 1	QL (180 tabs every 30 days), AGE, OTC; AGE (Max 12 years)
ibuprofen susp 40 mg/ml (Cvs Ibuprofen Infants)	Tier 1	AGE, OTC; AGE (Max 12 years)
ibuprofen susp 100 mg/5ml (Ibuprofen Childrens)	Tier 1	AGE, OTC; AGE (Max 12 years)
ibuprofen tab 100 mg (Advil Junior Strength)	Tier 1	QL (120 tabs every 30 days), OTC
ibuprofen tab 200 mg (Ra Ibuprofen)	Tier 1	QL (120 tabs every 30 days), OTC
ibuprofen tab 400 mg	Tier 1	QL (120 tabs every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>ketoprofen cap 50 mg</i>	Tier 3	PA, QL (120 caps every 30 days), MAIL
<i>ketoprofen cap 75 mg</i>	Tier 3	PA, QL (120 caps every 30 days), MAIL
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<i>meclofenamate sodium cap 50 mg</i>	Tier 3	PA, MAIL
<i>meclofenamate sodium cap 100 mg</i>	Tier 3	PA, MAIL
<i>mefenamic acid cap 250 mg</i>	Tier 3	PA, MAIL
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	QL (90 tabs every 30 days), OTC, MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>naproxen tab ec 375 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>naproxen tab ec 500 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	PA, QL (90 tabs every 30 days), MAIL
<i>piroxicam cap 10 mg</i>	Tier 1	PA, QL (120 caps every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam cap 20 mg</i>	Tier 1	PA, QL (60 caps every 30 days), MAIL
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 3	PA, QL (120 caps every 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 3	PA, QL (90 tabs every 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	PA, QL (90 tabs every 30 days), MAIL

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 4	PA; Preferred Brand

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL

SELECTIVE COSTIMULATION MODULATORS

ORENCIA CLCK INJ 125MG/ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML (<i>etanercept</i>)	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 4	PA, QL (8 vials every 28 days); Preferred Brand
ENBREL INJ 50MG/ML (<i>etanercept</i>)	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand
ENBREL SRCLK INJ 50MG/ML (<i>etanercept</i>)	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

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

ANALGESICS OTHER

acetaminophen chew tab 80 mg (Childrens Pain Reliever)	Tier 1	OTC
acetaminophen chew tab 160 mg (Non-aspirin Junior Streng)	Tier 1	OTC
acetaminophen disintegrating tab 80 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen disintegrating tab 160 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Mapap)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Eq Pain Relief Adult/rapi)	Tier 1	OTC
acetaminophen soln 160 mg/5ml (Pain & Fever Childrens)	Tier 1	OTC
acetaminophen suppos 120 mg	Tier 1	OTC
acetaminophen suppos 650 mg	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Cvs Pain & Fever Children)	Tier 1	OTC
acetaminophen tab 325 mg (Mapap)	Tier 1	OTC
acetaminophen tab 500 mg	Tier 1	OTC
acetaminophen tab 500 mg (Sm Pain Relief Extra Stre)	Tier 1	OTC
acetaminophen tab er 650 mg	Tier 1	OTC
FEVERALL INF SUP 80MG (acetaminophen)	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
FEVERALL SUP 325MG (acetaminophen)	Tier 1	OTC
NORTEMP SUS INFANTS (acetaminophen)	Tier 1	OTC

SALICYLATES

aspirin chew tab 81 mg (St Joseph Low Dose Aspiri)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab 325 mg (Sm Aspirin)	Tier 1	OTC, MAIL
aspirin tab delayed release 81 mg (Bayer Aspirin Ec Low Dose)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab delayed release 325 mg	Tier 1	OTC, MAIL
diflunisal tab 500 mg	Tier 1	QL (90 tabs every 30 days), MAIL
salsalate tab 500 mg	Tier 1	QL (120 tabs every 30 days), MAIL
salsalate tab 750 mg	Tier 1	QL (120 tabs every 30 days), MAIL

ANALGESICS - OPIOID

OPIOID AGONISTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QL (10 patches every 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (10 patches every 30 days); MED
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs every 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 tabs every 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (360 tabs every 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 3	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 50 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 100 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL every 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (450 mL every 30 days); Max 7 day supply initial fill, MED

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

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
oxycodone hcl soln 5 mg/5ml	Tier 1	Max 7 day supply initial fill, MED
oxycodone hcl tab 5 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab 10 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab 15 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab 20 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab 30 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone hcl tab er 12hr deter 10 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 15 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 20 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 30 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 40 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 60 mg	Tier 3	PA; MED
oxycodone hcl tab er 12hr deter 80 mg	Tier 3	PA; MED
OXYCONTIN TAB 10MG ER (oxycodone hcl)	Tier 3	PA; MED
OXYCONTIN TAB 15MG ER (oxycodone hcl)	Tier 3	PA; MED
OXYCONTIN TAB 20MG ER (oxycodone hcl)	Tier 3	PA; MED
OXYCONTIN TAB 30MG ER (oxycodone hcl)	Tier 3	PA; MED
OXYCONTIN TAB 40MG ER (oxycodone hcl)	Tier 3	PA; MED
OXYCONTIN TAB 60MG ER (oxycodone hcl)	Tier 3	PA; MED
OXYCONTIN TAB 80MG ER (oxycodone hcl)	Tier 3	PA; MED
oxymorphone hcl tab 5 mg	Tier 3	PA; MED
oxymorphone hcl tab 10 mg	Tier 3	PA; MED
oxymorphone hcl tab er 12hr 5 mg	Tier 3	PA, QL (120 tabs every 30 days); MED
oxymorphone hcl tab er 12hr 7.5 mg	Tier 3	PA, QL (120 tabs every 30 days); MED

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

OPIOID COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 10-200 mg	Tier 3	PA, QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	QL (240 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	QL (240 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
oxycodone-ibuprofen tab 5-400 mg	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	QL (300 tabs every 30 days); Max 7 day supply initial fill, MED

OPIOID PARTIAL AGONISTS

buprenorphine hcl sl tab 2 mg (base equiv)	Tier 1	QL (360 tabs every 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 1	QL (90 tabs every 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (90 every 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	QL (90 every 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	QL (90 every 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (60 every 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (360 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs every 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 3	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	PA, QL (6 bottles every 30 days); MED

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

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

ANDROGENS

<i>ANDROXY TAB 10MG (fluoxymesterone)</i>	Tier 3	PA, QL (90 tabs every 30 days)
<i>danazol cap 50 mg</i>	Tier 3	QL (60 caps every 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps every 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps every 30 days), MAIL
<i>METHITEST TAB 10MG (methyltestosterone)</i>	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL every 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL every 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL every 30 days)

ANORECTAL AGENTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL every 30 days)
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RECTAL COMBINATIONS

<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
RECTAL LOCAL ANESTHETICS		
<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
RECTAL STEROIDS		
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
VASODILATING AGENTS		
RECTIV OIN 0.4% (<i>nitroglycerin (intra-anal)</i>)	Tier 3	
ANTACIDS		
ANTACID COMBINATIONS		
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i> (Mintox Plus)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Almacone)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> (Almacone Double Strength)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> (Cvs Heartburn Relief)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> (Acid Gone)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg</i> (Antacid Extra Strength)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> (Cvs Antacid Supreme)	Tier 1	OTC
FOAM ANTACID CHW 80-20MG (<i>aluminum hydroxide-mag trisil</i>)	Tier 1	OTC
MI-ACID CHW (<i>calcium carbonate-mag hydrox</i>)	Tier 1	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (antacid) chew tab 400 mg</i> (Childrens Pepto)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i> (Calcium Antacid)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i> (Cvs Smooth Antacid Extra)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)	Tier 1	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 250 mg (Gnp Magnesium)	Tier 1	OTC
magnesium oxide tab 420 mg (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	Tier 3	QL (2 tabs every 1 day); Max 1 Days Supply
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	QL (16 every 2 days); Max 1 fill per month, max 2 days supply
praziquantel tab 600 mg	Tier 3	PA
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
pentamidine isethionate for nebulization soln 300 mg	Tier 3	
tinidazole tab 250 mg	Tier 3	QL (56 tabs every 7 days); Max 7 day supply
tinidazole tab 500 mg	Tier 3	QL (28 tabs every 7 days); Max 7 day supply
trimethoprim tab 100 mg	Tier 1	
XIFAXAN TAB 200MG (rifaximin)	Tier 4	PA
XIFAXAN TAB 550MG (rifaximin)	Tier 4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (nitazoxanide)	Tier 3	PA
atovaquone susp 750 mg/5ml	Tier 3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide tab 500 mg</i>	Tier 3	PA
GLYCOPEPTIDES		
<i>FIRVANQ SOL 25MG/ML (vancomycin hcl)</i>	Tier 2	
<i>FIRVANQ SOL 50MG/ML (vancomycin hcl)</i>	Tier 2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
MONOBACTAMS		
<i>CAYSTON INH 75MG (aztreonam lysine)</i>	Tier 4	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL

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

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

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

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tab 10 mg	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine hcl tab 25 mg	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine hcl tab 50 mg	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 25 mg	Tier 1	QL (240 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 50 mg	Tier 1	QL (240 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 100 mg	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
meprobamate tab 200 mg	Tier 3	QL (90 tabs every 30 days)
meprobamate tab 400 mg	Tier 3	QL (90 tabs every 30 days)
BENZODIAZEPINES		
alprazolam tab 0.5 mg	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 18 years)
alprazolam tab 0.25 mg	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 18 years)
alprazolam tab 1 mg	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 18 years)
alprazolam tab 2 mg	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 18 years)
chlordiazepoxide hcl cap 5 mg	Tier 1	QL (90 caps every 30 days), AGE; AGE (Min 6 years, Max 64 years)
chlordiazepoxide hcl cap 10 mg	Tier 1	QL (90 caps every 30 days), AGE; AGE (Min 6 years, Max 64 years)
chlordiazepoxide hcl cap 25 mg	Tier 1	QL (90 caps every 30 days), AGE; AGE (Min 6 years, Max 64 years)
clorazepate dipotassium tab 3.75 mg	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 6 years, Max 64 years)

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	MAIL
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
quinidine sulfate tab 200 mg	Tier 1	MAIL
quinidine sulfate tab 300 mg	Tier 1	MAIL
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	Tier 1	MAIL
mexiletine hcl cap 200 mg	Tier 1	MAIL
mexiletine hcl cap 250 mg	Tier 1	MAIL
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	Tier 1	MAIL
flecainide acetate tab 100 mg	Tier 1	MAIL
flecainide acetate tab 150 mg	Tier 1	MAIL
propafenone hcl tab 150 mg	Tier 1	MAIL
propafenone hcl tab 225 mg	Tier 1	MAIL
propafenone hcl tab 300 mg	Tier 1	MAIL
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 200 mg	Tier 1	MAIL
dofetilide cap 125 mcg (0.125 mg)	Tier 3	MAIL
dofetilide cap 250 mcg (0.25 mg)	Tier 3	MAIL
dofetilide cap 500 mcg (0.5 mg)	Tier 3	MAIL
MULTAQ TAB 400MG (dronedarone hcl)	Tier 3	PA, MAIL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	Tier 3	MAIL
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 30MG/ML (benralizumab)	Tier 4	PA
FASENRA PEN INJ 30MG/ML (benralizumab)	Tier 4	PA
NUCALA INJ 40MG/0.4 (mepolizumab)	Tier 4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML (mepolizumab)	Tier 4	PA, QL (3 injections every 28 days)
NUCALA INJ 100MG/ML (mepolizumab)	Tier 4	PA, QL (3 syringes every 28 days)
XOLAIR INJ 75/0.5 (omalizumab)	Tier 4	PA, QL (2.5 mL every 28 days)
XOLAIR INJ 150MG/ML (omalizumab)	Tier 4	PA, QL (5 mL every 28 days)
XOLAIR SOL 150MG (omalizumab)	Tier 4	PA, QL (5 mL every 28 days)
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 (dupilumab)	Tier 4	PA
NUCALA INJ 100MG (mepolizumab)	Tier 4	PA, QL (3 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>)	Tier 2	QL (12.9 gm every 30 days), MAIL
INCRUSE ELPT INH 62.5MCG (<i>umeclidinium bromide</i>)	Tier 2	QL (30 blisters every 30 days), MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (120 vials every 30 days), MAIL
SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
SPIRIVA CAP HANDIHLR (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (30 caps every 30 days), MAIL
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), AGE, MAIL; AGE (Max 9 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), AGE, MAIL; AGE (Max 14 years)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>zafirlukast tab 10 mg</i>	Tier 3	QL (60 tabs every 30 days), MAIL
<i>zafirlukast tab 20 mg</i>	Tier 3	QL (60 tabs every 30 days), MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 3	PA, MAIL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG (<i>roflumilast</i>)	Tier 3	PA, MAIL
DALIRESP TAB 500MCG (<i>roflumilast</i>)	Tier 3	PA, MAIL
<i>roflumilast tab 250 mcg</i>	Tier 3	PA, MAIL
<i>roflumilast tab 500 mcg</i>	Tier 3	PA, MAIL
STEROID INHALANTS		
ASMANEX 7 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 14 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 30 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 30 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 60 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 120 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA AER 50MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX HFA AER 100 MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX HFA AER 200 MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 3	QL (120 mL every 30 days), AGE, MAIL; AGE (Max 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 3	QL (120 mL every 30 days), AGE, MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG (<i>fluticasone propionate hfa</i>)	Tier 3	QL (1 inhaler every 30 days), AGE, MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	Tier 3	QL (1 inhaler every 30 days), AGE, MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG (<i>budesonide (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
PULMICORT INH 180MCG (<i>budesonide (inhalation)</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
QVAR REDIHA AER 80MCG (<i>beclomethasone dipropionate hfa</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
QVAR REDIHAL AER 40MCG (<i>beclomethasone dipropionate hfa</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 250/50 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 500/50 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL; Brand Preferred
ADVAIR HFA AER 45/21 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ADVAIR HFA AER 115/21 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
ADVAIR HFA AER 230/21 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (1 inhaler every 30 days), MAIL; Generic Preferred

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 ea every 30 days), MAIL
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days), MAIL
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL every 30 days), MAIL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL every 30 days), MAIL
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>albuterol sulfate tab 2 mg</i>	Tier 3	MAIL
<i>albuterol sulfate tab 4 mg</i>	Tier 3	MAIL
ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	Tier 2	QL (60 blisters every 30 days), MAIL
ARCAPTA CAP 75MCG (<i>indacaterol maleate</i>)	Tier 3	QL (30 caps every 30 days), MAIL
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 3	QL (120 mL every 30 days), MAIL
BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 2	QL (60 blisters every 30 days), MAIL
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 2	QL (60 blisters every 30 days), MAIL
BREZTRI AERO AER SPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	Tier 2	QL (1 inhaler every 30 days), MAIL
BROVANA NEB 15MCG (<i>arformoterol tartrate</i>)	Tier 3	QL (120 mL every 30 days), MAIL
COMBIVENT AER 20-100 (<i>ipratropium-albuterol</i>)	Tier 2	QL (4 gm every 30 days), MAIL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL every 30 days), MAIL
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	ST, QL (150 mL every 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	ST, QL (150 mL every 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	Tier 1	ST, QL (150 mL every 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	Tier 1	ST, QL (150 mL every 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
metaproterenol sulfate syrup 10 mg/5ml	Tier 1	MAIL
metaproterenol sulfate tab 10 mg	Tier 1	MAIL
metaproterenol sulfate tab 20 mg	Tier 1	MAIL
SEREVENT DIS AER 50MCG (salmeterol xinafoate)	Tier 2	QL (60 inhalations every 30 days), MAIL
STIOLTO AER 2.5-2.5 (tiotropium bromide-olodaterol hcl)	Tier 2	QL (1 inhaler every 30 days), MAIL
STRIVERDI AER 2.5MCG (olodaterol hcl)	Tier 2	QL (1 inhaler every 30 days), MAIL
SYMBICORT AER 80-4.5 (budesonide-formoterol fumarate dihydrate)	Tier 2	QL (1 inhaler every 30 days), MAIL
SYMBICORT AER 160-4.5 (budesonide-formoterol fumarate dihydrate)	Tier 2	QL (1 inhaler every 30 days), MAIL
terbutaline sulfate tab 2.5 mg	Tier 3	QL (240 tabs every 30 days), MAIL
terbutaline sulfate tab 5 mg	Tier 3	QL (180 tabs every 30 days), MAIL
TRELEGY AER 100MCG (fluticasone-umeclidinium-vilanterol)	Tier 2	QL (1 inhaler every 30 days), MAIL
TRELEGY AER 200MCG (fluticasone-umeclidinium-vilanterol)	Tier 2	QL (1 inhaler every 30 days), MAIL

XANTHINES

theophylline elixir 80 mg/15ml	Tier 1	MAIL
theophylline tab er 12hr 100 mg	Tier 1	MAIL
theophylline tab er 12hr 200 mg	Tier 1	MAIL
theophylline tab er 12hr 300 mg	Tier 1	MAIL
theophylline tab er 12hr 450 mg	Tier 1	MAIL
theophylline tab er 24hr 400 mg	Tier 1	MAIL
theophylline tab er 24hr 600 mg	Tier 1	MAIL

