

2021 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of Wisconsin, Inc Marketplace

Notice:

The information in this document is current as of October 1, 2021.

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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 2021.

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.

Legend

What are the Requirements and Limits on the drug list?

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

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

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

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

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

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

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

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

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

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

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

Leyenda

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

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

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

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

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

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

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

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

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

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

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



Molina Healthcare Marketplace

2021 Formulary Changes Effective October 1, 2021

Date Effective	Product Name	Change	Notes
10/1/2021	COSENTYX INJ 75MG/0.5	Add to formulary, T4, with PA	
10/1/2021	ReliOn Rx TMX Blood Glucose Meter	Add to formulary, DME, with QL	1 per 365 days
10/1/2021	ReliOn Rx TMX strip 100 ct	Add to formulary, T2, with QL	200 per 30 days, 100/month max quantity for non-insulin users
10/1/2021	ReliOn Rx TMX strip 50 ct	Add to formulary, T2, with QL	200 per 30 days, 100/month max quantity for non-insulin users
10/1/2021	ALBENDAZOLE TAB 200MG	Add to formulary tier 3, QL	2 per 1 day, max days supply = 1
10/1/2021	TINIDAZOLE TAB 250MG	Add to formulary tier 3, QL	8 per day, max days supply = 7
10/1/2021	TINIDAZOLE TAB 500MG	Add to formulary tier 3, QL	4 per day, max days supply = 7
10/1/2021	PYRIME/LEUCO CAP 12.5/2.5	Add to formulary tier 1 with QL	90 per 30 days
10/1/2021	PYRIME/LEUCO CAP 25/5MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 25/10MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 50/10MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 50/20MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 50/25MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 75/25MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	Ivermectin 3 mg TAB	Add QL and max day supply	
10/1/2021	TRAMADL/APAP TAB 37.5-325	Add to formulary tier 1 with QL, MED, Max 7 day initial supply	10 per day
10/1/2021	ABIRATERONE TAB 500MG	Add to formulary tier 1 with PA and QL	60 per 30 days
10/1/2021	ICLUSIG TAB 10MG	Add to formulary tier 3 with PA and QL	30 per 30 days



Date Effective	Product Name	Change	Notes
10/1/2021	ICLUSIG TAB 30MG	Add to formulary tier 4 with PA and QL	30 per 30 days
10/1/2021	Z-TUSS AC LIQ 2-9/5ML	Add to formulary tier 2 with QL	240 mL per 25 days
10/1/2021	DESVENLAFAX TAB 25MG ER	Add to formulary tier 1 QL	30 per 30 days
10/1/2021	ULESFIA LOT 5%	Add to formulary tier 3 with PA	
10/1/2021	Nitazoxanide TABS 500MG	Add to formulary tier 3 with PA	
10/1/2021	METOCLOPRAM INJ 5MG/ML	Add to formulary tier 1	
10/1/2021	METOCLOPRAM INJ 10MG/2ML	Add to formulary tier 1	
10/1/2021	Toujeo SoloStar SOPN 300UNIT/ML	Add to formulary tier 2, QL	18 mL/25 days
10/1/2021	Toujeo Max SoloStar SOPN 300UNIT/ML	Add to formulary tier 2, QL	18 mL/25 days
10/1/2021	Soliqua SOPN 100-33UNT-MCG/ML	Add to formulary tier 2 with ST, QL	18 mL/25 days
10/1/2021	Xultophy SOPN 100-3.6UNIT-MG/ML	Add to formulary tier 2 with ST, QL	15 mL/25 days
10/1/2021	NovoLIN R FlexPen SOPN 100UNIT/ML	Add to formulary, Tier 2 with QL	30 per 25 days
10/1/2021	NovoLIN N FlexPen SUPN 100UNIT/ML	Add to formulary, Tier 2 with QL	30 per 25 days
10/1/2021	Rebif Rebidoso SOAJ 22MCG/0.5ML	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif Rebidoso SOAJ 44MCG/0.5ML	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif Rebidoso Titration Pack SOAJ 6X8.8 & 6X22MCG	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif SOSY 22MCG/0.5ML	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif SOSY 44MCG/0.5ML	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif Titration Pack SOSY 6X8.8 & 6X22MCG	Add to Formulary Tier 4 with PA	
10/1/2021	Advair HFA AERO 45-21MCG/ACT	Add to formulary tier 2 with QL	12 g per 25 days
10/1/2021	Advair HFA AERO 115-21MCG/ACT	Add to formulary tier 2 with QL	12 g per 25 days
10/1/2021	Advair HFA AERO 230-21MCG/ACT	Add to formulary tier 2 with QL	12 g per 25 days
10/1/2021	Advair Diskus AEPB 100-50MCG/DOSE	Add to formulary tier 2 with QL	60 per 25 days

