

2022 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of Washington, Inc Marketplace

Notice:

The information in this document is current as of October 1, 2022.

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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 2022.

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.

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.

FDA Approved Contraceptives

In accordance with Washington State law (SB 6219), Molina covers all FDA approved contraceptives, not just those identified on this formulary list. For any questions, you can contact our Member Services department at 888-858-3492.

Anticonceptivos aprobados por la FDA

Conformidad con la ley de Washington (SB 6219), Molina cubre todos los anticonceptivos aprobados de la FDA, no solo los identificados en esta lista del formulario. Para preguntas, puede llamar el departamento de Servicios para Miembros al 888-858-3492.



Molina Healthcare Marketplace

2022 Formulary Changes Effective October 1, 2022

| Drug Name | Description of Formulary Change | Current Tier | New Tier |
|--------------------------------------|---|--------------|----------|
| ABILIFY MAIN INJ 300MG | Minimum age requirement of 18 years added | | |
| ABILIFY MAIN INJ 300MG | Minimum age requirement of 18 years added | | |
| ABILIFY MAIN INJ 400MG | Minimum age requirement of 18 years added | | |
| ABILIFY MAIN INJ 400MG | Minimum age requirement of 18 years added | | |
| APAP/CODEINE SOL 120-12/5 | Minimum age requirement of 12 years added | | |
| APAP/CODEINE TAB 300-15MG | Minimum age requirement of 12 years added | | |
| APAP/CODEINE TAB 300-30MG | Minimum age requirement of 12 years added | | |
| APAP/CODEINE TAB 300-60MG | Minimum age requirement of 12 years added | | |
| ARISTADA INJ 1064MG | Minimum age requirement of 18 years added | | |
| ARISTADA INJ 441MG/1. | Minimum age requirement of 18 years added | | |
| ARISTADA INJ 662MG/2 | Minimum age requirement of 18 years added | | |
| ARISTADA INJ 882MG/3 | Minimum age requirement of 18 years added | | |
| ARISTADA INJ INITIO | Minimum age requirement of 18 years added | | |
| BIKTARVY TAB 30-120-15 MG (low dose) | Added to formulary, tier 2, with age maximum of 12 years, quantity limit | | |
| BRIMO/TIMOLO SOL 0.2/0.5% | Downtier from 3 to tier 1 | 3 | 1 |
| CELECOXIB CAP 50MG | Quantity limit of 4 per day | | |
| CODEINE SULF TAB 30MG | Minimum age requirement of 12 years added | | |
| CODEINE SULF TAB 60MG | Minimum age requirement of 12 years added | | |
| FESOTERODINE TAB 4MG ER | Generic added to formulary, tier 3 with Prior Authorization, quantity limit | | |
| FESOTERODINE TAB 8MG ER | Generic added to formulary, tier 3 with Prior Authorization, quantity limit | | |
| INVEGA SUST INJ 117/0.75 | Minimum age requirement of 18 years added | | |

| Drug Name | Description of Formulary Change | Current Tier | New Tier |
|---------------------------|--|--------------|----------|
| INVEGA SUST INJ 156MG/ML | Minimum age requirement of 18 years added | | |
| INVEGA SUST INJ 234/1.5 | Minimum age requirement of 18 years added | | |
| INVEGA SUST INJ 39/0.25 | Minimum age requirement of 18 years added | | |
| INVEGA SUST INJ 78/0.5ML | Minimum age requirement of 18 years added | | |
| INVEGA TRINZ INJ 273MG | Minimum age requirement of 18 years added | | |
| INVEGA TRINZ INJ 410MG | Minimum age requirement of 18 years added | | |
| INVEGA TRINZ INJ 546MG | Minimum age requirement of 18 years added | | |
| INVEGA TRINZ INJ 819MG | Minimum age requirement of 18 years added | | |
| NUCALA INJ 40MG/0.4 | Added to formulary, tier 4, with prior authorization requirement, quantity limit | | |
| RISPERDAL INJ 12.5MG | Minimum age requirement of 18 years added | | |
| RISPERDAL INJ 25MG | Minimum age requirement of 18 years added | | |
| RISPERDAL INJ 37.5MG | Minimum age requirement of 18 years added | | |
| RISPERDAL INJ 50MG | Minimum age requirement of 18 years added | | |
| SKYRIZI INJ 360/2.4 | Added to formulary, tier 4, with prior authorization requirement, quantity limit | | |
| SKYRIZI SOL 60MG/ML | Added to formulary, tier 4, with prior authorization requirement | | |
| TINIDAZOLE TAB 250MG | Downtier from 3 to tier 1 | 3 | 1 |
| TINIDAZOLE TAB 500MG | Downtier from 3 to tier 1 | 3 | 1 |
| TRAMADL/APAP TAB 37.5-325 | Minimum age requirement of 12 years added | | |
| TRAMADOL HCL TAB 50MG | Minimum age requirement of 12 years added | | |
| VARENICLINE PAK 0.5X1MG | Generic added to formulary, tier 1 with quantity limit | | |
| VARENICLINE TAB 0.5MG | Generic added to formulary, tier 1 with quantity limit | | |
| VARENICLINE TAB 1MG | Generic added to formulary, tier 1 with quantity limit | | |



| Drug Name | Description of Formulary Change | Current Tier | New Tier |
|------------------------|--|---------------------|-----------------|
| XOFLUZA TAB 80MG | Added to formulary, tier 2, with quantity of 1 every 30 days | | |
| ZYPREXA RELP INJ 210MG | Minimum age requirement of 18 years added | | |
| ZYPREXA RELP INJ 300MG | Minimum age requirement of 18 years added | | |
| ZYPREXA RELP INJ 405MG | Minimum age requirement of 18 years added | | |

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

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Welcome!

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
- Medical technology
- When new FDA-approved drugs come on the market
- When drugs are removed from the market by the FDA
- When a drug is identified with 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 less cost sharing
- Changes in preferred status among similar drugs on the list
- Removal of restrictions on a drug or dosage form

When updates happen through our standard process, we will publish any changes every 3 months. Your plan's most current drug list is on our website MolinaMarketplace.com.

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 us and ask specific coverage questions about a drug:

- Can my prescription be filled at a retail pharmacy?
- What is 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 **1-888-858-3492**, Monday through Friday, **7:30 AM – 6:30 PM PST**. 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.

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.

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 ea / 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; Lowest enrollee cost sharing |
| Tier 2 | Preferred Brand drugs; Higher cost sharing than Tier 1 |
| Tier 3 | Non-Preferred drugs, both Brand Name and Generic; 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 |

In accordance with the Affordable Care Act, 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.

When coverage of nonformulary drugs are 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.

If a formulary brand drug has a generic and the generic is not covered, you will have the preferred generic tier cost sharing on the formulary brand drug instead of the usual cost sharing for a formulary brand drug.

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 insulin. The limit (\$100) applies per insulin drug, per 30 day supply. The limit does not apply to products that contain other drugs besides insulin.

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

Your plan 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

Your plan 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. Your plan'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 us 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 pick up.

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 your 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

We have selected CVS Caremark® as the Pharmacy Benefit Manager ("PBM") to manage the prescription benefit for your plan. 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 our Customer Support Center at **1-888-858-3492**. Member Services is available Monday through Friday **7:30 AM – 6:30 PM PST**.

Prescribers and pharmacies may contact our Provider Services Help Desk at **1-855-322-4082**.

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 has been reviewed (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. We will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact the CVS Caremark® Help Desk at 1 (888) 407-6425 to obtain an override for a 72-hour supply.

Pharmacies may call us at **1-855-322-4082** 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.

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 us at **1-800-869-7791**. The clinical policies and forms may be obtained at our website MolinaMarketplace.com.

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

- Any request that is not for an Urgent Circumstance is considered a Standard Exception request.
- A request is considered urgent if it is for treating a health condition that may seriously jeopardize your life, health, or ability to regain maximum function.

We will reach a decision no later than:

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

If the request is approved, we will send a letter to you and your doctor. We will tell you 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.

Requesting a Formulary 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 members can request coverage of clinically appropriate drugs that are not on the formulary, or have "fail first" or other requirements that have not been met. Drugs that are not on the formulary may not be covered by the plan. These drugs may cost members more than similar drugs that are on the formulary if covered on "exception," as described in the next sections. To ask for nonformulary drugs to be covered, a provider can submit a formulary exception request on a member's behalf. These requests will be considered for a medically accepted use when formulary options cannot be

used, and other coverage requirements are met. A member's response to drug samples from a provider or a drug maker is not a reason to bypass standard rules for plan drug coverage.

Formulary drugs are typically prescribed by providers for members to get from a pharmacy and give themselves. Most injectable drugs that require a provider's help are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for members' drugs. Some injectable drugs can be approved through the exceptions process to get from a pharmacy using the plan pharmacy benefit.

Are there any drugs that are not covered at all?

Non-covered drugs such as benefit exclusions are not covered at all. They cannot be approved for coverage by formulary exception. Molina does not cover certain types of drugs that are listed as benefit exclusions in the plan policy, including:

- Cosmetic drugs
- Drugs not FDA-approved or licensed for use in the United States
- Drugs to treat erectile dysfunction or other types of sexual dysfunction
- Experimental and Investigational drugs or uses of drugs
- Gene therapy
- Hair loss or growth treatments
- Homeopathic treatments and nutritional supplements
- Infertility drugs (other than treating and underlying infertility cause itself)
- Over-the-counter drugs not listed on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Weight loss drugs

How do I request a Formulary Exception?

The process for requesting a formulary exception is the same for requesting prior authorization on formulary drugs that require advanced approval for coverage. Requests are reviewed against standard rules to determine medical necessity.

A provider may fax a completed **Prior Authorization/Medication Exception Request** form to Molina at 1 (800) 869-7791. 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.

A member stabilized on a nonformulary drug may remain on the drug during the formulary exception review process by requesting an emergency fill. To request an emergency fill, the pharmacy can call 1 (800) 213-5525, Option 1-2-2. Trials of drug samples from a prescriber or a drug manufacturer will not be considered as current treatment.

Molina will grant a formulary exception 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 with documentation of a positive therapeutic outcome and 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

After receiving all the needed information from the member’s provider, Molina will notify the member’s treating provider of approval or denial of the request:

- Within 72 hours for standard requests, and
- Within 24 hours for urgent requests

Urgent exception requests apply when a member is experiencing a health situation that may seriously jeopardize their life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a nonformulary drug.

If the request is denied, Molina Healthcare will send a letter to the member and their prescriber. The letter will explain why the drug or product was denied. The prescriber may request to discuss the denial with Molina. If the member disagrees with the denial of the request, the member can appeal Molina’s coverage decision. The prescriber may also request that an Independent Review Organization (IRO) review Molina’s coverage decision during an appeal. The IRO will notify the requestor of the IRO decision no later than:

- 72 hours following receipt of an appeal of a denied standard exception request
- 24 hours following receipt of an appeal on a denied urgent exception request

Complaints and Appeals

You may file a grievance or complaint by contacting the our Customer Support Center at **1-888-858-3492**. If we do not approve 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. |
| 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.

2022

Formulario

(Lista de Medicamentos Cubiertos)

Molina Marketplace – Washington

MolinaMarketplace.com

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

Puede encontrar información sobre los montos de los costos compartidos para medicamentos recetados en nuestro folleto Beneficios a Simple Vista o puede ingresar su información de recetas médicas y farmacias en la herramienta de Búsqueda de Medicamentos. Para utilizar la herramienta de Búsqueda de Medicamentos, haga clic en “Buscar Medicamentos” en MolinaMarketplace.com.



Your Extended Family.

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¡Bienvenido(a)!

Formulario de Medicamentos (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.
- Tecnología médica.
- Cuando nuevos medicamentos aprobados por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) salen al mercado.
- Cuando la FDA retira medicamentos del mercado.
- Cuando se identifica un nuevo problema de seguridad en un medicamento.

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

- Adición de medicamentos o formas farmacéuticas.
- Movimiento de un medicamento de una categoría de medicamento a otra que conlleva menores costos compartidos.
- Cambios en el estado de preferencia entre medicamentos similares de la lista.
- Retiro de restricciones de un medicamento o de una forma farmacéutica.

Cuando se efectúen actualizaciones a través de nuestro proceso estándar, publicaremos todos los cambios cada 3 meses. La lista de medicamentos más actual de su plan se encuentra en nuestro sitio web MolinaMarketplace.com.

¿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. Puede llamarnos y hacer preguntas sobre la cobertura específica de un medicamento, como las que se indican a continuación:

- ¿Mi receta médica se puede surtir en una farmacia minorista?
- ¿Cuál es el monto en dólares de 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 **1-888-858-3492**, de lunes a viernes, **7:30 AM – 6:30 PM PST**. Si es sordo o tiene dificultades auditivas, marque el 711 para comunicarse con el Servicio de Telecomunicaciones. También puede solicitar el envío por correo de una copia de la lista de medicamentos.

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.

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 ea / 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: costos compartidos más bajos para el afiliado. |
| Tier 2 | Medicamentos de marca preferidos: costos compartidos más altos que en la Categoría 1. |
| Tier 3 | Medicamentos no preferidos, tanto de marca registrada como genéricos: costos compartidos más altos que los medicamentos de categorías inferiores que se utilizan 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 la Ley de Cuidado de Salud a Bajo Precio, su plan cubre medicamentos de servicios médicos preventivos y formas de dosificación reconocidos a nivel nacional (Categoría 5) con costos compartidos de \$0, si se recetan para que los utilice de acuerdo con esas recomendaciones.

Cuando se aprueba la cobertura de medicamentos que no aparecen en el formulario con excepción de formulario, los afiliados pagan los costos compartidos de Categoría 3 para los medicamentos no especializados o los costos compartidos de Categoría 4 para los medicamentos de especialidad. 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 la insulina. El límite (\$100) se aplica por medicamento de insulina y por suministro de 30 días. El límite no se aplica a los productos que contienen otros medicamentos además de la insulina.

¿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 Beneficios a Simple Vista o puede ingresar su información de recetas médicas en la herramienta de “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

Su plan 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

Su plan cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos de especialidad. Los medicamentos de especialidad se encuentran en la Categoría 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 su plan, 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 nos puede presentar solicitudes de Autorización Previa directamente o puede 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 el afiliado 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 puede ingresar a Caremark.com.

Farmacia Fuera de la Red

Si las farmacias de la red no cumplen con sus necesidades, 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

Seleccionamos a CVS Caremark® como el Administrador de Beneficios Farmacéuticos (Pharmacy Benefit Manager, “PBM”) para administrar el beneficio de recetas médicas de su plan. 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.

Si desea obtener información sobre la membresía, los costos compartidos y el beneficio de medicamentos recetados, además de resolver dudas sobre la elegibilidad, llame al Centro de Apoyo al Cliente de Molina al **1-888-858-3492**. El Departamento de Servicios para Miembros atiende de lunes a viernes, de **7:30 AM – 6:30 PM PST**.

Los recetadores y las farmacias se pueden comunicar con nuestra Línea de Ayuda Técnica para Servicios de Proveedores al **1-855-322-4082**.

Política de Medicamentos urgentes y Después del Horario de atención

Para evitar que la afección de un afiliado se agrave durante una situación urgente, es posible que sea necesario dispensar un suministro de medicamentos especializados de 72 horas antes de que se haya revisado la Autorización Previa (p. ej., un afiliado recibe el alta médica de un hospital después del horario de atención habitual con una receta médica especial para antibióticos).

Se les instruye a las farmacias utilizar su juicio profesional. Reembolsaremos a las farmacias por un suministro de 72 horas de un medicamento especializado con las tarifas contratadas para dichas recetas médicas. Las farmacias se pueden comunicar con la Línea de Ayuda Técnica de CVS Caremark® al 1 (888) 407-6425 para obtener una anulación de un suministro de 72 horas.

Las farmacias nos pueden llamar al **1-855-322-4082** el día laborable siguiente para obtener una autorización que permita procesar la receta médica en línea obtenida en urgencias o después de las horas de consulta. Se aconseja y espera que la farmacia brinde documentación razonable de los casos en los que se distribuyeron los medicamentos bajo estas circunstancias urgentes.

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 enviarnos por fax un formulario de Autorización Previa para medicamentos completado al **1-800-869-7791**. Las políticas y los formularios clínicos se pueden obtener en nuestro sitio web MolinaMarketplace.com.

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

- Cualquier solicitud que no sea para una Circunstancia Urgente se considera una solicitud de Excepción Estándar.
- Una solicitud se considera urgente si es para tratar una afección de salud que puede poner en grave peligro su vida, su salud o su capacidad para recuperar al máximo su funcionalidad.

Tomaremos una 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 se aprueba la solicitud, le enviaremos una carta a usted y a su doctor. Le indicaremos en cuánto tiempo se aprueba la solicitud antes de que sea necesario realizar la renovación de 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.

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?

Los miembros de Molina pueden solicitar la cobertura de medicamentos clínicamente apropiados que no formen parte del formulario, o que “no hayan producido resultados satisfactorios primero” o no hayan cumplido con otros requisitos. Es posible que el plan no cubra los medicamentos que no forman parte del formulario. Para los miembros, estos medicamentos pueden ser más costosos que los medicamentos similares que están en el formulario si están cubiertos por una “excepción”, según se describe en las siguientes secciones. Para solicitar la cobertura de los medicamentos que no forman parte del formulario, un proveedor puede presentar una solicitud de excepción de formulario en representación de un miembro. Estas solicitudes se considerarán para un uso aceptado por razones médicas cuando no se puedan utilizar las opciones del formulario y cuando se cumplan otros requisitos de cobertura. La respuesta de un miembro a muestras de medicamentos de un proveedor o fabricante de medicamentos no es un motivo para incumplir las normas estándar de cobertura de medicamentos del plan.

Por lo general, los proveedores recetan los medicamentos del formulario para que los miembros los obtengan en una farmacia y los tomen por sí mismos. La mayoría de los medicamentos inyectables que requieren de la ayuda de un proveedor cuentan con cobertura por el beneficio médico en lugar del beneficio de farmacia. Molina brinda instrucciones a los proveedores acerca de cómo obtener una aprobación anticipada para los medicamentos de los miembros. Es posible obtener aprobación para adquirir algunos medicamentos inyectables a través de un proceso de excepciones con el fin de obtenerlos en una farmacia mediante el beneficio de farmacia del plan.

Medicamentos no cubiertos

Los medicamentos no cubiertos, como las exclusiones de beneficios, no cuentan con ninguna cobertura. No pueden recibir aprobación para la cobertura por excepción de formulario. Molina no cubre ciertos tipos de medicamentos que se indican como exclusiones de beneficios en la política del plan, incluidos los siguientes:

- Medicamentos de uso cosmético
- Medicamentos no aprobados ni autorizados por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) para su uso en Estados Unidos
- Medicamentos para tratar la disfunción eréctil u otros tipos de disfunciones sexuales
- Medicamentos experimentales y en fase de investigación, así como los usos experimentales o en fase de investigación de medicamentos
- Genoterapia
- Tratamientos para la pérdida o el crecimiento del cabello
- Tratamientos homeopáticos y suplementos nutricionales
- Medicamentos para la infertilidad (que no sean para el tratamiento de la causa subyacente de la infertilidad)
- Medicamentos de venta libre que no se encuentran en el formulario
- Medicamentos menos eficaces propuestos identificados por el programa de Implementación del Estudio de Eficacia de Medicamentos (Drug Efficacy Study Implementation, DESI)
- Medicamentos para la pérdida de peso

Solicitud de una excepción de formulario

El proceso para solicitar una excepción de formulario es el mismo que para solicitar una autorización previa de medicamentos del formulario que requieren aprobación anticipada para obtener la cobertura. Las solicitudes se revisan en función de las normas estándar para determinar la necesidad médica.

Un proveedor puede enviar por fax un formulario completado de **Autorización previa/Solicitud de excepción de medicamentos** a Molina al 1 (800) 869-7791. 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.

Un miembro que se encuentre estable con el tratamiento con un medicamento que no forma parte del formulario puede continuar tomando dicho medicamento durante el proceso de revisión de la excepción del formulario si envía una solicitud para un surtido de emergencia. Para solicitar un surtido de emergencia, la farmacia puede llamar al 1 (800) 213-5525, opción 1-2-2. Los ensayos de muestras de medicamentos de un recetador o de un fabricante de medicamentos no se considerarán como tratamiento actual.

Molina concederá una excepción de formulario si sus revisores determinan que la información de respaldo muestra 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 consume el medicamento como tratamiento actual con documentación de un resultado terapéutico positivo y cambiar al medicamento requerido probablemente causará reacciones adversas clínicamente predecibles o perjuicios.
- 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.

Después de recibir toda la información necesaria por parte del proveedor del miembro, Molina notificará al proveedor de tratamiento del miembro sobre la aprobación o la denegación de la solicitud en los siguientes plazos:

- Dentro de 72 horas para solicitudes estándar
- Dentro de 24 horas para solicitudes urgentes

Las solicitudes de excepción urgentes son válidas cuando un miembro experimenta una situación de salud que puede poner en grave peligro su vida, su salud o su capacidad para recuperar la funcionalidad máxima, o cuando un miembro se encuentra en tratamiento actual con un medicamento que no forma parte del formulario.

Si se deniega la solicitud, Molina Healthcare enviará una carta al miembro y a su recetador, en la cual se explicará el motivo por el que se denegó el medicamento o producto. El recetador puede solicitar que se lleve a cabo un análisis de la denegación con Molina. Si el miembro no está de acuerdo con la denegación de la solicitud, puede apelar la decisión de cobertura de Molina. Además, el recetador puede solicitar que una Organización de Revisión Independiente (Independent Review Organization, IRO) revise la decisión de cobertura de Molina durante una apelación. La IRO notificará su decisión al solicitante en los siguientes plazos máximos:

- 72 horas después de la recepción de una apelación por una solicitud de excepción estándar denegada
- 24 horas después de la recepción de una apelación por una solicitud de excepción urgente denegada

Quejas y Apelaciones

Puede presentar un reclamo, solo debe comunicarse con el Centro de Apoyo al Cliente al **1-888-858-3492**. Si no aprobamos su solicitud de medicamento, se incluirá un aviso de derechos para apelar la decisión en la notificación 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 los servicios de socios como CVS Caremark[®], CVS Specialty[®] y Caremark.com son propiedad de CVS Health[®] Corporation, y son operados por ellos mismos.

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. |
| 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 algún medicamento.

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

AMPHETAMINES

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

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

ANALEPTICS

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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

| | | |
|--|--------|--|
| <i>atomoxetine hcl cap 10 mg (base equiv)</i> | Tier 3 | PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years) |
|--|--------|--|

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>armodafinil tab 250 mg</i> | Tier 1 | PA |
| <i>dexmethylphenidate hcl tab 2.5 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>dexmethylphenidate hcl tab 5 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>dexmethylphenidate hcl tab 10 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 10 mg (cd)</i> | Tier 1 | QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 20 mg (cd)</i> | Tier 1 | QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 24hr 10 mg (la)</i> | Tier 3 | PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i> | Tier 3 | PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i> | Tier 3 | PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i> | Tier 3 | PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 30 mg (cd)</i> | Tier 1 | QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 40 mg (cd)</i> | Tier 1 | QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 50 mg (cd)</i> | Tier 1 | QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl cap er 60 mg (cd)</i> | Tier 1 | QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl soln 5 mg/5ml</i> | Tier 1 | QL (450 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl soln 10 mg/5ml</i> | Tier 1 | QL (900 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>methylphenidate hcl tab 5 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab 10 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab 20 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er 10 mg</i> | Tier 1 | QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er 20 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er 24hr 18 mg</i> | Tier 1 | QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er 24hr 27 mg</i> | Tier 1 | QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er 24hr 36 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er 24hr 54 mg</i> | Tier 1 | QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | Tier 1 | QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | Tier 1 | QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> | Tier 1 | QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years) |
| <i>modafinil tab 100 mg</i> | Tier 3 | PA, QL (30 tabs / 30 days) |
| <i>modafinil tab 200 mg</i> | Tier 3 | PA, QL (60 tabs / 30 days) |

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

| | | |
|----------------------------------|--------|-----|
| <i>melatonin cap 3 mg</i> | Tier 1 | OTC |
|----------------------------------|--------|-----|