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

COUMADIN TAB 1MG (warfarin sodium)	Tier 2	MAIL
COUMADIN TAB 2.5MG (warfarin sodium)	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 2MG (warfarin sodium)	Tier 2	MAIL
COUMADIN TAB 3MG (warfarin sodium)	Tier 2	MAIL
COUMADIN TAB 4MG (warfarin sodium)	Tier 2	MAIL
COUMADIN TAB 5MG (warfarin sodium)	Tier 2	MAIL
COUMADIN TAB 6MG (warfarin sodium)	Tier 2	MAIL
COUMADIN TAB 7.5MG (warfarin sodium)	Tier 2	MAIL
COUMADIN TAB 10MG (warfarin sodium)	Tier 2	MAIL
warfarin sodium tab 1 mg	Tier 1	MAIL
warfarin sodium tab 2 mg	Tier 1	MAIL
warfarin sodium tab 2.5 mg	Tier 1	MAIL
warfarin sodium tab 3 mg	Tier 1	MAIL
warfarin sodium tab 4 mg	Tier 1	MAIL
warfarin sodium tab 5 mg	Tier 1	MAIL
warfarin sodium tab 6 mg	Tier 1	MAIL
warfarin sodium tab 7.5 mg	Tier 1	MAIL
warfarin sodium tab 10 mg	Tier 1	MAIL
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG (apixaban)	Tier 2	QL (74 every 28 days); Max 1 fill per year
ELIQUIS TAB 2.5MG (apixaban)	Tier 2	QL (60 tabs every 30 days), MAIL
ELIQUIS TAB 5MG (apixaban)	Tier 2	QL (60 tabs every 30 days), MAIL
XARELTO STAR TAB 15/20MG (rivaroxaban)	Tier 2	QL (51 tabs every year)
XARELTO SUS 1MG/ML (rivaroxaban)	Tier 2	QL (310 mL every 30 days), MAIL; AGE (Max 11 years)
XARELTO TAB 2.5MG (rivaroxaban)	Tier 2	QL (60 tabs every 30 days), MAIL
XARELTO TAB 10MG (rivaroxaban)	Tier 2	QL (30 tabs every 30 days), MAIL
XARELTO TAB 15MG (rivaroxaban)	Tier 2	QL (30 tabs every 30 days), MAIL
XARELTO TAB 20MG (rivaroxaban)	Tier 2	QL (30 tabs every 30 days), MAIL
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 300 mg/3ml	Tier 3	QL (30 vials every 30 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 3	QL (18 mL every 30 days)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 3	QL (24 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 3	QL (36 mL every 30 days)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 3	QL (48 mL every 30 days)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 3	QL (60 mL every 30 days)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 3	QL (48 mL every 30 days)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 3	QL (60 mL every 30 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 3	PA
FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA TAB 2MG (<i>perampanel</i>)	Tier 3
FYCOMPA TAB 4MG (<i>perampanel</i>)	Tier 3
FYCOMPA TAB 6MG (<i>perampanel</i>)	Tier 3
FYCOMPA TAB 8MG (<i>perampanel</i>)	Tier 3
FYCOMPA TAB 10MG (<i>perampanel</i>)	Tier 3
FYCOMPA TAB 12MG (<i>perampanel</i>)	Tier 3

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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab 10 mg	Tier 1	
clobazam tab 20 mg	Tier 1	
clonazepam tab 0.5 mg	Tier 1	QL (300 tabs every 30 days)
clonazepam tab 1 mg	Tier 1	QL (300 tabs every 30 days)
clonazepam tab 2 mg	Tier 1	QL (300 tabs every 30 days)
diazepam rectal gel delivery system 2.5 mg	Tier 1	QL (2 ea every 30 days)
diazepam rectal gel delivery system 10 mg	Tier 1	QL (2 ea every 30 days)
diazepam rectal gel delivery system 20 mg	Tier 1	QL (2 ea every 30 days)
VALTOCO SPR 5MG (diazepam (anticonvulsant))	Tier 2	QL (10 sprays every 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 10MG (diazepam (anticonvulsant))	Tier 2	QL (10 sprays every 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 15MG (diazepam (anticonvulsant))	Tier 2	QL (10 ea every 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 20MG (diazepam (anticonvulsant))	Tier 2	QL (10 ea every 30 days), AGE; AGE (Min 6 years)
ANTICONVULSANTS - MISC.		
APTiom TAB 200MG (eslicarbazepine acetate)	Tier 3	MAIL
APTiom TAB 400MG (eslicarbazepine acetate)	Tier 3	MAIL
APTiom TAB 600MG (eslicarbazepine acetate)	Tier 3	MAIL
APTiom TAB 800MG (eslicarbazepine acetate)	Tier 3	MAIL
carbamazepine cap er 12hr 100 mg	Tier 1	MAIL
carbamazepine cap er 12hr 200 mg	Tier 1	MAIL
carbamazepine cap er 12hr 300 mg	Tier 1	MAIL
carbamazepine chew tab 100 mg	Tier 1	MAIL
carbamazepine susp 100 mg/5ml	Tier 1	MAIL
carbamazepine tab 200 mg (Eptol)	Tier 1	MAIL
carbamazepine tab er 12hr 100 mg	Tier 1	MAIL
carbamazepine tab er 12hr 200 mg	Tier 1	MAIL
carbamazepine tab er 12hr 400 mg	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAP 250MG (<i>stiripentol</i>)	Tier 3	PA
DIACOMIT CAP 500MG (<i>stiripentol</i>)	Tier 3	PA
DIACOMIT PAK 250MG (<i>stiripentol</i>)	Tier 3	PA
DIACOMIT PAK 500MG (<i>stiripentol</i>)	Tier 3	PA
<i>gabapentin cap 100 mg</i>	Tier 1	MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	MAIL
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide tab 50 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>lacosamide tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>lacosamide tab 150 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>lacosamide tab 200 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>lamotrigine tab 25 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	MAIL
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
<i>pregabalin cap 25 mg</i>	Tier 3	PA, QL (90 caps every 30 days)
<i>pregabalin cap 50 mg</i>	Tier 3	PA, QL (90 caps every 30 days)
<i>pregabalin cap 75 mg</i>	Tier 3	PA, QL (90 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pregabalin cap 100 mg	Tier 3	PA, QL (90 caps every 30 days)
pregabalin cap 150 mg	Tier 3	PA, QL (90 caps every 30 days)
pregabalin cap 200 mg	Tier 3	PA, QL (90 caps every 30 days)
pregabalin cap 225 mg	Tier 3	PA, QL (60 caps every 30 days)
pregabalin cap 300 mg	Tier 3	PA, QL (60 caps every 30 days)
primidone tab 50 mg	Tier 1	QL (120 tabs every 30 days), MAIL
primidone tab 250 mg	Tier 1	QL (120 tabs every 30 days), MAIL
rufinamide susp 40 mg/ml	Tier 3	MAIL
rufinamide tab 200 mg	Tier 3	MAIL
rufinamide tab 400 mg	Tier 3	MAIL
topiramate sprinkle cap 15 mg	Tier 1	MAIL
topiramate sprinkle cap 25 mg	Tier 1	MAIL
topiramate tab 25 mg	Tier 1	MAIL
topiramate tab 50 mg	Tier 1	MAIL
topiramate tab 100 mg	Tier 1	MAIL
topiramate tab 200 mg	Tier 1	MAIL
VIMPAT SOL 10MG/ML (lacosamide)	Tier 2	
zonisamide cap 25 mg	Tier 1	MAIL
zonisamide cap 50 mg	Tier 1	MAIL
zonisamide cap 100 mg	Tier 1	MAIL
CARBAMATES		
felbamate susp 600 mg/5ml	Tier 3	MAIL
felbamate tab 400 mg	Tier 3	MAIL
felbamate tab 600 mg	Tier 3	MAIL
GABA MODULATORS		
tiagabine hcl tab 2 mg	Tier 3	MAIL
tiagabine hcl tab 4 mg	Tier 3	MAIL
tiagabine hcl tab 12 mg	Tier 3	MAIL
tiagabine hcl tab 16 mg	Tier 3	MAIL
vigabatrin powd pack 500 mg (Vigadrone)	Tier 4	QL (180 packets every 30 days)
vigabatrin tab 500 mg	Tier 4	QL (180 tabs every 30 days)
HYDANTOINS		
DILANTIN CAP 30MG (phenytoin sodium extended)	Tier 2	MAIL
DILANTIN CAP 100MG (phenytoin sodium extended)	Tier 2	MAIL

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Drug Name	Drug Tier	Requirements/Limits
PEGANONE TAB 250MG (<i>ethotoin</i>)	Tier 3	MAIL
PHENYTEK CAP 200MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
PHENYTEK CAP 300MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
<i>phenytoin chew tab 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	MAIL
SUCCINIMIDES		
CELONTIN CAP 300MG (<i>methsuximide</i>)	Tier 3	MAIL
<i>ethosuximide cap 250 mg</i>	Tier 1	MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	MAIL
<i>methsuximide cap 300 mg</i>	Tier 3	MAIL
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL

MONOAMINE OXIDASE INHIBITORS (MAOIS)

<i>EMSAM DIS 6MG/24HR (selegiline)</i>	Tier 3	PA, MAIL
<i>EMSAM DIS 9MG/24HR (selegiline)</i>	Tier 3	PA, MAIL
<i>EMSAM DIS 12MG/24H (selegiline)</i>	Tier 3	PA, MAIL
<i>MARPLAN TAB 10MG (isocarboxazid)</i>	Tier 3	PA, MAIL
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 3	QL (240 tabs every 30 days), MAIL

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL every 30 days), MAIL; AGE (Max 11 years)
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs every 30 days), MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TAB 20MG (vortioxetine hbr)	Tier 3	PA, MAIL
vilazodone hcl tab 10 mg	Tier 3	PA, MAIL
vilazodone hcl tab 20 mg	Tier 3	PA, MAIL
vilazodone hcl tab 40 mg	Tier 3	PA, MAIL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	Tier 1	QL (30 tabs every 30 days), MAIL
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	Tier 1	QL (30 tabs every 30 days), MAIL
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	Tier 1	QL (30 tabs every 30 days), MAIL
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	Tier 1	QL (60 caps every 30 days), MAIL
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 1	QL (60 caps every 30 days), MAIL
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	Tier 1	QL (60 caps every 30 days), MAIL
FETZIMA CAP 20MG (levomilnacipran hcl)	Tier 3	PA, MAIL
FETZIMA CAP 40MG (levomilnacipran hcl)	Tier 3	PA, MAIL
FETZIMA CAP 80MG (levomilnacipran hcl)	Tier 3	PA, MAIL
FETZIMA CAP 120MG (levomilnacipran hcl)	Tier 3	PA, MAIL
FETZIMA CAP TITRATIO (levomilnacipran hcl)	Tier 3	PA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	Tier 1	QL (30 caps every 30 days), MAIL
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 1	QL (90 caps every 30 days), MAIL
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	Tier 1	QL (30 caps every 30 days), MAIL
venlafaxine hcl tab 25 mg (base equivalent)	Tier 1	QL (90 tabs every 30 days), MAIL
venlafaxine hcl tab 37.5 mg (base equivalent)	Tier 1	QL (90 tabs every 30 days), MAIL
venlafaxine hcl tab 50 mg (base equivalent)	Tier 1	QL (90 tabs every 30 days), MAIL
venlafaxine hcl tab 75 mg (base equivalent)	Tier 1	QL (90 tabs every 30 days), MAIL
venlafaxine hcl tab 100 mg (base equivalent)	Tier 1	QL (90 tabs every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (90 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amoxapine tab 25 mg</i>	Tier 1	MAIL
<i>amoxapine tab 50 mg</i>	Tier 1	MAIL
<i>amoxapine tab 100 mg</i>	Tier 1	MAIL
<i>amoxapine tab 150 mg</i>	Tier 1	MAIL
<i>clomipramine hcl cap 25 mg</i>	Tier 3	QL (180 caps every 30 days), MAIL
<i>clomipramine hcl cap 50 mg</i>	Tier 3	QL (180 caps every 30 days), MAIL
<i>clomipramine hcl cap 75 mg</i>	Tier 3	QL (120 caps every 30 days), MAIL
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 caps every 30 days), AGE, MAIL; AGE (Max 64 years)

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

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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

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QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>migliol tab 25 mg</i>	Tier 3	QL (360 tabs every 30 days), MAIL
<i>migliol tab 50 mg</i>	Tier 3	QL (180 tabs every 30 days), MAIL
<i>migliol tab 100 mg</i>	Tier 3	QL (90 tabs every 30 days), MAIL
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	PA, MAIL
SYMLINPEN 120 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	PA, MAIL
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	QL (120 tabs every 30 days), MAIL
glipizide-metformin hcl tab 5-500 mg	Tier 1	QL (120 tabs every 30 days), MAIL
glyburide-metformin tab 1.25-250 mg	Tier 1	QL (60 tabs every 30 days), MAIL
glyburide-metformin tab 2.5-500 mg	Tier 1	QL (60 tabs every 30 days), MAIL
glyburide-metformin tab 5-500 mg	Tier 1	QL (120 tabs every 30 days), MAIL
GLYXAMBI TAB 10-5 MG (empagliflozin-linagliptin)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
GLYXAMBI TAB 25-5 MG (empagliflozin-linagliptin)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 (sitagliptin-metformin hcl)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
SOLIQUA INJ 100/33 (insulin glargine-lixisenatide)	Tier 2	ST, QL (5 pens every 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin within last 180 days
SYNJARDY TAB (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; 12.5-1000; Prior use of metformin in the last 180 day

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-500MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY TAB 12.5-500 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY XR TAB (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; 12.5-1000; Prior use of metformin in the last 180 day
SYNJARDY XR TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY XR TAB 10-1000 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; 10-5-1000 MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; 25-5-1000 MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs every 30 days), MAIL; 12.5-2.5-1000MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs every 30 days), MAIL; 5-2.5-1000MG; Prior use of metformin in the last 180 days
XIGDUO XR TAB 2.5-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 5-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 5-1000MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 10-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 10-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
XULTOPHY INJ 100/3.6 (insulin degludec-liraglutide)	Tier 2	ST, QL (5 pens every 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin within last 180 days
BIGUANIDES		
metformin hcl tab 500 mg	Tier 1	QL (150 tabs every 30 days), MAIL
metformin hcl tab 850 mg	Tier 1	QL (90 tabs every 30 days), MAIL
metformin hcl tab 1000 mg	Tier 1	QL (60 tabs every 30 days), MAIL
metformin hcl tab er 24hr 500 mg	Tier 1	QL (120 tabs every 30 days), MAIL
metformin hcl tab er 24hr 750 mg	Tier 1	QL (120 tabs every 30 days), MAIL
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE (glucagon)	Tier 2	QL (2 ea every 30 days)
diazoxide susp 50 mg/ml	Tier 3	MAIL
GLUCAGEN INJ HYPOKIT (glucagon hcl (rdna))	Tier 2	QL (2 syringes every 30 days)
glucagon (rdna) for inj kit 1 mg	Tier 1	QL (2 kits every 30 days)
GLUCAGON KIT 1MG	Tier 2	QL (2 kits every 30 days)
GNP GLUCOSE CHW ORANGE (dextrose (diabetic use))	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
TGT GLUCOSE CHW GRAPE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate (diabetes)</i>)	Tier 2	QL (180 tabs every 30 days), MAIL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	ST, QL (1.5 mL every 28 days), MAIL; 0.25 or 0.5 mg/dose; Prior use of Metformin within past 180 days
OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	ST, QL (3 mL every 28 days), MAIL; 1 mg/dose; Prior use of Metformin within past 180 days
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	Tier 2	ST, QL (3 mL every 28 days), MAIL; 0.25 or 0.5 mg/dose; Prior use of Metformin within past 180 days

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 4MG/3ML (semaglutide)	Tier 2	ST, QL (3 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
OZEMPIC INJ 8MG/3ML (semaglutide)	Tier 2	ST, QL (3 mL every 28 days); Prior use of Metformin within last 180 days
RYBELSUS TAB 3MG (semaglutide)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of Metformin within last 180 days
RYBELSUS TAB 7MG (semaglutide)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of Metformin within last 180 days
RYBELSUS TAB 14MG (semaglutide)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of Metformin within last 180 days
TRULICITY INJ 0.75/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
TRULICITY INJ 1.5/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
TRULICITY INJ 3/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
TRULICITY INJ 4.5/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
VICTOZA INJ 18MG/3ML (liraglutide)	Tier 2	ST, QL (9 mL every 30 days), MAIL; Prior use of Metformin within last 180 days

INSULIN

AFREZZA POW 4-8 UNIT (insulin regular (human))	Tier 3	MAIL
AFREZZA POW 4-8-12 (insulin regular (human))	Tier 3	MAIL
AFREZZA POW 4UNIT (insulin regular (human))	Tier 3	MAIL

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Drug Name	Drug Tier	Requirements/Limits
AFREZZA POW 8 UNIT (insulin regular (human))	Tier 3	MAIL
AFREZZA POW 8-12UNIT (insulin regular (human))	Tier 3	MAIL
AFREZZA POW 12 UNIT (insulin regular (human))	Tier 3	MAIL
BASAGLAR INJ 100UNIT (insulin glargine)	Tier 2	QL (30 mL every 30 days), MAIL
FIASP FLEX INJ TOUCH (insulin aspart (with niacinamide))	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML (insulin aspart (with niacinamide))	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 (insulin aspart (with niacinamide))	Tier 2	QL (5 pens per 30 days), MAIL
HUMULIN R INJ U-500 (insulin regular (human))	Tier 2	QL (20 mL every 30 days), MAIL
HUMULIN R INJ U-500 (insulin regular (human))	Tier 2	QL (6 pens every 30 days), MAIL
INSULIN ASPA INJ 70/30	Tier 2	QL (30 mL every 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ 100/ML	Tier 2	QL (30 mL every 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ FLEXPEN	Tier 2	QL (10 pens every 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ PENFILL	Tier 2	QL (10 cartridges every 30 days), MAIL; Novo Nordisk
LEVEMIR INJ (insulin detemir)	Tier 2	QL (30 mL every 30 days), MAIL
LEVEMIR INJ FLEXTOUC (insulin detemir)	Tier 2	QL (30 mL every 30 days), MAIL
NOVOLIN INJ 70/30 (insulin nph isophane & reg (human))	Tier 2	QL (30 mL every 30 days), OTC, MAIL
NOVOLIN INJ 70/30 FP (insulin nph isophane & reg (human))	Tier 2	QL (10 pens every 30 days), OTC, MAIL
NOVOLIN N INJ 100 UNIT (insulin nph (human) (isophane))	Tier 2	QL (10 pens every 30 days), OTC, MAIL
NOVOLIN N INJ U-100 (insulin nph (human) (isophane))	Tier 2	QL (30 mL every 30 days), OTC, MAIL
NOVOLIN R INJ 100 UNIT (insulin regular (human))	Tier 2	QL (10 pens every 30 days), OTC, MAIL
NOVOLIN R INJ U-100 (insulin regular (human))	Tier 2	QL (30 mL every 30 days), OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	QL (30 mL every 30 days), MAIL
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	QL (10 pens every 30 days), MAIL
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	QL (10 cartridges every 30 days), MAIL
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL every 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (10 pens every 30 days), MAIL
TOUJEO MAX INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (6 pens every 30 days), MAIL
TOUJEO SOLO INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (12 pens every 30 days), MAIL
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (10 pens every 30 days), MAIL
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	Tier 2	QL (10 pens every 30 days), MAIL
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL every 30 days), MAIL
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days

SULFONYLUREAS

<i>chlorpropamide tab 100 mg</i>	Tier 3	QL (90 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	QL (90 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Bismatrol)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Cvs Bismuth Maximum Stren)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Sm Stomach Relief)	Tier 1	OTC

ANTIPERISTALTIC AGENTS

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

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG (<i>succimer</i>)	Tier 3	PA
<i>deferasirox tab for oral susp 125 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 4	PA
<i>deferiprone tab 500 mg</i>	Tier 4	PA
<i>deferiprone tab 1000 mg</i>	Tier 4	PA