Date Effective	Product Name	Change	Notes
10/1/2021	Advair Diskus AEPB 250-50MCG/DOSE	Add to formulary tier 2 with QL	60 per 25 days
10/1/2021	Advair Diskus AEPB 500-50MCG/DOSE	Add to formulary tier 2 with QL	60 per 25 days
10/1/2021	Tremfya SOPN 100MG/ML	Add to formulary tier 4 with PA	
10/1/2021	Tremfya SOSY 100MG/ML	Add to formulary tier 4 with PA	
10/1/2021	Spiriva HandiHaler CAPS 18MCG	Add to formulary tier 2, QL	30 per 30 days
10/1/2021	Spiriva Respimat AERS 2.5MCG/ACT	Add to formulary tier 2, QL	4 per 30 days
10/1/2021	Spiriva Respimat AERS 1.25MCG/ACT	Add to formulary tier 2, QL	4 per 30 days
10/1/2021	Aimovig SOAJ 70MG/ML	Add to formulary tier 3 with PA and QL	1 mL per 28 days
10/1/2021	Aimovig (140 MG Dose) SOAJ 70MG/ML	Add to formulary tier 3 with PA and QL	2 mL per 28 days
10/1/2021	Aimovig SOAJ 140MG/ML	Add to formulary tier 3 with PA and QL	1 mL per 28 days
10/1/2021	Emgality SOAJ 120MG/ML	Add to formulary tier 3 with PA and QL	2 mL per 28 days
10/1/2021	Emgality (300 MG Dose) SOSY 100MG/ML	Add to formulary tier 3 with PA and QL	3 mL per 28 days
10/1/2021	Emgality SOSY 120MG/ML	Add to formulary tier 3 with PA and QL	2 mL per 28 days
10/1/2021	BREZTRI AERO AER SPHERE	Add to formulary tier 2 with QL 10.8 g per 25 days	10.8 g per 25 days
10/1/2021	TRELEGY AER ELLIPTA	Add to formulary tier 2 with QL	60 per 30 days
10/1/2021	TRELEGY AER ELLIPTA	Add to formulary tier 2 with QL	60 per 30 days
10/1/2021	CELECOXIB CAP 50MG	Remove PA	
10/1/2021	CELECOXIB CAP 100MG	Remove PA	
10/1/2021	CELECOXIB CAP 200MG	Remove PA	
10/1/2021	CELECOXIB CAP 400MG	Remove PA	
10/1/2021	XARELTO TAB 2.5MG	Remove PA, Add QL	QL 60 per 30 days
10/1/2021	XARELTO TAB 10MG	Remove PA, Add QL	QL 30 per 30 days
10/1/2021	XARELTO TAB 15MG	Remove PA, Add QL	QL 30 per 30 days
10/1/2021	XARELTO TAB 20MG	Remove PA, Add QL	QL 30 per 30 days
10/1/2021	XARELTO STAR TAB 15/20MG	Remove PA	
10/1/2021	ENOXAPARIN INJ 60/0.6ML	Remove max days supply	
10/1/2021	ENOXAPARIN INJ 80/0.8ML	Remove max days supply	