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

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

ALTERNATIVE MEDICINE COMBINATIONS

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

AMINOGLYCOSIDES

AMINOGLYCOSIDES

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

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

| | | |
|---|--------|--|
| HUMIRA INJ 10/0.1ML (adalimumab) | Tier 4 | PA, QL (2 mL / 28 days); Preferred Brand |
| HUMIRA INJ 10MG/0.2 (adalimumab) | Tier 4 | PA, QL (2 mL / 28 days); Preferred Brand |
| HUMIRA INJ 20/0.2ML (adalimumab) | Tier 4 | PA, QL (2 mL / 28 days); Preferred Brand |
| HUMIRA INJ 40/0.4ML (adalimumab) | Tier 4 | PA, QL (2 mL / 28 days); Preferred Brand |
| HUMIRA KIT 20MG/0.4 (adalimumab) | Tier 4 | PA, QL (2 mL / 28 days); Preferred Brand |
| HUMIRA KIT 40MG/0.8 (adalimumab) | Tier 4 | PA, QL (2 mL / 28 days); Preferred Brand |
| HUMIRA PEDIA INJ CROHNS (adalimumab) | Tier 4 | PA, QL (2 ea / year); Preferred Brand |
| HUMIRA PEDIA INJ CROHNS (adalimumab) | Tier 4 | PA, QL (3 ea / year); Preferred Brand |
| HUMIRA PEN INJ 40/0.4ML (adalimumab) | Tier 4 | PA, QL (2 mL / 28 days); Preferred Brand |
| HUMIRA PEN INJ CD/UC/HS (adalimumab) | Tier 4 | PA, QL (2 mL / 28 days); Preferred Brand |
| HUMIRA PEN KIT CD/UC/HS (adalimumab) | Tier 4 | PA, QL (3 ea / year); Preferred Brand |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| HUMIRA PEN KIT PS/UV (<i>adalimumab</i>) | Tier 4 | PA, QL (3 ea / year); Preferred Brand |
| SIMPONI INJ 50/0.5ML (<i>golimumab</i>) | Tier 4 | PA; Medical Necessity PA; Prior use of appropriate Preferred Brands |
| SIMPONI INJ 100MG/ML (<i>golimumab</i>) | Tier 4 | PA; Medical Necessity PA; Prior use of appropriate Preferred Brands |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| RINVOQ TAB 15MG ER (<i>upadacitinib</i>) | Tier 4 | PA, QL (30 tabs / 30 days); Preferred Brand |
| RINVOQ TAB 30MG ER (<i>upadacitinib</i>) | Tier 4 | PA, QL (30 tabs / 30 days); Preferred Brand |
| RINVOQ TAB 45MG ER (<i>upadacitinib</i>) | Tier 4 | PA, QL (30 tabs / 30 days); Preferred Brand |
| XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>) | Tier 4 | PA; Preferred Brand |
| XELJANZ TAB 5MG (<i>tofacitinib citrate</i>) | Tier 4 | PA; Preferred Brand |
| XELJANZ TAB 10MG (<i>tofacitinib citrate</i>) | Tier 4 | PA; Preferred Brand |
| XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>) | Tier 4 | PA; Preferred Brand |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| 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 (120 caps / 30 days), MAIL |
| <i>celecoxib cap 100 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>celecoxib cap 200 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>celecoxib cap 400 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diclofenac potassium tab 50 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>diclofenac sodium tab delayed release 25 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| <i>diclofenac sodium tab delayed release 50 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| <i>diclofenac sodium tab delayed release 75 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>diclofenac sodium tab er 24hr 100 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | Tier 3 | QL (60 tabs / 30 days) |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | Tier 3 | QL (60 tabs / 30 days) |
| <i>etodolac cap 200 mg</i> | Tier 1 | QL (150 caps / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| etodolac tab 400 mg | Tier 1 | QL (90 tabs / 30 days), MAIL |
| etodolac tab 500 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| fenoprofen calcium tab 600 mg | Tier 3 | PA, QL (120 tabs / 30 days), MAIL |
| flurbiprofen tab 50 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| flurbiprofen tab 100 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| ibuprofen cap 200 mg (Medi-profen) | Tier 1 | QL (120 caps / 30 days), OTC |
| ibuprofen chew tab 100 mg (Sm Ibuprofen Ib) | Tier 1 | QL (180 tabs / 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 / 30 days), OTC |
| ibuprofen tab 200 mg (Ra Ibuprofen) | Tier 1 | QL (120 tabs / 30 days), OTC |
| ibuprofen tab 400 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| ibuprofen tab 600 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| ibuprofen tab 800 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| indomethacin cap 25 mg | Tier 1 | QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| indomethacin cap 50 mg | Tier 1 | QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| ketoprofen cap 50 mg | Tier 3 | PA, QL (120 caps / 30 days), MAIL |
| ketoprofen cap 75 mg | Tier 3 | PA, QL (120 caps / 30 days), MAIL |
| ketorolac tromethamine tab 10 mg | Tier 1 | AGE; AGE (Max 64 years), Max 5 day supply per fill |
| meclofenamate sodium cap 50 mg | Tier 3 | PA, MAIL |
| meclofenamate sodium cap 100 mg | Tier 3 | PA, MAIL |
| mefenamic acid cap 250 mg | Tier 3 | PA, MAIL |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA CLCK INJ 125MG/ML (abatacept) | Tier 4 | PA; Medical Necessity PA; Prior use of appropriate Preferred Brands |
| ORENCIA INJ 50/0.4ML (abatacept) | Tier 4 | PA; Medical Necessity PA; Prior use of appropriate Preferred Brands |
| ORENCIA INJ 87.5/0.7 (abatacept) | Tier 4 | PA; Medical Necessity PA; Prior use of appropriate Preferred Brands |
| ORENCIA INJ 125MG/ML (abatacept) | Tier 4 | PA; Medical Necessity PA; Prior use of appropriate Preferred Brands |
| ORENCIA INJ 250MG (abatacept) | Tier 4 | PA; Medical Necessity PA; Prior use of appropriate Preferred Brands |

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

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

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

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

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

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

ANALGESICS - OPIOID

OPIOID AGONISTS

| | | |
|--|--------|---|
| CODEINE SULF TAB 60MG | Tier 1 | QL (180 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED |
| codeine sulfate tab 30 mg | Tier 1 | QL (360 tabs / 30 days), AGE; Age (min 12 years); 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 / 30 days); MED |
| fentanyl td patch 72hr 25 mcg/hr | Tier 1 | PA, QL (10 patches / 30 days); MED |
| fentanyl td patch 72hr 50 mcg/hr | Tier 1 | PA, QL (10 patches / 30 days); MED |
| fentanyl td patch 72hr 75 mcg/hr | Tier 1 | PA, QL (10 patches / 30 days); MED |
| fentanyl td patch 72hr 100 mcg/hr | Tier 1 | PA, QL (10 patches / 30 days); MED |
| hydrocodone bitartrate tab er 24hr deter 20 mg | Tier 3 | PA; MED |
| hydrocodone bitartrate tab er 24hr deter 30 mg | Tier 3 | PA; MED |
| hydrocodone bitartrate tab er 24hr deter 40 mg | Tier 3 | PA; MED |
| hydrocodone bitartrate tab er 24hr deter 60 mg | Tier 3 | PA; MED |
| hydrocodone bitartrate tab er 24hr deter 80 mg | Tier 3 | PA; MED |
| hydrocodone bitartrate tab er 24hr deter 100 mg | Tier 3 | PA; MED |

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

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

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

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

OPIOID COMBINATIONS

| | | |
|--|--------|--|
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | Tier 1 | AGE; Age (min 12 years); Max 7 day supply initial fill; MED |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | Tier 1 | QL (180 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | Tier 1 | QL (180 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | Tier 1 | QL (180 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | Tier 3 | QL (240 caps / 30 days); Max 7 day supply initial fill, MED |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | Tier 1 | QL (240 caps / 30 days); Max 7 day supply initial fill, MED |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | Tier 1 | Max 7 day supply initial fill, MED |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| hydrocodone-acetaminophen tab 5-325 mg | Tier 1 | QL (180 tabs / 30 days); Max 7 day supply initial fill, MED |
| hydrocodone-acetaminophen tab 7.5-325 mg | Tier 1 | QL (180 tabs / 30 days); Max 7 day supply initial fill, MED |
| hydrocodone-acetaminophen tab 10-325 mg | Tier 1 | QL (180 tabs / 30 days); Max 7 day supply initial fill, MED |
| hydrocodone-ibuprofen tab 7.5-200 mg | Tier 1 | QL (180 tabs / 30 days); Max 7 day supply initial fill, MED |
| hydrocodone-ibuprofen tab 10-200 mg | Tier 3 | PA, QL (180 tabs / 30 days); Max 7 day supply initial fill, MED |
| oxycodone w/ acetaminophen tab 2.5-325 mg | Tier 1 | QL (240 tabs / 30 days); Max 7 day supply initial fill, MED |
| oxycodone w/ acetaminophen tab 5-325 mg | Tier 1 | QL (240 tabs / 30 days); Max 7 day supply initial fill, MED |
| oxycodone w/ acetaminophen tab 7.5-325 mg | Tier 1 | QL (180 tabs / 30 days); Max 7 day supply initial fill, MED |
| oxycodone w/ acetaminophen tab 10-325 mg | Tier 1 | QL (180 tabs / 30 days); Max 7 day supply initial fill, MED |
| oxycodone-ibuprofen tab 5-400 mg | Tier 1 | QL (180 tabs / 30 days); Max 7 day supply initial fill, MED |
| tramadol-acetaminophen tab 37.5-325 mg | Tier 1 | QL (300 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine hcl sl tab 2 mg (base equiv) | Tier 1 | QL (360 tabs / 30 days) |
| buprenorphine hcl sl tab 8 mg (base equiv) | Tier 1 | QL (90 tabs / 30 days) |
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) | Tier 1 | QL (90 / 30 days) |
| buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) | Tier 1 | QL (90 / 30 days) |
| buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) | Tier 1 | QL (90 / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | Tier 1 | QL (60 / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | Tier 1 | QL (360 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>buprenorphine td patch weekly 5 mcg/hr</i> | Tier 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 / 25 days); MED |

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

| | | |
|--|--------|----|
| ANADROL-50 TAB 50MG (<i>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

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

ANORECTAL AGENTS

INTRARECTAL STEROIDS

| | | |
|--|--------|------------------------|
| <i>hydrocortisone enema 100 mg/60ml</i> | Tier 3 | QL (1680 mL / 30 days) |
|--|--------|------------------------|

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| RECTAL COMBINATIONS | | |
| <i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%</i> (Ra Hemorrhoidal) | Tier 1 | OTC |
| 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> (Tgt Antacid Extra Strengt) | Tier 1 | OTC |
| <i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> (Cvs Antacid Supreme) | Tier 1 | OTC |
| FOAM ANTACID CHW 80-20MG (<i>aluminum hydroxide-mag trisil</i>) | Tier 1 | OTC |
| MI-ACID CHW (<i>calcium carbonate-mag hydrox</i>) | Tier 1 | OTC |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid) | Tier 1 | OTC |
| calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra) | Tier 1 | OTC |
| calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt) | Tier 1 | OTC |
| calcium carbonate (antacid) susp 1250 mg/5ml | Tier 1 | OTC |

ANTACIDS - MAGNESIUM SALTS

| | | |
|---|--------|-----|
| magnesium oxide tab 250 mg (Gnp Magnesium) | Tier 1 | OTC |
| magnesium oxide tab 420 mg (Maox) | Tier 1 | OTC |

ANTHELMINTICS

ANTHELMINTICS

| | | |
|--|--------|---|
| albendazole tab 200 mg | Tier 3 | QL (2 tabs / 1 day); Max 1 Days Supply |
| BENZNIDAZOLE TAB 12.5MG | Tier 2 | |
| BENZNIDAZOLE TAB 100MG | Tier 2 | |
| ivermectin tab 3 mg | Tier 1 | QL (16 / 2 days); Max 1 fill per month, max 2 days supply |
| praziquantel tab 600 mg | Tier 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 1 | QL (56 tabs / 7 days); Max 7 days supply |
| tinidazole tab 500 mg | Tier 1 | QL (28 tabs / 7 days); Max 7 days supply |
| trimethoprim tab 100mg | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ANTIPROTOZOAL AGENTS | | |
| ALINIA SUS 100/5ML (<i>nitazoxanide</i>) | Tier 3 | PA |
| <i>atovaquone susp 750 mg/5ml</i> | Tier 3 | PA |
| <i>nitazoxanide tab 500 mg</i> | Tier 3 | PA |
| GLYCOPEPTIDES | | |
| FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>) | Tier 2 | |
| FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>) | Tier 2 | |
| LEPROSTATICS | | |
| <i>dapsone tab 25 mg</i> | Tier 1 | QL (120 tabs / 30 days) |
| <i>dapsone tab 100 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| LINCOSAMIDES | | |
| <i>clindamycin hcl cap 150 mg</i> | Tier 1 | |
| <i>clindamycin hcl cap 300 mg</i> | Tier 1 | |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | Tier 1 | AGE; AGE (Max 12 years) |
| MONOBACTAMS | | |
| CAYSTON INH 75MG (<i>aztreonam lysine</i>) | Tier 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 / 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 / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate |
| NITRATES | | |
| <i>isosorbide dinitrate tab 5 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |

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

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

| | | |
|--|--------|--|
| <i>buspirone hcl tab 5 mg</i> | Tier 1 | QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>buspirone hcl tab 7.5 mg</i> | Tier 1 | QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>buspirone hcl tab 10 mg</i> | Tier 1 | QL (180 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>buspirone hcl tab 15 mg</i> | Tier 1 | QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>buspirone hcl tab 30 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| hydroxyzine hcl syrup 10 mg/5ml | Tier 1 | QL (1800 mL / 30 days), AGE, MAIL; AGE (Max 64 years) |
| hydroxyzine hcl tab 10 mg | Tier 1 | QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years) |
| hydroxyzine hcl tab 25 mg | Tier 1 | QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years) |
| hydroxyzine hcl tab 50 mg | Tier 1 | QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years) |
| hydroxyzine pamoate cap 25 mg | Tier 1 | QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| hydroxyzine pamoate cap 50 mg | Tier 1 | QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| hydroxyzine pamoate cap 100 mg | Tier 1 | QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| meprobamate tab 200 mg | Tier 3 | QL (90 tabs / 30 days) |
| meprobamate tab 400 mg | Tier 3 | QL (90 tabs / 30 days) |
| BENZODIAZEPINES | | |
| alprazolam tab 0.5 mg | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 18 years) |
| alprazolam tab 0.25 mg | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 18 years) |
| alprazolam tab 1 mg | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 18 years) |
| alprazolam tab 2 mg | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 18 years) |
| chlordiazepoxide hcl cap 5 mg | Tier 1 | QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years) |
| chlordiazepoxide hcl cap 10 mg | Tier 1 | QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years) |
| chlordiazepoxide hcl cap 25 mg | Tier 1 | QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>clorazepate dipotassium tab 3.75 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years) |
| <i>clorazepate dipotassium tab 7.5 mg</i> | Tier 1 | QL (120 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years) |
| <i>clorazepate dipotassium tab 15 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years) |
| <i>diazepam conc 5 mg/ml</i> (Diazepam Intensol) | Tier 1 | QL (30 mL / 30 days), AGE; AGE (Max 64 years) |
| <i>diazepam oral soln 1 mg/ml</i> | Tier 1 | QL (120 mL / 30 days), AGE; AGE (Max 64 years) |
| <i>diazepam tab 2 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Max 64 years) |
| <i>diazepam tab 5 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Max 64 years) |
| <i>diazepam tab 10 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Max 64 years) |
| <i>lorazepam conc 2 mg/ml</i> | Tier 1 | QL (90 mL / 30 days), AGE; AGE (Min 12 years) |
| <i>lorazepam tab 0.5 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 12 years) |
| <i>lorazepam tab 1 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 12 years) |
| <i>lorazepam tab 2 mg</i> | Tier 1 | QL (90 tabs / 30 days), AGE; AGE (Min 12 years) |
| <i>oxazepam cap 10 mg</i> | Tier 1 | QL (90 caps / 30 days), AGE; AGE (Min 6 years) |
| <i>oxazepam cap 15 mg</i> | Tier 1 | QL (90 caps / 30 days), AGE; AGE (Min 6 years) |
| <i>oxazepam cap 30 mg</i> | Tier 1 | QL (120 caps / 30 days), AGE; AGE (Min 6 years) |

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>) | Tier 2 | QL (12.9 gm / 30 days), MAIL |
| INCRUSE ELPT INH 62.5MCG (<i>umeclidinium bromide</i>) | Tier 2 | QL (30 blisters / 30 days), MAIL |
| <i>ipratropium bromide inhal soln 0.02%</i> | Tier 1 | QL (120 vials / 30 days), MAIL |
| SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| SPIRIVA CAP HANDIHLR (<i>tiotropium bromide monohydrate</i>) | Tier 2 | QL (30 caps / 30 days), MAIL |
| SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i> | Tier 1 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 9 years) |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i> | Tier 1 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 14 years) |
| <i>montelukast sodium tab 10 mg (base equiv)</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>zafirlukast tab 10 mg</i> | Tier 3 | QL (60 tabs / 30 days), MAIL |
| <i>zafirlukast tab 20 mg</i> | Tier 3 | QL (60 tabs / 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 |
| STEROID INHALANTS | | |
| ASMANEX 7 AER 110MCG (<i>mometasone furoate (inhalation)</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| ASMANEX 14 AER 220MCG (<i>mometasone furoate (inhalation)</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| ASMANEX 30 AER 110MCG (<i>mometasone furoate (inhalation)</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| ASMANEX 30 AER 220MCG (<i>mometasone furoate (inhalation)</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| ASMANEX 60 AER 220MCG (<i>mometasone furoate (inhalation)</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| ASMANEX 120 AER 220MCG (<i>mometasone furoate (inhalation)</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| ASMANEX HFA AER 50MCG (<i>mometasone furoate (inhalation)</i>) | Tier 2 | QL (1 inhaler / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ASMANEX HFA AER 100 MCG (mometasone furoate (inhalation)) | Tier 2 | QL (13 gm / 30 days), MAIL |
| ASMANEX HFA AER 200 MCG (mometasone furoate (inhalation)) | Tier 2 | QL (13 gm / 30 days), MAIL |
| budesonide inhalation susp 0.5 mg/2ml | Tier 3 | QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years) |
| budesonide inhalation susp 0.25 mg/2ml | Tier 3 | QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years) |
| FLOVENT HFA AER 44MCG (fluticasone propionate hfa) | Tier 3 | QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years) |
| FLOVENT HFA AER 110MCG (fluticasone propionate hfa) | Tier 3 | QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years) |
| PULMICORT INH 90MCG (budesonide (inhalation)) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| PULMICORT INH 180MCG (budesonide (inhalation)) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| QVAR REDIHA AER 80MCG (beclomethasone dipropionate hfa) | Tier 2 | QL (10.6 gm / 30 days), MAIL |
| QVAR REDIHAL AER 40MCG (beclomethasone dipropionate hfa) | Tier 2 | QL (10.6 gm / 30 days), MAIL |
| SYMPATHOMIMETICS | | |
| ADVAIR DISKU AER 100/50 (fluticasone- salmeterol) | Tier 2 | QL (60 inhalations / 30 days), MAIL; Brand Preferred |
| ADVAIR DISKU AER 250/50 (fluticasone- salmeterol) | Tier 2 | QL (60 inhalations / 30 days), MAIL; Brand Preferred |
| ADVAIR DISKU AER 500/50 (fluticasone- salmeterol) | Tier 2 | QL (60 inhalations / 30 days), MAIL; Brand Preferred |
| ADVAIR HFA AER 45/21 (fluticasone- salmeterol) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| ADVAIR HFA AER 115/21 (fluticasone- salmeterol) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| ADVAIR HFA AER 230/21 (fluticasone- salmeterol) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | Tier 1 | QL (1 inhaler / 30 days), MAIL; Generic Preferred |
| albuterol sulfate soln nebu 0.5% (5 mg/ml) | Tier 1 | QL (150 ea / 30 days), MAIL |
| albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) | Tier 1 | QL (300 mL / 30 days), MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> | Tier 1 | QL (225 mL / 30 days), MAIL |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> | Tier 1 | QL (150 mL / 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 / 30 days), MAIL |
| ARCAPTA CAP 75MCG (<i>indacaterol maleate</i>) | Tier 3 | QL (30 caps / 30 days), MAIL |
| <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i> | Tier 3 | QL (120 mL / 30 days), MAIL |
| BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>) | Tier 2 | QL (10.7 gm / 30 days), MAIL |
| BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>) | Tier 2 | QL (60 blisters / 30 days), MAIL |
| BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>) | Tier 2 | QL (60 blisters / 30 days), MAIL |
| BREZTRI AERO AER SPHERE <i>(budesonide-glycopyrrolate-formoterol fumarate)</i> | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| BROVANA NEB 15MCG (<i>arformoterol tartrate</i>) | Tier 3 | QL (120 mL / 30 days), MAIL |
| COMBIVENT AER 20-100 (<i>ipratropium-albuterol</i>) | Tier 2 | QL (4 gm / 30 days), MAIL |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | Tier 1 | QL (360 mL / 30 days), MAIL |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i> | Tier 1 | ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days. |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i> | Tier 1 | ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days. |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i> | Tier 1 | ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days. |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i> | Tier 1 | ST, QL (144 ea / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days. |
| <i>metaproterenol sulfate syrup 10 mg/5ml</i> | Tier 1 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| 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 / 30 days), MAIL |
| STIOLTO AER 2.5-2.5 (tiotropium bromide-olodaterol hcl) | Tier 2 | QL (4 gm / 30 days), MAIL |
| STRIVERDI AER 2.5MCG (olodaterol hcl) | Tier 2 | QL (4 gm / 30 days), MAIL |
| SYMBICORT AER 80-4.5 (budesonide-formoterol fumarate dihydrate) | Tier 2 | QL (10.2 gm / 30 days), MAIL |
| SYMBICORT AER 160-4.5 (budesonide-formoterol fumarate dihydrate) | Tier 2 | QL (10.2 gm / 30 days), MAIL |
| terbutaline sulfate tab 2.5 mg | Tier 3 | QL (240 tabs / 30 days), MAIL |
| terbutaline sulfate tab 5 mg | Tier 3 | QL (180 tabs / 30 days), MAIL |
| TRELEGY AER 100MCG (fluticasone-umeclidinium-vilanterol) | Tier 2 | QL (1 inhaler / 30 days), MAIL |
| TRELEGY AER 200MCG (fluticasone-umeclidinium-vilanterol) | Tier 2 | QL (1 inhaler / 30 days), MAIL |

XANTHINES

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

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

| | | |
|---|--------|------|
| COUMADIN TAB 1MG (warfarin sodium) | Tier 2 | MAIL |
| COUMADIN TAB 2.5MG (warfarin sodium) | Tier 2 | MAIL |
| COUMADIN TAB 2MG (warfarin sodium) | Tier 2 | MAIL |
| COUMADIN TAB 3MG (warfarin sodium) | Tier 2 | MAIL |
| COUMADIN TAB 4MG (warfarin sodium) | Tier 2 | MAIL |
| COUMADIN TAB 5MG (warfarin sodium) | Tier 2 | MAIL |
| COUMADIN TAB 6MG (warfarin sodium) | Tier 2 | MAIL |
| COUMADIN TAB 7.5MG (warfarin sodium) | Tier 2 | MAIL |
| COUMADIN TAB 10MG (warfarin sodium) | Tier 2 | MAIL |
| warfarin sodium tab 1 mg | Tier 1 | MAIL |
| warfarin sodium tab 2 mg | Tier 1 | MAIL |
| warfarin sodium tab 2.5 mg | Tier 1 | MAIL |
| warfarin sodium tab 3 mg | Tier 1 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| 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 / 28 days); Max 1 fill per year |
| ELIQUIS TAB 2.5MG (apixaban) | Tier 2 | QL (60 tabs / 30 days), MAIL |
| ELIQUIS TAB 5MG (apixaban) | Tier 2 | QL (60 tabs / 30 days), MAIL |
| XARELTO STAR TAB 15/20MG (rivaroxaban) | Tier 2 | QL (51 tabs / year) |
| XARELTO SUS 1MG/ML (rivaroxaban) | Tier 2 | QL (310 mL / 30 days), MAIL; AGE (Max 11 years) |
| XARELTO TAB 2.5MG (rivaroxaban) | Tier 2 | QL (60 tabs / 30 days), MAIL |
| XARELTO TAB 10MG (rivaroxaban) | Tier 2 | QL (30 tabs / 30 days), MAIL |
| XARELTO TAB 15MG (rivaroxaban) | Tier 2 | QL (30 tabs / 30 days), MAIL |
| XARELTO TAB 20MG (rivaroxaban) | Tier 2 | QL (30 tabs / 30 days), MAIL |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin sodium inj 300 mg/3ml | Tier 3 | QL (30 vials / 30 days) |
| enoxaparin sodium inj soln pref syr 30 mg/0.3ml | Tier 3 | QL (18 mL / 30 days) |
| enoxaparin sodium inj soln pref syr 40 mg/0.4ml | Tier 3 | QL (24 mL / 30 days) |
| enoxaparin sodium inj soln pref syr 60 mg/0.6ml | Tier 3 | QL (36 mL / 30 days) |
| enoxaparin sodium inj soln pref syr 80 mg/0.8ml | Tier 3 | QL (48 mL / 30 days) |
| enoxaparin sodium inj soln pref syr 100 mg/ml | Tier 3 | QL (60 mL / 30 days) |
| enoxaparin sodium inj soln pref syr 120 mg/0.8ml | Tier 3 | QL (48 mL / 30 days) |
| enoxaparin sodium inj soln pref syr 150 mg/ml | Tier 3 | QL (60 mL / 30 days) |
| fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml | Tier 3 | PA |
| fondaparinux sodium subcutaneous inj 5 mg/0.4ml | Tier 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| THROMBIN INHIBITORS | | |
| PRADAXA CAP 75MG (<i>dabigatran etexilate mesylate</i>) | Tier 3 | PA, MAIL |
| PRADAXA CAP 110MG (<i>dabigatran etexilate mesylate</i>) | Tier 3 | PA, MAIL |
| PRADAXA CAP 150MG (<i>dabigatran etexilate mesylate</i>) | Tier 3 | PA, MAIL |
| ANTICONSULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA TAB 2MG (<i>perampanel</i>) | Tier 3 | |
| FYCOMPA TAB 4MG (<i>perampanel</i>) | Tier 3 | |
| 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 | |
| ANTICONSULSANTS - BENZODIAZEPINES | | |
| <i>clobazam tab 10 mg</i> | Tier 1 | |
| <i>clobazam tab 20 mg</i> | Tier 1 | |
| <i>clonazepam tab 0.5 mg</i> | Tier 1 | QL (300 tabs / 30 days) |
| <i>clonazepam tab 1 mg</i> | Tier 1 | QL (300 tabs / 30 days) |
| <i>clonazepam tab 2 mg</i> | Tier 1 | QL (300 tabs / 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>diazepam rectal gel delivery system 2.5 mg</i> | Tier 1 | QL (2 ea / 30 days) |
| <i>diazepam rectal gel delivery system 10 mg</i> | Tier 1 | QL (2 ea / 30 days) |
| <i>diazepam rectal gel delivery system 20 mg</i> | Tier 1 | QL (2 ea / 30 days) |
| KLONOPIN TAB 0.5MG (<i>clonazepam</i>) | Tier 1 | QL (300 tabs / 30 days) |
| KLONOPIN TAB 2MG (<i>clonazepam</i>) | Tier 1 | QL (300 tabs / 30 days) |
| VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>) | Tier 2 | QL (10 sprays / 30 days), AGE; AGE (Min 6 years) |
| VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>) | Tier 2 | QL (10 sprays / 30 days), AGE; AGE (Min 6 years) |
| VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>) | Tier 2 | QL (10 ea / 30 days), AGE; AGE (Min 6 years) |
| VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>) | Tier 2 | QL (10 ea / 30 days), AGE; AGE (Min 6 years) |
| ANTICONVULSANTS - MISC. | | |
| APTiom TAB 200MG (<i>eslicarbazepine acetate</i>) | Tier 3 | MAIL |
| APTiom TAB 400MG (<i>eslicarbazepine acetate</i>) | Tier 3 | MAIL |
| APTiom TAB 600MG (<i>eslicarbazepine acetate</i>) | Tier 3 | MAIL |
| APTiom TAB 800MG (<i>eslicarbazepine acetate</i>) | Tier 3 | MAIL |
| BANZEL TAB 200MG (<i>rufinamide</i>) | Tier 3 | MAIL |
| BANZEL TAB 400MG (<i>rufinamide</i>) | Tier 3 | MAIL |
| <i>carbamazepine cap er 12hr 100 mg</i> | Tier 1 | MAIL |
| <i>carbamazepine cap er 12hr 200 mg</i> | Tier 1 | MAIL |
| <i>carbamazepine cap er 12hr 300 mg</i> | Tier 1 | MAIL |
| <i>carbamazepine chew tab 100 mg</i> | Tier 1 | MAIL |
| <i>carbamazepine susp 100 mg/5ml</i> | Tier 1 | MAIL |
| <i>carbamazepine tab 200 mg (Eitol)</i> | Tier 1 | MAIL |
| <i>carbamazepine tab er 12hr 100 mg</i> | Tier 1 | MAIL |
| <i>carbamazepine tab er 12hr 200 mg</i> | Tier 1 | MAIL |
| <i>carbamazepine tab er 12hr 400 mg</i> | Tier 1 | MAIL |
| DIACOMIT CAP 250MG (<i>stiripentol</i>) | Tier 3 | PA, MAIL |
| DIACOMIT CAP 500MG (<i>stiripentol</i>) | Tier 3 | PA, MAIL |
| DIACOMIT PAK 250MG (<i>stiripentol</i>) | Tier 3 | PA, MAIL |
| DIACOMIT PAK 500MG (<i>stiripentol</i>) | Tier 3 | PA, MAIL |
| <i>gabapentin cap 100 mg</i> | Tier 1 | MAIL |
| <i>gabapentin cap 300 mg</i> | Tier 1 | MAIL |
| <i>gabapentin cap 400 mg</i> | Tier 1 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 / 30 days) |
| <i>lacosamide tab 100 mg</i> | Tier 1 | QL (120 tabs / 30 days) |
| <i>lacosamide tab 150 mg</i> | Tier 1 | QL (120 tabs / 30 days) |
| <i>lacosamide tab 200 mg</i> | Tier 1 | QL (90 tabs / 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 |
| PREGABALIN CAP 25 MG | Tier 3 | PA, QL (90 caps / 30 days) |
| PREGABALIN CAP 50 MG | Tier 3 | PA, QL (90 caps / 30 days) |
| PREGABALIN CAP 75 MG | Tier 3 | PA, QL (90 caps / 30 days) |
| PREGABALIN CAP 100 MG | Tier 3 | PA, QL (90 caps / 30 days) |
| PREGABALIN CAP 150 MG | Tier 3 | PA, QL (90 caps / 30 days) |
| PREGABALIN CAP 200 MG | Tier 3 | PA, QL (90 caps / 30 days) |
| PREGABALIN CAP 225 MG | Tier 3 | PA, QL (60 caps / 30 days) |
| PREGABALIN CAP 300 MG | Tier 3 | PA, QL (60 caps / 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <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 | | |
| <i>CELONTIN CAP 300MG (methsuximide)</i> | Tier 3 | MAIL |
| <i>ethosuximide cap 250 mg</i> | Tier 1 | MAIL |
| <i>ethosuximide soln 250 mg/5ml</i> | Tier 1 | MAIL |
| VALPROIC ACID | | |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | Tier 1 | MAIL |
| <i>divalproex sodium tab delayed release 125 mg</i> | Tier 1 | MAIL |
| <i>divalproex sodium tab delayed release 250 mg</i> | Tier 1 | MAIL |
| <i>divalproex sodium tab delayed release 500 mg</i> | Tier 1 | MAIL |
| <i>divalproex sodium tab er 24 hr 250 mg</i> | Tier 1 | MAIL |
| <i>divalproex sodium tab er 24 hr 500 mg</i> | Tier 1 | MAIL |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | Tier 1 | MAIL |
| <i>valproic acid cap 250 mg</i> | Tier 1 | MAIL |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| <i>mirtazapine tab 15 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>mirtazapine tab 30 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>mirtazapine tab 45 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| ANTIDEPRESSANTS - MISC. | | |
| <i>bupropion hcl tab 75 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>bupropion hcl tab 100 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>bupropion hcl tab er 12hr 100 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>bupropion hcl tab er 12hr 150 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| <i>bupropion hcl tab er 12hr 200 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>doxepin hcl cap 100 mg</i> | Tier 1 | QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| <i>doxepin hcl cap 150 mg</i> | Tier 1 | QL (60 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| <i>doxepin hcl conc 10 mg/ml</i> | Tier 1 | AGE, MAIL; AGE (Max 64 years) |
| <i>imipramine hcl tab 10 mg</i> | Tier 1 | QL (180 tabs / 30 days), MAIL |
| <i>imipramine hcl tab 25 mg</i> | Tier 1 | QL (180 tabs / 30 days), MAIL |
| <i>imipramine hcl tab 50 mg</i> | Tier 1 | QL (180 tabs / 30 days), MAIL |
| <i>nortriptyline hcl cap 10 mg</i> | Tier 1 | QL (180 caps / 30 days), MAIL |
| <i>nortriptyline hcl cap 25 mg</i> | Tier 1 | QL (180 caps / 30 days), MAIL |
| <i>nortriptyline hcl cap 50 mg</i> | Tier 1 | QL (120 caps / 30 days), MAIL |
| <i>nortriptyline hcl cap 75 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>protriptyline hcl tab 5 mg</i> | Tier 3 | QL (120 tabs / 30 days), MAIL |
| <i>protriptyline hcl tab 10 mg</i> | Tier 3 | QL (180 tabs / 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 / 30 days), MAIL |
| <i>acarbose tab 50 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| <i>acarbose tab 100 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>miglitol tab 25 mg</i> | Tier 3 | QL (360 tabs / 30 days), MAIL |
| <i>miglitol tab 50 mg</i> | Tier 3 | QL (180 tabs / 30 days), MAIL |
| <i>miglitol tab 100 mg</i> | Tier 3 | QL (90 tabs / 30 days), MAIL |