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days)
NARCAN SPR 4MG (<i>naloxone hcl</i>)	Tier 2	
VIVITROL INJ 380MG (<i>naltrexone</i>)	Tier 2	QL (1 injection every 28 days)

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)	Tier 3	PA
ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)	Tier 3	PA
<i>granisetron hcl tab 1 mg</i>	Tier 3	QL (60 tabs every 30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QL (50 mL every 30 days), AGE; AGE (Max 12 years)

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

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Drug Name	Drug Tier	Requirements/Limits
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole for susp 10 mg/ml	Tier 1	QL (105 mL every 30 days), AGE; AGE (Max 12 years)
fluconazole for susp 40 mg/ml	Tier 1	QL (105 mL every 30 days), AGE; AGE (Max 12 years)
fluconazole tab 50 mg	Tier 1	QL (21 tabs every 30 days)
fluconazole tab 100 mg	Tier 1	QL (21 tabs every 30 days)
fluconazole tab 150 mg	Tier 1	QL (2 tabs every 30 days)
fluconazole tab 200 mg	Tier 1	QL (21 tabs every 30 days)
itraconazole cap 100 mg	Tier 1	QL (120 caps every 30 days)
ketoconazole tab 200 mg	Tier 1	QL (60 tabs every 30 days)
voriconazole tab 50 mg	Tier 3	PA
voriconazole tab 200 mg	Tier 3	PA

ANTIHIISTAMINES

ANTIHIISTAMINES - ALKYLAMINES

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

ANTIHIISTAMINES - ETHANOLAMINES

ALER-DRYL TAB 50MG (diphenhydramine hcl)	Tier 1	OTC
carbinoxamine maleate soln 4 mg/5ml	Tier 1	
carbinoxamine maleate tab 4 mg	Tier 1	
clemastine fumarate tab 1.34 mg (1 mg base equiv) (Gnp Dayhist Allergy)	Tier 1	OTC
clemastine fumarate tab 2.68 mg	Tier 1	
diphenhydramine hcl cap 25 mg (Pharbedryl)	Tier 1	OTC
diphenhydramine hcl cap 50 mg	Tier 1	OTC
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Childr)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl tab 25 mg	Tier 1	OTC
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	OTC
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL every 30 days), AGE; AGE (Max 12 years)
cetirizine hcl tab 5 mg	Tier 1	QL (30 tabs every 30 days), OTC
cetirizine hcl tab 10 mg (Ra Cetirizine)	Tier 1	QL (30 tabs every 30 days), OTC
desloratadine tab 5 mg	Tier 3	QL (30 tabs every 30 days)
fexofenadine hcl tab 60 mg	Tier 1	QL (60 tabs every 30 days), OTC
fexofenadine hcl tab 180 mg	Tier 1	QL (30 tabs every 30 days), OTC
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	QL (300 mL every 30 days), AGE; AGE (Max 12 years)
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs every 30 days)
loratadine oral soln 5 mg/5ml (Gnp Loratadine)	Tier 1	QL (300 mL every 30 days), AGE, OTC; AGE (Max 12 years)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)	Tier 1	QL (30 tabs every 30 days), OTC
loratadine tab 10 mg (Allergy Relief)	Tier 1	QL (30 tabs every 30 days), OTC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	Tier 3	QL (24 supp every 30 days), AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl suppos 25 mg	Tier 3	QL (24 supp every 30 days), AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl syrup 6.25 mg/5ml	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 12.5 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 25 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 50 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)

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Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	Tier 3	PA, MAIL
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	PA, MAIL
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	Tier 3	PA, MAIL
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (120 caps every 30 days)
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm every 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm every 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 3	QL (30 packets every 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 3	QL (180 tabs every 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs every 30 days), MAIL
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 5	QL (45 tabs every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 5	QL (45 tabs every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs every 30 days), MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 3	ST, QL (30 caps every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 3	ST, QL (30 caps every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

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

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 40 mg</i>	Tier 3	QL (30 tabs every 30 days), MAIL
<i>simvastatin tab 5 mg</i>	Tier 5	QL (45 tabs every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 10 mg</i>	Tier 5	QL (45 tabs every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 20 mg</i>	Tier 5	QL (45 tabs every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 40 mg</i>	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 80 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
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NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tab 500 mg</i> (Niacor)	Tier 3	QL (120 tabs every 30 days), MAIL
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 3	QL (120 tabs every 30 days), MAIL

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML (<i>evolocumab</i>)	Tier 4	PA
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	Tier 4	PA
REPATHA SURE INJ 140MG/ML (<i>evolocumab</i>)	Tier 4	PA

ANTIHYPERTENSIVES

ACE INHIBITORS

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>captopril tab 12.5 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>captopril tab 25 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>captopril tab 50 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>captopril tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>lisinopril tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>moexipril hcl tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 20 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps every 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps every 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps every 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps every 30 days), MAIL
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 3	QL (30 tabs every 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 3	QL (30 tabs every 30 days), MAIL

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

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

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

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
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Drug Name	Drug Tier	Requirements/Limits
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SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

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

VASODILATORS

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

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps every 30 days); (pyrimethamine/leucovorin)

ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs every 30 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs every 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs every 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	PA, QL (21 tabs every 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps every 30 days)

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

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

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS

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

<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	Tier 2	QL (32 tabs every 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 3	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 20MG (<i>bedaquiline fumarate</i>)	Tier 3	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
TRECTOR TAB 250MG (<i>ethionamide</i>)	Tier 3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	Tier 4	PA; ONC
<i>cyclophosphamide cap 50 mg</i>	Tier 4	PA; ONC
GLEOSTINE CAP 10MG (<i>lomustine</i>)	Tier 4	PA; ONC
GLEOSTINE CAP 40MG (<i>lomustine</i>)	Tier 4	PA; ONC
GLEOSTINE CAP 100MG (<i>lomustine</i>)	Tier 4	PA; ONC
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	Tier 4	PA; ONC
<i>melphalan tab 2 mg</i>	Tier 4	PA; ONC
<i>temozolomide cap 5 mg</i>	Tier 4	PA; ONC
<i>temozolomide cap 20 mg</i>	Tier 4	PA; ONC
<i>temozolomide cap 100 mg</i>	Tier 4	PA; ONC
<i>temozolomide cap 140 mg</i>	Tier 4	PA; ONC
<i>temozolomide cap 180 mg</i>	Tier 4	PA; ONC
<i>temozolomide cap 250 mg</i>	Tier 4	PA; ONC

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	Tier 4	PA; ONC
<i>capecitabine tab 500 mg</i>	Tier 4	PA; ONC
<i>mercaptopurine tab 50 mg</i>	Tier 1	ONC
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL every 30 days), MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL every 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL every 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL every 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG (<i>thioguanine</i>)	Tier 4	PA; ONC

ANTINEOPLASTIC - ANTI-HER2 AGENTS

HERZUMA INJ 150MG (<i>trastuzumab-pkrb</i>)	Tier 4	PA, QL (6 vials every 14 days); ONC
HERZUMA INJ 420MG (<i>trastuzumab-pkrb</i>)	Tier 4	PA, QL (2 vials every 14 days); ONC
KANJINTI INJ 420MG (<i>trastuzumab-anns</i>)	Tier 4	PA, QL (2 vials every 14 days); ONC
KANJINTI SOL 150MG (<i>trastuzumab-anns</i>)	Tier 4	PA, QL (6 vials every 14 days); ONC
OGIVRI INJ 150MG (<i>trastuzumab-dkst</i>)	Tier 4	PA, QL (6 vials every 14 days); ONC
OGIVRI INJ 420MG (<i>trastuzumab-dkst</i>)	Tier 4	PA, QL (2 vials every 14 days); ONC

Drug Name	Drug Tier	Requirements/Limits
ONTRUZANT INJ 150MG (<i>trastuzumab-dttb</i>)	Tier 4	PA, QL (6 vials every 14 days); ONC
ONTRUZANT INJ 420MG (<i>trastuzumab-dttb</i>)	Tier 4	PA, QL (2 vials every 14 days); ONC
TRAZIMERA INJ 150MG (<i>trastuzumab-qyyp</i>)	Tier 4	PA, QL (6 vials every 14 days); ONC
TRAZIMERA INJ 420MG (<i>trastuzumab-qyyp</i>)	Tier 4	PA, QL (2 vials every 14 days); ONC
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ 100/10ML (<i>rituximab-pvvr</i>)	Tier 4	PA, QL (10 vials every 7 days); ONC
RUXIENCE INJ 500/50ML (<i>rituximab-pvvr</i>)	Tier 4	PA, QL (2 vials every 7 days); ONC
TRUXIMA INJ 100/10ML (<i>rituximab-abbs</i>)	Tier 4	PA, QL (100 every 7 days)
TRUXIMA INJ 500/50ML (<i>rituximab-abbs</i>)	Tier 4	PA, QL (100 every 7 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 4	PA, QL (120 per 30 days); ONC
<i>abiraterone acetate tab 500 mg</i>	Tier 4	PA, QL (60 tabs every 30 days); ONC
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days); ONC
ELIGARD INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	Tier 4	PA; ONC
<i>exemestane tab 25 mg</i>	Tier 3	PA, MAIL; Tier 5 for ages 35 and over, otherwise Tier 3
FIRMAGON INJ 80MG (<i>degarelix acetate</i>)	Tier 4	PA
<i>flutamide cap 125 mg</i>	Tier 1	ONC
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 4	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs every 30 days); ONC

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 11.25MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LUPRON DEPOT INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 4	PA; ONC
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	ONC
<i>megestrol acetate tab 20 mg</i>	Tier 1	ONC
<i>megestrol acetate tab 40 mg</i>	Tier 1	ONC
<i>nilutamide tab 150 mg</i>	Tier 1	PA; ONC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 5	MAIL; ONC; Tier 5 for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 5	MAIL; ONC; Tier 5 for ages 35 and over, otherwise Tier 1
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 3	PA, QL (30 tabs every 30 days); ONC
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 4	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 4	PA
XTANDI CAP 40MG (<i>enzalutamide</i>)	Tier 4	PA, QL (120 every 30 days); ONC
XTANDI TAB 40MG (<i>enzalutamide</i>)	Tier 4	PA, QL (120 every 30 days); ONC
XTANDI TAB 80MG (<i>enzalutamide</i>)	Tier 4	PA, QL (60 every 30 days); ONC
ZOLADEX IMP 3.6MG (<i>goserelin acetate</i>)	Tier 4	PA
ZOLADEX IMP 10.8MG (<i>goserelin acetate</i>)	Tier 4	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	Tier 4	PA, QL (30 per 30 days); ONC
POMALYST CAP 2MG (<i>pomalidomide</i>)	Tier 4	PA, QL (30 per 30 days); ONC
POMALYST CAP 3MG (<i>pomalidomide</i>)	Tier 4	PA, QL (30 per 30 days); ONC
POMALYST CAP 4MG (<i>pomalidomide</i>)	Tier 4	PA, QL (30 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	PA, QL (49 per 28 days); ONC
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	PA, QL (70 per 28 days); ONC
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	PA, QL (91 per 28 days); ONC
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	Tier 4	PA, QL (100 per 28 days); ONC
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	Tier 4	PA, QL (100 per 28 days); ONC
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	Tier 4	PA, QL (240 per 30 days); ONC
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 4	PA, QL (120 per 30 days); ONC
CABOMETYX TAB 20MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (30 every 30 days); ONC
CABOMETYX TAB 40MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (30 every 30 days); ONC
CABOMETYX TAB 60MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (30 every 30 days); ONC
CAPRELSA TAB 100MG (<i>vandetanib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
CAPRELSA TAB 300MG (<i>vandetanib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (90 per 30 days); ONC
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (120 per 30 days); ONC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	PA, QL (90 per 30 days); ONC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab 2.5 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab 5 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab 7.5 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab 10 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab for oral susp 2 mg</i>	Tier 4	PA, QL (60 per 30 days); ONC
<i>everolimus tab for oral susp 3 mg</i>	Tier 4	PA, QL (90 per 30 days); ONC
<i>everolimus tab for oral susp 5 mg</i>	Tier 4	PA, QL (60 per 30 days); ONC
FARYDAK CAP 10MG (<i>panobinostat lactate</i>)	Tier 4	PA, QL (6 per 21 days); ONC
FARYDAK CAP 15MG (<i>panobinostat lactate</i>)	Tier 4	PA, QL (6 per 21 days); ONC
FARYDAK CAP 20MG (<i>panobinostat lactate</i>)	Tier 4	PA, QL (6 per 21 days); ONC
GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
ICLUSIG TAB 10MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs every 30 days); ONC
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs every 30 days); ONC
ICLUSIG TAB 30MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs every 30 days); ONC
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs every 30 days); ONC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	PA, QL (90 per 30 days); ONC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	PA, QL (60 per 30 days); ONC
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 4	PA, QL (90 per 30 days); ONC
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC

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

Drug Name	Drug Tier	Requirements/Limits
RUBRACA TAB 300MG (<i>rucaparib camsylate</i>)	Tier 4	PA, QL (120 tabs every 30 days); ONC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 4	PA, QL (120 per 30 days); ONC
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 4	PA, QL (90 per 30 days); ONC
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
STIVARGA TAB 40MG (<i>regorafenib</i>)	Tier 4	PA, QL (90 per 30 days); ONC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 4	PA, QL (120 per 30 days); ONC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 4	PA, QL (60 per 30 days); ONC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days); ONC
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	Tier 4	PA, QL (120 per 30 days); ONC
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	Tier 4	PA, QL (120 per 30 days); ONC
TAGRISSO TAB 40MG (<i>osimertinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
TAGRISSO TAB 80MG (<i>osimertinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
TASIGNA CAP 50MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days); ONC
TASIGNA CAP 150MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days); ONC
TASIGNA CAP 200MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days); ONC
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	Tier 4	PA, QL (120 per 30 days); ONC
XALKORI CAP 200MG (<i>crizotinib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
XALKORI CAP 250MG (<i>crizotinib</i>)	Tier 4	PA, QL (60 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	Tier 4	PA, QL (90 per 30 days); ONC
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 4	PA, QL (120 per 30 days); ONC
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
ZYKADIA CAP 150MG (<i>ceritinib</i>)	Tier 4	PA, QL (90 caps every 30 days); ONC

ANTINEOPLASTICS MISC.

ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>)	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	PA; ONC
<i>hydroxyurea cap 500 mg</i>	Tier 1	ONC
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 4	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 4	PA; ONC
<i>tretinoin cap 10 mg</i>	Tier 4	PA; ONC

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL; ONC

MITOTIC INHIBITORS

<i>etoposide cap 50 mg</i>	Tier 4	PA; ONC
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ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUVANTS

<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
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ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	Tier 3	QL (240 tabs every 30 days), MAIL
tolcapone tab 100 mg	Tier 3	PA, MAIL
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	Tier 1	QL (120 caps every 30 days), MAIL
amantadine hcl soln 50 mg/5ml	Tier 1	MAIL
amantadine hcl tab 100 mg	Tier 1	QL (120 tabs every 30 days), MAIL
APOKYN INJ 10MG/ML (apomorphine hydrochloride)	Tier 4	PA
apomorphine hcl soln cartridge 30 mg/3ml	Tier 4	PA
bromocriptine mesylate cap 5 mg (base equivalent)	Tier 3	QL (180 caps every 30 days), MAIL
bromocriptine mesylate tab 2.5 mg (base equivalent)	Tier 3	QL (180 tabs every 30 days), MAIL
carbidopa & levodopa orally disintegrating tab 10-100 mg	Tier 1	MAIL
carbidopa & levodopa orally disintegrating tab 25-100 mg	Tier 1	MAIL
carbidopa & levodopa orally disintegrating tab 25-250 mg	Tier 1	MAIL
carbidopa & levodopa tab 10-100 mg	Tier 1	MAIL
carbidopa & levodopa tab 25-100 mg	Tier 1	MAIL
carbidopa & levodopa tab 25-250 mg	Tier 1	MAIL
carbidopa & levodopa tab er 25-100 mg	Tier 1	MAIL
carbidopa & levodopa tab er 50-200 mg	Tier 1	MAIL
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 3	MAIL
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 3	MAIL
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 3	QL (240 tabs every 30 days), MAIL
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 3	QL (240 tabs every 30 days), MAIL
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 3	QL (240 tabs every 30 days), MAIL
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 3	QL (180 tabs every 30 days), MAIL
NEUPRO DIS 1MG/24HR (rotigotine)	Tier 3	PA, MAIL
NEUPRO DIS 2MG/24HR (rotigotine)	Tier 3	PA, MAIL
NEUPRO DIS 3MG/24HR (rotigotine)	Tier 3	PA, MAIL

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 4MG/24HR (rotigotine)	Tier 3	PA, MAIL
NEUPRO DIS 6MG/24HR (rotigotine)	Tier 3	PA, MAIL
NEUPRO DIS 8MG/24HR (rotigotine)	Tier 3	PA, MAIL
pramipexole dihydrochloride tab 0.5 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.25 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.75 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.125 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 1 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 1.5 mg	Tier 1	MAIL
ropinirole hydrochloride tab 0.5 mg	Tier 1	MAIL
ropinirole hydrochloride tab 0.25 mg	Tier 1	MAIL
ropinirole hydrochloride tab 1 mg	Tier 1	MAIL
ropinirole hydrochloride tab 2 mg	Tier 1	MAIL
ropinirole hydrochloride tab 3 mg	Tier 1	MAIL
ropinirole hydrochloride tab 4 mg	Tier 1	MAIL
ropinirole hydrochloride tab 5 mg	Tier 1	MAIL

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

rasagiline mesylate tab 0.5 mg (base equiv)	Tier 3	QL (60 tabs every 30 days), MAIL
rasagiline mesylate tab 1 mg (base equiv)	Tier 3	QL (30 tabs every 30 days), MAIL
selegiline hcl cap 5 mg	Tier 1	QL (60 caps every 30 days), MAIL
selegiline hcl tab 5 mg	Tier 1	QL (60 tabs every 30 days), MAIL

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

lithium carbonate cap 150 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
lithium carbonate cap 300 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
lithium carbonate cap 600 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
lithium carbonate tab 300 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
lithium carbonate tab er 300 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
lithium carbonate tab er 450 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)

ANTIPSYCHOTICS - MISC.