ANTIDIABETIC - AMYLIN ANALOGS

| | | |
|---|--------|----------|
| SYMLINPEN 60 INJ 1000MCG (pramlintide acetate) | Tier 3 | PA, MAIL |
|---|--------|----------|

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>) | Tier 2 | ST, QL (60 tabs / 30 days), MAIL; 12.5-2.5-1000MG; Requires Trial of Metformin in the last 180 days |
| TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>) | Tier 2 | ST, QL (60 tabs / 30 days), MAIL; 5-2.5-1000MG; Requires Trial of Metformin in the last 180 days |
| XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin-metformin hcl</i>) | Tier 2 | ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| XIGDUO XR TAB 5-500MG (<i>dapagliflozin-metformin hcl</i>) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| XIGDUO XR TAB 5-1000MG (<i>dapagliflozin-metformin hcl</i>) | Tier 2 | ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| XIGDUO XR TAB 10-500MG (<i>dapagliflozin-metformin hcl</i>) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| XIGDUO XR TAB 10-1000 (<i>dapagliflozin-metformin hcl</i>) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>) | Tier 2 | ST, QL (5 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin within last 180 days |

BIGUANIDES

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| DIABETIC OTHER | | |
| BAQSIMI ONE POW 3MG/DOSE (glucagon) | Tier 2 | QL (2 ea / 30 days) |
| diazoxide susp 50 mg/ml | Tier 3 | MAIL |
| GLUCAGEN INJ HYPOKIT (glucagon hcl (rdna)) | Tier 2 | QL (2 syringes / 30 days) |
| glucagon (rdna) for inj kit 1 mg | Tier 1 | QL (2 kits / 30 days) |
| GLUCAGON KIT 1MG | Tier 2 | QL (2 kits / 30 days) |
| GNP GLUCOSE CHW ORANGE (dextrose (diabetic use)) | Tier 1 | OTC |
| TGT GLUCOSE CHW GRAPE (glucose- vitamin c) | Tier 1 | OTC |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| alogliptin benzoate tab 6.25 mg (base equiv) | Tier 3 | ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days |
| alogliptin benzoate tab 12.5 mg (base equiv) | Tier 3 | ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days |
| alogliptin benzoate tab 25 mg (base equiv) | Tier 3 | ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days |
| JANUVIA TAB 25MG (sitagliptin phosphate) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days |
| JANUVIA TAB 50MG (sitagliptin phosphate) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days |
| JANUVIA TAB 100MG (sitagliptin phosphate) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days |
| TRADJENTA TAB 5MG (linagliptin) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB 0.8MG (bromocriptine mesylate (diabetes)) | Tier 2 | QL (180 tabs / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i> | | |
| OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>) | Tier 2 | ST, QL (1.5 mL / 24 days), MAIL; 0.25 or 0.5 mg/dose, Requires trial of Metformin in the last 180 days |
| OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>) | Tier 2 | ST, QL (3 mL / 24 days), MAIL; 1 mg/dose, Requires trial of Metformin in the last 180 days |
| OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>) | Tier 2 | ST, QL (3 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days |
| OZEMPIC INJ 8MG/3ML (<i>semaglutide</i>) | Tier 2 | ST, QL (3 mL / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| RYBELSUS TAB 3MG (<i>semaglutide</i>) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| RYBELSUS TAB 7MG (<i>semaglutide</i>) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| RYBELSUS TAB 14MG (<i>semaglutide</i>) | Tier 2 | ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days |
| TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>) | Tier 2 | ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days |
| TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>) | Tier 2 | ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days |
| TRULICITY INJ 3/0.5 (<i>dulaglutide</i>) | Tier 2 | ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days |
| TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>) | Tier 2 | ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| VICTOZA INJ 18MG/3ML (<i>liraglutide</i>) | Tier 2 | ST, QL (9 mL / 25 days), MAIL; Requires Trial of Metformin in the last 180 days |
| INSULIN | | |
| ADMELOG INJ 100U/ML (<i>insulin lispro</i>) | Tier 3 | ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days. |
| ADMELOG SOLO INJ 100U/ML (<i>insulin lispro</i>) | Tier 3 | ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days. |
| AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>) | Tier 3 | MAIL |
| AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>) | Tier 3 | MAIL |
| AFREZZA POW 4UNIT (<i>insulin regular (human)</i>) | Tier 3 | MAIL |
| AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>) | Tier 3 | MAIL |
| AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>) | Tier 3 | MAIL |
| AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>) | Tier 3 | MAIL |
| APIDRA INJ SOLOSTAR (<i>insulin glulisine</i>) | Tier 3 | ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days. |
| APIDRA INJ U-100 (<i>insulin glulisine</i>) | Tier 3 | ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days. |
| BASAGLAR INJ 100UNIT (<i>insulin glargine</i>) | Tier 2 | QL (30 mL / 30 days), MAIL |
| FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>) | Tier 2 | QL (5 pens per 30 days), MAIL |
| FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>) | Tier 2 | QL (3 vials per 30 days), MAIL |
| FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>) | Tier 2 | QL (5 pens per 30 days), MAIL |
| HUMALOG INJ 100/ML (<i>insulin lispro</i>) | Tier 3 | ST, QL (30 mL (10 cartridges) / 30 days), MAIL; Prior use of Novolog within the past 90 days. |

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|------------------|----------------------------|
| glyburide micronized tab 6 mg | Tier 1 | MAIL |
| glyburide tab 1.25 mg | Tier 1 | MAIL |
| glyburide tab 2.5 mg | Tier 1 | MAIL |
| glyburide tab 5 mg | Tier 1 | MAIL |
| tolbutamide tab 500 mg | Tier 1 | MAIL |

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

ANTIPERISTALTIC AGENTS

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

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

| | | |
|---|--------|----|
| CHEMET CAP 100MG (succimer) | Tier 3 | PA |
| deferasirox tab for oral susp 125 mg | Tier 4 | PA |
| deferasirox tab for oral susp 250 mg | Tier 4 | PA |
| deferasirox tab for oral susp 500 mg | Tier 4 | PA |
| deferiprone tab 500 mg | Tier 4 | PA |
| deferiprone tab 1000 mg | Tier 4 | PA |
| FERRIPROX TAB 1000MG (deferiprone) | Tier 4 | PA |

OPIOID ANTAGONISTS

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

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

ANTIEMETICS

5-HT₃ RECEPTOR ANTAGONISTS

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

ANTIEMETICS - ANTICHOLINERGIC

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

ANTIEMETICS - MISCELLANEOUS

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

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

| | | |
|--|--------|----|
| <i>aprepitant capsule 40 mg</i> | Tier 3 | PA |
| <i>aprepitant capsule 80 mg</i> | Tier 3 | PA |
| <i>aprepitant capsule 125 mg</i> | Tier 3 | PA |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | Tier 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ANTIFUNGALS | | |
| ANTIFUNGALS | | |
| <i>flucytosine cap 250 mg</i> | Tier 3 | PA |
| <i>flucytosine cap 500 mg</i> | Tier 3 | PA |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | Tier 1 | |
| <i>nystatin tab 500000 unit</i> | Tier 1 | |
| <i>terbinafine hcl tab 250 mg</i> | Tier 1 | QL (30 tabs / 30 days) |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| CRESEMBA CAP 186 MG <i>(isavuconazonium sulfate)</i> | Tier 4 | PA |
| <i>fluconazole for susp 10 mg/ml</i> | Tier 1 | QL (105 mL / 30 days), AGE; AGE (Max 12 years) |
| <i>fluconazole for susp 40 mg/ml</i> | Tier 1 | QL (105 mL / 30 days), AGE; AGE (Max 12 years) |
| <i>fluconazole tab 50 mg</i> | Tier 1 | QL (21 tabs / 30 days) |
| <i>fluconazole tab 100 mg</i> | Tier 1 | QL (21 tabs / 30 days) |
| <i>fluconazole tab 150 mg</i> | Tier 1 | QL (2 tabs / 30 days) |
| <i>fluconazole tab 200 mg</i> | Tier 1 | QL (21 tabs / 30 days) |
| <i>itraconazole cap 100 mg</i> | Tier 1 | QL (120 caps / 30 days) |
| <i>ketoconazole tab 200 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>voriconazole tab 50 mg</i> | Tier 3 | PA |
| <i>voriconazole tab 200 mg</i> | Tier 3 | PA |
| ANTIHIISTAMINES | | |
| ANTIHIISTAMINES - ALKYLAMINES | | |
| <i>chlorpheniramine maleate syrup 2 mg/5ml</i> (Diabetic Tussin Allergy) | Tier 1 | OTC |
| <i>chlorpheniramine maleate tab 4 mg</i> (Eq Chlortabs) | Tier 1 | OTC |
| <i>chlorpheniramine maleate tab er 12 mg</i> (Chlorphen Sr) | Tier 1 | QL (60 tabs / 30 days), OTC |
| ANTIHIISTAMINES - ETHANOLAMINES | | |
| ALER-DRYL TAB 50MG (<i>diphenhydramine hcl</i>) | Tier 1 | OTC |
| <i>carbinoxamine maleate soln 4 mg/5ml</i> | Tier 1 | |
| <i>carbinoxamine maleate tab 4 mg</i> | Tier 1 | |
| <i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i> (Gnp Dayhist Allergy) | Tier 1 | OTC |
| <i>clemastine fumarate tab 2.68 mg</i> | Tier 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> (Pharbedryl) | Tier 1 | OTC |
| <i>diphenhydramine hcl cap 50 mg</i> | Tier 1 | OTC |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| 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 | |
| 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 |

ANTI-HISTAMINES - NON-SEDATING

| | | |
|---|--------|---|
| cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) | Tier 1 | QL (300 mL / 30 days), AGE; AGE (Max 12 years) |
| cetirizine hcl tab 5 mg | Tier 1 | QL (30 tabs / 30 days), OTC |
| cetirizine hcl tab 10 mg (Ra Cetirizine) | Tier 1 | QL (30 tabs / 30 days), OTC |
| desloratadine tab 5 mg | Tier 3 | QL (30 tabs / 30 days) |
| fexofenadine hcl tab 60 mg | Tier 1 | QL (60 tabs / 30 days), OTC |
| fexofenadine hcl tab 180 mg | Tier 1 | QL (30 tabs / 30 days), OTC |
| levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) | Tier 1 | QL (300 mL / 30 days), AGE; AGE (Max 12 years) |
| levocetirizine dihydrochloride tab 5 mg | Tier 1 | QL (30 tabs / 30 days) |
| loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts) | Tier 1 | QL (30 tabs / 30 days), OTC |
| loratadine syrup 5 mg/5ml (Gnp Loratadine) | Tier 1 | QL (300 mL / 30 days), AGE, OTC; AGE (Max 12 years) |
| loratadine tab 10 mg (Allergy Relief) | Tier 1 | QL (30 tabs / 30 days), OTC |

ANTI-HISTAMINES - PHENOTHIAZINES

| | | |
|---|--------|--|
| promethazine hcl suppos 12.5 mg | Tier 3 | QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years) |
| promethazine hcl suppos 25 mg | Tier 3 | QL (24 supp / 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|------------------|--------------------------------------|
| <i>promethazine hcl tab 25 mg</i> | Tier 1 | AGE; AGE (Min 2 years, Max 64 years) |
| <i>promethazine hcl tab 50 mg</i> | Tier 1 | AGE; AGE (Min 2 years, Max 64 years) |

ANTI-HISTAMINES - PIPERIDINES

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

ANTIHYPERLIPIDEMICS

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

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

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 / 30 days), MAIL |
|---|--------|-------------------------------|

BILE ACID SEQUESTRANTS

| | | |
|--|--------|---------------------------------|
| <i>cholestyramine light powder 4 gm/dose</i> | Tier 1 | QL (240 gm / 30 days), MAIL |
| <i>cholestyramine powder 4 gm/dose</i> | Tier 1 | QL (378 gm / 30 days), MAIL |
| <i>colesevelam hcl packet for susp 3.75 gm</i> | Tier 3 | QL (30 packets / 30 days), MAIL |
| <i>colesevelam hcl tab 625 mg</i> | Tier 3 | QL (180 tabs / 30 days), MAIL |
| <i>colestipol hcl tab 1 gm</i> | Tier 1 | QL (480 tabs / 30 days), MAIL |

FIBRIC ACID DERIVATIVES

| | | |
|--|--------|------------------------------|
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> | Tier 3 | QL (30 caps / 30 days), MAIL |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | Tier 3 | QL (30 caps / 30 days), MAIL |
| <i>fenofibrate micronized cap 43 mg</i> | Tier 3 | QL (30 caps / 30 days), MAIL |
| <i>fenofibrate micronized cap 67 mg</i> | Tier 3 | QL (30 caps / 30 days), MAIL |
| <i>fenofibrate micronized cap 134 mg</i> | Tier 3 | QL (30 caps / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>fenofibrate micronized cap 200 mg</i> | Tier 3 | QL (30 caps / 30 days), MAIL |
| <i>fenofibrate tab 48 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>fenofibrate tab 54 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>fenofibrate tab 145 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>fenofibrate tab 160 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>fenofibric acid tab 35 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>gemfibrozil tab 600 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i> | Tier 5 | QL (45 tabs / 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 / 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 / 30 days), MAIL |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i> | Tier 3 | ST, QL (30 caps / 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 / 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 / 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 / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |
| <i>lovastatin tab 20 mg</i> | Tier 5 | QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |
| <i>lovastatin tab 40 mg</i> | Tier 5 | QL (60 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |
| <i>pravastatin sodium tab 10 mg</i> | Tier 5 | QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |
| <i>pravastatin sodium tab 20 mg</i> | Tier 5 | QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |
| <i>pravastatin sodium tab 40 mg</i> | Tier 5 | QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |
| <i>pravastatin sodium tab 80 mg</i> | Tier 5 | QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |
| <i>rosuvastatin calcium tab 5 mg</i> | Tier 3 | QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3 |
| <i>rosuvastatin calcium tab 10 mg</i> | Tier 3 | QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3 |
| <i>rosuvastatin calcium tab 20 mg</i> | Tier 3 | QL (45 tabs / 30 days), MAIL |
| <i>rosuvastatin calcium tab 40 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>simvastatin tab 5 mg</i> | Tier 5 | QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |
| <i>simvastatin tab 10 mg</i> | Tier 5 | QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1 |

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

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

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

NICOTINIC ACID DERIVATIVES

| | | |
|---|--------|----------------------------------|
| <i>niacin (antihyperlipidemic) tab 500 mg (Niacor)</i> | Tier 3 | QL (120 tabs / 30 days), MAIL |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> | Tier 3 | QL (120 tabs / 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 / 30 days), MAIL |
| <i>benazepril hcl tab 10 mg</i> | Tier 1 | QL (180 tabs / 30 days), MAIL |
| <i>benazepril hcl tab 20 mg</i> | Tier 1 | QL (180 tabs / 30 days), MAIL |
| <i>benazepril hcl tab 40 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| <i>captopril tab 12.5 mg</i> | Tier 1 | QL (180 tabs / 30 days), MAIL |
| <i>captopril tab 25 mg</i> | Tier 1 | QL (180 tabs / 30 days), MAIL |
| <i>captopril tab 50 mg</i> | Tier 1 | QL (180 tabs / 30 days), MAIL |
| <i>captopril tab 100 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |

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

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

AGENTS FOR PHEOCHROMOCYTOMA

| | | |
|---------------------------------------|--------|--|
| phenoxybenzamine hcl cap 10 mg | Tier 4 | |
|---------------------------------------|--------|--|

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

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

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

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

ANTIHYPERTENSIVE COMBINATIONS

| | | |
|---|--------|------------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | Tier 1 | QL (30 caps / 30 days), MAIL |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | Tier 1 | QL (30 caps / 30 days), MAIL |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | Tier 1 | QL (30 caps / 30 days), MAIL |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>) | Tier 3 | |
| 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 / 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 | |
| TRECTOR TAB 250MG (<i>ethionamide</i>) | Tier 3 | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| <i>cyclophosphamide cap 25 mg</i> | Tier 4 | PA |
| <i>cyclophosphamide cap 50 mg</i> | Tier 4 | PA |
| GLEOSTINE CAP 10MG (<i>lomustine</i>) | Tier 4 | PA |
| GLEOSTINE CAP 40MG (<i>lomustine</i>) | Tier 4 | PA |
| GLEOSTINE CAP 100MG (<i>lomustine</i>) | Tier 4 | PA |
| LEUKERAN TAB 2MG (<i>chlorambucil</i>) | Tier 4 | PA |
| <i>melphalan tab 2 mg</i> | Tier 4 | PA |
| <i>temozolomide cap 5 mg</i> | Tier 4 | PA |
| <i>temozolomide cap 20 mg</i> | Tier 4 | PA |
| <i>temozolomide cap 100 mg</i> | Tier 4 | PA |
| <i>temozolomide cap 140 mg</i> | Tier 4 | PA |
| <i>temozolomide cap 180 mg</i> | Tier 4 | PA |
| <i>temozolomide cap 250 mg</i> | Tier 4 | PA |
| ANTIMETABOLITES | | |
| <i>capecitabine tab 150 mg</i> | Tier 4 | PA |
| <i>capecitabine tab 500 mg</i> | Tier 4 | PA |
| <i>mercaptopurine tab 50 mg</i> | Tier 1 | |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> | Tier 1 | QL (10 mL / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| methotrexate sodium inj 250 mg/10ml (25 mg/ml) | Tier 1 | QL (10 mL / 30 days), MAIL |
| methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) | Tier 1 | QL (10 mL / 30 days), MAIL |
| methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) | Tier 1 | QL (10 mL / 30 days), MAIL |
| methotrexate sodium tab 2.5 mg (base equiv) | Tier 1 | MAIL |
| TABLOID TAB 40MG (thioguanine) | Tier 4 | PA |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| HERZUMA INJ 150MG (trastuzumab-pkrb) | Tier 4 | PA, QL (6 vials / 14 days) |
| HERZUMA INJ 420MG (trastuzumab-pkrb) | Tier 4 | PA, QL (2 vials / 14 days) |
| KANJINTI INJ 420MG (trastuzumab-anns) | Tier 4 | PA, QL (2 vials / 14 days) |
| KANJINTI SOL 150MG (trastuzumab-anns) | Tier 4 | PA, QL (6 vials / 14 days) |
| OGIVRI INJ 150MG (trastuzumab-dkst) | Tier 4 | PA, QL (6 vials / 14 days) |
| OGIVRI INJ 420MG (trastuzumab-dkst) | Tier 4 | PA, QL (2 vials / 14 days) |
| ONTRUZANT INJ 150MG (trastuzumab-dttb) | Tier 4 | PA, QL (6 vials / 14 days) |
| ONTRUZANT INJ 420MG (trastuzumab-dttb) | Tier 4 | PA, QL (2 vials / 14 days) |
| TRAZIMERA INJ 150MG (trastuzumab-qyyp) | Tier 4 | PA, QL (6 vials / 14 days) |
| TRAZIMERA INJ 420MG (trastuzumab-qyyp) | Tier 4 | PA, QL (2 vials / 14 days) |
| ANTINEOPLASTIC - ANTIBODIES | | |
| RUXIENCE INJ 100/10ML (rituximab-pvvr) | Tier 4 | PA, QL (10 vials / 7 days) |
| RUXIENCE INJ 500/50ML (rituximab-pvvr) | Tier 4 | PA, QL (2 vials / 7 days) |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE CAP 150MG (vismodegib) | Tier 4 | PA, QL (30 per 30 days) |
| ODOMZO CAP 200MG (sonidegib phosphate) | Tier 4 | PA, QL (30 per 30 days) |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| abiraterone acetate tab 250 mg | Tier 4 | PA, QL (120 per 30 days) |
| abiraterone acetate tab 500 mg | Tier 4 | PA, QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <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 4 | QL (90 tabs / 30 days) |
| 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 |
| <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 4 | |
| <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 / 30 days), MAIL |
| <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 |
| <i>megestrol acetate susp 40 mg/ml</i> | Tier 1 | |
| <i>megestrol acetate tab 20 mg</i> | Tier 1 | |
| <i>megestrol acetate tab 40 mg</i> | Tier 1 | |
| <i>nilutamide tab 150 mg</i> | Tier 4 | PA |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | Tier 5 | MAIL; Tier 5 for ages 35 and over, otherwise Tier 1 |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i> | Tier 5 | MAIL; 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 / 30 days), MAIL |
| 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 / 30 days) |
| XTANDI TAB 40MG (<i>enzalutamide</i>) | Tier 4 | PA, QL (120 / 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| XTANDI TAB 80MG (enzalutamide) | Tier 4 | PA, QL (60 / 30 days) |
| ZOLADEX IMP 3.6MG (goserelin acetate) | Tier 4 | PA |
| ZOLADEX IMP 10.8MG (goserelin acetate) | Tier 4 | PA |

ANTINEOPLASTIC - IMMUNOMODULATORS

| | | |
|--|--------|-------------------------|
| POMALYST CAP 1MG (pomalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| POMALYST CAP 2MG (pomalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| POMALYST CAP 3MG (pomalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| POMALYST CAP 4MG (pomalidomide) | Tier 4 | PA, QL (30 per 30 days) |

ANTINEOPLASTIC COMBINATIONS

| | | |
|--|--------|--------------------------|
| KISQALI 200 PAK FEMARA (ribociclib succinate-letrozole) | Tier 4 | PA, QL (49 per 28 days) |
| KISQALI 400 PAK FEMARA (ribociclib succinate-letrozole) | Tier 4 | PA, QL (70 per 28 days) |
| KISQALI 600 PAK FEMARA (ribociclib succinate-letrozole) | Tier 4 | PA, QL (91 per 28 days) |
| LONSURF TAB 15-6.14 (trifluridine-tipiracil) | Tier 4 | PA, QL (100 per 28 days) |
| LONSURF TAB 20-8.19 (trifluridine-tipiracil) | Tier 4 | PA, QL (100 per 28 days) |