LATUDA TAB 20MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
<i>lurasidone hcl tab 20 mg</i>	Tier 3	PA, MAIL
<i>lurasidone hcl tab 40 mg</i>	Tier 3	PA, MAIL
<i>lurasidone hcl tab 60 mg</i>	Tier 3	PA, MAIL
<i>lurasidone hcl tab 80 mg</i>	Tier 3	PA, MAIL
<i>lurasidone hcl tab 120 mg</i>	Tier 3	PA, MAIL
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
<i>ziprasidone hcl cap 20 mg</i>	Tier 3	QL (60 caps every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 3	QL (60 caps every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 60 mg</i>	Tier 3	QL (60 caps every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 3	QL (60 caps every 30 days), AGE, MAIL; AGE (Min 6 years)

BENZISOXAZOLES

FANAPT PAK (<i>iloperidone</i>)	Tier 3	PA
FANAPT TAB 1MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 2MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 4MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 6MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 8MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 10MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 12MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>)	Tier 3	QL (0.25 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>)	Tier 3	QL (0.5 mL every 30 days), AGE; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 117/0.75 (paliperidone palmitate)	Tier 3	QL (0.75 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML (paliperidone palmitate)	Tier 3	QL (1 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 (paliperidone palmitate)	Tier 3	QL (1.5 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 273MG (paliperidone palmitate)	Tier 3	QL (1 syringe every 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 410MG (paliperidone palmitate)	Tier 3	QL (1 syringe every 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 546MG (paliperidone palmitate)	Tier 3	QL (1.75 mL every 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 819MG (paliperidone palmitate)	Tier 3	QL (2.65 mL every 90 days), AGE; AGE (Min 6 years)
paliperidone tab er 24hr 1.5 mg	Tier 3	PA, MAIL
paliperidone tab er 24hr 3 mg	Tier 3	PA, MAIL
paliperidone tab er 24hr 6 mg	Tier 3	PA, MAIL
paliperidone tab er 24hr 9 mg	Tier 3	PA, MAIL
RISPERDAL INJ 12.5MG (risperidone microspheres)	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 25MG (risperidone microspheres)	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 37.5MG (risperidone microspheres)	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 50MG (risperidone microspheres)	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
risperidone orally disintegrating tab 0.5 mg	Tier 3	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
risperidone orally disintegrating tab 0.25 mg	Tier 3	QL (60 ea every 30 days), AGE, MAIL; AGE (Min 5 years)
risperidone orally disintegrating tab 1 mg	Tier 3	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 3	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 3	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 3	QL (120 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (480 mL every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 0.5 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 1 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	QL (120 tabs every 30 days), AGE, MAIL; AGE (Min 5 years)
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

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Drug Name	Drug Tier	Requirements/Limits
haloperidol tab 10 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
haloperidol tab 20 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
DIBENZAPINES		
asenapine maleate sl tab 2.5 mg (base equiv)	Tier 3	PA, MAIL
asenapine maleate sl tab 5 mg (base equiv)	Tier 3	PA, MAIL
asenapine maleate sl tab 10 mg (base equiv)	Tier 3	PA, MAIL
clozapine tab 25 mg	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years)
clozapine tab 50 mg	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years)
clozapine tab 100 mg	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years)
clozapine tab 200 mg	Tier 1	QL (120 tabs every 30 days), AGE; AGE (Min 6 years)
loxapine succinate cap 5 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
loxapine succinate cap 10 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
loxapine succinate cap 25 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
loxapine succinate cap 50 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
olanzapine tab 2.5 mg	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
olanzapine tab 5 mg	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
olanzapine tab 7.5 mg	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
olanzapine tab 10 mg	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
olanzapine tab 15 mg	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 20 mg</i>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
ZYPREXA RELP INJ 210MG (<i>olanzapine pamoate</i>)	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 300MG (<i>olanzapine pamoate</i>)	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 405MG (<i>olanzapine pamoate</i>)	Tier 3	QL (1 mL every 30 days), AGE; AGE (Min 6 years)

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Drug Name	Drug Tier	Requirements/Limits
PHENOTHIAZINES		
<i>chlorpromazine hcl tab 10 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 200 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>perphenazine tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 4 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 8 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 16 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 3	AGE; AGE (Min 6 years)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

QUINOLINONE DERIVATIVES

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

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

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

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

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs every 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs every 30 days)
APTIVUS CAP 250MG (<i>tipranavir</i>)	Tier 2	QL (120 caps every 30 days)
APTIVUS SOL (<i>tipranavir</i>)	Tier 2	QL (300 mL every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	AGE; 30-120-15 MG; AGE (Max 12 years)
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs every 30 days); 50-200-25 MG
CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs every 30 days)
COMPLERA TAB (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs every 30 days)
CRIXIVAN CAP 200MG (<i>indinavir sulfate</i>)	Tier 2	QL (360 caps every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN CAP 400MG (<i>indinavir sulfate</i>)	Tier 2	QL (180 caps every 30 days)
darunavir tab 600 mg	Tier 1	QL (60 tabs every 30 days)
darunavir tab 800 mg	Tier 1	QL (30 tabs every 30 days)
DELSTRIGO TAB (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs every 30 days)
didanosine delayed release capsule 200 mg	Tier 1	QL (60 caps every 30 days)
didanosine delayed release capsule 250 mg	Tier 1	QL (30 caps every 30 days)
didanosine delayed release capsule 400 mg	Tier 1	QL (30 caps every 30 days)
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	Tier 2	QL (30 tabs every 30 days)
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	Tier 2	QL (30 tabs every 30 days)
efavirenz cap 50 mg	Tier 1	QL (360 caps every 30 days)
efavirenz cap 200 mg	Tier 1	QL (90 caps every 30 days)
efavirenz tab 600 mg	Tier 1	QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine caps 200 mg	Tier 1	QL (30 caps every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	QL (30 tabs every 30 days); Tier 5 for PrEP use

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOL 10MG/ML (emtricitabine)	Tier 2	QL (720 mL every 30 days)
etravirine tab 100 mg	Tier 1	QL (120 tabs every 30 days)
etravirine tab 200 mg	Tier 1	QL (60 tabs every 30 days)
EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat)	Tier 2	QL (30 tabs every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	QL (120 tabs every 30 days)
FUZEON INJ 90MG (enfuvirtide)	Tier 4	PA
GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs every 30 days)
INTELENCE TAB 25MG (etravirine)	Tier 2	QL (480 tabs every 30 days)
INVIRASE TAB 500MG (saquinavir mesylate)	Tier 2	QL (300 tabs every 30 days)
ISENTRESS CHW 25MG (raltegravir potassium)	Tier 2	QL (60 tabs every 30 days)
ISENTRESS CHW 100MG (raltegravir potassium)	Tier 2	QL (60 tabs every 30 days)
ISENTRESS HD TAB 600MG (raltegravir potassium)	Tier 2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG (raltegravir potassium)	Tier 2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG (raltegravir potassium)	Tier 2	QL (60 tabs every 30 days)
JULUCA TAB 50-25MG (dolutegravir sodium-rilpivirine hcl)	Tier 2	QL (30 tabs every 30 days)
KALETRA TAB 100-25MG (lopinavir-ritonavir)	Tier 2	QL (360 tabs every 30 days)
KALETRA TAB 200-50MG (lopinavir-ritonavir)	Tier 2	QL (180 tabs every 30 days)
lamivudine oral soln 10 mg/ml	Tier 1	QL (900 mL every 30 days)
lamivudine tab 150 mg	Tier 1	QL (60 tabs every 30 days)
lamivudine tab 300 mg	Tier 1	QL (30 tabs every 30 days)
lamivudine-zidovudine tab 150-300 mg	Tier 1	QL (60 tabs every 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 1	QL (30 mL every 30 days)
lopinavir-ritonavir tab 100-25 mg	Tier 1	QL (360 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs every 30 days)
NORVIR SOL 80MG/ML (<i>ritonavir</i>)	Tier 2	QL (450 mL every 30 days)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs every 30 days)
PIFELTRO TAB 100MG (<i>doravirine</i>)	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)	Tier 2	QL (30 tabs every 30 days)
PREZISTA SUS 100MG/ML (<i>darunavir</i>)	Tier 2	QL (480 mL every 30 days)
PREZISTA TAB 75MG (<i>darunavir</i>)	Tier 2	QL (480 tabs every 30 days)
PREZISTA TAB 150MG (<i>darunavir</i>)	Tier 2	QL (240 tabs every 30 days)
PREZISTA TAB 600MG (<i>darunavir</i>)	Tier 2	QL (60 tabs every 30 days)
PREZISTA TAB 800MG (<i>darunavir</i>)	Tier 2	QL (30 tabs every 30 days)
RESCRIPTOR TAB 200MG (<i>delavirdine mesylate</i>)	Tier 2	QL (180 tabs every 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML (<i>maraviroc</i>)	Tier 2	QL (900 mL every 30 days)
SELZENTRY TAB 25MG (<i>maraviroc</i>)	Tier 2	QL (120 tabs every 30 days)
SELZENTRY TAB 75MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs every 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
stavudine cap 30 mg	Tier 1	QL (60 caps every 30 days)
stavudine cap 40 mg	Tier 1	QL (60 caps every 30 days)
STRIBILD TAB (elvitegravir-cobicistat-emtricitabine-tenofovir df)	Tier 2	QL (30 tabs every 30 days)
SYMTUZA TAB (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs every 30 days)
TEMIKYS TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs every 30 days)
tenofovir disoproxil fumarate tab 300 mg	Tier 1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG (dolutegravir sodium)	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG (dolutegravir sodium)	Tier 2	QL (30 tabs every 30 days)
TIVICAY TAB 25MG (dolutegravir sodium)	Tier 2	QL (30 tabs every 30 days)
TIVICAY TAB 50MG (dolutegravir sodium)	Tier 2	QL (60 tabs every 30 days)
TRIUMEQ PD TAB (abacavir-dolutegravir-lamivudine)	Tier 2	QL (180 tabs every 30 days)
TRIUMEQ TAB (abacavir-dolutegravir-lamivudine)	Tier 2	QL (30 tabs every 30 days)
TYBOST TAB 150MG (cobicistat)	Tier 2	QL (30 tabs every 30 days)
VIDEX EC CAP 125MG (didanosine)	Tier 2	QL (30 caps every 30 days)
VIRACEPT TAB 250MG (nelfinavir mesylate)	Tier 2	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG (nelfinavir mesylate)	Tier 2	QL (120 tabs every 30 days)
zidovudine cap 100 mg	Tier 1	QL (180 caps every 30 days)
zidovudine syrup 10 mg/ml	Tier 1	QL (1800 mL every 30 days)
zidovudine tab 300 mg	Tier 1	QL (60 tabs every 30 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100 (nirmatrelvir-ritonavir)	Tier 5	
CMV AGENTS		
valganciclovir hcl for soln 50 mg/ml (base equiv)	Tier 4	PA
valganciclovir hcl tab 450 mg (base equivalent)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	Tier 3	QL (30 tabs every 30 days)
BARACLUDE SOL (entecavir)	Tier 3	PA
DAKLINZA TAB 30MG (daclatasvir dihydrochloride)	Tier 4	PA
DAKLINZA TAB 60MG (daclatasvir dihydrochloride)	Tier 4	PA
entecavir tab 0.5 mg	Tier 3	QL (30 tabs every 30 days)
entecavir tab 1 mg	Tier 3	QL (30 tabs every 30 days)
EPIVIR HBV SOL 5MG/ML (lamivudine (hbv))	Tier 3	PA, QL (1800 mL every 30 days)
lamivudine tab 100 mg (hbv)	Tier 1	QL (90 tabs every 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 4	PA, QL (28 tablets every 28 days); Preferred
PEGASYS INJ (peginterferon alfa-2a)	Tier 4	PA
PEGASYS INJ 180MCG/M (peginterferon alfa-2a)	Tier 4	PA
PEGINTRON KIT 50MCG (peginterferon alfa-2b)	Tier 4	PA
ribavirin cap 200 mg (Ribasphere)	Tier 1	
ribavirin tab 200 mg	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 4	PA, QL (28 tablets every 28 days); Preferred
SOVALDI TAB 400MG (sofosbuvir)	Tier 4	PA, QL (28 tablets every 28 days)
VEMLIDY TAB 25MG (tenofovir alafenamide fumarate)	Tier 3	PA
VOSEVI TAB (sofosbuvir-velpatasvir-voxilaprevir)	Tier 4	PA, QL (28 tablets every 28 days)
ZEPATIER TAB 50-100MG (elbasvir-grazoprevir)	Tier 4	PA, QL (28 tablets every 28 days)
HERPES AGENTS		
acyclovir cap 200 mg	Tier 1	QL (150 caps every 30 days)
acyclovir susp 200 mg/5ml	Tier 1	QL (750 mL every 30 days)
acyclovir tab 400 mg	Tier 1	QL (150 tabs every 30 days)
acyclovir tab 800 mg	Tier 1	QL (150 tabs every 30 days)
famciclovir tab 125 mg	Tier 1	QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
famciclovir tab 250 mg	Tier 1	QL (90 tabs every 30 days)
famciclovir tab 500 mg	Tier 1	QL (90 tabs every 30 days)
valacyclovir hcl tab 1 gm	Tier 1	QL (240 tabs every 30 days)
valacyclovir hcl tab 500 mg	Tier 1	QL (240 tabs every 30 days)

INFLUENZA AGENTS

oseltamivir phosphate cap 30 mg (base equiv)	Tier 1	QL (Max 10 days supply)
oseltamivir phosphate cap 45 mg (base equiv)	Tier 1	QL (Max 10 days supply)
oseltamivir phosphate cap 75 mg (base equiv)	Tier 1	QL (Max 10 days supply)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 1	QL (Max 10 days supply), AGE; AGE (Max 12 years)
RELENZA MIS DISKHALE (zanamivir)	Tier 2	QL (2 inhalers every year)
rimantadine hydrochloride tab 100 mg	Tier 1	QL (60 tabs every 30 days)
XOFLUZA TAB 20MG (baloxavir marboxil)	Tier 2	QL (2 tabs every 30 days)
XOFLUZA TAB 40MG (baloxavir marboxil)	Tier 2	QL (2 tabs every 30 days)
XOFLUZA TAB 80MG (baloxavir marboxil)	Tier 2	QL (1 tab every 30 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

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

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol hcl cap 200 mg	Tier 1	MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 3	MAIL
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 3	QL (90 caps every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 3	QL (120 caps every 30 days), MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 3	QL (90 caps every 30 days), MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 3	QL (60 caps every 30 days), MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	MAIL

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps every 30 days), MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps every 30 days), MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps every 30 days), MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (90 caps every 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	PA, MAIL
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 3	QL (60 caps every 30 days), MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 3	QL (60 caps every 30 days), MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 3	QL (60 caps every 30 days), MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL

CARDIOTONICS

CARDIAC GLYCOSIDES

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
LANOXIN TAB 0.25MG (<i>digoxin</i>)	Tier 2	QL (30 tabs every 30 days), MAIL
LANOXIN TAB 0.125MG (<i>digoxin</i>)	Tier 2	QL (30 tabs every 30 days), MAIL

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

PERIPHERAL VASODILATORS

<i>inositol niacinate cap 500 mg</i> (Niacin Flush Free)	Tier 1	OTC, MAIL
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PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (90 tabs every 30 days)
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (90 tabs every 30 days)
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (90 tabs every 30 days)
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (90 tabs every 30 days)
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (90 tabs every 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 4	PA
VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)	Tier 4	PA
VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)	Tier 4	PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR

ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 4	PA, QL (30 tabs every 30 days)
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 4	PA, QL (60 tabs every 30 days)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, QL (90 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	PA, QL (60 tabs every 30 days)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI PACK TAB 200/800 (<i>selexipag</i>)	Tier 4	PA, QL (200 tabs every 30 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs every 30 days)

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

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

CEPHALOSPORINS - 2ND GENERATION

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

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
cefditoren pivoxil tab 200 mg (base equivalent)	Tier 1	PA
cefditoren pivoxil tab 400 mg (base equivalent)	Tier 1	PA
cefixime cap 400 mg	Tier 3	
cefixime for susp 100 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
cefixime for susp 200 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
cefpodoxime proxetil for susp 50 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
cefpodoxime proxetil for susp 100 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
cefpodoxime proxetil tab 100 mg	Tier 1	
cefpodoxime proxetil tab 200 mg	Tier 1	
ceftriaxone sodium for inj 1 gm	Tier 1	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)	Tier 5	QL (28 tablets every 21 days), MAIL
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 5	QL (28 tablets every 21 days), MAIL
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	Tier 5	QL (28 tablets every 21 days), MAIL
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (28 tablets every 21 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 5	QL (28 tablets every 21 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	Tier 5	QL (28 tablets every 21 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 5	QL (28 tablets every 21 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 5	QL (28 tablets every 21 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 5	QL (28 tablets every 21 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 5	QL (28 tablets every 21 days), MAIL
FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)	Tier 5	QL (75 tablets every 28 days), MAIL
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	Tier 5	QL (91 tablets every 91 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (91 tablets every 91 days), MAIL
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (91 tablets every 91 days), MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 5	QL (91 tablets every 91 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 5	QL (28 tablets every 21 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (28 tablets every 21 days), MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 5	QL (28 tablets every 21 days), MAIL
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 5	QL (28 tablets every 28 days), MAIL
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	Tier 5	QL (28 tablets every 21 days), MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 5	QL (28 tablets every 21 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	Tier 5	QL (28 tablets every 21 days), MAIL
NEXTSTELLIS TAB 3-14.2MG (drospirenone-estetrol)	Tier 5	MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 5	QL (28 tablets every 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 5	QL (28 tablets every 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 5	QL (28 tablets every 21 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Tier 5	QL (28 caps every 21 days), MAIL; Max 365 Days Supply
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 5	QL (28 tablets every 21 days), MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 5	QL (28 tablets every 21 days), MAIL
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 5	QL (28 tablets every 21 days), MAIL
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 5	QL (28 tablets every 21 days), MAIL
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 5	QL (28 tablets every 21 days), MAIL
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	Tier 5	QL (28 tablets every 21 days), MAIL
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	Tier 5	QL (28 tablets every 21 days), MAIL
TYBLUME CHW 0.1-0.02 (levonorgestrel & eth estradiol)	Tier 5	MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	Tier 5	QL (3 patches every 21 days), MAIL
TWIRLA DIS 120-30 (levonorgestrel-ethinyl estradiol)	Tier 5	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS (segesterone acetate-ethinyl estradiol)	Tier 5	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 5	QL (1 ring every 21 days), MAIL
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	Tier 5	QL (1 ring every 21 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (copper (iud))	Tier 5	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (ulipristal acetate)	Tier 5	QL (4 tabs every 90 days)
levonorgestrel tab 1.5 mg (My Way)	Tier 5	QL (4 tabs every 90 days), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (etonogestrel)	Tier 5	QL (1 implant in lifetime)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 <i>(medroxyprogesterone acetate (contraceptive))</i>	Tier 5	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (28 tablets every 21 days), MAIL
SLYND TAB 4MG (<i>drospirenone</i>)	Tier 5	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 3	PA
<i>cortisone acetate tab 25 mg</i>	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	

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

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

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

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QL - Quantity Limits **ST** - Step Therapy

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

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

Drug Name	Drug Tier	Requirements/Limits
isotretinoin cap 20 mg (Amnesteem)	Tier 3	PA
isotretinoin cap 30 mg	Tier 3	PA
isotretinoin cap 40 mg	Tier 3	PA
sulfacetamide sodium lotion 10% (acne)	Tier 1	
sulfacetamide sodium-sulfur in urea emulsion 10-4% (Bp Cleansing Wash)	Tier 1	
tretinoin cream 0.1%	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin cream 0.05%	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin cream 0.025%	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin gel 0.01%	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin gel 0.025% (Avita)	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

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

diclofenac sodium gel 1% (1.16% diethylamine equiv)	Tier 1	QL (200 gm every 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
VOLTAREN GEL 1% ARTHR (diclofenac sodium (topical))	Tier 1	QL (200 gm every 30 days), OTC; RX version is Non-Formulary; Use OTC covered version

ANTIBIOTICS - TOPICAL

ALTABAX OIN 1% (retapamulin)	Tier 3	PA
bacitracin oint 500 unit/gm	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (60 gm every 30 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (60 gm every 30 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm every 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
<i>butenafine hcl cream 1%</i>	Tier 1	OTC
<i>ciclopirox olamine cream 0.77%</i> (base equiv)	Tier 1	QL (90 gm every 30 days)
<i>ciclopirox olamine susp 0.77%</i> (base equiv)	Tier 1	QL (60 mL every 25 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL every 25 days)
<i>clotrimazole cream 1%</i>	Tier 1	
<i>clotrimazole soln 1%</i>	Tier 1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (45 gm every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL every 30 days)
<i>econazole nitrate cream 1%</i>	Tier 3	PA
ERTACZO CRE 2% (<i>sertaconazole nitrate</i>)	Tier 3	PA
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm every 30 days)
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL every 30 days)
<i>luliconazole cream 1%</i>	Tier 3	PA
<i>miconazole nitrate aerosol pow 2%</i> (Lotrimin Af Deodorant Pow)	Tier 1	OTC
<i>miconazole nitrate cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate ointment 2%</i> (Triple Paste Af)	Tier 1	OTC
<i>miconazole nitrate powder 2%</i> (Cvs Anti-fungal Powder)	Tier 1	OTC
<i>naftifine hcl cream 1%</i>	Tier 3	PA

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Drug Name	Drug Tier	Requirements/Limits
naftifine hcl gel 1%	Tier 3	PA
NAFTIN GEL 2% (naftifine hcl)	Tier 3	PA
nystatin cream 100000 unit/gm	Tier 1	QL (90 gm every 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (90 gm every 30 days)
nystatin topical powder 100000 unit/gm (Nystop)	Tier 1	QL (30 gm every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Tier 3	QL (60 gm every 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Tier 3	QL (60 gm every 30 days)
oxiconazole nitrate cream 1%	Tier 3	PA, QL (90 gm every 30 days)
OXISTAT LOT 1% (oxiconazole nitrate)	Tier 3	PA
sulconazole nitrate cream 1%	Tier 3	PA
sulconazole nitrate solution 1%	Tier 3	PA
terbinafine hcl cream 1%	Tier 1	QL (30 gm every 30 days), OTC
tolnaftate aerosol pow 1% (Cvs Af Spray Powder)	Tier 1	OTC
tolnaftate cream 1%	Tier 1	OTC
tolnaftate powder 1% (Anti-fungal Powder)	Tier 1	OTC
tolnaftate soln 1% (Mycocide Clinical Ns Anti)	Tier 1	OTC
ANTI-HISTAMINES-TOPICAL		
diphenhydramine-zinc acetate cream 2-0.1% (Sm Anti-itch Extra Streng)	Tier 1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	Tier 4	PA
fluorouracil cream 5%	Tier 3	
PANRETIN GEL 0.1% (alitretinoin)	Tier 4	PA
PICATO GEL 0.05% (ingenol mebutate)	Tier 3	PA
PICATO GEL 0.015% (ingenol mebutate)	Tier 3	PA
TARGRETIN GEL 1% (bexarotene (topical))	Tier 4	PA
ANTIPSORIATICS		
acitretin cap 10 mg	Tier 3	PA
acitretin cap 17.5 mg	Tier 3	PA
acitretin cap 25 mg	Tier 3	PA
calcipotriene oint 0.005%	Tier 3	PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
calcitriol oint 3 mcg/gm	Tier 3	PA, QL (100 gm every 30 days)
COSENTYX INJ 75MG/0.5 (secukinumab)	Tier 4	PA, QL (0.5 mL every 28 days); Preferred Brand
COSENTYX INJ 150MG/ML (secukinumab)	Tier 4	PA, QL (1 mL every 28 days); Preferred Brand
COSENTYX INJ 300DOSE (secukinumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
COSENTYX PEN INJ 150MG/ML (secukinumab)	Tier 4	PA, QL (1 mL every 28 days); Preferred Brand
COSENTYX PEN INJ 300DOSE (secukinumab)	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
DRITHO-CREME CRE HP 1% (anthralin)	Tier 3	PA, QL (50 gm every 30 days)
SKYRIZI INJ 150DOSE (risankizumab-rzaa)	Tier 4	PA, QL (1.7 mL every 84 days); Preferred Brand
SKYRIZI INJ 150MG/ML (risankizumab-rzaa)	Tier 4	PA, QL (1 mL every 84 days); Preferred Brand
SKYRIZI PEN INJ 150MG/ML (risankizumab-rzaa)	Tier 4	PA, QL (1 mL every 84 days); Preferred Brand
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 4	PA, QL (0.5 mL every 84 days); Preferred Brand; Vial
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 4	PA, QL (1 mL every 56 days); Preferred Brand; Prefilled Syringe
STELARA INJ 90MG/ML (ustekinumab)	Tier 4	PA, QL (1 mL every 56 days); Preferred Brand
tazarotene cream 0.1%	Tier 3	PA, QL (60 gm every 30 days)
tazarotene gel 0.05%	Tier 3	PA, QL (100 gm every 30 days)
TAZORAC CRE 0.05% (tazarotene)	Tier 3	PA, QL (60 gm every 30 days)
TAZORAC GEL 0.1% (tazarotene)	Tier 3	PA, QL (100 gm every 30 days)
TAZORAC GEL 0.05% (tazarotene)	Tier 3	PA, QL (100 gm every 30 days)
TREMFYA INJ 100MG/ML (guselkumab)	Tier 4	PA; Preferred Brand; Pen
TREMFYA INJ 100MG/ML (guselkumab)	Tier 4	PA; Preferred Brand; Prefilled Syringe
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1% (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (<i>docosanol</i>)	Tier 1	QL (2 gm every 30 days), OTC
<i>acyclovir oint 5%</i>	Tier 3	PA
DENAVIR CRE 1% (<i>penciclovir</i>)	Tier 3	PA
<i>docosanol cream 10%</i>	Tier 1	QL (2 gm every 30 days), OTC
<i>penciclovir cream 1%</i>	Tier 1	PA
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
<i>silver sulfadiazine cream 1%</i>	Tier 1	QL (400 gm every 30 days)
SULFAMYLLON CRE 85MG/GM (<i>mafenide acetate</i>)	Tier 3	QL (454 gm every 30 days)
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm every 30 days)
<i>amcinonide cream 0.1%</i>	Tier 3	QL (60 gm every 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 3	QL (60 mL every 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm every 30 days)
APEXICON E CRE 0.05% (<i>diflorasone diacetate emollient base</i>)	Tier 3	PA, QL (60 gm every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (50 gm every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (50 gm every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (60 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (50 gm every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (60 mL every 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (45 gm every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (454 gm every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (45 gm every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
fluocinonide oint 0.05%	Tier 1	QL (60 gm every 30 days)
fluocinonide soln 0.05%	Tier 1	QL (60 mL every 30 days)
flurandrenolide cream 0.05%	Tier 3	QL (30 gm every 30 days)
flurandrenolide lotion 0.05%	Tier 3	QL (120 mL every 30 days)
fluticasone propionate cream 0.05%	Tier 1	QL (60 gm every 30 days)
fluticasone propionate oint 0.005%	Tier 1	QL (60 gm every 30 days)
halcinonide cream 0.1%	Tier 3	PA, QL (60 gm every 30 days)
halobetasol propionate cream 0.05%	Tier 3	QL (50 gm every 30 days)
halobetasol propionate oint 0.05%	Tier 3	QL (50 gm every 30 days)
HALOG OIN 0.1% (halcinonide)	Tier 3	PA, QL (60 gm every 30 days)
hydrocortisone acetate cream 1% (Lanacort 10)	Tier 1	QL (60 gm every 30 days), OTC
hydrocortisone cream 0.5%	Tier 1	QL (60 gm every 30 days), OTC
hydrocortisone cream 1% (Cortizone-10 Plus)	Tier 1	OTC
hydrocortisone cream 1% (Ra Hydrocortisone Plus 12)	Tier 1	QL (60 gm every 30 days), OTC
hydrocortisone cream 2.5%	Tier 1	QL (60 gm every 30 days)
hydrocortisone gel 1% (Cortizone-10)	Tier 1	QL (56 gm every 30 days), OTC
hydrocortisone lotion 1% (Cvs Cortisone Maximum Str)	Tier 1	QL (120 gm every 30 days), OTC
hydrocortisone lotion 2.5%	Tier 1	QL (60 mL every 30 days)
hydrocortisone oint 0.5%	Tier 1	QL (60 gm every 30 days), OTC
hydrocortisone oint 1% (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm every 30 days)
hydrocortisone oint 2.5%	Tier 1	QL (60 gm every 30 days)
hydrocortisone valerate cream 0.2%	Tier 1	QL (60 gm every 30 days)
mometasone furoate cream 0.1%	Tier 1	QL (60 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (60 gm every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (60 mL every 30 days)
<i>prednicarbate cream 0.1%</i>	Tier 3	QL (60 gm every 30 days)
<i>prednicarbate oint 0.1%</i>	Tier 3	QL (60 gm every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (454 gm every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (15 gm every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (454 gm every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (60 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (60 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (454 gm every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (15 gm every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (454 gm every 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67 (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT INJ 200MG (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 4	PA; Pen
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 4	PA; Prefilled Syringe
EMOLLIENTS		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
LAC-HYDRIN LOT FIVE (<i>lactic acid (ammonium lactate)</i>)	Tier 2	QL (226 gm every 30 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm every 30 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	QL (225 gm every 30 days), OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	Tier 3	PA, QL (60 gm every 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	PA, QL (24 ea every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus oint 0.1%</i>	Tier 3	PA, QL (30 gm every 30 days)
<i>tacrolimus oint 0.03%</i>	Tier 3	PA, QL (30 gm every 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL every 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	QL (90 gm every 30 days), OTC
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC; Regenecare gel products preferred
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	QL (90 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 3	PA, QL (90 ea every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm every 30 days)
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	Tier 1	QL (60 mL every 30 days)
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% (<i>menthol-zinc oxide</i>)	Tier 1	OTC
ROSACEA AGENTS		
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Tier 3	PA
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm every 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm every 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL every 30 days)
MIRVASO GEL 0.33% (<i>brimonidine tartrate (topical)</i>)	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
SCABICIDES & PEDICULICIDES		
EURAX CRE 10% (<i>crotamiton</i>)	Tier 2	ST, QL (60 gm every 30 days); Prior use of permethrin 5% cream within the past 90 days.
<i>ivermectin lotion 0.5%</i>	Tier 3	PA, QL (117 gm every 30 days)
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL every 30 days)
<i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	QL (120 gm every 30 days)
<i>permethrin creme rinse 1%</i> (Lice Treatment)	Tier 1	OTC
<i>permethrin lotion 1%</i> (Sm Lice Treatment)	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> (Sb Lice Treatment)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (Stop Lice Maximum Strengt)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION (<i>permethrin & pyrethrins-piperonyl butoxide</i>)	Tier 1	OTC
<i>spinosad susp 0.9%</i>	Tier 3	QL (120 per 30 days)
ULESFIA LOT 5% (<i>benzyl alcohol (pediculicide)</i>)	Tier 3	PA
WOUND CARE PRODUCTS		
REGANEX GEL 0.01% (<i>becaplermin</i>)	Tier 3	PA, QL (15 gm every 30 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 0.9MG (<i>thyrotropin alfa</i>)	Tier 4	PA
DIAGNOSTIC TESTS		
COVID-19 AT- KIT 1-PACK	DME	QL (1 kit every 30 days), OTC, MAIL; Max 1 kit (up to 2 tests) per 30 days

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

DIGESTIVE AIDS

DIGESTIVE ENZYMES

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

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 3	QL (120 caps every 30 days), MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
methazolamide tab 25 mg	Tier 3	QL (180 tabs every 30 days), MAIL
methazolamide tab 50 mg	Tier 3	QL (180 tabs every 30 days), MAIL

DIURETIC COMBINATIONS

amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	MAIL
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	MAIL

LOOP DIURETICS

bumetanide tab 0.5 mg	Tier 1	MAIL
bumetanide tab 1 mg	Tier 1	MAIL
bumetanide tab 2 mg	Tier 1	MAIL
ethacrynic acid tab 25 mg	Tier 3	MAIL
furosemide oral soln 8 mg/ml	Tier 1	AGE, MAIL; AGE (Max 12 years)
furosemide oral soln 10 mg/ml	Tier 1	AGE, MAIL; AGE (Max 12 years)
furosemide tab 20 mg	Tier 1	MAIL
furosemide tab 40 mg	Tier 1	MAIL
furosemide tab 80 mg	Tier 1	MAIL
torseamide tab 5 mg	Tier 1	MAIL
torseamide tab 10 mg	Tier 1	MAIL
torseamide tab 20 mg	Tier 1	MAIL
torseamide tab 100 mg	Tier 1	MAIL

POTASSIUM SPARING DIURETICS

amiloride hcl tab 5 mg	Tier 1	MAIL
spironolactone tab 25 mg	Tier 1	MAIL
spironolactone tab 50 mg	Tier 1	MAIL
spironolactone tab 100 mg	Tier 1	MAIL
triamterene cap 50 mg	Tier 3	MAIL
triamterene cap 100 mg	Tier 3	MAIL

THIAZIDES AND THIAZIDE-LIKE DIURETICS

chlorothiazide tab 250 mg	Tier 1	MAIL
chlorothiazide tab 500 mg	Tier 1	MAIL
chlorthalidone tab 25 mg	Tier 1	MAIL
chlorthalidone tab 50 mg	Tier 1	MAIL
hydrochlorothiazide cap 12.5 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide tab 12.5 mg	Tier 1	MAIL
hydrochlorothiazide tab 25 mg	Tier 1	MAIL
hydrochlorothiazide tab 50 mg	Tier 1	MAIL
indapamide tab 1.25 mg	Tier 1	MAIL
indapamide tab 2.5 mg	Tier 1	MAIL
methyclothiazide tab 5 mg	Tier 1	MAIL
metolazone tab 2.5 mg	Tier 1	MAIL
metolazone tab 5 mg	Tier 1	MAIL
metolazone tab 10 mg	Tier 1	MAIL

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

alendronate sodium tab 5 mg	Tier 1	QL (30 tabs every 30 days), MAIL
alendronate sodium tab 10 mg	Tier 1	QL (30 tabs every 30 days), MAIL
alendronate sodium tab 35 mg	Tier 1	QL (4 tablets every 28 days), MAIL
alendronate sodium tab 40 mg	Tier 1	QL (30 tabs every 30 days), MAIL
alendronate sodium tab 70 mg	Tier 1	QL (4 tablets every 28 days), MAIL
calcitonin (salmon) nasal soln 200 unit/act	Tier 1	QL (30 mL every 30 days)
etidronate disodium tab 200 mg	Tier 1	MAIL
etidronate disodium tab 400 mg	Tier 1	MAIL
FORTEO INJ 600/2.4 (teriparatide (recombinant))	Tier 4	PA
ibandronate sodium tab 150 mg (base equivalent)	Tier 1	QL (1 tablet every 28 days)
PROLIA INJ 60MG/ML (denosumab)	Tier 4	PA
risedronate sodium tab 5 mg	Tier 3	QL (30 tabs every 30 days), MAIL
risedronate sodium tab 30 mg	Tier 3	QL (30 tabs every 30 days), MAIL
risedronate sodium tab 35 mg	Tier 3	QL (4 tablets every 28 days), MAIL
risedronate sodium tab 150 mg	Tier 3	QL (1 tablet every 28 days), MAIL
TERIPARATIDE INJ	Tier 4	PA
TYMLOS INJ (abaloparatide)	Tier 4	PA
XGEVA INJ (denosumab)	Tier 4	PA

GROWTH HORMONE RECEPTOR ANTAGONISTS

SOMAVERT INJ 10MG (pegvisomant)	Tier 4	PA
SOMAVERT INJ 15MG (pegvisomant)	Tier 4	PA
SOMAVERT INJ 20MG (pegvisomant)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
OMNITROPE INJ 5.8MG (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 5/1.5ML (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 10/1.5ML (<i>somatropin</i>)	Tier 4	PA
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB 60MG (<i>ospemifene</i>)	Tier 3	PA, QL (30 tabs every 30 days)
<i>raloxifene hcl tab 60 mg</i>	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	Tier 4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPANETA KIT 11.25-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	Tier 4	PA
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW (<i>betaine</i>)	Tier 4	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	PA, MAIL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 3	PA, MAIL
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	PA
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs every 30 days)
STIMATE SOL 1.5MG/ML (<i>desmopressin acetate</i>)	Tier 4	PA
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	Tier 5	QL (1 tablet per day); Max 1 tab per fill
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 20MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 30MG (<i>octreotide acetate</i>)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tab 15 mg</i>	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA

ESTROGENS

ESTROGEN COMBINATIONS

DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	Tier 3	QL (30 tabs every 30 days), MAIL
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Lopreeza)	Tier 1	QL (30 tabs every 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	Tier 1	QL (30 tabs every 30 days), MAIL
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs every 30 days), MAIL
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (28 tabs every 28 days), MAIL
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (28 tabs every 28 days), MAIL
PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (28 tabs every 28 days), MAIL
PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (28 tabs every 28 days), MAIL