ANTINEOPLASTIC ENZYME INHIBITORS

| | | |
|---|--------|--------------------------|
| AFINITOR DIS TAB 2MG (everolimus) | Tier 4 | PA, QL (60 per 30 days) |
| AFINITOR DIS TAB 3MG (everolimus) | Tier 4 | PA, QL (90 per 30 days) |
| AFINITOR DIS TAB 5MG (everolimus) | Tier 4 | PA, QL (60 per 30 days) |
| AFINITOR TAB 10MG (everolimus) | Tier 4 | PA, QL (30 per 30 days) |
| ALECENSA CAP 150MG (alectinib hcl) | Tier 4 | PA, QL (240 per 30 days) |
| BRUKINSA CAP 80MG (zanubrutinib) | Tier 4 | PA, QL (120 per 30 days) |
| CABOMETYX TAB 20MG (cabozantinib s-malate) | Tier 4 | PA, QL (30 / 30 days) |
| CABOMETYX TAB 40MG (cabozantinib s-malate) | Tier 4 | PA, QL (30 / 30 days) |
| CABOMETYX TAB 60MG (cabozantinib s-malate) | Tier 4 | PA, QL (30 / 30 days) |
| CAPRELSA TAB 100MG (vandetanib) | Tier 4 | PA, QL (60 per 30 days) |
| CAPRELSA TAB 300MG (vandetanib) | Tier 4 | PA, QL (30 per 30 days) |
| COMETRIQ KIT 60MG (cabozantinib s-malate) | Tier 4 | PA, QL (90 per 30 days) |
| COMETRIQ KIT 100MG (cabozantinib s-malate) | Tier 4 | PA, QL (60 per 30 days) |
| COMETRIQ KIT 140MG (cabozantinib s-malate) | Tier 4 | PA, QL (120 per 30 days) |
| erlotinib hcl tab 25 mg (base equivalent) | Tier 4 | PA, QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> | Tier 4 | PA, QL (30 per 30 days) |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> | Tier 4 | PA, QL (30 per 30 days) |
| <i>everolimus tab 2.5 mg</i> | Tier 4 | PA, QL (30 per 30 days) |
| <i>everolimus tab 5 mg</i> | Tier 4 | PA, QL (30 per 30 days) |
| <i>everolimus tab 7.5 mg</i> | Tier 4 | PA, QL (30 per 30 days) |
| <i>everolimus tab 10 mg</i> | Tier 4 | PA, QL (30 per 30 days) |
| <i>everolimus tab for oral susp 2 mg</i> | Tier 4 | PA, QL (60 per 30 days) |
| <i>everolimus tab for oral susp 3 mg</i> | Tier 4 | PA, QL (90 per 30 days) |
| <i>everolimus tab for oral susp 5 mg</i> | Tier 4 | PA, QL (60 per 30 days) |
| FARYDAK CAP 10MG (<i>panobinostat lactate</i>) | Tier 4 | PA, QL (6 per 21 days) |
| FARYDAK CAP 15MG (<i>panobinostat lactate</i>) | Tier 4 | PA, QL (6 per 21 days) |
| FARYDAK CAP 20MG (<i>panobinostat lactate</i>) | Tier 4 | PA, QL (6 per 21 days) |
| GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>) | Tier 4 | PA, QL (30 per 30 days) |
| GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>) | Tier 4 | PA, QL (30 per 30 days) |
| GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>) | Tier 4 | PA, QL (30 per 30 days) |
| IBRANCE CAP 75MG (<i>palbociclib</i>) | Tier 4 | PA, QL (30 per 30 days) |
| IBRANCE CAP 100MG (<i>palbociclib</i>) | Tier 4 | PA, QL (30 per 30 days) |
| IBRANCE CAP 125MG (<i>palbociclib</i>) | Tier 4 | PA, QL (30 per 30 days) |
| IBRANCE TAB 75MG (<i>palbociclib</i>) | Tier 4 | PA, QL (30 per 30 days) |
| IBRANCE TAB 100MG (<i>palbociclib</i>) | Tier 4 | PA, QL (30 per 30 days) |
| IBRANCE TAB 125MG (<i>palbociclib</i>) | Tier 4 | PA, QL (30 per 30 days) |
| ICLUSIG TAB 10MG (<i>ponatinib hcl</i>) | Tier 4 | PA, QL (30 tabs / 30 days) |
| ICLUSIG TAB 15MG (<i>ponatinib hcl</i>) | Tier 4 | PA, QL (30 tabs / 30 days) |
| ICLUSIG TAB 30MG (<i>ponatinib hcl</i>) | Tier 4 | PA, QL (30 tabs / 30 days) |
| ICLUSIG TAB 45MG (<i>ponatinib hcl</i>) | Tier 4 | PA, QL (30 tabs / 30 days) |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | Tier 4 | PA, QL (90 per 30 days) |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | Tier 4 | PA, QL (60 per 30 days) |
| IMBRUVICA CAP 140MG (<i>ibrutinib</i>) | Tier 4 | PA, QL (90 per 30 days) |
| JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>) | Tier 4 | PA, QL (60 per 30 days) |
| JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>) | Tier 4 | PA, QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>) | Tier 4 | PA, QL (60 per 30 days) |
| JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>) | Tier 4 | PA, QL (60 per 30 days) |
| JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>) | Tier 4 | PA, QL (60 per 30 days) |
| KISQALI TAB 200DOSE (<i>ribociclib succinate</i>) | Tier 4 | PA, QL (30 per 30 days) |
| KISQALI TAB 400DOSE (<i>ribociclib succinate</i>) | Tier 4 | PA, QL (60 per 30 days) |
| KISQALI TAB 600DOSE (<i>ribociclib succinate</i>) | Tier 4 | PA, QL (90 per 30 days) |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> | Tier 4 | PA, QL (180 per 30 days) |
| LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>) | Tier 4 | PA, QL (30 per 30 days) |
| LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>) | Tier 4 | PA, QL (60 per 30 days) |
| LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>) | Tier 4 | PA, QL (30 per 30 days) |
| LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>) | Tier 4 | PA, QL (90 per 30 days) |
| LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>) | Tier 4 | PA, QL (60 per 30 days) |
| LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>) | Tier 4 | PA, QL (90 per 30 days) |
| LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>) | Tier 4 | PA, QL (60 per 30 days) |
| LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>) | Tier 4 | PA, QL (90 per 30 days) |
| LYNPARZA TAB 100MG (<i>olaparib</i>) | Tier 4 | PA, QL (120 tabs / 30 days) |
| LYNPARZA TAB 150MG (<i>olaparib</i>) | Tier 4 | PA, QL (120 tabs / 30 days) |
| MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>) | Tier 4 | PA, QL (90 per 30 days) |
| MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>) | Tier 4 | PA, QL (30 per 30 days) |
| NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>) | Tier 4 | PA, QL (120 per 30 days) |
| RUBRACA TAB 200MG (<i>rucaparib camsylate</i>) | Tier 4 | PA, QL (120 tabs / 30 days) |
| RUBRACA TAB 250MG (<i>rucaparib camsylate</i>) | Tier 4 | PA, QL (120 tabs / 30 days) |
| RUBRACA TAB 300MG (<i>rucaparib camsylate</i>) | Tier 4 | PA, QL (120 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| sorafenib tosylate tab 200 mg (base equivalent) | Tier 4 | PA, QL (120 per 30 days) |
| SPRYCEL TAB 20MG (dasatinib) | Tier 4 | PA, QL (90 per 30 days) |
| SPRYCEL TAB 50MG (dasatinib) | Tier 4 | PA, QL (30 per 30 days) |
| SPRYCEL TAB 70MG (dasatinib) | Tier 4 | PA, QL (30 per 30 days) |
| SPRYCEL TAB 80MG (dasatinib) | Tier 4 | PA, QL (30 per 30 days) |
| SPRYCEL TAB 100MG (dasatinib) | Tier 4 | PA, QL (30 per 30 days) |
| SPRYCEL TAB 140MG (dasatinib) | Tier 4 | PA, QL (30 per 30 days) |
| STIVARGA TAB 40MG (regorafenib) | Tier 4 | PA, QL (90 per 30 days) |
| sunitinib malate cap 12.5 mg (base equivalent) | Tier 4 | PA, QL (120 per 30 days) |
| sunitinib malate cap 25 mg (base equivalent) | Tier 4 | PA, QL (60 per 30 days) |
| sunitinib malate cap 37.5 mg (base equivalent) | Tier 4 | PA, QL (30 per 30 days) |
| sunitinib malate cap 50 mg (base equivalent) | Tier 4 | PA, QL (30 per 30 days) |
| SUTENT CAP 12.5MG (sunitinib malate) | Tier 4 | PA, QL (120 per 30 days) |
| SUTENT CAP 25MG (sunitinib malate) | Tier 4 | PA, QL (60 per 30 days) |
| SUTENT CAP 37.5MG (sunitinib malate) | Tier 4 | PA, QL (30 per 30 days) |
| SUTENT CAP 50MG (sunitinib malate) | Tier 4 | PA, QL (30 per 30 days) |
| TAFINLAR CAP 50MG (dabrafenib mesylate) | Tier 4 | PA, QL (120 per 30 days) |
| TAFINLAR CAP 75MG (dabrafenib mesylate) | Tier 4 | PA, QL (120 per 30 days) |
| TAGRISSE TAB 40MG (osimertinib mesylate) | Tier 4 | PA, QL (30 per 30 days) |
| TAGRISSE TAB 80MG (osimertinib mesylate) | Tier 4 | PA, QL (30 per 30 days) |
| TASIGNA CAP 50MG (nilotinib hcl) | Tier 4 | PA, QL (120 per 30 days) |
| TASIGNA CAP 150MG (nilotinib hcl) | Tier 4 | PA, QL (120 per 30 days) |
| TASIGNA CAP 200MG (nilotinib hcl) | Tier 4 | PA, QL (120 per 30 days) |
| VOTRIENT TAB 200MG (pazopanib hcl) | Tier 4 | PA, QL (120 per 30 days) |
| XALKORI CAP 200MG (crizotinib) | Tier 4 | PA, QL (60 per 30 days) |
| XALKORI CAP 250MG (crizotinib) | Tier 4 | PA, QL (60 per 30 days) |
| ZEJULA CAP 100MG (niraparib tosylate) | Tier 4 | PA, QL (90 per 30 days) |
| ZOLINZA CAP 100MG (vorinostat) | Tier 4 | PA, QL (120 per 30 days) |
| ZYDELIG TAB 100MG (idelalisib) | Tier 4 | PA, QL (60 per 30 days) |
| ZYDELIG TAB 150MG (idelalisib) | Tier 4 | PA, QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| ZYKADIA CAP 150MG (<i>ceritinib</i>) | Tier 4 | PA |
| ANTINEOPLASTICS MISC. | | |
| ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>) | Tier 4 | PA |
| <i>bexarotene cap 75 mg</i> | Tier 4 | PA |
| <i>hydroxyurea cap 500 mg</i> | Tier 1 | |
| 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 |
| <i>tretinoin cap 10 mg</i> | Tier 4 | PA |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| <i>leucovorin calcium tab 5 mg</i> | Tier 1 | MAIL |
| <i>leucovorin calcium tab 10 mg</i> | Tier 1 | MAIL |
| <i>leucovorin calcium tab 15 mg</i> | Tier 1 | MAIL |
| <i>leucovorin calcium tab 25 mg</i> | Tier 1 | MAIL |
| MITOTIC INHIBITORS | | |
| <i>etoposide cap 50 mg</i> | Tier 4 | PA |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| <i>carbidopa tab 25 mg</i> | Tier 3 | MAIL |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| <i>benztropine mesylate tab 0.5 mg</i> | Tier 1 | AGE, MAIL; AGE (Max 64 years) |
| <i>benztropine mesylate tab 1 mg</i> | Tier 1 | AGE, MAIL; AGE (Max 64 years) |
| <i>benztropine mesylate tab 2 mg</i> | Tier 1 | AGE, MAIL; AGE (Max 64 years) |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> | Tier 1 | AGE, MAIL; AGE (Max 64 years) |
| <i>trihexyphenidyl hcl tab 2 mg</i> | Tier 1 | AGE, MAIL; AGE (Max 64 years) |
| <i>trihexyphenidyl hcl tab 5 mg</i> | Tier 1 | AGE, MAIL; AGE (Max 64 years) |
| ANTIPARKINSON COMT INHIBITORS | | |
| <i>entacapone tab 200 mg</i> | Tier 3 | QL (240 tabs / 30 days), MAIL |
| <i>tolcapone tab 100 mg</i> | Tier 3 | PA, MAIL |
| ANTIPARKINSON DOPAMINERGICS | | |
| <i>amantadine hcl cap 100 mg</i> | Tier 1 | QL (120 caps / 30 days), MAIL |
| <i>amantadine hcl soln 50 mg/5ml</i> | Tier 1 | MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| amantadine hcl tab 100 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| APOKYN INJ 10MG/ML (apomorphine hydrochloride) | Tier 4 | PA |
| bromocriptine mesylate cap 5 mg (base equivalent) | Tier 3 | QL (180 caps / 30 days), MAIL |
| bromocriptine mesylate tab 2.5 mg (base equivalent) | Tier 3 | QL (180 tabs / 30 days), MAIL |
| carbidopa & levodopa orally disintegrating tab 10-100 mg | Tier 1 | MAIL |
| carbidopa & levodopa orally disintegrating tab 25-100 mg | Tier 1 | MAIL |
| carbidopa & levodopa orally disintegrating tab 25-250 mg | Tier 1 | MAIL |
| carbidopa & levodopa tab 10-100 mg | Tier 1 | MAIL |
| carbidopa & levodopa tab 25-100 mg | Tier 1 | MAIL |
| carbidopa & levodopa tab 25-250 mg | Tier 1 | MAIL |
| carbidopa & levodopa tab er 25-100 mg | Tier 1 | MAIL |
| carbidopa & levodopa tab er 50-200 mg | Tier 1 | MAIL |
| carbidopa-levodopa-entacapone tabs 12.5-50-200 mg | Tier 3 | MAIL |
| carbidopa-levodopa-entacapone tabs 18.75-75-200 mg | Tier 3 | MAIL |
| carbidopa-levodopa-entacapone tabs 25-100-200 mg | Tier 3 | QL (240 tabs / 30 days), MAIL |
| carbidopa-levodopa-entacapone tabs 31.25-125-200 mg | Tier 3 | QL (240 tabs / 30 days), MAIL |
| carbidopa-levodopa-entacapone tabs 37.5-150-200 mg | Tier 3 | QL (240 tabs / 30 days), MAIL |
| carbidopa-levodopa-entacapone tabs 50-200-200 mg | Tier 3 | QL (180 tabs / 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 |
| 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 |

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

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

| | | |
|---|--------|---------------------------------|
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i> | Tier 3 | QL (60 tabs / 30 days), MAIL |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>selegiline hcl cap 5 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>selegiline hcl tab 5 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

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

ANTIPSYCHOTICS - MISC.

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

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

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

BENZISOXAZOLES

| | | |
|---|--------|---|
| FANAPT PAK (<i>iloperidone</i>) | Tier 3 | PA |
| FANAPT TAB 1MG (<i>iloperidone</i>) | Tier 3 | PA, MAIL |
| FANAPT TAB 2MG (<i>iloperidone</i>) | Tier 3 | PA, MAIL |
| FANAPT TAB 4MG (<i>iloperidone</i>) | Tier 3 | PA, MAIL |
| FANAPT TAB 6MG (<i>iloperidone</i>) | Tier 3 | PA, MAIL |
| FANAPT TAB 8MG (<i>iloperidone</i>) | Tier 3 | PA, MAIL |
| FANAPT TAB 10MG (<i>iloperidone</i>) | Tier 3 | PA, MAIL |
| FANAPT TAB 12MG (<i>iloperidone</i>) | Tier 3 | PA, MAIL |
| INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>) | Tier 3 | QL (0.25 mL / 30 days), AGE; AGE (Min 18 years) |
| INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>) | Tier 3 | QL (0.5 mL / 30 days), AGE; AGE (Min 18 years) |
| INVEGA SUST INJ 117/0.75 (<i>paliperidone palmitate</i>) | Tier 3 | QL (0.75 mL / 30 days), AGE; AGE (Min 18 years) |
| INVEGA SUST INJ 156MG/ML (<i>paliperidone palmitate</i>) | Tier 3 | QL (1 mL / 30 days), AGE; AGE (Min 18 years) |
| INVEGA SUST INJ 234/1.5 (<i>paliperidone palmitate</i>) | Tier 3 | QL (1.5 mL / 30 days), AGE; AGE (Min 18 years) |
| INVEGA TRINZ INJ 273MG (<i>paliperidone palmitate</i>) | Tier 3 | QL (0.88 mL / 90 days), AGE; AGE (Min 18 years) |
| INVEGA TRINZ INJ 410MG (<i>paliperidone palmitate</i>) | Tier 3 | QL (1.32 mL / 90 days), AGE; AGE (Min 18 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| INVEGA TRINZ INJ 546MG (<i>paliperidone palmitate</i>) | Tier 3 | QL (1.75 mL / 90 days), AGE; AGE (Min 18 years) |
| INVEGA TRINZ INJ 819MG (<i>paliperidone palmitate</i>) | Tier 3 | QL (2.65 mL / 90 days), AGE; AGE (Min 18 years) |
| <i>paliperidone tab er 24hr 1.5 mg</i> | Tier 3 | PA, MAIL |
| <i>paliperidone tab er 24hr 3 mg</i> | Tier 3 | PA, MAIL |
| <i>paliperidone tab er 24hr 6 mg</i> | Tier 3 | PA, MAIL |
| <i>paliperidone tab er 24hr 9 mg</i> | Tier 3 | PA, MAIL |
| RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>) | Tier 3 | QL (2 mL / 30 days), AGE; AGE (Min 18 years) |
| RISPERDAL INJ 25MG (<i>risperidone microspheres</i>) | Tier 3 | QL (2 mL / 30 days), AGE; AGE (Min 18 years) |
| RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>) | Tier 3 | QL (2 mL / 30 days), AGE; AGE (Min 18 years) |
| RISPERDAL INJ 50MG (<i>risperidone microspheres</i>) | Tier 3 | QL (2 mL / 30 days), AGE; AGE (Min 18 years) |
| <i>risperidone orally disintegrating tab 0.5 mg</i> | Tier 3 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone orally disintegrating tab 0.25 mg</i> | Tier 3 | QL (60 ea / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone orally disintegrating tab 1 mg</i> | Tier 3 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone orally disintegrating tab 2 mg</i> | Tier 3 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone orally disintegrating tab 3 mg</i> | Tier 3 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone orally disintegrating tab 4 mg</i> | Tier 3 | QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone soln 1 mg/ml</i> | Tier 1 | QL (480 mL / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone tab 0.5 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>risperidone tab 0.25 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone tab 1 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone tab 2 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone tab 3 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| <i>risperidone tab 4 mg</i> | Tier 1 | QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years) |
| BUTYROPHENONES | | |
| <i>haloperidol decanoate im soln 50 mg/ml</i> | Tier 1 | AGE; AGE (Min 6 years) |
| <i>haloperidol decanoate im soln 100 mg/ml</i> | Tier 1 | AGE; AGE (Min 6 years) |
| <i>haloperidol lactate inj 5 mg/ml</i> | Tier 1 | AGE; AGE (Min 6 years) |
| <i>haloperidol lactate oral conc 2 mg/ml</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>haloperidol tab 0.5 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>haloperidol tab 1 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>haloperidol tab 2 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>haloperidol tab 5 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>haloperidol tab 10 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>haloperidol tab 20 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| DIBENZAPINES | | |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i> | Tier 3 | PA, MAIL |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i> | Tier 3 | PA, MAIL |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i> | Tier 3 | PA, MAIL |
| <i>clozapine tab 25 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE; AGE (Min 6 years) |
| <i>clozapine tab 50 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE; AGE (Min 6 years) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>clozapine tab 100 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE; AGE (Min 6 years) |
| <i>clozapine tab 200 mg</i> | Tier 1 | QL (120 tabs / 30 days), AGE; AGE (Min 6 years) |
| <i>loxapine succinate cap 5 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>loxapine succinate cap 10 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>loxapine succinate cap 25 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>loxapine succinate cap 50 mg</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>olanzapine tab 2.5 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>olanzapine tab 5 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>olanzapine tab 7.5 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>olanzapine tab 10 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>olanzapine tab 15 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>olanzapine tab 20 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>quetiapine fumarate tab 25 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>quetiapine fumarate tab 50 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>quetiapine fumarate tab 100 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>quetiapine fumarate tab 200 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| <i>quetiapine fumarate tab 300 mg</i> | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| quetiapine fumarate tab 400 mg | Tier 1 | QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| quetiapine fumarate tab er 24hr 50 mg | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| quetiapine fumarate tab er 24hr 150 mg | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| quetiapine fumarate tab er 24hr 200 mg | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| quetiapine fumarate tab er 24hr 300 mg | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| quetiapine fumarate tab er 24hr 400 mg | Tier 3 | QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years) |
| ZYPREXA RELP INJ 210MG (olanzapine pamoate) | Tier 3 | QL (2 mL / 30 days), AGE; AGE (Min 18 years) |
| ZYPREXA RELP INJ 300MG (olanzapine pamoate) | Tier 3 | QL (2 mL / 30 days), AGE; AGE (Min 18 years) |
| ZYPREXA RELP INJ 405MG (olanzapine pamoate) | Tier 3 | QL (1 mL / 30 days), AGE; AGE (Min 18 years) |
| PHENOTHIAZINES | | |
| chlorpromazine hcl tab 10 mg | Tier 3 | AGE, MAIL; AGE (Min 6 years) |
| chlorpromazine hcl tab 25 mg | Tier 3 | AGE, MAIL; AGE (Min 6 years) |
| chlorpromazine hcl tab 50 mg | Tier 3 | AGE, MAIL; AGE (Min 6 years) |
| chlorpromazine hcl tab 100 mg | Tier 3 | AGE, MAIL; AGE (Min 6 years) |
| chlorpromazine hcl tab 200 mg | Tier 3 | AGE, MAIL; AGE (Min 6 years) |
| fluphenazine decanoate inj 25 mg/ml | Tier 1 | AGE; AGE (Min 6 years) |
| fluphenazine hcl tab 1 mg | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| fluphenazine hcl tab 2.5 mg | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| fluphenazine hcl tab 5 mg | Tier 1 | AGE, MAIL; AGE (Min 6 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <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) |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i> | Tier 1 | AGE, MAIL; AGE (Min 6 years) |
| QUINOLINONE DERIVATIVES | | |
| ABILIFY MAIN INJ 300MG (<i>aripiprazole</i>) | Tier 2 | QL (1 ea / 30 days), AGE; AGE (Min 18 years) |
| ABILIFY MAIN INJ 400MG (<i>aripiprazole</i>) | Tier 2 | QL (1 ea / 30 days), AGE; AGE (Min 18 years) |
| <i>aripiprazole oral solution 1 mg/ml</i> | Tier 3 | PA, MAIL; AGE (Max 11 years) |
| <i>aripiprazole orally disintegrating tab 10 mg</i> | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |
| <i>aripiprazole orally disintegrating tab 15 mg</i> | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |
| <i>aripiprazole tab 2 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>aripiprazole tab 5 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>aripiprazole tab 10 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>aripiprazole tab 15 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>aripiprazole tab 20 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>aripiprazole tab 30 mg</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| ARISTADA INJ 441MG/1. (<i>aripiprazole lauroxil</i>) | Tier 2 | QL (1.6 mL / 30 days), AGE; AGE (Min 18 years) |
| ARISTADA INJ 662MG/2 (<i>aripiprazole lauroxil</i>) | Tier 2 | QL (2.4 mL / 30 days), AGE; AGE (Min 18 years) |
| ARISTADA INJ 882MG/3 (<i>aripiprazole lauroxil</i>) | Tier 2 | QL (3.2 mL / 30 days), AGE; AGE (Min 18 years) |
| ARISTADA INJ 1064MG (<i>aripiprazole lauroxil</i>) | Tier 2 | QL (1 injection / 60 days), AGE; AGE (Min 18 years) |
| ARISTADA INJ INITIO (<i>aripiprazole lauroxil</i>) | Tier 2 | QL (1 injection / 30 days), AGE; AGE (Min 18 years) |

THIOXANTHENES

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

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

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

ANTIVIRALS

ANTIRETROVIRALS

| | | |
|---|--------|------------------------|
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | Tier 1 | QL (900 mL / 30 days) |
| <i>abacavir sulfate tab 300 mg (base equiv)</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | Tier 1 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg | Tier 1 | QL (60 tabs / 30 days) |
| APTIVUS CAP 250MG (tipranavir) | Tier 2 | QL (120 caps / 30 days) |
| APTIVUS SOL (tipranavir) | Tier 2 | QL (300 mL / 30 days) |
| atazanavir sulfate cap 150 mg (base equiv) | Tier 1 | QL (60 caps / 30 days) |
| atazanavir sulfate cap 200 mg (base equiv) | Tier 1 | QL (60 caps / 30 days) |
| atazanavir sulfate cap 300 mg (base equiv) | Tier 1 | QL (30 caps / 30 days) |
| BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate) | Tier 2 | AGE; 30-120-15 MG, AGE (Max 12) |
| BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate) | Tier 2 | QL (30 tabs / 30 days); 50-200-25 MG |
| CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate) | Tier 2 | QL (30 tabs / 30 days) |
| COMPLERA TAB (emtricitabine-rilpivirine-tenofovir disoproxil fumarate) | Tier 2 | QL (30 tabs / 30 days) |
| CRIXIVAN CAP 200MG (indinavir sulfate) | Tier 2 | QL (360 caps / 30 days) |
| CRIXIVAN CAP 400MG (indinavir sulfate) | Tier 2 | QL (180 caps / 30 days) |
| DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate) | Tier 2 | QL (30 tabs / 30 days) |
| DESCOVY TAB 120-15MG (emtricitabine-tenofovir alafenamide fumarate) | Tier 2 | QL (30 tabs / 30 days) |
| DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate) | Tier 2 | QL (30 tabs / 30 days) |
| didanosine delayed release capsule 200 mg | Tier 1 | QL (60 caps / 30 days) |
| didanosine delayed release capsule 250 mg | Tier 1 | QL (30 caps / 30 days) |
| didanosine delayed release capsule 400 mg | Tier 1 | QL (30 caps / 30 days) |
| DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine) | Tier 2 | QL (30 tabs / 30 days) |
| EDURANT TAB 25MG (rilpivirine hcl) | Tier 2 | QL (30 tabs / 30 days) |
| efavirenz cap 50 mg | Tier 1 | QL (360 caps / 30 days) |
| efavirenz cap 200 mg | Tier 1 | QL (90 caps / 30 days) |
| efavirenz tab 600 mg | Tier 1 | QL (30 tabs / 30 days) |
| efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg | Tier 1 | QL (30 tabs / 30 days) |
| efavirenz-lamivudine-tenofovir df tab 400-300-300 mg | Tier 1 | QL (30 tabs / 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| efavirenz-lamivudine-tenofovir df tab 600-300-300 mg | Tier 1 | QL (30 tabs / 30 days) |
| emtricitabine caps 200 mg | Tier 1 | QL (30 caps / 30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg | Tier 1 | QL (30 tabs / 30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg | Tier 1 | QL (30 tabs / 30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg | Tier 1 | QL (30 tabs / 30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg | Tier 1 | QL (30 tabs / 30 days); Tier 5 for PrEP use |
| EMTRIVA SOL 10MG/ML (emtricitabine) | Tier 2 | QL (720 mL / 30 days) |
| etravirine tab 100 mg | Tier 1 | QL (120 tabs / 30 days) |
| etravirine tab 200 mg | Tier 1 | QL (60 tabs / 30 days) |
| EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat) | Tier 2 | QL (30 tabs / 30 days) |
| fosamprenavir calcium tab 700 mg (base equiv) | Tier 1 | QL (120 tabs / 30 days) |
| FUZEON INJ 90MG (enfuvirtide) | Tier 4 | PA |
| GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide) | Tier 2 | QL (30 tabs / 30 days) |
| INTELENCE TAB 25MG (etravirine) | Tier 2 | QL (480 tabs / 30 days) |
| INTELENCE TAB 100MG (etravirine) | Tier 2 | QL (120 tabs / 30 days) |
| INTELENCE TAB 200MG (etravirine) | Tier 2 | QL (60 tabs / 30 days) |
| INVIRASE TAB 500MG (saquinavir mesylate) | Tier 2 | QL (300 tabs / 30 days) |
| ISENTRESS CHW 25MG (raltegravir potassium) | Tier 2 | QL (60 tabs / 30 days) |
| ISENTRESS CHW 100MG (raltegravir potassium) | Tier 2 | QL (60 tabs / 30 days) |
| ISENTRESS HD TAB 600MG (raltegravir potassium) | Tier 2 | QL (60 tabs / 30 days) |
| ISENTRESS POW 100MG (raltegravir potassium) | Tier 2 | QL (60 packets / 30 days) |
| ISENTRESS TAB 400MG (raltegravir potassium) | Tier 2 | QL (60 tabs / 30 days) |
| JULUCA TAB 50-25MG (dolutegravir sodium-rilpivirine hcl) | Tier 2 | QL (30 tabs / 30 days) |
| KALETRA TAB 100-25MG (lopinavir-ritonavir) | Tier 2 | QL (360 tabs / 30 days) |
| KALETRA TAB 200-50MG (lopinavir-ritonavir) | Tier 2 | QL (180 tabs / 30 days) |
| lamivudine oral soln 10 mg/ml | Tier 1 | QL (900 mL / 30 days) |
| lamivudine tab 150 mg | Tier 1 | QL (60 tabs / 30 days) |
| lamivudine tab 300 mg | Tier 1 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>lamivudine-zidovudine tab 150-300 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | Tier 1 | QL (30 mL / 30 days) |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | Tier 1 | QL (360 tabs / 30 days) |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | Tier 1 | QL (180 tabs / 30 days) |
| <i>nevirapine susp 50 mg/5ml</i> | Tier 1 | QL (1200 mL / 30 days) |
| <i>nevirapine tab 200 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>nevirapine tab er 24hr 100 mg</i> | Tier 1 | QL (120 tabs / 30 days) |
| <i>nevirapine tab er 24hr 400 mg</i> | Tier 1 | QL (30 tabs / 30 days) |
| NORVIR SOL 80MG/ML (<i>ritonavir</i>) | Tier 2 | QL (450 mL / 30 days) |
| ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) | Tier 2 | QL (30 tabs / 30 days) |
| PIFELTRO TAB 100MG (<i>doravirine</i>) | Tier 2 | QL (30 tabs / 30 days) |
| PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>) | Tier 2 | QL (30 tabs / 30 days) |
| PREZISTA SUS 100MG/ML (<i>darunavir</i>) | Tier 2 | QL (480 mL / 30 days) |
| PREZISTA TAB 75MG (<i>darunavir</i>) | Tier 2 | QL (480 tabs / 30 days) |
| PREZISTA TAB 150MG (<i>darunavir</i>) | Tier 2 | QL (240 tabs / 30 days) |
| PREZISTA TAB 600MG (<i>darunavir</i>) | Tier 2 | QL (60 tabs / 30 days) |
| PREZISTA TAB 800MG (<i>darunavir</i>) | Tier 2 | QL (30 tabs / 30 days) |
| RESCRIPTOR TAB 200MG (<i>delavirdine mesylate</i>) | Tier 2 | QL (180 tabs / 30 days) |
| <i>ritonavir tab 100 mg</i> | Tier 1 | QL (360 tabs / 30 days) |
| SELZENTRY SOL 20MG/ML (<i>maraviroc</i>) | Tier 2 | QL (900 mL / 30 days) |
| SELZENTRY TAB 25MG (<i>maraviroc</i>) | Tier 2 | QL (120 tabs / 30 days) |
| SELZENTRY TAB 75MG (<i>maraviroc</i>) | Tier 2 | QL (60 tabs / 30 days) |
| SELZENTRY TAB 150MG (<i>maraviroc</i>) | Tier 2 | QL (60 tabs / 30 days) |
| SELZENTRY TAB 300MG (<i>maraviroc</i>) | Tier 2 | QL (60 tabs / 30 days) |
| <i>stavudine cap 15 mg</i> | Tier 1 | QL (60 caps / 30 days) |
| <i>stavudine cap 20 mg</i> | Tier 1 | QL (60 caps / 30 days) |
| <i>stavudine cap 30 mg</i> | Tier 1 | QL (60 caps / 30 days) |
| <i>stavudine cap 40 mg</i> | Tier 1 | QL (60 caps / 30 days) |
| STRIBILD TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>) | Tier 2 | QL (30 tabs / 30 days) |
| SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>) | Tier 2 | QL (30 tabs / 30 days) |
| TEMIXYS TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>) | Tier 2 | QL (30 tabs / 30 days) |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | Tier 1 | QL (30 tabs / 30 days) |
| TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>) | Tier 2 | QL (180 per 30 days) |
| TIVICAY TAB 10MG (<i>dolutegravir sodium</i>) | Tier 2 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| TIVICAY TAB 25MG (dolutegravir sodium) | Tier 2 | QL (30 tabs / 30 days) |
| TIVICAY TAB 50MG (dolutegravir sodium) | Tier 2 | QL (60 tabs / 30 days) |
| TRIUMEQ PD TAB (abacavir-dolutegravir-lamivudine) | Tier 2 | QL (180 tabs / 30 days) |
| TRIUMEQ TAB (abacavir-dolutegravir-lamivudine) | Tier 2 | QL (30 tabs / 30 days) |
| TYBOST TAB 150MG (cobicistat) | Tier 2 | QL (30 tabs / 30 days) |
| VIDEX EC CAP 125MG (didanosine) | Tier 2 | QL (30 caps / 30 days) |
| VIRACEPT TAB 250MG (nelfinavir mesylate) | Tier 2 | QL (300 tabs / 30 days) |
| VIRACEPT TAB 625MG (nelfinavir mesylate) | Tier 2 | QL (120 tabs / 30 days) |
| zidovudine cap 100 mg | Tier 1 | QL (180 caps / 30 days) |
| zidovudine syrup 10 mg/ml | Tier 1 | QL (1800 mL / 30 days) |
| zidovudine tab 300 mg | Tier 1 | QL (60 tabs / 30 days) |
| CMV AGENTS | | |
| valganciclovir hcl for soln 50 mg/ml (base equiv) | Tier 4 | PA |
| valganciclovir hcl tab 450 mg (base equivalent) | Tier 4 | PA |
| HEPATITIS AGENTS | | |
| adefovir dipivoxil tab 10 mg | Tier 3 | QL (30 tabs / 30 days) |
| BARACLUDE SOL (entecavir) | Tier 3 | PA |
| DAKLINZA TAB 30MG (daclatasvir dihydrochloride) | Tier 4 | PA |
| DAKLINZA TAB 60MG (daclatasvir dihydrochloride) | Tier 4 | PA |
| entecavir tab 0.5 mg | Tier 3 | QL (30 tabs / 30 days) |
| entecavir tab 1 mg | Tier 3 | QL (30 tabs / 30 days) |
| EPIVIR HBV SOL 5MG/ML (lamivudine (hbv)) | Tier 3 | PA, QL (1800 mL / 30 days) |
| lamivudine tab 100 mg (hbv) | Tier 1 | QL (90 tabs / 30 days) |
| LEDIP-SOFOSB TAB 90-400MG | Tier 4 | PA, QL (28 tablets / 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 / 28 days); Preferred |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| SOVALDI TAB 400MG (<i>sofosbuvir</i>) | Tier 4 | PA, QL (28 tablets / 28 days) |
| VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>) | Tier 3 | PA |
| VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) | Tier 4 | PA, QL (28 tablets / 28 days) |
| ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>) | Tier 4 | PA, QL (28 tablets / 28 days) |

HERPES AGENTS

| | | |
|------------------------------------|--------|-------------------------|
| <i>acyclovir cap 200 mg</i> | Tier 1 | QL (150 caps / 30 days) |
| <i>acyclovir susp 200 mg/5ml</i> | Tier 1 | QL (750 mL / 30 days) |
| <i>acyclovir tab 400 mg</i> | Tier 1 | QL (150 tabs / 30 days) |
| <i>acyclovir tab 800 mg</i> | Tier 1 | QL (150 tabs / 30 days) |
| <i>famciclovir tab 125 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>famciclovir tab 250 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>famciclovir tab 500 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>valacyclovir hcl tab 1 gm</i> | Tier 1 | QL (240 tabs / 30 days) |
| <i>valacyclovir hcl tab 500 mg</i> | Tier 1 | QL (240 tabs / 30 days) |

INFLUENZA AGENTS

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

BETA BLOCKERS

ALPHA-BETA BLOCKERS

| | | |
|--------------------------------|--------|------------------------------|
| <i>carvedilol tab 3.125 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>carvedilol tab 6.25 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>carvedilol tab 12.5 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|------------------|----------------------------------|
| carvedilol tab 25 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| labetalol hcl tab 100 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| labetalol hcl tab 200 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| labetalol hcl tab 300 mg | Tier 1 | QL (180 tabs / 30 days), MAIL |

BETA BLOCKERS CARDIO-SELECTIVE

| | | |
|---|--------|----------------------------------|
| acebutolol hcl cap 200 mg | Tier 1 | MAIL |
| acebutolol hcl cap 400 mg | Tier 1 | MAIL |
| atenolol tab 25 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| atenolol tab 50 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| atenolol tab 100 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| betaxolol hcl tab 10 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| betaxolol hcl tab 20 mg | Tier 1 | QL (30 tabs / 30 days), MAIL |
| bisoprolol fumarate tab 5 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| bisoprolol fumarate tab 10 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| BYSTOLIC TAB 2.5MG (nebivolol hcl) | Tier 3 | PA, MAIL |
| BYSTOLIC TAB 5MG (nebivolol hcl) | Tier 3 | PA, MAIL |
| BYSTOLIC TAB 10MG (nebivolol hcl) | Tier 3 | PA, MAIL |
| BYSTOLIC TAB 20MG (nebivolol hcl) | Tier 3 | PA, MAIL |
| metoprolol succinate tab er 24hr 25 mg (tartrate equiv) | Tier 1 | QL (90 tabs / 30 days), MAIL |
| metoprolol succinate tab er 24hr 50 mg (tartrate equiv) | Tier 1 | QL (120 tabs / 30 days), MAIL |
| metoprolol succinate tab er 24hr 100 mg (tartrate equiv) | Tier 1 | QL (90 tabs / 30 days), MAIL |
| metoprolol succinate tab er 24hr 200 mg (tartrate equiv) | Tier 1 | QL (60 tabs / 30 days), MAIL |
| metoprolol tartrate tab 25 mg | Tier 1 | QL (90 tabs / 30 days), MAIL |
| metoprolol tartrate tab 50 mg | Tier 1 | QL (90 tabs / 30 days), MAIL |
| metoprolol tartrate tab 100 mg | Tier 1 | QL (90 tabs / 30 days), MAIL |
| nebivolol hcl tab 2.5 mg (base equivalent) | Tier 3 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| nebivolol hcl tab 5 mg (base equivalent) | Tier 3 | MAIL |
| nebivolol hcl tab 10 mg (base equivalent) | Tier 3 | MAIL |
| nebivolol hcl tab 20 mg (base equivalent) | Tier 3 | MAIL |

BETA BLOCKERS NON-SELECTIVE

| | | |
|--|--------|----------------------------------|
| nadolol tab 20 mg | Tier 1 | MAIL |
| nadolol tab 40 mg | Tier 1 | MAIL |
| nadolol tab 80 mg | Tier 1 | MAIL |
| pindolol tab 5 mg | Tier 1 | MAIL |
| pindolol tab 10 mg | Tier 1 | MAIL |
| propranolol hcl cap er 24hr 60 mg | Tier 3 | QL (90 caps / 30 days), MAIL |
| propranolol hcl cap er 24hr 80 mg | Tier 3 | QL (120 caps / 30 days), MAIL |
| propranolol hcl cap er 24hr 120 mg | Tier 3 | QL (90 caps / 30 days), MAIL |
| propranolol hcl cap er 24hr 160 mg | Tier 3 | QL (60 caps / 30 days), MAIL |
| propranolol hcl oral soln 20 mg/5ml | Tier 1 | MAIL |
| propranolol hcl oral soln 40 mg/5ml | Tier 1 | MAIL |
| propranolol hcl tab 10 mg | Tier 1 | MAIL |
| propranolol hcl tab 20 mg | Tier 1 | MAIL |
| propranolol hcl tab 40 mg | Tier 1 | MAIL |
| propranolol hcl tab 60 mg | Tier 1 | MAIL |
| propranolol hcl tab 80 mg | Tier 1 | MAIL |
| sotalol hcl (afib/afl) tab 80 mg | Tier 1 | MAIL |
| sotalol hcl (afib/afl) tab 120 mg | Tier 1 | MAIL |
| sotalol hcl (afib/afl) tab 160 mg | Tier 1 | MAIL |
| sotalol hcl tab 80 mg | Tier 1 | MAIL |
| sotalol hcl tab 120 mg | Tier 1 | MAIL |
| sotalol hcl tab 160 mg | Tier 1 | MAIL |
| sotalol hcl tab 240 mg | Tier 1 | MAIL |
| timolol maleate tab 5 mg | Tier 1 | MAIL |
| timolol maleate tab 10 mg | Tier 1 | MAIL |
| timolol maleate tab 20 mg | Tier 1 | MAIL |

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

| | | |
|---|--------|---------------------------------|
| amlodipine besylate tab 2.5 mg (base equivalent) | Tier 1 | QL (30 tabs / 30 days), MAIL |
| amlodipine besylate tab 5 mg (base equivalent) | Tier 1 | QL (30 tabs / 30 days), MAIL |
| amlodipine besylate tab 10 mg (base equivalent) | Tier 1 | QL (30 tabs / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>diltiazem hcl cap er 12hr 120 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl cap er 24hr 120 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl cap er 24hr 180 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl cap er 24hr 240 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i> | Tier 1 | QL (30 caps / 30 days), MAIL |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i> | Tier 1 | QL (30 caps / 30 days), MAIL |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i> | Tier 1 | QL (30 caps / 30 days), MAIL |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | Tier 1 | QL (30 caps / 30 days), MAIL |
| <i>diltiazem hcl tab 30 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>diltiazem hcl tab 60 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>diltiazem hcl tab 90 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>diltiazem hcl tab 120 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>felodipine tab er 24hr 2.5 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>felodipine tab er 24hr 5 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>felodipine tab er 24hr 10 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>isradipine cap 2.5 mg</i> | Tier 1 | QL (180 caps / 30 days), MAIL |
| <i>isradipine cap 5 mg</i> | Tier 1 | QL (120 caps / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>nicardipine hcl cap 20 mg</i> | Tier 1 | QL (180 caps / 30 days), MAIL |
| <i>nicardipine hcl cap 30 mg</i> | Tier 1 | QL (90 caps / 30 days), MAIL |
| <i>nifedipine cap 10 mg</i> | Tier 1 | QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| <i>nifedipine cap 20 mg</i> | Tier 1 | QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years) |
| <i>nifedipine tab er 24hr 30 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>nifedipine tab er 24hr 60 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>nifedipine tab er 24hr 90 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>nimodipine cap 30 mg</i> | Tier 1 | MAIL |
| <i>nisoldipine tab er 24hr 8.5 mg</i> | Tier 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 / 30 days), MAIL |
| <i>verapamil hcl cap er 24hr 120 mg</i> | Tier 3 | QL (30 caps / 30 days), MAIL |
| <i>verapamil hcl cap er 24hr 180 mg</i> | Tier 3 | QL (30 caps / 30 days), MAIL |
| <i>verapamil hcl cap er 24hr 240 mg</i> | Tier 3 | QL (60 caps / 30 days), MAIL |
| <i>verapamil hcl cap er 24hr 300 mg</i> | Tier 3 | QL (60 caps / 30 days), MAIL |
| <i>verapamil hcl cap er 24hr 360 mg</i> | Tier 3 | QL (60 caps / 30 days), MAIL |
| <i>verapamil hcl tab 40 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>verapamil hcl tab 80 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|---------------------------------|
| verapamil hcl tab 120 mg | Tier 1 | QL (90 tabs / 30 days), MAIL |
| verapamil hcl tab er 120 mg | Tier 1 | QL (90 tabs / 30 days), MAIL |
| verapamil hcl tab er 180 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| verapamil hcl tab er 240 mg | Tier 1 | QL (90 tabs / 30 days), MAIL |

CARDIOTONICS

CARDIAC GLYCOSIDES

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

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

| | | |
|---|--------|----------|
| ENTRESTO TAB 24-26MG (sacubitril-valsartan) | Tier 2 | PA, MAIL |
| ENTRESTO TAB 49-51MG (sacubitril-valsartan) | Tier 2 | PA, MAIL |
| ENTRESTO TAB 97-103MG (sacubitril-valsartan) | Tier 2 | PA, MAIL |

PERIPHERAL VASODILATORS

| | | |
|--|--------|-----------|
| inositol niacinate cap 500 mg (Niacin Flush Free) | Tier 1 | OTC, MAIL |
|--|--------|-----------|

PROSTAGLANDIN VASODILATORS

| | | |
|---|--------|----------------------------|
| ORENITRAM TAB 0.25MG (treprostinil diolamine) | Tier 4 | PA, QL (90 tabs / 30 days) |
| ORENITRAM TAB 0.125MG (treprostinil diolamine) | Tier 4 | PA, QL (90 tabs / 30 days) |
| ORENITRAM TAB 1MG (treprostinil diolamine) | Tier 4 | PA, QL (90 tabs / 30 days) |
| ORENITRAM TAB 2.5MG (treprostinil diolamine) | Tier 4 | PA, QL (90 tabs / 30 days) |
| ORENITRAM TAB 5MG (treprostinil diolamine) | Tier 4 | PA, QL (90 tabs / 30 days) |
| treprostinil inj soln 20 mg/20ml (1 mg/ml) | Tier 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| treprostinil inj soln 50 mg/20ml (2.5 mg/ml) | Tier 4 | PA |
| treprostinil inj soln 100 mg/20ml (5 mg/ml) | Tier 4 | PA |
| treprostinil inj soln 200 mg/20ml (10 mg/ml) | Tier 4 | PA |
| VENTAVIS SOL 10MCG/ML (iloprost) | Tier 4 | PA |
| VENTAVIS SOL 20MCG/ML (iloprost) | Tier 4 | PA |

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

| | | |
|--|--------|----------------------------|
| ambrisentan tab 5 mg | Tier 4 | PA, QL (30 tabs / 30 days) |
| ambrisentan tab 10 mg | Tier 4 | PA, QL (30 tabs / 30 days) |
| bosentan tab 62.5 mg | Tier 4 | PA, QL (60 tabs / 30 days) |
| bosentan tab 125 mg | Tier 4 | PA, QL (60 tabs / 30 days) |
| OPSUMIT TAB 10MG (macitentan) | Tier 4 | PA, QL (30 tabs / 30 days) |
| TRACLEER TAB 32MG (bosentan) | Tier 4 | PA, QL (60 tabs / 30 days) |

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

| | | |
|-------------------------------------|--------|----------------------------|
| sildenafil citrate tab 20 mg | Tier 4 | PA, QL (90 tabs / 30 days) |
| tadalafil tab 20 mg (pah) | Tier 4 | PA, QL (60 tabs / 30 days) |

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

| | | |
|--|--------|-----------------------------|
| UPTRAVI TAB 200/800 (selexipag) | Tier 4 | PA, QL (200 tabs / 30 days) |
| UPTRAVI TAB 200MCG (selexipag) | Tier 4 | PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 400MCG (selexipag) | Tier 4 | PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 600MCG (selexipag) | Tier 4 | PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 800MCG (selexipag) | Tier 4 | PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 1000MCG (selexipag) | Tier 4 | PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 1200MCG (selexipag) | Tier 4 | PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 1400MCG (selexipag) | Tier 4 | PA, QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| UPTRAVI TAB 1600MCG (<i>selexipag</i>) | Tier 4 | PA, QL (60 tabs / 30 days) |

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

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

SINUS NODE INHIBITORS

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

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cefprozil for susp 250 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>cefprozil tab 250 mg</i> | Tier 1 | |
| <i>cefprozil tab 500 mg</i> | Tier 1 | |
| <i>cefuroxime axetil tab 250 mg</i> | Tier 1 | QL (20 tabs / 10 days) |
| <i>cefuroxime axetil tab 500 mg</i> | Tier 1 | QL (20 tabs / 10 days) |

CEPHALOSPORINS - 3RD GENERATION

| | | |
|---|--------|-------------------------|
| <i>cefdinir cap 300 mg</i> | Tier 1 | |
| <i>cefdinir for susp 125 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>cefdinir for susp 250 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>cefditoren pivoxil tab 200 mg (base equivalent)</i> | Tier 1 | PA |
| <i>cefditoren pivoxil tab 400 mg (base equivalent)</i> | Tier 1 | PA |
| <i>cefixime cap 400 mg</i> | Tier 3 | |
| <i>cefixime for susp 100 mg/5ml</i> | Tier 3 | AGE; AGE (Max 12 years) |
| <i>cefixime for susp 200 mg/5ml</i> | Tier 3 | AGE; AGE (Max 12 years) |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>cefpodoxime proxetil tab 100 mg</i> | Tier 1 | |
| <i>cefpodoxime proxetil tab 200 mg</i> | Tier 1 | |
| <i>ceftriaxone sodium for inj 1 gm</i> | Tier 1 | |

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|--|--------|------|
| <i>BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)</i> | Tier 5 | MAIL |
| <i>BEYAZ TAB (drospirenone-ethinyl estradiol-levomefolate calcium)</i> | Tier 5 | MAIL |
| <i>BREVICON TAB 0.5/35 (norethindrone & eth estradiol)</i> | Tier 5 | MAIL |
| <i>CYCLESSA PAK (desogestrel-ethinyl estradiol (triphasic))</i> | Tier 5 | MAIL |
| <i>DESOGEN-28 TAB (desogestrel & ethinyl estradiol)</i> | Tier 5 | MAIL |
| <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | Tier 5 | MAIL |
| <i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)</i> | Tier 5 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | Tier 5 | MAIL |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg | Tier 5 | MAIL |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy) | Tier 5 | MAIL |
| drospirenone-ethinyl estradiol tab 3-0.02 mg | Tier 5 | MAIL |
| drospirenone-ethinyl estradiol tab 3-0.03 mg | Tier 5 | MAIL |
| ESTROSTEP FE TAB (norethindrone acetate-ethinyl estradiol-fe) | Tier 5 | MAIL |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg | Tier 5 | MAIL |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50) | Tier 5 | MAIL |
| FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid) | Tier 5 | MAIL |
| GENERESS FE CHW (norethindrone & ethinyl estradiol-fe) | Tier 5 | MAIL |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa) | Tier 5 | MAIL |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) | Tier 5 | MAIL |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) | Tier 5 | MAIL |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg | Tier 5 | MAIL |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | Tier 5 | MAIL |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | Tier 5 | MAIL |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg | Tier 5 | MAIL |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg | Tier 5 | MAIL |
| LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic)) | Tier 5 | MAIL |
| LOSEASONIQUE TAB (levonorgestrel-ethinyl estradiol (91-day)) | Tier 5 | MAIL |
| MINASTRIN 24 CHW FE (norethin acet & estrad-fe) | Tier 5 | MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| MIRCETTE TAB 28 DAY (desogestrel-ethinyl estradiol (biphasic)) | Tier 5 | MAIL |
| NATAZIA TAB (estradiol valerate-dienogest) | Tier 5 | MAIL |
| NEXTSTELLIS TAB 3-14.2MG (drospirenone-estetrol) | Tier 5 | MAIL |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn) | Tier 5 | MAIL |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28)) | Tier 5 | MAIL |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35) | Tier 5 | MAIL |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg | Tier 5 | MAIL |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg | Tier 5 | MAIL |
| norethindrone & mestranol tab 1 mg-50 mcg (Necon 1/50-28) | Tier 5 | MAIL |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe) | Tier 5 | MAIL |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg | Tier 5 | MAIL |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21) | Tier 5 | MAIL |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30) | Tier 5 | MAIL |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21) | Tier 5 | MAIL |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | Tier 5 | MAIL |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20) | Tier 5 | MAIL |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30) | Tier 5 | MAIL |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30) | Tier 5 | MAIL |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe) | Tier 5 | MAIL |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) | Tier 5 | QL (28 caps / 28 days), MAIL; Max 365 Days Supply |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe) | Tier 5 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) | Tier 5 | MAIL |
| norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) | Tier 5 | MAIL |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg | Tier 5 | MAIL |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg | Tier 5 | MAIL |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | Tier 5 | MAIL |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel) | Tier 5 | MAIL |
| norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel) | Tier 5 | MAIL |
| ORTHO TRI- TAB CYCLEN (norgestimate-ethinyl estradiol (triphasic)) | Tier 5 | MAIL |
| ORTHO TRI- TAB CYCLN LO (norgestimate-ethinyl estradiol (triphasic)) | Tier 5 | MAIL |
| ORTHO-CYCLEN TAB 0.25/35 (norgestimate-ethinyl estradiol) | Tier 5 | MAIL |
| ORTHO-NOVUM TAB 1/35 (norethindrone & eth estradiol) | Tier 5 | MAIL |
| ORTHO-NOVUM TAB 7/7/7 (norethindrone-eth estradiol (triphasic)) | Tier 5 | MAIL |
| QUARTETTE TAB (levonorgestrel-ethinyl estradiol (91-day)) | Tier 5 | MAIL |
| SAFYRAL TAB (drospirenone-ethinyl estradiol-levomefolate calcium) | Tier 5 | MAIL |
| SEASONIQUE TAB (levonorgestrel-ethinyl estradiol (91-day)) | Tier 5 | MAIL |
| TAYTULLA CAP 1MG/20MC (norethin acet & estrad-fe) | Tier 5 | QL (28 caps / 28 days), MAIL; Max 365 Days Supply |
| TRI-NORINYL TAB 28 (norethindrone-eth estradiol (triphasic)) | Tier 5 | MAIL |
| YASMIN 28 TAB 3-0.03MG (drospirenone-ethinyl estradiol) | Tier 5 | MAIL |
| YAZ TAB 3-0.02MG (drospirenone-ethinyl estradiol) | Tier 5 | MAIL |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane) | Tier 5 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| TWIRLA DIS 120-30 (<i>levonorgestrel-ethinyl estradiol</i>) | Tier 5 | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA MIS (<i>segesterone acetate-ethinyl estradiol</i>) | Tier 5 | |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | Tier 5 | MAIL |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng) | Tier 5 | MAIL |
| NUVARING MIS (<i>etonogestrel-ethinyl estradiol</i>) | Tier 5 | MAIL |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD T380A (<i>copper (iud)</i>) | Tier 5 | |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB 30MG (<i>ulipristal acetate</i>) | Tier 5 | |
| <i>levonorgestrel tab 1.5 mg</i> (My Way) | Tier 5 | OTC |
| PLAN B TAB 1.5MG (<i>levonorgestrel (emergency oc)</i>) | Tier 5 | OTC |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| NEXPLANON IMP 68MG (<i>etonogestrel</i>) | Tier 5 | |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA INJ 150MG/ML (<i>medroxyprogesterone acetate (contraceptive)</i>) | Tier 5 | |
| 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 | |
| LILETTA IUD 52MG (<i>levonorgestrel (iud)</i>) | Tier 5 | |
| MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>) | Tier 5 | |
| SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>) | Tier 5 | |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| <i>norethindrone tab 0.35 mg</i> | Tier 5 | MAIL |
| ORTHO MICRON TAB 0.35MG (<i>norethindrone (contraceptive)</i>) | Tier 5 | MAIL |
| SLYND TAB 4MG (<i>drospirenone</i>) | Tier 5 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i> | Tier 1 | |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | Tier 1 | |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> | Tier 1 | |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> | Tier 1 | |
| <i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i> | Tier 1 | |
| <i>prednisone oral soln 5 mg/5ml</i> | Tier 1 | |
| <i>prednisone tab 1 mg</i> | Tier 1 | |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| prednisone tab therapy pack 10 mg (21) | Tier 1 | |
| prednisone tab therapy pack 10 mg (48) | Tier 1 | |
| MINERALOCORTICOIDS | | |
| fludrocortisone acetate tab 0.1 mg | Tier 1 | MAIL |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVES | | |
| benzonatate cap 100 mg | Tier 1 | |
| benzonatate cap 200 mg | Tier 1 | |
| hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml | Tier 1 | |
| ROBITUSSIN SYP 7.5/5ML (dextromethorphan hbr) | Tier 1 | OTC |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| ALLERGY CONG TAB 25-10MG (diphenhydramine-phenylephrine) | Tier 1 | OTC |
| brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy) | Tier 1 | OTC |
| BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm) | Tier 1 | QL (240 mL / 30 days), OTC |
| cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D) | Tier 1 | QL (60 ea / 30 days), OTC |
| dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm) | Tier 1 | QL (240 mL / 30 days), OTC |
| dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Cough/che) | Tier 1 | QL (240 mL / 30 days), OTC |
| dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm) | Tier 1 | QL (240 mL / 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 / 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 / 30 days), OTC |
| loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr) | Tier 1 | QL (60 ea / 30 days), OTC |
| loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr) | Tier 1 | QL (30 tabs / 30 days), OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> | Tier 1 | QL (240 mL / 30 days) |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | Tier 1 | QL (240 mL / 30 days) |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | Tier 1 | QL (240 mL / 30 days) |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> | Tier 1 | QL (240 mL / 30 days) |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> | Tier 1 | QL (240 mL / 30 days) |
| <i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> (Ra Mucus Relief D) | Tier 1 | OTC |
| Z-TUSS AC LIQ 2-9/5ML <i>(chlorpheniramine w/ codeine)</i> | Tier 2 | QL (240 mL / 25 days), OTC |