ESTROGENS

<i>estradiol tab 0.5 mg</i>	Tier 1	MAIL
<i>estradiol tab 1 mg</i>	Tier 1	MAIL
<i>estradiol tab 2 mg</i>	Tier 1	MAIL
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 3	QL (8 ea every 28 days), MAIL
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 3	QL (8 ea every 28 days), MAIL
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 3	QL (8 ea every 28 days), MAIL
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 3	QL (8 ea every 28 days), MAIL
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 3	QL (8 ea every 28 days), MAIL
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 3	QL (4 ea every 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch weekly 0.05 mg/24hr	Tier 3	QL (4 ea every 28 days), MAIL
estradiol td patch weekly 0.06 mg/24hr	Tier 3	QL (4 ea every 28 days), MAIL
estradiol td patch weekly 0.025 mg/24hr	Tier 3	QL (4 patches every 28 days), MAIL
estradiol td patch weekly 0.075 mg/24hr	Tier 3	QL (4 ea every 28 days), MAIL
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 3	QL (4 ea every 28 days), MAIL
MENEST TAB 0.3MG (esterified estrogens)	Tier 2	QL (30 tabs every 30 days), MAIL
MENEST TAB 0.625MG (esterified estrogens)	Tier 2	QL (30 tabs every 30 days), MAIL
MENEST TAB 1.25MG (esterified estrogens)	Tier 2	QL (30 tabs every 30 days), MAIL
PREMARIN TAB 0.3MG (estrogens, conjugated)	Tier 2	QL (30 tabs every 30 days), MAIL
PREMARIN TAB 0.9MG (estrogens, conjugated)	Tier 2	QL (30 tabs every 30 days), MAIL
PREMARIN TAB 0.45MG (estrogens, conjugated)	Tier 2	QL (30 tabs every 30 days), MAIL
PREMARIN TAB 0.625MG (estrogens, conjugated)	Tier 2	QL (30 tabs every 30 days), MAIL
PREMARIN TAB 1.25MG (estrogens, conjugated)	Tier 2	QL (30 tabs every 30 days), MAIL

FLUOROQUINOLONES

FLUOROQUINOLONES

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

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
<i>simethicone cap 125 mg</i> (Gas Relief Extra Strength)	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i> (Cvs Gas Relief Extra Stre)	Tier 1	OTC
<i>simethicone liquid 40 mg/0.6ml</i> (Cvs Gas Relief Drops Extr)	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i> (Infants Gas Relief)	Tier 1	OTC
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	Tier 3	PA, MAIL
<i>lubiprostone cap 24 mcg</i>	Tier 3	PA, MAIL
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs every 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs every 30 days)
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ 100MG (<i>infliximab-axxq</i>)	Tier 4	PA
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps every 30 days), MAIL
CIMZIA KIT 200MG (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
CIMZIA START KIT 200MG/ML (certolizumab pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG (olsalazine sodium)	Tier 3	MAIL
INFLECTRA INJ 100MG (infliximab-dyyb)	Tier 4	PA
mesalamine cap er 24hr 0.375 gm	Tier 1	QL (120 caps every 30 days), MAIL
mesalamine enema 4 gm	Tier 1	
mesalamine tab delayed release 800 mg	Tier 3	MAIL
RENFLEXIS INJ 100MG (infliximab-abda)	Tier 4	PA
SKYRIZI INJ 180/1.2 (risankizumab-rzaa (crohn's))	Tier 4	PA, QL (1.2 mL every 56 days); Preferred Brand
SKYRIZI INJ 360/2.4 (risankizumab-rzaa (crohn's))	Tier 4	PA, QL (2.4 mL every 56 days); Preferred Brand
SKYRIZI SOL 60MG/ML (risankizumab-rzaa (crohn's))	Tier 4	PA; Preferred Brand
STELARA INJ 5MG/ML (ustekinumab (iv))	Tier 4	PA; Preferred Brand
sulfasalazine tab 500 mg	Tier 1	QL (240 tabs every 30 days), MAIL
sulfasalazine tab delayed release 500 mg	Tier 1	QL (240 tabs every 30 days), MAIL
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	Tier 1	MAIL
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	Tier 3	PA, MAIL
alosetron hcl tab 1 mg (base equiv)	Tier 3	PA, MAIL
LINZESS CAP 72MCG (linaclotide)	Tier 2	PA, MAIL
LINZESS CAP 145MCG (linaclotide)	Tier 2	PA, MAIL
LINZESS CAP 290MCG (linaclotide)	Tier 2	PA, MAIL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (naloxegol oxalate)	Tier 3	PA
MOVANTIK TAB 25MG (naloxegol oxalate)	Tier 3	PA
RELISTOR INJ 12/0.6ML (methylnaltrexone bromide)	Tier 4	PA
RELISTOR TAB 150MG (methylnaltrexone bromide)	Tier 4	PA
SYMPROIC TAB 0.2MG (naldemedine tosylate)	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps every 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	PA, MAIL
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs every 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs every 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs every 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	
CYSTITIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	Tier 3	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 3	PA, QL (30 caps every 30 days), MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 3	PA, QL (30 caps every 30 days), MAIL
<i>silodosin cap 8 mg</i>	Tier 3	PA, QL (30 caps every 30 days), MAIL
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL

URINARY ANALGESICS

<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs every 30 days)

GOUT AGENTS

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
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GOUT AGENTS

<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs every 90 days)
<i>febuxostat tab 40 mg</i>	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<i>febuxostat tab 80 mg</i>	Tier 3	PA, QL (30 tabs every 30 days), MAIL

URICOSURICS

<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
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HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS

ALPHANINE SD INJ 500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
ALPHANINE SD INJ 1500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
HELIXATE FS INJ 500UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
HELIXATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
HELIXATE FS INJ 3000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 250UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 1000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 2000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 3000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
MONOCLATE-P INJ 1000UNIT (antihemophilic factor (human))	Tier 4	PA
RECOMBINATE INJ (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 220-400 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 401-800 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 801-1240 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (c1 esterase inhibitor (human))	Tier 4	PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	QL (120 tabs every 30 days), MAIL
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	Tier 1	MAIL
anagrelide hcl cap 1 mg	Tier 1	MAIL
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 3	PA, MAIL
BRILINTA TAB 60MG (ticagrelor)	Tier 3	PA, QL (60 tabs every 30 days), MAIL
BRILINTA TAB 90MG (ticagrelor)	Tier 3	PA, QL (60 tabs every 30 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 3	QL (30 tabs every 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs every 30 days), MAIL
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	PA, QL (30 tabs every 30 days), MAIL

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA

COBALAMINS

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

FOLIC ACID/FOLATES

<i>folic acid cap 0.8 mg</i> (Fa-8)	Tier 5	QL (30 caps every 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL
<i>folic acid tab 400 mcg</i>	Tier 5	QL (30 tabs every 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	Tier 5	QL (30 tabs every 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 4000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 10000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 20000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (30 tabs every 30 days)
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (60 tabs every 30 days)
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (60 tabs every 30 days)
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (60 tabs every 30 days)
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 20000UNI (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
ZARXIO INJ 300/0.5 (<i>filgrastim-sndz</i>)	Tier 4	PA, QL (14 syringes every 14 days)
ZARXIO INJ 480/0.8 (<i>filgrastim-sndz</i>)	Tier 4	PA, QL (14 syringes every 14 days)
ZIEXTENZO INJ 6/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 4	PA, QL (0.6 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC MIXTURES		
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Tricon)	Tier 1	QL (60 caps every 30 days)
FERREX 150 CAP FORTE (polysaccharide iron-folic acid-vit b12)	Tier 1	OTC
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte)	Tier 1	QL (60 caps every 30 days)
IRON		
carbonyl iron susp 15 mg/1.25ml (elemental iron) (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG (ferrous fumarate)	Tier 1	OTC, MAIL
ferrous fumarate tab 324 mg (106 mg elemental fe)	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
ferrous gluconate tab 240 mg (27 mg elemental fe) (Ferate)	Tier 1	OTC, MAIL
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Px Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow-release Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Slow Iron)	Tier 1	OTC, MAIL
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab 325 mg (65 mg elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Tier 1	OTC, MAIL
ferrous sulfate tab er 47.5 mg (elemental fe) (Ra Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (carbonyl iron)	Tier 1	OTC
polysaccharide iron complex cap 150 mg (iron equivalent) (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG (ferrous sulfate)	Tier 1	OTC, MAIL

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Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	Tier 1	PA, QL (236.5 mL every 30 days), AGE; AGE (Max 11 years)
<i>aminocaproic acid tab 500 mg</i>	Tier 1	PA
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	PA
<i>tranexamic acid tab 650 mg</i>	Tier 1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTI-HISTAMINE HYPNOTICS		
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg</i> (Sleep Aid)	Tier 1	OTC, MAIL
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL every 30 days), AGE; AGE (Max 12 years)
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 tabs every 30 days)
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 3	PA, MAIL
NON-BARBITURATE HYPNOTICS		
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)

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

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 10MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 15MG (<i>suvorexant</i>)	Tier 3	PA

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Drug Name	Drug Tier	Requirements/Limits
BELSOMRA TAB 20MG (<i>suvorexant</i>)	Tier 3	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG (<i>tasimelteon</i>)	Tier 4	PA
<i>ramelteon tab 8 mg</i>	Tier 3	PA, MAIL
<i>tasimelteon capsule 20 mg</i>	Tier 4	PA

LAXATIVES

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
<i>corn dextrin oral powder</i> (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL WAF (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>methylcellulose tab 500 mg</i> (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>psyllium cap 0.52 gm</i> (Qc Fiber Laxative)	Tier 1	OTC, MAIL
<i>psyllium cap 400 mg</i> (Reguloid)	Tier 1	OTC, MAIL
<i>psyllium powder 28.3%</i> (Gnp Natural Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 30.9%</i> (Konsyl)	Tier 1	OTC, MAIL
<i>psyllium powder 33%</i> (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
<i>psyllium powder 43%</i> (Qc Psyllium Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 48.57%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 58.6%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 100%</i>	Tier 1	OTC, MAIL
UNIFIBER POW (<i>cellulose</i>)	Tier 1	OTC
<i>wheat dextrin oral powder</i> (Clear Soluble Fiber)	Tier 1	OTC

LAXATIVE COMBINATIONS

GOLYTELY SOL (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (<i>sennosides-docusate sodium</i>)	Tier 1	OTC, MAIL
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1

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Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)	Tier 1	QL (60 packets every 30 days), OTC
polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)	Tier 1	QL (527 gm every 30 days), OTC
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC
SALINE LAXATIVES		
magnesium citrate soln (Magnesium Citrate)	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)	Tier 1	OTC
magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	Tier 3	PA
sodium phosphates - enema	Tier 1	OTC
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg (Cvs Gentle Laxative)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
bisacodyl tab delayed release 5 mg (Stimulant Laxative)	Tier 1	OTC
sennosides chew tab 15 mg (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
sennosides syrup 8.8 mg/5ml	Tier 1	OTC, MAIL
sennosides tab 8.6 mg (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
sennosides tab 25 mg (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL

SURFACTANT LAXATIVES

benzocaine-docusate sodium rectal enema 20-283 mg (Docusol Plus Mini- enema)	Tier 1	OTC
docusate calcium cap 240 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 50 mg (Ra Col- rite)	Tier 1	OTC
docusate sodium cap 100 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 250 mg	Tier 1	OTC
docusate sodium liquid 150 mg/15ml (Silace)	Tier 1	OTC
docusate sodium syrup 60 mg/15ml (Silace)	Tier 1	OTC
docusate sodium tab 100 mg (Dok)	Tier 1	OTC
PEDIA-LAX LIQ 50MG (docusate sodium)	Tier 1	OTC

MACROLIDES

AZITHROMYCIN

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

CLARITHROMYCIN

clarithromycin for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
clarithromycin for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)

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

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 65 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 70 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 75 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 80 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 85 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 90 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	Tier 5	

DIABETIC SUPPLIES

DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each every year)
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box every 90 days)
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each every year)
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes every 30 days)
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box every 90 days)
FREESTY LIBR KIT 2 SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes every 30 days)
FREESTY LIBR KIT 3 SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes every 30 days)
FREESTY LIBR MIS 2 READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each every year)
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes every 30 days); 14 day
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes every 30 days); 10 day
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each every year)
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (4 boxes every 30 days)
LANCETS MIS 30G	DME	OTC
RELION TRUE KIT MET AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX KIT AIR (blood glucose monitoring supplies)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT METER (blood glucose monitoring supplies)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX MIS AIR (blood glucose monitoring supplies)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim

MISC. DEVICES

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

INSULIN SYRG MIS 0.3/29G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/30G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G (insulin syringe/needle u-100)	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
NEEDLES MIS 18GX1.5" (needle (disp) 18 g)	DME	OTC
PEN NEEDLES MIS 29GX10MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7 (insulin pen needle)	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM (insulin pen needle)	DME	QL (200 every 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP (syringe (disposable))	DME	

RESPIRATORY THERAPY SUPPLIES

ADULT MASK MIS LARGE	Tier 2	QL (1 box every year)
EASY NEB MIS (nebulizers)	Tier 2	OTC
INSPIRACHAMB MIS LARGE (spacer/aerosol-holding chambers)	Tier 2	QL (1 each every year)
PEAK AIR FLO MIS ADLT/PED (peak flow meter)	DME	QL (1 each every year), OTC

Drug Name	Drug Tier	Requirements/Limits
PULMONEB LT MIS NEBULIZE <i>(nebulizers)</i>	Tier 2	QL (1 each every 30 days)

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ 225/1.5 (<i>fremanezumab-vfrm</i>)	Tier 3	PA, QL (3 pens every 90 days)
EMGALITY INJ 100MG/ML <i>(galcanezumab-gnlm)</i>	Tier 3	PA, QL (3 syringes every 28 days)
EMGALITY INJ 120MG/ML <i>(galcanezumab-gnlm)</i>	Tier 3	PA, QL (2 pens every 28 days)
EMGALITY INJ 120MG/ML <i>(galcanezumab-gnlm)</i>	Tier 3	PA, QL (2 syringes every 28 days)
UBRELVY TAB 50MG (<i>ubrogepant</i>)	Tier 3	PA, QL (16 ea every 30 days)
UBRELVY TAB 100MG (<i>ubrogepant</i>)	Tier 3	PA, QL (16 ea every 30 days)

MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
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MIGRAINE PRODUCTS

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

SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	Tier 3	ST, QL (9 tabs every 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	ST, QL (9 tabs every 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 3	ST, QL (9 tabs every 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 3	ST, QL (2 mL every 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	ST, QL (6 tabs every 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	ST, QL (6 tabs every 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	ST, QL (6 tabs every 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 5 mg</i>	Tier 1	ST, QL (6 tabs every 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

MINERALS & ELECTROLYTES

CALCIUM

<i>calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)</i>	Tier 1	OTC, MAIL
<i>calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit) (Calcium 500/d)</i>	Tier 1	OTC, MAIL
<i>calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit) (Oysco 500+d)</i>	Tier 1	OTC, MAIL
<i>calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit) (Calcium 600 With Vitamin)</i>	Tier 1	OTC, MAIL
<i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit) (Calcium Plus Vitamin D3)</i>	Tier 1	OTC, MAIL
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit) (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit) (Cvs Oyster Shell Calcium/)	Tier 1	OTC, MAIL
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	Tier 1	OTC, MAIL
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit) (Oystercal-d)	Tier 1	OTC, MAIL
calcium carb-cholecalciferol tab 500 mg-15 mcg (600 unit) (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	Tier 1	OTC, MAIL
calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit) (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
calcium carb-vit d w/ minerals chew tab 600 mg-800 unit (Sm Calcium 600 + D Plus M)	Tier 1	OTC
calcium carbonate tab 1250 mg (500 mg elemental ca)	Tier 1	OTC, MAIL
calcium carbonate tab 1500 mg (600 mg elemental ca)	Tier 1	OTC, MAIL
calcium carbonate tab 1500 mg (600 mg elemental ca) (Calcium 600)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit) (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit) (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit) (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit) (Oyster Shell Calcium/d)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-3.125 mcg (125 unit)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)	Tier 1	OTC, MAIL
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca) (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
calcium cit-vitamin d tab 250 mg-5 mcg(200 unit) (elem ca) (Calcium Citrate + D3)	Tier 1	OTC, MAIL
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)	Tier 1	OTC, MAIL
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)	Tier 1	OTC, MAIL
calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)	Tier 1	OTC, MAIL
CALCIUM TAB 600MG	Tier 1	OTC, MAIL
calcium-magnesium-zinc tab 333-133-5 mg	Tier 1	OTC, MAIL
CALTRATE 600 CHW 600-800 (calcium carbonate-cholecalciferol)	Tier 1	OTC, MAIL
oyster shell calcium tab 500 mg	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG (calcium carbonate-ergocalciferol)	Tier 1	OTC, MAIL
RISACAL-D TAB (calcium & phosphorus w/ vitamin d)	Tier 1	OTC
ELECTROLYTE MIXTURES		
oral electrolyte solution	Tier 1	OTC
FLUORIDE		
FLUORABON DRO (sodium fluoride)	Tier 5	QL (60 mL every 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 5	QL (50 mL every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)	Tier 5	QL (24 mL every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	Tier 5	QL (30 mL every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