EXPECTORANTS

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

MISC. RESPIRATORY INHALANTS

| | | |
|---|--------|--|
| <i>sodium chloride soln nebu 0.9%</i> | Tier 1 | |
| <i>sodium chloride soln nebu 3%</i> (Nebusal) | Tier 1 | |
| <i>sodium chloride soln nebu 7%</i> | Tier 1 | |

MUCOLYTICS

| | | |
|---|--------|--|
| <i>acetylcysteine inhal soln 10%</i> | Tier 1 | |
| <i>acetylcysteine inhal soln 20%</i> | Tier 1 | |

DERMATOLOGICALS

ACNE PRODUCTS

| | | |
|---|--------|------------------------|
| ACNE MEDICAT LOT 5% (<i>benzoyl peroxide</i>) | Tier 1 | OTC |
| ACNE MEDICAT LOT 10% (<i>benzoyl peroxide</i>) | Tier 1 | OTC |
| <i>adapalene gel 0.1%</i> | Tier 1 | QL (45 / 25 days) |
| <i>adapalene gel 0.1%</i> (Adapalene Treatment) | Tier 1 | QL (45 / 25 days), OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| adapalene lotion 0.1% | Tier 1 | ST, QL (59 mL / 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days |
| 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 / 30 days), OTC |
| benzoyl peroxide liq 10% (Benzoyl Peroxide Wash) | Tier 1 | QL (240 gm / 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 / 30 days) |
| clindamycin phosphate lotion 1% | Tier 3 | QL (60 mL / 30 days) |
| clindamycin phosphate soln 1% | Tier 1 | QL (60 mL / 30 days) |
| clindamycin phosphate-tretinoin gel 1.2-0.025% | Tier 3 | PA |
| DIFFERIN GEL 0.1% (adapalene) | Tier 1 | QL (45 / 25 days), OTC |
| erythromycin soln 2% | Tier 1 | QL (60 mL / 30 days) |
| isotretinoin cap 10 mg (Claravis) | Tier 3 | PA |
| isotretinoin cap 20 mg (Amnesteem) | Tier 3 | PA |
| isotretinoin cap 30 mg | Tier 3 | PA |
| isotretinoin cap 40 mg | Tier 3 | PA |
| sulfacetamide sodium lotion 10% (acne) | Tier 1 | |
| sulfacetamide sodium-sulfur in urea emulsion 10-4% (Bp Cleansing Wash) | Tier 1 | |
| tretinoin cream 0.1% | Tier 3 | ST, QL (45 gm / 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 / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|------------------|---|
| tretinoin cream 0.025% | Tier 3 | ST, QL (45 gm / 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 / 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 / 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 |
|--|--------|----|

ANTI-INFLAMMATORY AGENTS - TOPICAL

| | | |
|--|--------|--|
| diclofenac sodium gel 1% | Tier 1 | QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version |
| VOLTAREN GEL 1% (diclofenac sodium (topical)) | Tier 1 | QL (200 gm / 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 |
| bacitracin zinc oint 500 unit/gm | Tier 1 | OTC |
| bacitracin-polymyxin b oint (Double Antibiotic) | Tier 1 | OTC |
| CORTISPORIN OIN 1% (bacitracin-polymyxin-neomycin hc) | Tier 3 | |
| gentamicin sulfate cream 0.1% | Tier 1 | QL (60 gm / 30 days) |
| gentamicin sulfate oint 0.1% | Tier 1 | QL (60 gm / 30 days) |
| mupirocin oint 2% | Tier 1 | QL (44 gm / 30 days) |
| neomycin-bacitracin-polymyxin oint (Cvs Triple Antibiotic) | Tier 1 | OTC |
| neomycin-bacitracin-polymyxin-pramoxine oint 1% (Triple Antibiotic Plus) | Tier 1 | OTC |

ANTIFUNGALS - TOPICAL

| | | |
|--------------------------------|--------|-----|
| butenafine hcl cream 1% | Tier 1 | OTC |
|--------------------------------|--------|-----|

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| tolnaftate aerosol pow 1% (Cvs Af Spray Powder) | Tier 1 | OTC |
| tolnaftate cream 1% | Tier 1 | OTC |
| tolnaftate powder 1% (Anti-fungal Powder) | Tier 1 | OTC |
| tolnaftate soln 1% (Mycocide Clinical Ns Anti) | Tier 1 | OTC |
| 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 |
| calcitriol oint 3 mcg/gm | Tier 3 | PA, QL (100 gm / 30 days) |
| COSENTYX INJ 75MG/0.5 (secukinumab) | Tier 4 | PA; Preferred Brand |
| COSENTYX INJ 150MG/ML (secukinumab) | Tier 4 | PA; Preferred Brand |
| COSENTYX INJ 300DOSE (secukinumab) | Tier 4 | PA; Preferred Brand |
| COSENTYX PEN INJ 150MG/ML (secukinumab) | Tier 4 | PA; Preferred Brand |
| COSENTYX PEN INJ 300DOSE (secukinumab) | Tier 4 | PA; Preferred Brand |
| DRITHO-CREME CRE HP 1% (anthralin) | Tier 3 | PA, QL (50 gm / 30 days) |
| SKYRIZI INJ 150DOSE (risankizumab-rzaa) | Tier 4 | PA; Preferred Brand |
| SKYRIZI INJ 150MG/ML (risankizumab-rzaa) | Tier 4 | PA; Preferred Brand |
| SKYRIZI PEN INJ 150MG/ML (risankizumab-rzaa) | Tier 4 | PA; Preferred Brand |
| STELARA INJ 45MG/0.5 (ustekinumab) | Tier 4 | PA; Preferred Brand |
| STELARA INJ 90MG/ML (ustekinumab) | Tier 4 | PA; Preferred Brand |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| tazarotene cream 0.1% | Tier 3 | PA, QL (60 gm / 30 days) |
| TAZORAC CRE 0.05% (tazarotene) | Tier 3 | PA, QL (60 gm / 30 days) |
| TAZORAC GEL 0.1% (tazarotene) | Tier 3 | PA, QL (100 gm / 30 days) |
| TAZORAC GEL 0.05% (tazarotene) | Tier 3 | PA, QL (100 gm / 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 | |

ANTIVIRALS - TOPICAL

| | | |
|---------------------------------------|--------|--------------------------|
| ABREVA CRE 10% (docosanol) | Tier 1 | QL (2 gm / 30 days), OTC |
| acyclovir oint 5% | Tier 3 | PA |
| DENAVIR CRE 1% (penciclovir) | Tier 3 | PA |
| docosanol cream 10% | Tier 1 | QL (2 gm / 30 days), OTC |

BURN PRODUCTS

| | | |
|--|--------|-----------------------|
| mafenide acetate packet for topical soln 5% (50 gm) | Tier 1 | |
| silver sulfadiazine cream 1% | Tier 1 | QL (400 gm / 30 days) |
| SULFAMYLON CRE 85MG/GM (mafenide acetate) | Tier 3 | QL (454 gm / 30 days) |

CORTICOSTEROIDS - TOPICAL

| | | |
|--|--------|--------------------------|
| alclometasone dipropionate cream 0.05% | Tier 1 | QL (60 gm / 30 days) |
| alclometasone dipropionate oint 0.05% | Tier 1 | QL (60 gm / 30 days) |
| amcinonide cream 0.1% | Tier 3 | QL (60 gm / 30 days) |
| amcinonide lotion 0.1% | Tier 3 | QL (60 mL / 30 days) |
| AMCINONIDE OIN 0.1% | Tier 3 | QL (60 gm / 30 days) |
| APEXICON E CRE 0.05% (diflorasone diacetate emollient base) | Tier 3 | PA, QL (60 gm / 30 days) |
| betamethasone dipropionate augmented cream 0.05% | Tier 1 | QL (50 gm / 30 days) |
| betamethasone dipropionate augmented gel 0.05% | Tier 1 | QL (50 gm / 30 days) |
| betamethasone dipropionate augmented lotion 0.05% | Tier 1 | QL (60 mL / 30 days) |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| ROSACEA AGENTS | | |
| <i>metronidazole cream 0.75%</i> | Tier 1 | QL (45 gm / 30 days) |
| <i>metronidazole gel 0.75%</i> | Tier 1 | QL (45 gm / 30 days) |
| <i>metronidazole lotion 0.75%</i> | Tier 1 | QL (59 mL / 30 days) |
| MIRVASO GEL 0.33% (<i>brimonidine tartrate (topical)</i>) | Tier 3 | PA |
| SCABICIDES & PEDICULICIDES | | |
| EURAX CRE 10% (<i>crotamiton</i>) | Tier 2 | ST, QL (60 gm / 30 days); Prior use of permethrin 5% cream within the past 90 days. |
| <i>ivermectin lotion 0.5%</i> | Tier 3 | PA, QL (117 gm / 30 days) |
| <i>lindane shampoo 1%</i> | Tier 1 | QL (60 mL / 30 days) |
| <i>malathion lotion 0.5%</i> | Tier 1 | QL (59 mL / 30 days) |
| <i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment) | Tier 1 | OTC |
| <i>permethrin cream 5%</i> | Tier 1 | QL (120 gm / 30 days) |
| <i>permethrin creme rinse 1%</i> (Lice Treatment) | Tier 1 | OTC |
| <i>permethrin lotion 1%</i> (Sm Lice Treatment) | Tier 1 | OTC |
| <i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T) | Tier 1 | OTC |
| <i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> (Sb Lice Treatment) | Tier 1 | OTC |
| <i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (Stop Lice Maximum Strengt) | Tier 1 | OTC |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (Lice Killing Maximum Stre) | Tier 1 | OTC |
| RA LICE KIT SOLUTION (<i>permethrin & pyrethrins-piperonyl butoxide</i>) | Tier 1 | OTC |
| <i>spinosad susp 0.9%</i> | Tier 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 / 30 days) |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC DRUGS | | |
| THYROGEN INJ 0.9MG (<i>thyrotropin alfa</i>) | Tier 4 | PA |

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

DIGESTIVE AIDS

DIGESTIVE ENZYMES

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

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>methazolamide tab 25 mg</i> | Tier 3 | QL (180 tabs / 30 days), MAIL |
| <i>methazolamide tab 50 mg</i> | Tier 3 | QL (180 tabs / 30 days), MAIL |
| DIURETIC COMBINATIONS | | |
| <i>ALDACTAZIDE TAB 50/50 (spironolactone & hydrochlorothiazide)</i> | Tier 2 | MAIL |
| <i>amiloride & hydrochlorothiazide tab 5- 50 mg</i> | Tier 1 | MAIL |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | Tier 1 | MAIL |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | Tier 1 | MAIL |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | Tier 1 | MAIL |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | Tier 1 | MAIL |
| LOOP DIURETICS | | |
| <i>bumetanide tab 0.5 mg</i> | Tier 1 | MAIL |
| <i>bumetanide tab 1 mg</i> | Tier 1 | MAIL |
| <i>bumetanide tab 2 mg</i> | Tier 1 | MAIL |
| <i>ethacrynic acid tab 25 mg</i> | Tier 3 | MAIL |
| <i>furosemide oral soln 8 mg/ml</i> | Tier 1 | AGE, MAIL; AGE (Max 12 years) |
| <i>furosemide oral soln 10 mg/ml</i> | Tier 1 | AGE, MAIL; AGE (Max 12 years) |
| <i>furosemide tab 20 mg</i> | Tier 1 | MAIL |
| <i>furosemide tab 40 mg</i> | Tier 1 | MAIL |
| <i>furosemide tab 80 mg</i> | Tier 1 | MAIL |
| <i>torseamide tab 5 mg</i> | Tier 1 | MAIL |
| <i>torseamide tab 10 mg</i> | Tier 1 | MAIL |
| <i>torseamide tab 20 mg</i> | Tier 1 | MAIL |
| <i>torseamide tab 100 mg</i> | Tier 1 | MAIL |
| POTASSIUM SPARING DIURETICS | | |
| <i>amiloride hcl tab 5 mg</i> | Tier 1 | MAIL |
| <i>spironolactone tab 25 mg</i> | Tier 1 | MAIL |
| <i>spironolactone tab 50 mg</i> | Tier 1 | MAIL |
| <i>spironolactone tab 100 mg</i> | Tier 1 | MAIL |
| <i>triamterene cap 50 mg</i> | Tier 3 | MAIL |
| <i>triamterene cap 100 mg</i> | Tier 3 | MAIL |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| <i>chlorothiazide tab 250 mg</i> | Tier 1 | MAIL |
| <i>chlorothiazide tab 500 mg</i> | Tier 1 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>chlorthalidone tab 25 mg</i> | Tier 1 | MAIL |
| <i>chlorthalidone tab 50 mg</i> | Tier 1 | MAIL |
| <i>hydrochlorothiazide cap 12.5 mg</i> | Tier 1 | MAIL |
| <i>hydrochlorothiazide tab 12.5 mg</i> | Tier 1 | MAIL |
| <i>hydrochlorothiazide tab 25 mg</i> | Tier 1 | MAIL |
| <i>hydrochlorothiazide tab 50 mg</i> | Tier 1 | MAIL |
| <i>indapamide tab 1.25 mg</i> | Tier 1 | MAIL |
| <i>indapamide tab 2.5 mg</i> | Tier 1 | MAIL |
| <i>methyclothiazide tab 5 mg</i> | Tier 1 | MAIL |
| <i>metolazone tab 2.5 mg</i> | Tier 1 | MAIL |
| <i>metolazone tab 5 mg</i> | Tier 1 | MAIL |
| <i>metolazone tab 10 mg</i> | Tier 1 | MAIL |

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

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

GROWTH HORMONE RECEPTOR ANTAGONISTS

| | | |
|--|--------|----|
| SOMAVERT INJ 10MG (pegvisomant) | Tier 4 | PA |
|--|--------|----|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| SOMAVERT INJ 15MG (<i>pegvisomant</i>) | Tier 4 | PA |
| SOMAVERT INJ 20MG (<i>pegvisomant</i>) | Tier 4 | PA |
| 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 / 30 days), MAIL |
| <i>raloxifene hcl tab 60 mg</i> | Tier 5 | QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1 |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ 40MG/4ML (<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>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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| levocarnitine tab 330 mg | Tier 1 | MAIL |
| nitisinone cap 2 mg | Tier 4 | PA |
| nitisinone cap 5 mg | Tier 4 | PA |
| nitisinone cap 10 mg | Tier 4 | PA |
| ORFADIN CAP 20MG (nitisinone) | Tier 4 | PA |
| paricalcitol cap 1 mcg | Tier 3 | PA, MAIL |
| paricalcitol cap 2 mcg | Tier 3 | PA, MAIL |
| paricalcitol cap 4 mcg | Tier 3 | PA, MAIL |
| sapropterin dihydrochloride tab 100 mg | Tier 4 | PA |
| sodium phenylbutyrate tab 500 mg | Tier 4 | PA |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate nasal spray soln 0.01% | Tier 3 | PA, MAIL |
| desmopressin acetate nasal spray soln 0.01% (refrigerated) | Tier 3 | PA, MAIL |
| desmopressin acetate tab 0.1 mg | Tier 1 | QL (120 tabs / 30 days), MAIL |
| desmopressin acetate tab 0.2 mg | Tier 1 | QL (150 tabs / 30 days), MAIL |
| STIMATE SOL 1.5MG/ML (desmopressin acetate) | Tier 4 | PA |
| PROLACTIN INHIBITORS | | |
| cabergoline tab 0.5 mg | Tier 1 | MAIL |
| SOMATOSTATIC AGENTS | | |
| octreotide acetate inj 50 mcg/ml (0.05 mg/ml) | Tier 4 | PA |
| octreotide acetate inj 100 mcg/ml (0.1 mg/ml) | Tier 4 | PA |
| octreotide acetate inj 200 mcg/ml (0.2 mg/ml) | Tier 4 | PA |
| octreotide acetate inj 500 mcg/ml (0.5 mg/ml) | Tier 4 | PA |
| octreotide acetate inj 1000 mcg/ml (1 mg/ml) | Tier 4 | PA |
| octreotide acetate subcutaneous soln pref syr 50 mcg/ml | Tier 4 | PA |
| SANDOSTATIN KIT LAR 10MG (octreotide acetate) | Tier 4 | PA |
| SANDOSTATIN KIT LAR 20MG (octreotide acetate) | Tier 4 | PA |
| SANDOSTATIN KIT LAR 30MG (octreotide acetate) | Tier 4 | PA |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| tolvaptan tab 15 mg | Tier 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------|------------------|----------------------------|
| tolvaptan tab 30 mg | Tier 4 | PA |

ESTROGENS

ESTROGEN COMBINATIONS

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

ESTROGENS

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

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

FLUOROQUINOLONES

FLUOROQUINOLONES

| | | |
|---|--------|-------------------------|
| BAXDELA TAB 450MG (delafloxacin meglumine) | Tier 3 | PA |
| ciprofloxacin hcl tab 250 mg (base equiv) | Tier 1 | |
| ciprofloxacin hcl tab 500 mg (base equiv) | Tier 1 | |
| ciprofloxacin hcl tab 750 mg (base equiv) | Tier 1 | |
| levofloxacin oral soln 25 mg/ml | Tier 1 | AGE; 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> (Cvs Gas Relief) | Tier 1 | OTC |
| <i>simethicone cap 180 mg</i> | Tier 1 | OTC |
| <i>simethicone chew tab 80 mg</i> | Tier 1 | OTC |
| <i>simethicone chew tab 125 mg</i> (Cvs Gas Relief Extra Stre) | Tier 1 | OTC |
| <i>simethicone liquid 40 mg/0.6ml</i> (Cvs Gas Relief Drops Extr) | Tier 1 | OTC |
| <i>simethicone susp 40 mg/0.6ml</i> (Gas Relief) | Tier 1 | OTC |
| GALLSTONE SOLUBILIZING AGENTS | | |
| <i>ursodiol cap 300 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| <i>ursodiol tab 250 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>ursodiol tab 500 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| <i>lubiprostone cap 8 mcg</i> | Tier 3 | PA, MAIL |
| <i>lubiprostone cap 24 mcg</i> | Tier 3 | PA, MAIL |
| GASTROINTESTINAL STIMULANTS | | |
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> | Tier 1 | |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | Tier 1 | |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i> | Tier 1 | QL (180 tabs / 30 days) |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i> | Tier 1 | QL (180 tabs / 30 days) |
| INFLAMMATORY BOWEL AGENTS | | |
| AVSOLA INJ 100MG (<i>infliximab-axxq</i>) | Tier 4 | PA |
| <i>balsalazide disodium cap 750 mg</i> | Tier 1 | QL (270 caps / 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 / 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 360/2.4 (risankizumab-rzaa (crohn's)) | Tier 4 | PA, QL (1 injection / 60 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 / 30 days), MAIL |
| sulfasalazine tab delayed release 500 mg | Tier 1 | QL (240 tabs / 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 / 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 / 30 days) |
| <i>potassium citrate tab er 10 meq (1080 mg)</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>potassium citrate tab er 15 meq (1620 mg)</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>sodium citrate & citric acid soln 500-334 mg/5ml</i> | Tier 1 | |
| CYSTINOSIS 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 / 30 days), MAIL |
| <i>dutasteride cap 0.5 mg</i> | Tier 1 | QL (30 caps / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | Tier 3 | PA, QL (30 caps / 30 days), MAIL |
| <i>finasteride tab 5 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>silodosin cap 4 mg</i> | Tier 3 | PA, QL (30 caps / 30 days), MAIL |
| <i>silodosin cap 8 mg</i> | Tier 3 | PA, QL (30 caps / 30 days), MAIL |
| <i>tamsulosin hcl cap 0.4 mg</i> | Tier 1 | QL (60 caps / 30 days), MAIL |
| URINARY ANALGESICS | | |
| <i>phenazopyridine hcl tab 100 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>phenazopyridine hcl tab 200 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| GOUT AGENTS | | |
| <i>allopurinol tab 100 mg</i> | Tier 1 | MAIL |
| <i>allopurinol tab 300 mg</i> | Tier 1 | MAIL |
| <i>colchicine tab 0.6 mg</i> | Tier 1 | QL (30 tabs / 90 days) |
| <i>febuxostat tab 40 mg</i> | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |
| <i>febuxostat tab 80 mg</i> | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |
| URICOSURICS | | |
| <i>probenecid tab 500 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| ALPHANINE SD INJ 500UNIT (<i>coagulation factor ix</i>) | Tier 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 |
| HELIXATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>) | Tier 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| 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 inj 30 mg/3ml (base equivalent) | 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 / 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 / 30 days), MAIL |
| BRILINTA TAB 90MG (ticagrelor) | Tier 3 | PA, QL (60 tabs / 30 days), MAIL |
| cilostazol tab 50 mg | Tier 1 | MAIL |
| cilostazol tab 100 mg | Tier 1 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>dipyridamole tab 25 mg</i> | Tier 1 | MAIL |
| <i>dipyridamole tab 50 mg</i> | Tier 1 | MAIL |
| <i>dipyridamole tab 75 mg</i> | Tier 1 | MAIL |
| <i>prasugrel hcl tab 5 mg (base equiv)</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| <i>prasugrel hcl tab 10 mg (base equiv)</i> | Tier 3 | QL (30 tabs / 30 days), MAIL |
| ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>) | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

| | | |
|---|--------|----|
| CERDELGA CAP 84MG (<i>eliglustat tartrate</i>) | Tier 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 / 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 / 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 / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1 |

HEMATOPOIETIC GROWTH FACTORS

| | | |
|--|--------|----|
| ARANESP INJ 10MCG (<i>darbepoetin alfa</i>) | Tier 4 | PA |
| ARANESP INJ 25MCG (<i>darbepoetin alfa</i>) | Tier 4 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ARANESP INJ 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 / 30 days) |
| PROMACTA TAB 25MG (<i>eltrombopag olamine</i>) | Tier 4 | PA, QL (60 tabs / 30 days) |
| PROMACTA TAB 50MG (<i>eltrombopag olamine</i>) | Tier 4 | PA, QL (60 tabs / 30 days) |
| PROMACTA TAB 75MG (<i>eltrombopag olamine</i>) | Tier 4 | PA, QL (60 tabs / 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 (7 mL / 14 days) |
| ZARXIO INJ 480/0.8 (<i>filgrastim-sndz</i>) | Tier 4 | PA, QL (11.2 mL / 14 days) |
| ZIEXTENZO INJ 6/0.6ML (<i>pegfilgrastim-bmez</i>) | Tier 4 | PA, QL (0.6 per 14 days) |
| HEMATOPOIETIC MIXTURES | | |
| <i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon) | Tier 1 | QL (60 caps / 30 days) |
| FERREX 150 CAP FORTE (<i>polysaccharide iron-folic acid-vit b12</i>) | Tier 1 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte) | Tier 1 | QL (60 caps / 30 days) |

IRON

| | | |
|---|--------|-----------|
| carbonyl iron susp 15 mg/1.25ml (elemental iron) (Wee Care) | Tier 1 | OTC |
| FE GLUCONATE TAB 239MG | Tier 1 | OTC, MAIL |
| FERRETTES 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 |

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

| | | |
|--------------------------------------|--------|----|
| aminocaproic acid tab 500 mg | Tier 1 | PA |
| aminocaproic acid tab 1000 mg | Tier 1 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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 / 30 days), AGE; AGE (Max 12 years) |
| <i>phenobarbital tab 15 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>phenobarbital tab 16.2 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>phenobarbital tab 30 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>phenobarbital tab 32.4 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>phenobarbital tab 60 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>phenobarbital tab 64.8 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>phenobarbital tab 97.2 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| <i>phenobarbital tab 100 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> | Tier 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 / 30 days), AGE; AGE (Min 18 years) |
| <i>estazolam tab 2 mg</i> | Tier 1 | QL (30 tabs / 30 days), AGE; AGE (Min 18 years) |
| <i>eszopiclone tab 1 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE; AGE (Min 18 years) |
| <i>eszopiclone tab 2 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE; AGE (Min 18 years) |
| <i>eszopiclone tab 3 mg</i> | Tier 3 | QL (30 tabs / 30 days), AGE; AGE (Min 18 years) |
| <i>flurazepam hcl cap 15 mg</i> | Tier 1 | QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years) |

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

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

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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| METAMUCIL WAF (<i>psyllium</i>) | Tier 1 | OTC, MAIL |
| methylcellulose tab 500 mg (Gnp Fiber Therapy) | Tier 1 | OTC |
| NAT FIBER POW 58.6% (<i>psyllium</i>) | Tier 1 | OTC, MAIL |
| psyllium cap 0.52 gm (Fiber Laxative) | Tier 1 | OTC, MAIL |
| psyllium cap 400 mg (Reguloid) | Tier 1 | OTC, MAIL |
| psyllium powder 28.3% (Gnp Natural Fiber) | Tier 1 | OTC, MAIL |
| psyllium powder 30.9% (Konsyl) | Tier 1 | OTC, MAIL |
| psyllium powder 33% (Sb Fib Lax Orange) | Tier 1 | OTC, MAIL |
| psyllium powder 48.57% (Cvs Natural Daily Fiber) | Tier 1 | OTC, MAIL |
| psyllium powder 58.6% (Cvs Natural Daily Fiber) | Tier 1 | OTC, MAIL |
| psyllium powder 95% (Qc Natural Vegetable) | Tier 1 | OTC, MAIL |
| psyllium powder 100% | Tier 1 | OTC, MAIL |
| UNIFIBER POW (<i>cellulose</i>) | Tier 1 | OTC |
| wheat dextrin oral powder (Clear Soluble Fiber) | Tier 1 | OTC |

LAXATIVE COMBINATIONS

| | | |
|--|--------|---|
| CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid) | Tier 5 | Tier 5 for ages 45-74, otherwise Tier 3 |
| GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) | Tier 5 | Tier 5 for ages 45-74, otherwise Tier 3 |
| MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium) | Tier 1 | OTC, MAIL |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm | Tier 5 | Tier 5 for ages 45-74, otherwise Tier 1 |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm | Tier 5 | Tier 5 for ages 45-74, otherwise Tier 1 |
| 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 |
| PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) | Tier 5 | Tier 5 for ages 45-74, otherwise Tier 3 |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| SURFACTANT LAXATIVES | | |
| <i>docusate calcium cap 240 mg</i> (Stool Softener) | Tier 1 | OTC |
| <i>docusate sodium cap 50 mg</i> (Ra Col-rite) | Tier 1 | OTC |
| <i>docusate sodium cap 100 mg</i> (Stool Softener) | Tier 1 | OTC |
| <i>docusate sodium cap 250 mg</i> | Tier 1 | OTC |
| <i>docusate sodium liquid 150 mg/15ml</i> (Silace) | Tier 1 | OTC |
| <i>docusate sodium syrup 60 mg/15ml</i> (Silace) | Tier 1 | OTC |
| <i>docusate sodium tab 100 mg</i> (Dok) | Tier 1 | OTC |
| DOCUSOL PLUS ENE 20-283 | Tier 1 | OTC |
| <i>(benzocaine-docusate sodium)</i> | | |
| PEDIA-LAX LIQ 50MG (<i>docusate sodium</i>) | Tier 1 | OTC |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| <i>azithromycin for susp 100 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>azithromycin for susp 200 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>azithromycin powd pack for susp 1 gm</i> | Tier 1 | QL (2 packets / 30 days) |
| <i>azithromycin tab 250 mg</i> | Tier 1 | QL (12 tabs / 30 days) |
| <i>azithromycin tab 500 mg</i> | Tier 1 | QL (6 tabs / 30 days) |
| <i>azithromycin tab 600 mg</i> | Tier 1 | QL (60 tabs / 30 days) |
| CLARITHROMYCIN | | |
| <i>clarithromycin for susp 125 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>clarithromycin for susp 250 mg/5ml</i> | Tier 1 | AGE; AGE (Max 12 years) |
| <i>clarithromycin tab 250 mg</i> | Tier 1 | |
| <i>clarithromycin tab 500 mg</i> | Tier 1 | |
| ERYTHROMYCINS | | |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> | Tier 3 | AGE; AGE (Max 12 years) |
| <i>erythromycin ethylsuccinate for susp 400 mg/5ml</i> | Tier 3 | AGE; AGE (Max 12 years) |
| <i>erythromycin ethylsuccinate tab 400 mg</i> | Tier 3 | |
| <i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate) | Tier 3 | |
| <i>erythromycin tab 250 mg</i> | Tier 3 | |
| <i>erythromycin tab 500 mg</i> | Tier 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 (<i>fidaxomicin</i>) | Tier 3 | PA |
| MEDICAL DEVICES | | |
| Parenteral Therapy Supplies | | |
| BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>) | DME | QL (150 ea / 30 days) |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| CAYA DPR (<i>diaphragm arc-spring</i>) | Tier 5 | |
| CONDOMS MIS | Tier 5 | OTC |
| CONDOMS MIS LUBRICAT (<i>condoms latex lubricated - male</i>) | Tier 5 | OTC |
| DUREX MIS REALFEEL (<i>condoms non-latex lubricated - male</i>) | Tier 5 | OTC |
| FC2 FEMALE MIS CONDOM (<i>condoms - female</i>) | Tier 5 | QL (12 / 45 days), OTC |
| FEMCAP MIS 22MM (<i>cervical caps</i>) | Tier 5 | |
| FEMCAP MIS 26MM (<i>cervical caps</i>) | Tier 5 | |
| FEMCAP MIS 30MM (<i>cervical caps</i>) | Tier 5 | |
| OMNIFLEX DPR (<i>diaphragms</i>) | Tier 5 | |
| TROJAN MIS (<i>condoms latex non-lubricated - male</i>) | Tier 5 | OTC |
| TROJAN MIS NATULAMB (<i>condoms non-latex non-lubricated - male</i>) | Tier 5 | OTC |
| WIDE-SEAL DPR KIT 60 (<i>diaphragm wide seal</i>) | Tier 5 | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| 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 / year); Age 2 to 18 with history of insulin, no prior authorization |
| DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>) | Tier 2 | PA, QL (1 box / 90 days); Age 2 to 18 with history of insulin, no prior authorization |
| DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>) | Tier 2 | PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization |
| DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>) | Tier 2 | PA, QL (3 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization |
| DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>) | Tier 2 | PA, QL (1 box / 90 days); Age 2 to 18 with history of insulin, no prior authorization |
| FREESTY LIBR KIT 2 SENSOR (<i>continuous blood glucose system sensor</i>) | Tier 2 | PA, QL (2 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization |
| FREESTY LIBR MIS 2 READER (<i>continuous blood glucose system receiver</i>) | Tier 2 | PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization |
| FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>) | Tier 2 | PA, QL (2 boxes / 30 days); 14 day; Age 2 to 18 with history of insulin, no prior authorization |
| FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>) | Tier 2 | PA, QL (3 boxes / 30 days); 10 day; Age 2 to 18 with history of insulin, no prior authorization |
| FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>) | Tier 2 | PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization |

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

MISC. DEVICES

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

PARENTERAL THERAPY SUPPLIES

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>) | DME | QL (150 ea / 30 days), OTC; TRUEPLUS |
| INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>) | DME | QL (150 ea / 30 days), OTC; TRUEPLUS |
| INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>) | DME | QL (150 ea / 30 days); TECHLITE |
| INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>) | DME | QL (150 ea / 30 days), OTC; TRUEPLUS |
| INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>) | DME | QL (150 ea / 30 days), OTC; TECHLITE |
| INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>) | DME | QL (150 ea / 30 days), OTC; TRUEPLUS |
| INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>) | DME | QL (150 ea / 30 days), OTC; TECHLITE |
| INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>) | DME | QL (150 ea / 30 days), OTC; TRUEPLUS |
| NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>) | DME | OTC |
| PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TECHLITE |
| PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TRUEPLUS |
| PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TECHLITE |
| PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TECHLITE |
| PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TRUEPLUS |
| PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TECHLITE |
| PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TRUEPLUS |
| PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TECHLITE |
| PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TRUEPLUS |
| PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TECHLITE |
| PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TRUEPLUS |
| PEN NEEDLES MIS 32GX6MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TECHLITE |
| PEN NEEDLES MIS 32GX8MM (<i>insulin pen needle</i>) | DME | QL (150 / 30 days), OTC; TECHLITE |
| 3ML SYRINGE MIS REG TIP (<i>syringe (disposable)</i>) | DME | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| RESPIRATORY THERAPY SUPPLIES | | |
| ADULT MASK MIS LARGE | Tier 2 | QL (1 box / year) |
| EASY NEB MIS (<i>nebulizers</i>) | Tier 2 | OTC |
| INSPIRACHAMB MIS LARGE (<i>spacer/aerosol-holding chambers</i>) | Tier 2 | QL (1 each / year) |
| PEAK AIR FLO MIS ADLT/PED (<i>peak flow meter</i>) | DME | QL (1 each / year), OTC |
| PULMONEB LT MIS NEBULIZE (<i>nebulizers</i>) | Tier 2 | QL (1 each / 30 days) |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| AIMOVIG INJ 70MG/ML (<i>erenumab-aooe</i>) | Tier 3 | PA, QL (2 pens / 28 days) |
| AIMOVIG INJ 140MG/ML (<i>erenumab-aooe</i>) | Tier 3 | PA, QL (1 pen / 28 days) |
| EMGALITY INJ 100MG/ML (<i>galcanezumab-gnlm</i>) | Tier 3 | PA, QL (3 syringes / 28 days) |
| EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>) | Tier 3 | PA, QL (2 pens / 28 days) |
| EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>) | Tier 3 | PA, QL (2 syringes / 28 days) |
| NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>) | Tier 3 | PA, QL (8 tabs / 30 days) |
| UBRELVY TAB 50MG (<i>ubrogepant</i>) | Tier 3 | PA, QL (16 ea / 30 days) |
| UBRELVY TAB 100MG (<i>ubrogepant</i>) | Tier 3 | PA, QL (16 ea / 30 days) |
| MIGRAINE COMBINATIONS | | |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | Tier 3 | PA |
| 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 / 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 / 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 20 mg (base equivalent)</i> | Tier 3 | ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> | Tier 3 | ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> | Tier 3 | ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan |
| <i>naratriptan hcl tab 1 mg (base equiv)</i> | Tier 1 | QL (9 tabs / 30 days) |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i> | Tier 1 | QL (9 tabs / 30 days) |
| <i>REYVOW TAB 50MG (lasmiditan succinate)</i> | Tier 3 | PA, QL (8 tabs / 30 days) |
| <i>REYVOW TAB 100MG (lasmiditan succinate)</i> | Tier 3 | PA, QL (8 tabs / 30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | Tier 1 | QL (12 tabs / 30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | Tier 1 | QL (12 tabs / 30 days) |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> | Tier 1 | QL (12 tabs / 30 days) |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i> | Tier 1 | QL (12 tabs / 30 days) |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> | Tier 3 | QL (2 mL / 30 days); Vials |
| <i>sumatriptan succinate tab 25 mg</i> | Tier 1 | QL (9 tabs / 30 days) |
| <i>sumatriptan succinate tab 50 mg</i> | Tier 1 | QL (9 tabs / 30 days) |
| <i>sumatriptan succinate tab 100 mg</i> | Tier 1 | QL (9 tabs / 30 days) |
| <i>zolmitriptan nasal spray 2.5 mg/spray unit</i> | Tier 3 | ST, QL (2 mL / 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 / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i> | Tier 1 | ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan |
| <i>zolmitriptan orally disintegrating tab 5 mg</i> | Tier 1 | ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan |
| <i>zolmitriptan tab 2.5 mg</i> | Tier 1 | ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan |
| <i>zolmitriptan tab 5 mg</i> | Tier 1 | ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan |

MINERALS & ELECTROLYTES

CALCIUM

| | | |
|---|--------|-----------|
| <i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Ra Calcium 600 Plus Vitam) | Tier 1 | OTC |
| <i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i> (Sm Calcium 600 + D Plus M) | Tier 1 | OTC |
| <i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i> | Tier 1 | OTC, MAIL |
| <i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> | Tier 1 | OTC, MAIL |
| <i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (Calcium 600) | Tier 1 | OTC, MAIL |
| <i>calcium carbonate-cholecalciferol cap 600 mg-500 unit</i> (Calcium Plus Vitamin D3) | Tier 1 | OTC, MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| calcium carbonate-cholecalciferol chew tab 500 mg-100 unit | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol chew tab 500 mg-400 unit (Calcium 500/d) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Oysco 500+d) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol chew tab 600 mg-400 unit (Calcium 600 With Vitamin) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 250 mg-125 unit | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 500 mg-125 unit (Calcium 500 + D) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 500 mg-200 unit (Gnp Calcium 500/d) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium Plus) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 500 mg-400 unit | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oystercal-d) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 500 mg-600 unit (Gnp Calcium 500 +d3) | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 600 mg-200 unit | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 600 mg-400 unit | Tier 1 | OTC, MAIL |
| calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600/vitamin D3) | Tier 1 | OTC, MAIL |
| calcium carbonate-vitamin d cap 600 mg-200 unit (Liquid Calcium/vitamin D) | Tier 1 | OTC, MAIL |
| calcium carbonate-vitamin d tab 250 mg-125 unit (Ra Oyster Shell Calcium/v) | Tier 1 | OTC, MAIL |
| calcium carbonate-vitamin d tab 600 mg-125 unit | Tier 1 | OTC, MAIL |
| CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA) | Tier 1 | OTC, MAIL |
| calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate) | Tier 1 | OTC, MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) | Tier 1 | OTC, MAIL |
| calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) (Calcium Citrate + D3) | Tier 1 | OTC, MAIL |
| calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) | Tier 1 | OTC, MAIL |
| calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Cvs Calcium Citrate + D) | Tier 1 | OTC, MAIL |
| CALCIUM TAB 600MG | Tier 1 | OTC, MAIL |
| calcium-magnesium-zinc tab 333-133-5 mg | Tier 1 | OTC, MAIL |
| CALTRATE 600 CHW 600-800 (calcium carbonate-cholecalciferol) | Tier 1 | OTC, MAIL |
| oyster shell calcium tab 500 mg | Tier 1 | OTC, MAIL |
| RA OYS SHL/D TAB 500MG (calcium carbonate-ergocalciferol) | Tier 1 | OTC, MAIL |
| RISACAL-D TAB (calcium & phosphorus w/ vitamin d) | Tier 1 | OTC |
| ELECTROLYTE MIXTURES | | |
| oral electrolyte solution | Tier 1 | OTC |
| FLUORIDE | | |
| FLUORABON DRO (sodium fluoride) | Tier 5 | QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2 |
| sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) | Tier 5 | QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1 |
| sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) | Tier 5 | QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1 |
| sodium fluoride chew tab 1 mg f (from 2.2 mg naf) | Tier 5 | QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1 |
| sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) | Tier 5 | QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1 |

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

MAGNESIUM

| | | |
|---|--------|-----------|
| MAG64 TAB 64MG (magnesium chloride) | Tier 1 | OTC |
| 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 / 30 days), MAIL |
|---|--------|-------------------------------|

POTASSIUM

| | | |
|--|--------|-------------------------------|
| potassium bicarbonate effer tab 25 meq (Klor-con/ef) | Tier 1 | QL (60 ea / 30 days), MAIL |
| potassium chloride cap er 8 meq | Tier 1 | QL (120 caps / 30 days), MAIL |
| potassium chloride cap er 10 meq | Tier 1 | QL (120 caps / 30 days), MAIL |
| potassium chloride microencapsulated crys er tab 10 meq | Tier 1 | QL (120 tabs / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| potassium chloride microencapsulated crys er tab 20 meq | Tier 1 | QL (150 tabs / 30 days), MAIL |
| potassium chloride oral soln 10% (20 meq/15ml) | Tier 3 | MAIL |
| potassium chloride oral soln 20% (40 meq/15ml) | Tier 3 | MAIL |
| potassium chloride tab er 8 meq (600 mg) | Tier 1 | QL (120 tabs / 30 days), MAIL |
| potassium chloride tab er 10 meq | Tier 1 | QL (120 tabs / 30 days), MAIL |
| potassium chloride tab er 20 meq (1500 mg) | Tier 1 | QL (150 tabs / 30 days), MAIL |

SODIUM

| | | |
|---------------------------------|--------|-----|
| sodium chloride tab 1 gm | Tier 1 | OTC |
|---------------------------------|--------|-----|

ZINC

| | | |
|--|--------|-----------|
| zinc sulfate cap 220 mg (50 mg elemental zn) (Zinc-220) | Tier 1 | OTC, MAIL |
|--|--------|-----------|

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

| | | |
|---|--------|--|
| D-PENAMINE TAB 125MG (penicillamine) | Tier 2 | |
| penicillamine tab 250 mg | Tier 1 | |

IMMUNOMODULATORS

| | | |
|--|--------|-------------------------|
| lenalidomide cap 5 mg | Tier 4 | PA, QL (30 per 30 days) |
| lenalidomide cap 10 mg | Tier 4 | PA, QL (30 per 30 days) |
| lenalidomide cap 15 mg | Tier 4 | PA, QL (30 per 30 days) |
| lenalidomide cap 25 mg | Tier 4 | PA, QL (30 per 30 days) |
| REVLIMID CAP 2.5MG (lenalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| REVLIMID CAP 5MG (lenalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| REVLIMID CAP 10MG (lenalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| REVLIMID CAP 15MG (lenalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| REVLIMID CAP 20MG (lenalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| REVLIMID CAP 25MG (lenalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| THALOMID CAP 50MG (thalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| THALOMID CAP 100MG (thalidomide) | Tier 4 | PA, QL (30 per 30 days) |
| THALOMID CAP 150MG (thalidomide) | Tier 4 | PA, QL (60 per 30 days) |
| THALOMID CAP 200MG (thalidomide) | Tier 4 | PA, QL (60 per 30 days) |

IMMUNOSUPPRESSIVE AGENTS

| | | |
|---|--------|-------------------------------|
| azathioprine tab 50 mg | Tier 1 | QL (240 tabs / 30 days), MAIL |
| cyclosporine cap 25 mg | Tier 1 | MAIL |
| cyclosporine cap 100 mg | Tier 1 | MAIL |
| cyclosporine modified cap 25 mg | Tier 1 | MAIL |
| cyclosporine modified cap 50 mg | Tier 1 | MAIL |
| cyclosporine modified cap 100 mg | Tier 1 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| ZORTRESS TAB 0.5MG (<i>everolimus (immunosuppressant)</i>) | Tier 4 | PA |
| ZORTRESS TAB 0.25MG (<i>everolimus (immunosuppressant)</i>) | Tier 4 | PA |
| ZORTRESS TAB 0.75MG (<i>everolimus (immunosuppressant)</i>) | Tier 4 | PA |
| ZORTRESS TAB 1MG (<i>everolimus (immunosuppressant)</i>) | Tier 4 | PA |
| 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 / 30 days), MAIL |
| LOKELMA PAK 10GM (<i>sodium zirconium cyclosilicate</i>) | Tier 3 | QL (90 / 30 days), MAIL |
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> | Tier 1 | |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| multiple vitamins w/ minerals liquid (Multivitamin & Mineral) | Tier 1 | OTC |
| multiple vitamins w/ minerals tab (Ocuвите/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 / 30 days), OTC |
| PED MULTIPLE VITAMINS W/ MINERALS | | |
| AQUADEKS DRO (pediatric multiple vitamin w/ minerals & c) | Tier 1 | OTC |
| pediatric multiple vitamin w/ minerals & c chew tab (Mvw Complete Formulation) | Tier 1 | OTC |
| pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron) | Tier 1 | OTC |
| PED MV W/ FLUORIDE | | |
| pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride) | Tier 1 | QL (30 tabs / 30 days) |
| pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride) | Tier 1 | QL (30 tabs / 30 days) |
| pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride) | Tier 1 | QL (60 tabs / 30 days) |
| pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid) | Tier 1 | QL (50 mL / 30 days) |
| pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid) | Tier 1 | QL (50 mL / 30 days), OTC |
| pediatric vitamins acid w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride) | Tier 1 | QL (50 mL / 30 days) |
| pediatric vitamins acid w/ fluoride soln 0.25 mg/ml (Tri-vitamin/fluoride) | Tier 1 | QL (50 mL / 30 days) |
| PED MV W/ IRON | | |
| ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron) | Tier 1 | OTC |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| pediatric multiple vitamins w/ iron chew tab 18 mg (Ultra Choice Multivitamin) | Tier 1 | OTC |
| POLY-VITE SOL /IRON (pediatric multiple vitamins w/ iron) | Tier 1 | OTC |
| PEDIATRIC MULTIPLE VITAMINS | | |
| MULT VITAM DRO (pediatric multiple vitamins) | Tier 2 | QL (50 / 30 days), OTC |
| pediatric multiple vitamin liq (Multi-delyn) | Tier 1 | OTC |
| pediatric multiple vitamin w/ c & fa chew tab (Chewable Vite Childrens) | Tier 1 | OTC |
| pediatric multiple vitamin w/ extra c & fa chew tab (Land Before Time Multivit) | Tier 1 | OTC |
| POLY-VI-SOL SOL 50MG/ML (pediatric multiple vitamins) | Tier 2 | OTC |
| POLY-VITE DRO (pediatric multiple vitamins) | Tier 1 | OTC |
| PEDIATRIC VITAMINS | | |
| pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Bprotected Pedia Tri-vite) | Tier 1 | QL (50 / 30 days), OTC |
| TRI-VI-SOL SOL A/C/D (pediatric vitamins adc) | Tier 2 | QL (50 / 30 days), OTC |
| PRENATAL VITAMINS | | |
| BE WELL PAK ROUNDED (prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid) | Tier 1 | OTC |
| BRAINSTRONG MIS PRENATAL (prenatal mv & min w/fe carbonyl-fa-dha) | Tier 1 | QL (30 tabs / 30 days), OTC |
| CALNA TAB (prenatal vitamin) | Tier 1 | QL (30 tabs / 30 days), OTC |
| CENTRUM SPEC PAK PRENATAL (prenatal mv & min w/fe fumarate-fa-dha) | Tier 1 | QL (30 tabs / 30 days), OTC |
| CO-NATAL FA TAB 29-1MG (prenatal vit w/ ferrous fumarate-folic acid) | Tier 1 | QL (30 tabs / 30 days) |
| CVS PRENATAL CHW GUMMY (prenatal multivitamins & minerals w/ folic acid-fish oil) | Tier 1 | QL (30 tabs / 30 days), OTC |
| ENFAMIL MIS EXPECTA (prenatal mv & min w/fe fumarate-fa-dha) | Tier 1 | QL (60 tabs / 30 days), OTC |
| EZFE FORTE CAP (prenatal without vit a w/ iron polysaccharide complex-fa) | Tier 1 | QL (30 caps / 30 days), OTC |
| KPN PRENATAL TAB (prenatal multivitamin w/fe-fa) | Tier 1 | QL (30 tabs / 30 days), OTC |