MAGNESIUM

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

PHOSPHATE

pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs every 30 days), MAIL
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POTASSIUM

potassium bicarbonate effer tab 25 meq (Klor-con/ef)	Tier 1	QL (60 ea every 30 days), MAIL
potassium chloride cap er 8 meq	Tier 1	QL (120 caps every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
potassium chloride cap er 10 meq	Tier 1	QL (120 caps every 30 days), MAIL
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 tabs every 30 days), MAIL
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 tabs every 30 days), MAIL
potassium chloride oral soln 10% (20 meq/15ml)	Tier 3	MAIL
potassium chloride oral soln 20% (40 meq/15ml)	Tier 3	MAIL
potassium chloride tab er 8 meq (600 mg)	Tier 1	QL (120 tabs every 30 days), MAIL
potassium chloride tab er 10 meq	Tier 1	QL (120 tabs every 30 days), MAIL
potassium chloride tab er 20 meq (1500 mg)	Tier 1	QL (150 tabs every 30 days), MAIL
SODIUM		
sodium chloride tab 1 gm	Tier 1	OTC
ZINC		
zinc sulfate cap 220 mg (50 mg elemental zn) (Zinc-220)	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG (penicillamine)	Tier 2	
penicillamine tab 250 mg	Tier 1	
IMMUNOMODULATORS		
lenalidomide cap 5 mg	Tier 4	PA, QL (30 per 30 days); ONC
lenalidomide cap 10 mg	Tier 4	PA, QL (30 per 30 days); ONC
lenalidomide cap 15 mg	Tier 4	PA, QL (30 per 30 days); ONC
lenalidomide cap 25 mg	Tier 4	PA, QL (30 per 30 days); ONC
THALOMID CAP 50MG (thalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
THALOMID CAP 100MG (thalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
THALOMID CAP 150MG (thalidomide)	Tier 4	PA, QL (60 per 30 days); ONC
THALOMID CAP 200MG (thalidomide)	Tier 4	PA, QL (60 per 30 days); ONC
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 50 mg	Tier 1	QL (240 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 4	PA
<i>everolimus tab 0.25 mg</i>	Tier 4	PA
<i>everolimus tab 0.75 mg</i>	Tier 4	PA
<i>everolimus tab 1 mg</i>	Tier 4	PA
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
NEORAL CAP 25MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NEORAL CAP 100MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
SANDIMMUNE CAP 25MG (<i>cyclosporine</i>)	Tier 2	MAIL
SANDIMMUNE CAP 100MG (<i>cyclosporine</i>)	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 3	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 3	MAIL
<i>sirolimus tab 1 mg</i>	Tier 3	MAIL
<i>sirolimus tab 2 mg</i>	Tier 3	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM (<i>sodium zirconium cyclosilicate</i>)	Tier 3	QL (90 every 30 days)
LOKELMA PAK 10GM (<i>sodium zirconium cyclosilicate</i>)	Tier 3	QL (90 every 30 days)
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
VELTASSA POW 8.4GM (<i>patiromer sorbitex calcium</i>)	Tier 3	QL (30 every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VELTASSA POW 16.8GM (<i>patiromer sorbitex calcium</i>)	Tier 3	QL (30 every 30 days)
VELTASSA POW 25.2GM (<i>patiromer sorbitex calcium</i>)	Tier 3	QL (30 every 30 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea every 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
DENTAL PRODUCTS		
<i>sodium fluoride cream 1.1%</i> (Sf 5000 Plus)	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f)</i> (Sf)	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg</i> (Virt-caps)	Tier 1	
<i>b-complex w/ c & folic acid tab</i> (Vita-bee/c)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Rena-vite)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 5 mg</i> (Folbee Plus)	Tier 1	
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab</i> (Stress Formula W/iron)	Tier 1	OTC
MULTIPLE VITAMINS W/ MINERALS		
<i>multiple vitamins w/ minerals cap</i> (V-c Forte)	Tier 1	
<i>multiple vitamins w/ minerals liquid</i> (Multivitamin & Mineral)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
multiple vitamins w/ minerals tab (Ocuvite/lutein)	Tier 1	OTC
MULTIVITAMINS		
multiple vitamin cap (Mv-one)	Tier 1	OTC
multiple vitamin tab (Daily Vite)	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL every 30 days), OTC
PED MULTIPLE VITAMINS W/ MINERALS		
AQUADEKS DRO (pediatric multiple vitamin w/ minerals)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron)	Tier 1	OTC
pediatric multiple vitamin w/ minerals chew tab (Mvw Complete Formulation)	Tier 1	OTC
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin With Fluorid)	Tier 1	QL (30 tabs every 30 days)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs every 30 days)
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)	Tier 1	QL (60 tabs every 30 days)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL every 30 days)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL every 30 days), OTC
pediatric vitamins acid w/ fluoride soln 0.5 mg/ml (Tri-vite/fluoride)	Tier 1	QL (50 mL every 30 days)
pediatric vitamins acid w/ fluoride soln 0.25 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL every 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)	Tier 1	OTC
MULTIVITAMIN DRO /IRON (pediatric multiple vitamins w/ iron)	Tier 2	OTC
pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Ultra Choice Multivitamin)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
POLY-VITE SOL /IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO (<i>pediatric multiple vitamins</i>)	Tier 2	QL (50 every 30 days), OTC
<i>pediatric multiple vitamin chew tab</i> (Chewable Vite Childrens)	Tier 1	OTC
<i>pediatric multiple vitamin chew tab</i> (Land Before Time Multivit)	Tier 1	OTC
<i>pediatric multiple vitamin liq</i> (Multi-delyn)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML (<i>pediatric multiple vitamins</i>)	Tier 2	OTC
POLY-VITE DRO (<i>pediatric multiple vitamins</i>)	Tier 1	OTC
PEDIATRIC VITAMINS		
BPROTECT PED DRO TRI-VITE (<i>pediatric vitamins adc</i>)	Tier 1	QL (50 every 30 days), OTC
TRI-VI-SOL SOL A/C/D (<i>pediatric vitamins adc</i>)	Tier 2	QL (50 every 30 days), OTC
PRENATAL VITAMINS		
BE WELL PAK ROUNDED (<i>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</i>)	Tier 1	OTC
BRAINSTRONG MIS PRENATAL (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>)	Tier 1	QL (30 tabs every 30 days), OTC
CALNA TAB (<i>prenatal vitamin</i>)	Tier 1	QL (30 tabs every 30 days), OTC
CENTRUM SPEC PAK PRENATAL (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 tabs every 30 days), OTC
CO-NATAL FA TAB 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days)
CVS PRENATAL CHW GUMMY (<i>prenatal multivitamins & minerals w/ folic acid-fish oil</i>)	Tier 1	QL (30 tabs every 30 days), OTC
ENFAMIL MIS EXPECTA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (60 tabs every 30 days), OTC
EZFE FORTE CAP (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>)	Tier 1	QL (30 caps every 30 days), OTC
KPN PRENATAL TAB (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 tabs every 30 days), OTC
MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 caps every 30 days)
MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days)
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days)
NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days)
NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days), OTC
O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days)
ONE A DAY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps every 30 days), OTC
PERRY PRENAT CAP (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 caps every 30 days), OTC
PRENAT MULTI CAP +DHA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 caps every 30 days), OTC
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days), OTC
PRENATAL 19 TAB 29-1MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days)
PRENATAL CAP FORMULA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps every 30 days), OTC
PRENATAL CAP OMEGA-3 (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)	Tier 1	QL (30 caps every 30 days), OTC
PRENATAL DHA PAK MULTI (<i>prenatal mv & min w/ methylfolate-choline-fish oil</i>)	Tier 1	OTC
PRENATAL FRM TAB A-FREE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days), OTC
PRENATAL MUL CAP +DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps every 30 days), OTC
PRENATAL TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days), OTC
PRENATAL TAB COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days), OTC
PRENATAL TAB FORMULA (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs every 30 days), OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i> (Inatal Gt)	Tier 1	QL (30 tabs every 30 days)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i> (Prenatal 19)	Tier 1	QL (30 tabs every 30 days)

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

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl tab 10 mg	Tier 1	QL (90 tabs every 30 days)
metaxalone tab 800 mg	Tier 3	PA
methocarbamol tab 500 mg	Tier 1	QL (180 tabs every 30 days), AGE; AGE (Max 64 years)
methocarbamol tab 750 mg	Tier 1	QL (300 tabs every 30 days), AGE; AGE (Max 64 years)
orphenadrine citrate tab er 12hr 100 mg	Tier 1	QL (60 tabs every 30 days)
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	QL (270 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	Tier 1	
dantrolene sodium cap 50 mg	Tier 1	
dantrolene sodium cap 100 mg	Tier 1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	Tier 3	PA, QL (240 tabs every 30 days)
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))	Tier 4	PA, QL (3 syringes every 180 days)
VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))	Tier 4	PA, QL (3 syringes every 180 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray 0.65% (Cvs Saline Nasal Spray)	Tier 1	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	ST, QL (30 mL every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 1	QL (52 mL every 30 days), OTC, MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 3	ST, QL (30.5 gm every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL every 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL every 30 days), MAIL
NASAL STEROIDS		
<i>budesonide nasal susp 32 mcg/act</i> (Ra Budesonide Nasal Spray)	Tier 1	QL (1 bottle every 30 days), OTC, MAIL
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	ST, QL (25 mL every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (16 gm every 30 days), AGE, MAIL; AGE (Min 4 years)
OMNARIS SPR (<i>ciclesonide (nasal)</i>)	Tier 3	PA, MAIL
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)	Tier 1	QL (16.9 mL every 30 days), OTC, MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Nasal Decongestant Pe Max)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN <i>(phenylephrine hcl (oral))</i>	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	Tier 3	PA, QL (60 tabs every 30 days), MAIL
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT <i>(onabotulinumtoxin)</i>	Tier 4	PA
BOTOX INJ 200UNIT <i>(onabotulinumtoxin)</i>	Tier 4	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	QL (30 caps every 30 days), OTC
<i>omega-3 fatty acids cap 300 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i> (Hm Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i> (Cvs Fish Oil)	Tier 1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artificial tear ophth solution</i> (Sm Artificial Tears)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Hm Lubricating Plus)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i> (Cvs Natural Tears)	Tier 1	OTC, MAIL
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i> (Artificial Tears)	Tier 1	OTC, MAIL
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i> (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP <i>(artificial tear insert)</i>	Tier 3	PA
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i> (Lubricant Eye Drops)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
polyvinyl alcohol ophth soln 1.4% (Artificial Tears)	Tier 1	OTC, MAIL
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Gnp Artificial Tears)	Tier 1	OTC, MAIL
propylene glycol-glycerin ophth soln 1-0.3% (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
PURE & GENTL DRO 0.3% (hypromellose (ophth))	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Artificial Tears)	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Genteal Tears Night-time)	Tier 1	OTC, MAIL
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	Tier 1	MAIL
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Tier 1	QL (10 mL every 30 days), MAIL
carteolol hcl ophth soln 1%	Tier 1	QL (15 mL every 30 days), MAIL
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Tier 1	QL (10 mL every 30 days), MAIL
levobunolol hcl ophth soln 0.5%	Tier 1	QL (15 mL every 30 days), MAIL
timolol maleate ophth gel forming soln 0.5%	Tier 3	QL (5 mL every 30 days), MAIL
timolol maleate ophth gel forming soln 0.25%	Tier 3	QL (5 mL every 30 days), MAIL
timolol maleate ophth soln 0.5%	Tier 1	QL (10 mL every 30 days), MAIL
timolol maleate ophth soln 0.25%	Tier 1	QL (10 mL every 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL every 30 days), MAIL
atropine sulfate ophth soln 1%	Tier 1	QL (15 mL every 30 days), MAIL
cyclopentolate hcl ophth soln 1%	Tier 1	QL (15 every 30 days), MAIL
tropicamide ophth soln 0.5%	Tier 1	MAIL
tropicamide ophth soln 1%	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (echothiophate iodide)	Tier 2	MAIL
pilocarpine hcl ophth soln 1%	Tier 1	MAIL
pilocarpine hcl ophth soln 2%	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth) emulsion 0.05%</i>	Tier 3	PA
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	QL (5 mL every 30 days)
<i>difluprednate ophth emulsion 0.05%</i>	Tier 3	PA
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL every 30 days)
LOTEMAX GEL 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX OIN 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Tier 3	PA
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 3	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
PRED-G SUS OP (<i>gentamicin-prednisolone acetate</i>)	Tier 3	QL (10 mL every 30 days)
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1% (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (3.5 gm every 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	QL (10 mL every 30 days)
ZYLET SUS 0.5-0.3% (<i>loteprednol etabonate-tobramycin</i>)	Tier 3	QL (10 mL every 30 days)
OPHTHALMICS - MISC.		
ALOCRI SOL 2% (<i>nedocromil sodium (ophth)</i>)	Tier 3	PA, MAIL
ALOMIDE SOL 0.1% OP (<i>lodoxamide tromethamine</i>)	Tier 3	PA, MAIL
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	QL (6 mL every 30 days), MAIL
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 3	PA, MAIL

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

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

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

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

OTIC ANTI-INFECTIVES

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

OTIC COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
CUVITRU INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 10GM/50M (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)	Tier 4	PA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	Tier 4	PA
GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	Tier 4	PA
GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)	Tier 4	PA
HIZENTRA INJ 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
PRIVIGEN INJ 20GRAMS (<i>immune globulin (human) iv</i>)	Tier 4	PA
RHOGAM PLUS INJ 300MCG (<i>rho d immune globulin (human)</i>)	Tier 2	
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG (<i>palivizumab</i>)	Tier 4	PA
SYNAGIS INJ 100MG/ML (<i>palivizumab</i>)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA

PENICILLINS

AMINOPENICILLINS

amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) tab 500 mg	Tier 3	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin cap 500 mg	Tier 1	

NATURAL PENICILLINS

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

PENICILLIN COMBINATIONS

amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 3	AGE; AGE (Max 12 years)
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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs every 10 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs every 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs every 10 days)
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	AGE; AGE (Max 12 years)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	

PROGESTINS

PROGESTINS

<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>progesterone cap 100 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>progesterone cap 200 mg</i>	Tier 1	QL (60 caps every 30 days)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 4	PA
GILENYA CAP 0.5MG (<i>fingolimod hcl</i>)	Tier 4	PA
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 4	PA
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	Tier 4	PA
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
REBIF INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ TITRATN (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF TITRTN INJ PACK (<i>interferon beta-1a</i>)	Tier 4	PA
<i>teriflunomide tab 7 mg</i>	Tier 4	PA
<i>teriflunomide tab 14 mg</i>	Tier 4	PA
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 4	PA
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	Tier 4	PA, QL (120 every 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	Tier 3	PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs every 30 days), MAIL
<i>pimozide tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days), MAIL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 5	QL (60 tabs every 30 days), MAIL
CHANTIX TAB 0.5& 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (53 tabs every 24 days), MAIL; Max 2 fills
CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs every 30 days), MAIL
CHANTIX TAB 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs every 30 days), MAIL
<i>nicotine polacrilex gum 2 mg</i>	Tier 5	QL (240 pieces every 30 days), OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)	Tier 5	QL (240 pieces every 30 days), OTC, MAIL
nicotine polacrilex lozenge 2 mg (Cvs Nicotine Lozenge)	Tier 5	QL (240 lozgs every 30 days), OTC, MAIL
nicotine polacrilex lozenge 4 mg (Eq Nicotine Polacrilex)	Tier 5	QL (240 lozgs every 30 days), OTC, MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	QL (56 patches every 30 days), OTC, MAIL
nicotine td patch 24hr 7 mg/24hr (Nicotine Transdermal Syst)	Tier 5	QL (30 patches every 30 days), OTC, MAIL
nicotine td patch 24hr 14 mg/24hr (Hm Nicotine Transdermal S)	Tier 5	QL (30 patches every 30 days), OTC, MAIL
nicotine td patch 24hr 21 mg/24hr (Cvs Nicotine Transdermal)	Tier 5	QL (30 patches every 30 days), OTC, MAIL
NICOTROL INH (nicotine)	Tier 5	QL (480 cartridges every 30 days), MAIL
NICOTROL NS SPR 10MG/ML (nicotine)	Tier 5	QL (40 mL every 30 days), MAIL
varenicline tartrate tab 0.5 mg (base equiv)	Tier 5	QL (60 tabs every 30 days), MAIL
varenicline tartrate tab 1 mg (base equiv)	Tier 5	QL (60 tabs every 30 days), MAIL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 5	QL (53 tabs every 24 days), MAIL; Max 2 fills

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

GLASSIA INJ (alpha1-proteinase inhibitor (human))	Tier 4	PA
PROLASTIN-C INJ 1000MG (alpha1-proteinase inhibitor (human))	Tier 4	PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (ivacaftor)	Tier 4	PA
KALYDECO PAK 50MG (ivacaftor)	Tier 4	PA
KALYDECO PAK 75MG (ivacaftor)	Tier 4	PA
KALYDECO TAB 150MG (ivacaftor)	Tier 4	PA
PULMOZYME SOL 1MG/ML (dornase alfa)	Tier 4	PA, QL (75 mL every 30 days)

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG (pirfenidone)	Tier 4	PA
ESBRIET TAB 267MG (pirfenidone)	Tier 4	PA
ESBRIET TAB 801MG (pirfenidone)	Tier 4	PA
OFEV CAP 100MG (nintedanib esylate)	Tier 4	PA
OFEV CAP 150MG (nintedanib esylate)	Tier 4	PA
pirfenidone cap 267 mg	Tier 4	PA
pirfenidone tab 267 mg	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tab 801 mg</i>	Tier 4	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500 MG	Tier 3	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	Tier 3	
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL
THYROID HORMONES		
ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 30MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 60MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 90MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 120MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 180MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 240MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 300MG (<i>thyroid</i>)	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 100 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 125 mcg</i> (Levoxyl)	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 200 mcg	Tier 1	MAIL
levothyroxine sodium tab 300 mcg	Tier 1	MAIL
liothyronine sodium tab 5 mcg	Tier 1	MAIL
liothyronine sodium tab 25 mcg	Tier 1	MAIL
liothyronine sodium tab 50 mcg	Tier 1	MAIL
NATURE THROI TAB 162.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 16.25MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 65MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 130MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 195MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 260MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 325MG (thyroid)	Tier 2	MAIL
NP THYROID TAB 15MG (thyroid)	Tier 1	MAIL
NP THYROID TAB 30MG (thyroid)	Tier 1	MAIL
NP THYROID TAB 60MG (thyroid)	Tier 1	MAIL
NP THYROID TAB 90MG (thyroid)	Tier 1	MAIL
NP THYROID TAB 120MG (thyroid)	Tier 1	MAIL
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 137MCG (levothyroxine sodium)	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 150MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 175MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 200MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 300MCG (levothyroxine sodium)	Tier 2	MAIL
THYROLAR-1 TAB 60MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-2 TAB 120MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-3 TAB 180MG (liotrix (t3-t4))	Tier 2	MAIL
WP THYROID TAB 81.25MG (thyroid)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

dicyclomine hcl cap 10 mg	Tier 1	AGE; AGE (Max 64 years)
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	AGE; AGE (Max 64 years)
dicyclomine hcl tab 20 mg	Tier 1	AGE; AGE (Max 64 years)
glycopyrrolate tab 1 mg	Tier 1	
glycopyrrolate tab 2 mg	Tier 1	
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
hyoscyamine sulfate sl tab 0.125 mg	Tier 1	AGE, MAIL; AGE (Max 64 years)
hyoscyamine sulfate soln 0.125 mg/ml	Tier 1	AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate tab 0.125 mg	Tier 1	AGE, MAIL; AGE (Max 64 years)
hyoscyamine sulfate tab disint 0.125 mg	Tier 1	AGE, MAIL; AGE (Max 64 years)
hyoscyamine sulfate tab er 12hr 0.375 mg	Tier 1	AGE, MAIL; AGE (Max 64 years)
methscopolamine bromide tab 2.5 mg	Tier 3	
methscopolamine bromide tab 5 mg	Tier 3	
H-2 ANTAGONISTS		
cimetidine tab 200 mg	Tier 1	MAIL
cimetidine tab 300 mg	Tier 1	MAIL
cimetidine tab 400 mg	Tier 1	MAIL
cimetidine tab 800 mg	Tier 1	MAIL
famotidine for susp 40 mg/5ml	Tier 1	QL (150 mL every 30 days), AGE, MAIL; AGE (Max 12 years)
famotidine tab 10 mg	Tier 1	OTC, MAIL
famotidine tab 20 mg	Tier 1	MAIL
famotidine tab 40 mg	Tier 1	MAIL
nizatidine cap 150 mg	Tier 1	MAIL
nizatidine cap 300 mg	Tier 1	MAIL
nizatidine oral soln 15 mg/ml	Tier 1	AGE, MAIL; AGE (Max 12 years)
MISC. ANTI-ULCER		
sucralfate tab 1 gm	Tier 1	QL (120 tabs every 30 days), MAIL
PROTON PUMP INHIBITORS		
dexlansoprazole cap delayed release 30 mg	Tier 3	ST, QL (30 caps every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
dexlansoprazole cap delayed release 60 mg	Tier 3	ST, QL (30 caps every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
esomeprazole magnesium cap delayed release 20 mg (base eq) (Sm Esomeprazole Magnesium)	Tier 1	QL (60 caps every 30 days), OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
FIRST-OMEPRAS SUS 2MG/ML (omeprazole)	Tier 1	QL (150 mL every 30 days), AGE, MAIL; AGE (Max 12 years)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 3	ST, QL (60 caps every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>lansoprazole cap delayed release 30 mg</i>	Tier 3	ST, QL (30 caps every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
NEXIUM 24HR CAP 20MG (esomeprazole magnesium)	Tier 1	QL (60 caps every 30 days), OTC, MAIL
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i> (Kp Omeprazole Magnesium)	Tier 1	QL (60 caps every 30 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Tier 1	QL (60 tabs every 30 days), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs every 30 days), MAIL
PRILOSEC OTC TAB 20MG (omeprazole magnesium)	Tier 1	QL (60 tabs every 30 days), OTC
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	Tier 5	QL (120 tabs every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol tab 200 mcg</i>	Tier 5	QL (120 tabs every 30 days), MAIL
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	Tier 3	Max 10 days supply
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 3	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 caps every 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 caps every 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 caps every 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL every 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 <i>(oxybutynin)</i>	Tier 2	QL (8 ea every 30 days), OTC, MAIL
<i>solifenacin succinate tab 5 mg</i>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>solifenacin succinate tab 10 mg</i>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG (<i>fesoterodine fumarate</i>)	Tier 3	PA, QL (30 tabs every 30 days), MAIL
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<i>trospium chloride cap er 24hr 60 mg</i>	Tier 3	ST, QL (30 caps every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>trospium chloride tab 20 mg</i>	Tier 1	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	Tier 3	PA, QL (30 tabs every 30 days), MAIL
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	Tier 3	PA, QL (30 tabs every 30 days), MAIL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL

VACCINES

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5 <i>(pneumococcal vac polyvalent)</i>	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ <i>(pneumococcal 13-valent conjugate vaccine)</i>	Tier 5	QL (Max 4 injections per lifetime)
PREVNAR 20 INJ <i>(pneumococcal 20-valent conjugate vaccine)</i>	Tier 5	QL (1 inj every lifetime)
VAXNEUVANCE INJ <i>(pneumococcal 15-valent conjugate vaccine)</i>	Tier 5	QL (4 inj every lifetime)

VIRAL VACCINES

AFLURIA QUAD INJ 2021-22 <i>(influenza virus vaccine split quadrivalent)</i>	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML <i>(hepatitis b vaccine (recomb))</i>	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML <i>(hepatitis b vaccine (recomb))</i>	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2021-22 <i>(influenza virus vaccine split quadrivalent)</i>	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2021-22 <i>(influenza virus vac recomb hemagglutinin (ha) quadrivalent)</i>	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2021-22 <i>(influenza virus vaccine tissue-cultured subunit quadrivalent)</i>	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2021-22 <i>(influenza virus vaccine split quadrivalent)</i>	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2021-22 <i>(influenza virus vaccine live quadrivalent)</i>	Tier 5	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE HD INJ 2021-22 <i>(influenza virus vac split high-dose quad preservative free)</i>	Tier 5	QL (1 every year); AGE (Min 65 years)
FLUZONE QUAD INJ 2021-22 <i>(influenza virus vaccine split quadrivalent)</i>	Tier 5	QL (Max 1 Injection per year)
GARDASIL 9 INJ <i>(human papillomavirus (hvp) 9-valent recombinant vaccine)</i>	Tier 5	QL (3 inj every lifetime)
HAVRIX INJ 720UNIT <i>(hepatitis a vaccine)</i>	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT <i>(hepatitis a vaccine)</i>	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML <i>(hepatitis b vaccine recombinant adjuvanted)</i>	Tier 5	QL (Maximum 3 injections per lifetime)

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Drug Name	Drug Tier	Requirements/Limits
HEPLISAV-B INJ 20MCG (hepatitis b vaccine recombinant adjuvanted)	Tier 5	QL (Maximum 3 injections per lifetime)
JANSSEN VACC INJ COVID-19 (covid-19 (sars-cov-2) adenovirus vaccine)	Tier 5	
MODERNA VAC INJ COVID-19 (covid-19 (sars-cov-2) mrna virus vaccine)	Tier 5	
PFIZER VACC INJ COVID-19 (covid-19 (sars-cov-2) mrna virus vaccine)	Tier 5	
RECOMBIVA HB INJ 5MCG/0.5 (hepatitis b vaccine (recomb))	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (hepatitis b vaccine (recomb))	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML (zoster vaccine recombinant adjuvanted)	Tier 5	QL (Max 2 injections per lifetime), AGE; AGE (Min 18 years)
TWINRIX INJ (hepatitis a (inactivated)-hepatitis b (recombinant) vaccines)	Tier 5	QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years)
VAQTA INJ 25/0.5ML (hepatitis a vaccine)	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML (hepatitis a vaccine)	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ (zoster vaccine live)	Tier 5	QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years)

VAGINAL PRODUCTS

SPERMICIDES

ENCARE SUP 100MG (nonoxynol-9)	Tier 5	OTC
GYNOL II GEL 3% (nonoxynol-9)	Tier 5	OTC
SHUR-SEAL GEL 2% (nonoxynol-9)	Tier 5	OTC
TODAY SPONGE MIS (nonoxynol-9)	Tier 5	OTC
VCF VAGINAL AER CONTRACP (nonoxynol-9)	Tier 5	OTC
VCF VAGINAL GEL CONTRACE (nonoxynol-9)	Tier 5	OTC
VCF VAGINAL MIS CONTRACP (nonoxynol-9)	Tier 5	OTC

VAGINAL ANTI-INFECTIVES

clindamycin phosphate vaginal cream 2%	Tier 1	QL (40 gm every 30 days)
clotrimazole vaginal cream 1%	Tier 1	OTC
clotrimazole vaginal cream 2% (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (butoconazole nitrate (one dose))	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75%	Tier 1	QL (70 gm every 30 days)
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit (Sm Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal cream 2% (Miconazole 7)	Tier 1	OTC
miconazole nitrate vaginal cream 4% (200 mg/5gm) (Qc 3 Day Vaginal Cream)	Tier 1	OTC
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit (Gnp Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal suppos 100 mg (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (miconazole nitrate vaginal)	Tier 1	OTC
terconazole vaginal cream 0.4%	Tier 1	
terconazole vaginal cream 0.8%	Tier 1	
terconazole vaginal suppos 80 mg	Tier 3	
tioconazole vaginal oint 6.5% (Ra Tioconazole 1)	Tier 1	OTC
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	Tier 1	QL (42.5 gm every 30 days), MAIL
estradiol vaginal tab 10 mcg	Tier 3	QL (60 tabs every 30 days), MAIL
PREMARIN VAG CRE 0.625MG (estrogens, conjugated vaginal)	Tier 2	QL (30 gm every 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (progesterone (vaginal))	Tier 3	PA
PROGESTERONE SUP VGS 200 (progesterone (vaginal))	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (epinephrine (anaphylaxis))	Tier 2	QL (2 ea every 30 days)
EPIPEN-JR INJ 0.15MG (epinephrine (anaphylaxis))	Tier 2	QL (2 ea every 30 days)
SYMJEPI INJ 0.3MG (epinephrine (anaphylaxis))	Tier 2	QL (2 syringes every 30 days)
SYMJEPI INJ 0.15MG (epinephrine (anaphylaxis))	Tier 2	QL (2 syringes every 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa cap 200 mg</i>	Tier 4	PA
<i>droxidopa cap 300 mg</i>	Tier 4	PA
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i> (D 1000)	Tier 1	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i> (D2000 Ultra Strength)	Tier 1	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i> (D 5000)	Tier 1	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i> (Kp Vitamin D)	Tier 1	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i> (Cvs D3)	Tier 1	OTC
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i> (D3 Maximum Strength)	Tier 1	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i> (Aqueous Vitamin D Infants)	Tier 1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	Tier 1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 tabs every 30 days)
WATER SOLUBLE VITAMINS		
<i>ascorbic acid tab 500 mg</i> (Natural C/rose Hips)	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 50 mg</i>	Tier 1	OTC
<i>niacin tab 100 mg</i>	Tier 1	OTC
<i>niacin tab 250 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin tab er 250 mg</i>	Tier 1	OTC
<i>niacin tab er 500 mg</i>	Tier 1	OTC
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>niacinamide tab 500 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC
<i>riboflavin tab 100 mg</i> (Cvs Vitamin B-2)	Tier 1	OTC
<i>thiamine hcl tab 50 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 100 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC
<i>vitamin b-6 tab 200mg tr</i>	Tier 1	OTC

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amitriptyline hcl tab 100 mg	40
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cap 10-40 mg	63
amlodipine besylate-benazepril hcl	
cap 2.5-10 mg	63
amlodipine besylate-benazepril hcl	
cap 5-10 mg	63
amlodipine besylate-benazepril hcl	
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amlodipine besylate-benazepril hcl	
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amlodipine besylate-olmesartan	
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amoxicillin & k clavulanate for susp	
250-62.5 mg/5ml	163
amoxicillin & k clavulanate for susp	
400-57 mg/5ml	163
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125 mg/5ml	162
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amoxicillin (trihydrate) for susp	
250 mg/5ml	162
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amphetamine sus 1.25/ml	1		
amphetamine-dextroamphetamine cap er 24hr 10 mg	1		
amphetamine-dextroamphetamine cap er 24hr 15 mg	1		
amphetamine-dextroamphetamine cap er 24hr 20 mg	1		
amphetamine-dextroamphetamine cap er 24hr 25 mg	1		
amphetamine-dextroamphetamine cap er 24hr 30 mg	1		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1		
amphetamine-dextroamphetamine tab 10 mg	1		
amphetamine-dextroamphetamine tab 12.5 mg	1		
amphetamine-dextroamphetamine tab 15 mg	1		
amphetamine-dextroamphetamine tab 20 mg	1		
amphetamine-dextroamphetamine tab 30 mg	1		
amphetamine-dextroamphetamine tab 5 mg	1		
amphetamine-dextroamphetamine tab 7.5 mg	1		
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			see loperamide hcl cap 2 mg
			Anti-fungal Powder
			see tolnaftate powder 1%
			antihemophilic factor (human)
			see MONOCLATE-P INJ 1000UNIT 127
			antihemophilic factor (recombinant) (rfviii)
			see HELIXATE FS INJ 2000UNIT..
			see HELIXATE FS INJ 3000UNIT..
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			see RECOMBINATE INJ 220-400..
			see RECOMBINATE INJ 401-800..
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			ANZEMET TAB 50MG
			APEXICON E CRE 0.05%
			apixaban
			see ELIQUIS ST P TAB 5MG
			see ELIQUIS TAB 2.5MG
			see ELIQUIS TAB 5MG
			APOKYN INJ 10MG/ML
			apomorphine hcl soln cartridge 30 mg/3ml
			apomorphine hydrochloride
			see APOKYN INJ 10MG/ML
			apraclonidine hcl ophth soln 0.5% (base equivalent)
			apremilast
			see OTEZLA TAB 10/20/30
			see OTEZLA TAB 30MG
			aprepitant capsule 125 mg
			aprepitant capsule 40 mg
			aprepitant capsule 80 mg
			aprepitant capsule therapy pack 80 & 125 mg
			APTIOM TAB 200MG.....
			APTIOM TAB 400MG.....
			APTIOM TAB 600MG.....
			APTIOM TAB 800MG.....

APTIVUS CAP 250MG.....	85	armodafinil tab 150 mg	4
APTIVUS SOL	85	armodafinil tab 200 mg	4
AQUADEKS DRO	149	armodafinil tab 250 mg	4
Aqueous Vitamin D Infants		armodafinil tab 50 mg	4
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mcg/2ml (base equiv)	29	see polyvinyl alcohol ophth soln	
aripiprazole		1.4%	156
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aripiprazole lauroxil		ascorbic acid tab 500 mg	178
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aripiprazole tab 10 mg	84	ASMANEX 7 AER 110MCG	27
aripiprazole tab 15 mg	84	ASMANEX HFA AER 100 MCG	28
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aripiprazole tab 20 mg	84	ASMANEX HFA AER 50MCG	28
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aripiprazole tab 5 mg	84	aspirin tab 325 mg	13
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ARISTADA INJ 441MG/1.	84	13
ARISTADA INJ 662MG/2	84	aspirin tab delayed release 81 mg	
ARISTADA INJ 882MG/3	84	13
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aspirin-dipyridamole cap er 12hr	
25-200 mg	127
atazanavir sulfate cap 150 mg	
(base equiv)	85
atazanavir sulfate cap 200 mg	
(base equiv)	85
atazanavir sulfate cap 300 mg	
(base equiv)	85
atazanavir sulfate-cobicistat	
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atenolol & chlorthalidone tab 100-	
25 mg	64
atenolol & chlorthalidone tab 50-25	
mg	64
atenolol tab 100 mg	92
atenolol tab 25 mg	92
atenolol tab 50 mg	92
atomoxetine hcl cap 10 mg (base	
equiv)	3
atomoxetine hcl cap 100 mg (base	
equiv)	3
atomoxetine hcl cap 18 mg (base	
equiv)	3
atomoxetine hcl cap 25 mg (base	
equiv)	3
atomoxetine hcl cap 40 mg (base	
equiv)	3
atomoxetine hcl cap 60 mg (base	
equiv)	3
atomoxetine hcl cap 80 mg (base	
equiv)	3
atorvastatin calcium tab 10 mg	
(base equivalent)	56
atorvastatin calcium tab 20 mg	
(base equivalent)	56
atorvastatin calcium tab 40 mg	
(base equivalent)	56
atorvastatin calcium tab 80 mg	
(base equivalent)	56
atovaquone susp 750 mg/5ml	21
atovaquone-proguanil hcl tab 250-	
100 mg	66
atovaquone-proguanil hcl tab 62.5-	
25 mg	66
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AVONEX PEN KIT 30MCG	165
AVONEX PREFL KIT 30MCG	165
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AZASITE SOL 1%	157
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azelastine hcl ophth soln 0.05%	158
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gm	135
azithromycin tab 250 mg	135
azithromycin tab 500 mg	135
azithromycin tab 600 mg	135
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baclofen tab 5 mg	152	tab 5-6.25 mg	64
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BAXDELA TAB 450MG	122	enema 20-283 mg	135
Bayer Aspirin Ec Low Dose		benzonatate cap 100 mg	103
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mg	13	benzoyl peroxide	
b-complex w/ c & folic acid cap 1		see ACNE MEDICAT LOT 10%	105
mg	148	see ACNE MEDICAT LOT 5%	105
b-complex w/ c & folic acid tab	148	benzoyl peroxide gel 10%	105
b-complex w/ c & folic acid tab 0.8		benzoyl peroxide gel 5%	105
mg	148	benzoyl peroxide liq 10%	105
b-complex w/ c & folic acid tab 5		benzoyl peroxide liq 5%	105
mg	148	Benzoyl Peroxide Wash	
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BE WELL PAK ROUNDED	150	benzoyl peroxide-erythromycin gel	
becaplermin		5-3%	105
see REGRANEX GEL 0.01%	115	benztropine mesylate tab 0.5 mg	75
beclomethasone dipropionate hfa		benztropine mesylate tab 1 mg	75
see QVAR REDIHA AER 80MCG	28	benztropine mesylate tab 2 mg	75
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bedaquiline fumarate		see ULESFIA LOT 5%	115
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benazepril & hydrochlorothiazide		augmented cream 0.05%	110
tab 10-12.5 mg	64	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented gel 0.05%	110
tab 20-12.5 mg	64	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented lotion 0.05%	110
tab 20-25 mg	64		

betamethasone dipropionate	
augmented oint 0.05%	110
betamethasone dipropionate cream	
0.05%	110
betamethasone dipropionate lotion	
0.05%	110
betamethasone dipropionate oint	
0.05%	110
betamethasone valerate cream	
0.1% (base equivalent)	110
betamethasone valerate oint 0.1%	
(base equivalent)	110
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bexarotene gel 1%	108
bicalutamide tab 50 mg	69
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alafenamide fumarate	
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BIKTARVY TAB	85
bimatoprost	
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bimatoprost ophth soln 0.03% ..	160
bisacodyl suppos 10 mg	134
bisacodyl tab delayed release 5 mg	
.....	135
Bismatrol	
see bismuth subsalicylate susp	
262 mg/15ml	50
bismuth subsalicylate chew tab	
262 mg	50
bismuth subsalicylate susp 262	
mg/15ml	50
bismuth subsalicylate susp 525	
mg/15ml	51
bismuth subsalicylate tab 262 mg	
.....	51
bisoprolol & hydrochlorothiazide	
tab 10-6.25 mg	64
bisoprolol & hydrochlorothiazide	
tab 2.5-6.25 mg	64
bisoprolol & hydrochlorothiazide	
tab 5-6.25 mg	64
bisoprolol fumarate tab 10 mg	92
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BREO ELLIPTA INH 200-25.....	29
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estradiol tab 0.4 mg-35 mcg	100
BRILINTA TAB 60MG	127
BRILINTA TAB 90MG	127
brimonidine tartrate (topical)	
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brimonidine tartrate gel 0.33%	
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brimonidine tartrate ophth soln	
0.15%	157
brimonidine tartrate ophth soln	
0.2%	157
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maleate ophth soln 0.2-0.5% ..	156

brinzolamide ophth susp 1%	159	buprenorphine hcl-naloxone hcl sl	
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ZOLADEX IMP 3.6MG.....	70	Z-TUSS AC LIQ 2-9/5ML.....	104
ZOLINZA CAP 100MG	75	ZYDELIG TAB 100MG	75
zolmitriptan nasal spray 2.5		ZYDELIG TAB 150MG	75
mg/spray unit	141	ZYKADIA CAP 150MG	75
zolmitriptan nasal spray 5		ZYLET SUS 0.5-0.3%	158
mg/spray unit	142	ZYPREXA RELP INJ 210MG	82
zolmitriptan orally disintegrating		ZYPREXA RELP INJ 300MG	82
tab 2.5 mg	142	ZYPREXA RELP INJ 405MG	82