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

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

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

| | | |
|---|--------|-------------------------------|
| <i>baclofen tab 10 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| <i>baclofen tab 20 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>carisoprodol tab 350 mg</i> | Tier 1 | QL (120 tabs / 30 days) |
| <i>chlorzoxazone tab 500 mg</i> | Tier 1 | QL (180 tabs / 30 days) |
| <i>cyclobenzaprine hcl tab 5 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>cyclobenzaprine hcl tab 10 mg</i> | Tier 1 | QL (90 tabs / 30 days) |
| <i>metaxalone tab 800 mg</i> | Tier 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| methocarbamol tab 500 mg | Tier 1 | QL (180 tabs / 30 days), AGE; AGE (Max 64 years) |
| methocarbamol tab 750 mg | Tier 1 | QL (300 tabs / 30 days), AGE; AGE (Max 64 years) |
| orphenadrine citrate tab er 12hr 100 mg | Tier 1 | QL (60 tabs / 30 days) |
| tizanidine hcl tab 2 mg (base equivalent) | Tier 1 | QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years) |
| tizanidine hcl tab 4 mg (base equivalent) | Tier 1 | QL (270 tabs / 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 / 30 days) |
| VISCOSUPPLEMENTS | | |
| EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement)) | Tier 4 | PA, QL (3 syringes / 180 days) |
| VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement)) | Tier 4 | PA, QL (3 syringes / 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 / 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 / 30 days), OTC, MAIL |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>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 / 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 / 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 / 30 days), MAIL |
| carteolol hcl ophth soln 1% | Tier 1 | QL (15 mL / 30 days), MAIL |
| COMBIGAN SOL 0.2/0.5% (brimonidine tartrate-timolol maleate) | Tier 2 | QL (10 mL / 30 days), MAIL |
| dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml | Tier 1 | QL (10 mL / 30 days), MAIL |
| levobunolol hcl ophth soln 0.5% | Tier 1 | QL (15 mL / 30 days), MAIL |
| timolol maleate ophth gel forming soln 0.5% | Tier 3 | QL (5 mL / 30 days), MAIL |
| timolol maleate ophth gel forming soln 0.25% | Tier 3 | QL (5 mL / 30 days), MAIL |
| timolol maleate ophth soln 0.5% | Tier 1 | QL (10 mL / 30 days), MAIL |
| timolol maleate ophth soln 0.25% | Tier 1 | QL (10 mL / 30 days), MAIL |
| CYCLOPLEGIC MYDRIATICS | | |
| ATROPINE SUL SOL 1% OP | Tier 2 | QL (15 mL / 30 days), MAIL |
| atropine sulfate ophth soln 1% | Tier 1 | QL (15 mL / 30 days), MAIL |
| cyclopentolate hcl ophth soln 1% | Tier 1 | QL (15 / 30 days), MAIL |
| tropicamide ophth soln 0.5% | Tier 1 | MAIL |
| tropicamide ophth soln 1% | Tier 1 | MAIL |
| MIOTICS | | |
| PHOSPHOLINE SOL 0.125%OP (echothiophate iodide) | Tier 2 | MAIL |
| pilocarpine hcl ophth soln 1% | Tier 1 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>pilocarpine hcl ophth soln 2%</i> | Tier 1 | MAIL |
| <i>pilocarpine hcl ophth soln 4%</i> | Tier 1 | MAIL |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> | Tier 1 | |
| <i>brimonidine tartrate ophth soln 0.2%</i> | Tier 1 | QL (15 mL / 30 days), MAIL |
| <i>brimonidine tartrate ophth soln 0.15%</i> | Tier 3 | QL (15 mL / 30 days), MAIL |
| SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>) | Tier 3 | QL (8 mL / 30 days), MAIL |
| OPHTHALMIC ANTI-INFECTIVES | | |
| AZASITE SOL 1% (<i>azithromycin (ophth)</i>) | Tier 3 | PA |
| <i>bacitracin ophth oint 500 unit/gm</i> | Tier 1 | |
| <i>bacitracin-polymyxin b ophth oint (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 / 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 / 30 days) |
| NATACYN SUS 5% OP (<i>natamycin</i>) | Tier 3 | PA |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | Tier 1 | |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | Tier 1 | |
| <i>ofloxacin ophth soln 0.3%</i> | Tier 1 | QL (5 mL / 30 days) |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | Tier 1 | QL (10 mL / 30 days) |
| <i>sulfacetamide sodium ophth soln 10%</i> | Tier 1 | QL (15 mL / 30 days) |
| <i>tobramycin ophth soln 0.3%</i> | Tier 1 | QL (5 mL / 30 days) |
| <i>trifluridine ophth soln 1%</i> | Tier 1 | QL (7.5 mL / 30 days) |
| ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>) | Tier 3 | PA |
| OPHTHALMIC IMMUNOMODULATORS | | |
| <i>cyclosporine (ophth) emulsion 0.05%</i> | Tier 3 | PA, MAIL |
| RESTASIS EMU 0.05% OP (<i>cyclosporine (ophth)</i>) | Tier 3 | PA, MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| BEPREVE DRO 1.5% (bepotastine besilate) | Tier 3 | PA, MAIL |
| brinzolamide ophth susp 1% | Tier 1 | QL (10 mL / 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 / 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 / 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 / 30 days), MAIL |
| flurbiprofen sodium ophth soln 0.03% | Tier 1 | |
| ketorolac tromethamine ophth soln 0.4% | Tier 1 | QL (10 mL / 30 days) |
| ketorolac tromethamine ophth soln 0.5% | Tier 1 | QL (10 mL / 30 days) |
| ketotifen fumarate ophth soln 0.025% (base equiv) | Tier 1 | QL (5 mL / 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 / 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 / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic |
| PATADAY SOL 0.1% (olopatadine hcl) | Tier 1 | QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic |
| PATADAY SOL 0.2% (olopatadine hcl) | Tier 1 | QL (2.5 mL / 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 - OPHTHALMIC | | |
| <i>bimatoprost ophth soln 0.03%</i> | Tier 1 | ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days. |
| <i>latanoprost ophth soln 0.005%</i> | Tier 1 | QL (5 mL / 30 days), MAIL |
| LUMIGAN SOL 0.01% (<i>bimatoprost</i>) | Tier 3 | ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days. |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | Tier 1 | ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days. |
| ZIOPTAN DRO 0.0015% (<i>tafluprost</i>) | Tier 2 | ST, QL (30 ea / 30 days), MAIL; Prior use of latanoprost within the past 90 days. |

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

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

OTIC ANTI-INFECTIVES

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

OTIC COMBINATIONS

| | | |
|---|--------|----|
| CIPRO HC SUS OTIC (<i>ciprofloxacin-hydrocortisone</i>) | Tier 3 | PA |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | Tier 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 | |

OTIC STEROIDS

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| OXYTOCICS | | |
| OXYTOCICS | | |
| <i>methylergonovine maleate tab 0.2 mg</i> | Tier 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 |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS | | |
| HYQVIA INJ 2.5-200 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>) | Tier 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) |
| amoxicillin & k clavulanate chew tab 400-57 mg | Tier 3 | AGE; AGE (Max 12 years) |
| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml | Tier 1 | AGE; AGE (Max 12 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | Tier 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 / 10 days) |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | Tier 1 | QL (20 tabs / 10 days) |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | Tier 1 | QL (20 tabs / 10 days) |
| AUGMENTIN SUS 125/5ML (<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 / 30 days), MAIL |
| <i>medroxyprogesterone acetate tab 5 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>medroxyprogesterone acetate tab 10 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
| <i>norethindrone acetate tab 5 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>progesterone cap 100 mg</i> | Tier 1 | QL (30 caps / 30 days) |
| <i>progesterone cap 200 mg</i> | Tier 1 | QL (60 caps / 30 days) |

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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

ANTI-CATAPLECTIC AGENTS

| | | |
|---|--------|----|
| XYREM SOL 500MG/ML (<i>sodium oxybate</i>) | Tier 4 | PA |
|---|--------|----|

ANTIDEMENTIA AGENTS

| | | |
|--|--------|------------------------------|
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i> | Tier 1 | QL (60 tabs / 30 days), MAIL |
|--|--------|------------------------------|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| donepezil hydrochloride orally disintegrating tab 10 mg | Tier 1 | QL (30 tabs / 30 days), MAIL |
| donepezil hydrochloride tab 5 mg | Tier 1 | QL (30 tabs / 30 days), MAIL |
| donepezil hydrochloride tab 10 mg | Tier 1 | QL (30 tabs / 30 days), MAIL |
| galantamine hydrobromide cap er 24hr 8 mg | Tier 1 | MAIL |
| galantamine hydrobromide cap er 24hr 16 mg | Tier 1 | MAIL |
| galantamine hydrobromide cap er 24hr 24 mg | Tier 1 | MAIL |
| galantamine hydrobromide tab 4 mg | Tier 1 | MAIL |
| galantamine hydrobromide tab 8 mg | Tier 1 | MAIL |
| galantamine hydrobromide tab 12 mg | Tier 1 | MAIL |
| memantine hcl cap er 24hr 7 mg | Tier 3 | 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 / 30 days), MAIL |
| memantine hcl tab 10 mg | Tier 1 | QL (60 tabs / 30 days), MAIL |
| memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack | Tier 1 | QL (49 tabs / year) |
| rivastigmine tartrate cap 1.5 mg (base equivalent) | Tier 3 | MAIL |
| rivastigmine tartrate cap 3 mg (base equivalent) | Tier 3 | MAIL |
| rivastigmine tartrate cap 4.5 mg (base equivalent) | Tier 3 | MAIL |
| rivastigmine tartrate cap 6 mg (base equivalent) | Tier 3 | MAIL |
| rivastigmine td patch 24hr 4.6 mg/24hr | Tier 3 | 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 |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| 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 |
| GILENYA CAP 0.5MG (ingolimod hcl) | Tier 4 | PA |
| MAYZENT TAB 0.25MG (siponimod fumarate) | Tier 4 | PA |
| MAYZENT TAB 2MG (siponimod fumarate) | Tier 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| 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 |
| TYSABRI INJ 300/15ML (<i>natalizumab</i>) | Tier 4 | PA |
| VUMERITY CAP 231MG (<i>diroximel fumarate</i>) | Tier 4 | PA, QL (120 / 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 / 30 days), MAIL |
| <i>pimozide tab 2 mg</i> | Tier 1 | QL (150 tabs / 30 days), MAIL |
| SMOKING DETERRENTS | | |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | Tier 5 | QL (60 tabs / 30 days), MAIL |
| CHANTIX PAK 0.5& 1MG (<i>varenicline tartrate</i>) | Tier 5 | QL (53 tabs / 24 days), MAIL; Max 2 fills |
| CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>) | Tier 5 | QL (60 tabs / 30 days), MAIL |
| CHANTIX TAB 1MG (<i>varenicline tartrate</i>) | Tier 5 | QL (60 tabs / 30 days), MAIL |
| <i>nicotine polacrilex gum 2 mg</i> | Tier 5 | QL (240 pieces / 30 days), OTC, MAIL |
| <i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex) | Tier 5 | QL (240 pieces / 30 days), OTC, MAIL |
| <i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge) | Tier 5 | QL (240 lozgs / 30 days), OTC, MAIL |
| <i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex) | Tier 5 | QL (240 lozgs / 30 days), OTC, MAIL |
| NICOTINE SYS KIT TRANSDER | Tier 5 | QL (56 patches / 30 days), OTC, MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| nicotine td patch 24hr 7 mg/24hr (Nicotine Transdermal Syst) | Tier 5 | QL (30 patches / 30 days), OTC, MAIL |
| nicotine td patch 24hr 14 mg/24hr (Hm Nicotine Transdermal S) | Tier 5 | QL (30 patches / 30 days), OTC, MAIL |
| nicotine td patch 24hr 21 mg/24hr (Cvs Nicotine Transdermal) | Tier 5 | QL (30 patches / 30 days), OTC, MAIL |
| NICOTROL INH (nicotine) | Tier 5 | QL (480 cartridges / 30 days), MAIL |
| NICOTROL NS SPR 10MG/ML (nicotine) | Tier 5 | QL (40 mL / 30 days), MAIL |
| varenicline tartrate tab 0.5 mg (base equiv) | Tier 5 | QL (60 tabs / 30 days), MAIL |
| varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack | Tier 5 | QL (53 tabs / 24 days), MAIL; Max 2 fills |
| varenicline tartrate tab 1 mg (base equiv) | Tier 5 | QL (60 tabs / 30 days), MAIL |

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

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

CYSTIC FIBROSIS AGENTS

| | | |
|--|--------|----|
| KALYDECO PAK 25MG (ivacaftor) | Tier 4 | PA |
| KALYDECO PAK 50MG (ivacaftor) | Tier 4 | PA |
| KALYDECO PAK 75MG (ivacaftor) | Tier 4 | PA |
| KALYDECO TAB 150MG (ivacaftor) | Tier 4 | PA |
| PULMOZYME SOL 1MG/ML (dornase alfa) | Tier 4 | PA |

PULMONARY FIBROSIS AGENTS

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

SULFONAMIDES

SULFONAMIDES

| | |
|--------------------------------|--------|
| SULFADIAZINE TAB 500 MG | Tier 3 |
|--------------------------------|--------|

TETRACYCLINES

TETRACYCLINES

| | |
|--|--------|
| demeclocycline hcl tab 150 mg | Tier 3 |
| demeclocycline hcl tab 300 mg | Tier 3 |
| doxycycline monohydrate cap 50 mg | Tier 1 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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> | Tier 1 | MAIL |
| <i>levothyroxine sodium tab 112 mcg</i> (Levoxyl) | Tier 1 | MAIL |
| <i>levothyroxine sodium tab 125 mcg</i> (Levoxyl) | Tier 1 | MAIL |
| <i>levothyroxine sodium tab 137 mcg</i> (Levoxyl) | Tier 1 | MAIL |
| <i>levothyroxine sodium tab 150 mcg</i> (Levoxyl) | Tier 1 | MAIL |
| <i>levothyroxine sodium tab 175 mcg</i> (Levoxyl) | Tier 1 | MAIL |
| <i>levothyroxine sodium tab 200 mcg</i> | Tier 1 | MAIL |
| <i>levothyroxine sodium tab 300 mcg</i> | Tier 1 | MAIL |
| <i>liothyronine sodium tab 5 mcg</i> | Tier 1 | MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 |
| SYNTHROID TAB 25MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 50MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 75MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 88MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 100MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 112MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 125MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 137MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 150MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 175MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 200MCG (levothyroxine sodium) | Tier 2 | MAIL |
| SYNTHROID TAB 300MCG (levothyroxine sodium) | Tier 2 | MAIL |
| thyroid tab 15 mg (1/4 grain) (Np Thyroid 15) | Tier 1 | MAIL |
| thyroid tab 30 mg (1/2 grain) (Np Thyroid 30) | Tier 1 | MAIL |
| thyroid tab 60 mg (1 grain) (Np Thyroid 60) | Tier 1 | MAIL |
| thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90) | Tier 1 | MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| thyroid tab 120 mg (2 grain) (Np Thyroid 120) | Tier 1 | MAIL |
| THYROLAR-1 TAB 60MG (liotrix (t3-t4)) | Tier 2 | MAIL |
| THYROLAR-1/2 TAB 30MG (liotrix (t3-t4)) | Tier 2 | MAIL |
| THYROLAR-1/4 TAB 15MG (liotrix (t3-t4)) | Tier 2 | MAIL |
| THYROLAR-2 TAB 120MG (liotrix (t3-t4)) | Tier 2 | MAIL |
| THYROLAR-3 TAB 180MG (liotrix (t3-t4)) | Tier 2 | MAIL |
| WP THYROID TAB 81.25MG (thyroid) | Tier 2 | MAIL |

TOXOIDS

TOXOID COMBINATIONS

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>methscopolamine bromide tab 2.5 mg</i> | Tier 3 | |
| <i>methscopolamine bromide tab 5 mg</i> | Tier 3 | |
| H-2 ANTAGONISTS | | |
| <i>cimetidine tab 200 mg</i> | Tier 1 | MAIL |
| <i>cimetidine tab 300 mg</i> | Tier 1 | MAIL |
| <i>cimetidine tab 400 mg</i> | Tier 1 | MAIL |
| <i>cimetidine tab 800 mg</i> | Tier 1 | MAIL |
| <i>famotidine for susp 40 mg/5ml</i> | Tier 1 | QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years) |
| <i>famotidine tab 10 mg</i> | Tier 1 | OTC, MAIL |
| <i>famotidine tab 20 mg</i> | Tier 1 | MAIL |
| <i>famotidine tab 40 mg</i> | Tier 1 | MAIL |
| <i>nizatidine cap 150 mg</i> | Tier 1 | MAIL |
| <i>nizatidine cap 300 mg</i> | Tier 1 | MAIL |
| <i>nizatidine oral soln 15 mg/ml</i> | Tier 1 | AGE, MAIL; AGE (Max 12 years) |
| MISC. ANTI-ULCER | | |
| <i>sucralfate tab 1 gm</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| PROTON PUMP INHIBITORS | | |
| DEXILANT CAP 30MG DR (<i>dexlansoprazole</i>) | Tier 3 | ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole |
| DEXILANT CAP 60MG DR (<i>dexlansoprazole</i>) | Tier 3 | ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole |
| <i>dexlansoprazole cap delayed release 30 mg</i> | Tier 3 | ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| dexlansoprazole cap delayed release 60 mg | Tier 3 | ST, QL (30 caps / 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 / 30 days), OTC, MAIL |
| FIRST-OMEPRASUS 2MG/ML (omeprazole) | Tier 1 | QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years) |
| lansoprazole cap delayed release 15 mg | Tier 3 | ST, QL (60 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole |
| lansoprazole cap delayed release 30 mg | Tier 3 | ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole |
| NEXIUM 24HR CAP 20MG (esomeprazole magnesium) | Tier 1 | QL (60 caps / 30 days), OTC, MAIL |
| omeprazole cap delayed release 10 mg | Tier 1 | QL (60 caps / 30 days), MAIL |
| omeprazole cap delayed release 20 mg | Tier 1 | QL (60 caps / 30 days), MAIL |
| omeprazole cap delayed release 40 mg | Tier 1 | QL (60 caps / 30 days), MAIL |
| omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) (Cvs Omeprazole Magnesium) | Tier 1 | QL (60 caps / 30 days), OTC |
| omeprazole magnesium delayed release tab 20 mg (base equiv) | Tier 1 | QL (60 tabs / 30 days), OTC |
| pantoprazole sodium ec tab 20 mg (base equiv) | Tier 1 | QL (30 tabs / 30 days), MAIL |
| pantoprazole sodium ec tab 40 mg (base equiv) | Tier 1 | QL (60 tabs / 30 days), MAIL |
| PRILOSEC OTC TAB 20MG (omeprazole magnesium) | Tier 1 | QL (60 tabs / 30 days), OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>rabeprazole sodium ec tab 20 mg</i> | Tier 3 | ST, QL (30 tabs / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole |
| ULCER DRUGS - PROSTAGLANDINS | | |
| <i>misoprostol tab 100 mcg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| <i>misoprostol tab 200 mcg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
| ULCER THERAPY COMBINATIONS | | |
| <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</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 / 30 days), AGE; AGE (Max 64 years) |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i> | Tier 1 | QL (120 caps / 30 days), AGE; AGE (Max 64 years) |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> | Tier 1 | QL (60 caps / 30 days), AGE; AGE (Max 64 years) |
| <i>nitrofurantoin susp 25 mg/5ml</i> | Tier 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 / 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 / 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 / 30 days), MAIL |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>fesoterodine fumarate tab er 24hr 8 mg</i> | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |
| <i>oxybutynin chloride syrup 5 mg/5ml</i> | Tier 1 | QL (600 mL / 30 days), MAIL |
| <i>oxybutynin chloride tab 5 mg</i> | Tier 1 | QL (90 tabs / 30 days), MAIL |
| <i>oxybutynin chloride tab er 24hr 5 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>oxybutynin chloride tab er 24hr 10 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> | Tier 1 | QL (30 tabs / 30 days), MAIL |
| OXYTROL/WOMN DIS 3.9MG/24 <i>(oxybutynin)</i> | Tier 2 | QL (8 ea / 30 days), OTC, MAIL |
| <i>solifenacin succinate tab 5 mg</i> | Tier 3 | ST, QL (60 tabs / 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 / 30 days), MAIL; Prior use of oxybutynin in the last 90 days |
| <i>tolterodine tartrate tab 1 mg</i> | Tier 1 | ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days. |
| <i>tolterodine tartrate tab 2 mg</i> | Tier 1 | ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days. |
| TOVIAZ TAB 4MG <i>(fesoterodine fumarate)</i> | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |
| TOVIAZ TAB 8MG <i>(fesoterodine fumarate)</i> | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |
| <i>tropium chloride cap er 24hr 60 mg</i> | Tier 3 | ST, QL (30 caps / 30 days), MAIL; Prior use of oxybutynin in the last 90 days |
| <i>tropium chloride tab 20 mg</i> | Tier 1 | ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days. |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB 25MG <i>(mirabegron)</i> | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| MYRBETRIQ TAB 50MG (<i>mirabegron</i>) | Tier 3 | PA, QL (30 tabs / 30 days), MAIL |

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

| | | |
|---------------------------------------|--------|-------------------------|
| <i>bethanechol chloride tab 5 mg</i> | Tier 1 | QL (120 tabs / 30 days) |
| <i>bethanechol chloride tab 10 mg</i> | Tier 1 | QL (120 tabs / 30 days) |
| <i>bethanechol chloride tab 25 mg</i> | Tier 1 | QL (120 tabs / 30 days) |
| <i>bethanechol chloride tab 50 mg</i> | Tier 1 | QL (120 tabs / 30 days) |

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

| | | |
|---------------------------------|--------|-------------------------------|
| <i>flavoxate hcl tab 100 mg</i> | Tier 1 | QL (120 tabs / 30 days), MAIL |
|---------------------------------|--------|-------------------------------|

VACCINES

BACTERIAL VACCINES

| | | |
|---|--------|------------------------------------|
| PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>) | 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 / lifetime) |
| VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>) | Tier 5 | QL (1 inj / 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 / 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| GARDASIL 9 INJ (<i>human papillomavirus (hpv) 9-valent recombinant vaccine</i>) | Tier 5 | QL (3 inj / 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) |
| HEPLISAV-B INJ 20MCG (<i>hepatitis b vaccine recombinant adjuvanted</i>) | Tier 5 | QL (Maximum 3 injections per lifetime) |
| JANSSEN VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>) | Tier 5 | |
| MODERNA VAC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | Tier 5 | |
| PFIZER VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | Tier 5 | |
| RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>) | Tier 5 | QL (Maximum 3 injections per lifetime) |
| RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>) | Tier 5 | QL (Maximum 3 injections per lifetime) |
| SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>) | Tier 5 | QL (Max 2 injections per lifetime), AGE; AGE (Min 18 years) |
| TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>) | Tier 5 | QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years) |
| VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>) | Tier 5 | QL (Max 2 injections per lifetime) |
| VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>) | Tier 5 | QL (Max 2 injections per lifetime) |
| ZOSTAVAX INJ (<i>zoster vaccine live</i>) | Tier 5 | QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years) |

VAGINAL PRODUCTS

SPERMICIDES

| | | |
|---|--------|-----|
| CONCEPTROL GEL 4% (<i>nonoxynol-9</i>) | Tier 5 | OTC |
| ENCARE SUP 100MG (<i>nonoxynol-9</i>) | Tier 5 | OTC |
| GYNOL II GEL 3% (<i>nonoxynol-9</i>) | Tier 5 | OTC |
| SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>) | Tier 5 | OTC |
| TODAY SPONGE MIS (<i>nonoxynol-9</i>) | Tier 5 | OTC |
| VCF VAGINAL AER CONTRACP (<i>nonoxynol-9</i>) | Tier 5 | OTC |
| VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>) | Tier 5 | OTC |
| VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>) | Tier 5 | OTC |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| VAGINAL ANTI-INFECTIVES | | |
| clindamycin phosphate vaginal cream 2% | Tier 1 | QL (40 gm / 30 days) |
| clotrimazole vaginal cream 1% | Tier 1 | OTC |
| clotrimazole vaginal cream 2% (Gnp Clotrimazole 3) | Tier 1 | OTC |
| GYNAZOLE-1 CRE 2% (butoconazole nitrate (one dose)) | Tier 2 | |
| metronidazole vaginal gel 0.75% | Tier 1 | QL (70 gm / 30 days) |
| miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit (Sm Miconazole 3) | Tier 1 | OTC |
| miconazole nitrate vaginal cream 2% (Miconazole 7) | Tier 1 | OTC |
| miconazole nitrate vaginal cream 4% (200 mg/5gm) (Qc 3 Day Vaginal Cream) | Tier 1 | OTC |
| miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit (Gnp Miconazole 3) | Tier 1 | OTC |
| miconazole nitrate vaginal suppos 100 mg (Miconazole 7) | Tier 1 | OTC |
| MONISTAT 7 KIT COMBO PK (miconazole nitrate vaginal) | Tier 1 | OTC |
| terconazole vaginal cream 0.4% | Tier 1 | |
| terconazole vaginal cream 0.8% | Tier 1 | |
| terconazole vaginal suppos 80 mg | Tier 3 | |
| tioconazole vaginal oint 6.5% (Ra Tioconazole 1) | Tier 1 | OTC |
| VAGINAL ESTROGENS | | |
| estradiol vaginal cream 0.1 mg/gm | Tier 1 | QL (42.5 gm / 30 days), MAIL |
| estradiol vaginal tab 10 mcg | Tier 3 | QL (60 tabs / 30 days), MAIL |
| PREMARIN VAG CRE 0.625MG (estrogens, conjugated vaginal) | Tier 2 | QL (30 gm / 30 days), MAIL |
| VAGINAL PROGESTINS | | |
| PROGESTERONE SUP VGS 100 (progesterone (vaginal)) | Tier 3 | PA |
| PROGESTERONE SUP VGS 200 (progesterone (vaginal)) | Tier 3 | PA |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| EPIPEN 2-PAK INJ 0.3MG (epinephrine (anaphylaxis)) | Tier 2 | QL (2 ea / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| EPIPEN-JR INJ 0.15MG (epinephrine (anaphylaxis)) | Tier 2 | QL (2 ea / 30 days) |
| SYMJEPI INJ 0.3MG (epinephrine (anaphylaxis)) | Tier 2 | QL (2 syringes / 30 days) |
| SYMJEPI INJ 0.15MG (epinephrine (anaphylaxis)) | Tier 2 | QL (2 syringes / 30 days) |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| droxidopa cap 100 mg | Tier 4 | PA |
| droxidopa cap 200 mg | Tier 4 | PA |
| droxidopa cap 300 mg | Tier 4 | PA |
| VASOPRESSORS | | |
| midodrine hcl tab 2.5 mg | Tier 1 | |
| midodrine hcl tab 5 mg | Tier 1 | |
| midodrine hcl tab 10 mg | Tier 1 | |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| cholecalciferol cap 1.25 mg (50000 unit) | Tier 1 | OTC |
| cholecalciferol cap 25 mcg (1000 unit) (D 1000) | Tier 1 | OTC |
| cholecalciferol cap 50 mcg (2000 unit) (D2000 Ultra Strength) | Tier 1 | OTC |
| cholecalciferol cap 125 mcg (5000 unit) (D 5000) | Tier 1 | OTC |
| cholecalciferol cap 250 mcg (10000 unit) | Tier 1 | OTC |
| cholecalciferol chew tab 10 mcg (400 unit) (Kp Vitamin D) | Tier 1 | OTC |
| cholecalciferol chew tab 25 mcg (1000 unit) (Cvs D3) | Tier 1 | OTC |
| cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength) | Tier 1 | OTC |
| cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) (Aqueous Vitamin D Infants) | Tier 1 | OTC |
| cholecalciferol tab 10 mcg (400 unit) | Tier 1 | OTC |
| cholecalciferol tab 25 mcg (1000 unit) | Tier 1 | OTC |
| cholecalciferol tab 50 mcg (2000 unit) | Tier 1 | OTC |
| cholecalciferol tab 125 mcg (5000 unit) | Tier 1 | OTC |
| ergocalciferol cap 1.25 mg (50000 unit) | Tier 1 | |
| phytonadione tab 5 mg | Tier 1 | QL (150 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| WATER SOLUBLE VITAMINS | | |
| ascorbic acid tab 500 mg (Hm Vitamin C/rose Hips) | Tier 1 | OTC |
| niacin cap er 250 mg | Tier 1 | OTC |
| niacin cap er 500 mg | Tier 1 | OTC |
| niacin tab 50 mg | Tier 1 | OTC |
| niacin tab 100 mg | Tier 1 | OTC |
| niacin tab 250 mg | Tier 1 | OTC |
| niacin tab 500 mg | Tier 1 | OTC |
| niacin tab er 250 mg | Tier 1 | OTC |
| niacin tab er 500 mg | Tier 1 | OTC |
| niacin tab er 750 mg | Tier 1 | OTC |
| niacinamide tab 500 mg | Tier 1 | OTC |
| pyridoxine hcl tab 25 mg | Tier 1 | OTC |
| pyridoxine hcl tab 50 mg | Tier 1 | OTC |
| pyridoxine hcl tab 100 mg | Tier 1 | OTC |
| riboflavin tab 100 mg (Cvs Vitamin B-2) | Tier 1 | OTC |
| thiamine hcl tab 50 mg | Tier 1 | OTC |
| thiamine hcl tab 100 mg | Tier 1 | OTC |
| thiamine hcl tab 250 mg | Tier 1 | OTC |
| vitamin b-6 tab 200mg tr | Tier 1 | OTC |

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