Date Effective	Product Name	Change	Notes
10/1/2021	ENOXAPARIN INJ 100MG/ML	Remove max days supply	
10/1/2021	ENOXAPARIN INJ 120/0.8	Remove max days supply	
10/1/2021	ENOXAPARIN INJ 150MG/ML	Remove max days supply	
10/1/2021	ENOXAPARIN INJ 300/3ML	Remove max days supply	
10/1/2021	ELIQUIS TAB 2.5MG	Downtier from T3 to T2, update QL	60 per 30 days
10/1/2021	ELIQUIS TAB 5MG	Downtier from T3 to T2, update QL	60 per 30 days
10/1/2021	ELIQUIS ST P TAB 5MG	Add to formulary, T2, with QL	1 fill per year
10/1/2021	LINZESS CAP 72MCG	Downtier from T3 to T2	
10/1/2021	LINZESS CAP 145MCG	Downtier from T3 to T2	
10/1/2021	LINZESS CAP 290MCG	Downtier from T3 to T2	
10/1/2021	HUMULIN R INJ U-500	Downtier from T3 to T2	
10/1/2021	HUMULIN R INJ U-500	Downtier from T3 to T2	
10/1/2021	CHANTIX PAK 0.5& 1MG	Update QL	53 per 24 days, max 2 fills per 365 days
10/1/2021	ESTRADIOL TAB 0.5MG	Remove QL	
10/1/2021	ESTRADIOL TAB 1MG	Remove QL	
10/1/2021	ESTRADIOL TAB 2MG	Remove QL	
10/1/2021	SEMAGLUTIDE TAB 3 MG	Add QL MDD = 1	30 per 30 days
10/1/2021	SEMAGLUTIDE TAB 7 MG	Add QL MDD = 2	60 per 30 days
10/1/2021	SEMAGLUTIDE TAB 14 MG	Add QL MDD = 3	90 per 30 days
10/1/2021	DULAGLUTIDE SOLN PEN- INJECTOR 0.75 MG/0.5ML	Add QL 2 mL/24 days	2 mL per 24 days
10/1/2021	DULAGLUTIDE SOLN PEN- INJECTOR 1.5 MG/0.5ML	Add QL 2 mL/24 days	2 mL per 24 days
10/1/2021	DULAGLUTIDE SOLN PEN- INJECTOR 3 MG/0.5ML	Add QL 2 mL/24 days	2 mL per 24 days
10/1/2021	DULAGLUTIDE SOLN PEN- INJECTOR 4.5 MG/0.5ML	Add QL 2 mL/24 days	2 mL per 24 days
10/1/2021	LIRAGLUTIDE SOLN PEN- INJECTOR 18 MG/3ML (6 MG/ML)	Add QL 9 mL/35 days	9 mL per 35 days
10/1/2021	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/1.5ML)	Add QL 1.5 mL/24 days	1.5 mL per 24 days
10/1/2021	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (2 MG/1.5ML)	Add QL 3 mL/24 days	3 mL per 24 days
10/1/2021	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML)	Add QL 3 mL/24 days	3 mL per 24 days



Date Effective	Product Name	Change	Notes
10/1/2021	INSULIN DEGLUDEC-LIRAGLUTIDE SOL PEN-INJ 100-3.6 UNIT-MG/ML	Add QL 15 mL/25 days	15 mL per 25 days
10/1/2021	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML	Add QL 18 mL/25 days	18 mL per 25 days
10/1/2021	DUPIXENT INJ 200MG	Add to formulary, T4, PA	
10/1/2021	XOFLUZA TAB 40MG	Add to formulary, T2, QL	2 per 25 days
10/1/2021	XOFLUZA TAB 80MG	Add to formulary, T2, QL	1 per 25 days
10/1/2021	RUKOBIA TAB 600MG ER	Add to formulary, T2, QL	60 per 30 days
10/1/2021	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Add to formulary, T4, PA, QL	30 per 30 days
10/1/2021	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Add to formulary, T4, PA, QL	60 per 30 days
10/1/2021	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Add to formulary, T4, PA, QL	30 per 30 days
10/1/2021	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Add to formulary, T4, PA, QL	120 per 30 days
10/1/2021	LOPINAVIR-RITONAVIR TAB 200-50 MG	Add to formulary, T1, QL	180 per 30 days
10/1/2021	LOPINAVIR-RITONAVIR TAB 100-25 MG	Add to formulary, T1, QL	360 per 30 days
10/1/2021	ETRAVIRINE TAB 200 MG	Add to formulary, T1, QL	60 per 30 days
10/1/2021	ETRAVIRINE TAB 100 MG	Add to formulary, T1, QL	120 per 30 days
10/1/2021	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	Add to formulary, T1, QL	120 per 30 days

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

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

AMPHETAMINES

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

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>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)

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

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 tab 3 mg	Tier 1	OTC
melatonin tab 5 mg	Tier 1	OTC
melatonin tab 300 mcg	Tier 1	OTC
melatonin tab er 10 mg	Tier 1	OTC
melatonin tablet disintegrating 5 mg	Tier 1	OTC

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; 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
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INTERLEUKIN-1 BLOCKERS

ARCALYST INJ 220MG (<i>rilonacept</i>)	Tier 4	PA
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INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)

KINERET INJ (<i>anakinra</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
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INTERLEUKIN-6 RECEPTOR INHIBITORS

ACTEMRA INJ 80MG/4ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
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; Preferred Brand
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 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>etodolac cap 200 mg</i>	Tier 1	QL (150 caps / 30 days), MAIL
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	PA, QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	QL (120 caps / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	QL (180 tabs / 30 days), AGE, OTC; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen susp 40 mg/ml</i> (Cvs Ibuprofen Infants)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>ibuprofen susp 100 mg/5ml</i> (Ibuprofen Childrens)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>ibuprofen tab 100 mg</i> (Advil Junior Strength)	Tier 1	QL (120 tabs / 30 days), OTC
<i>ibuprofen tab 200 mg</i> (Ra Ibuprofen)	Tier 1	QL (120 tabs / 30 days), OTC
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<i>meclofenamate sodium cap 50 mg</i>	Tier 3	PA, MAIL
<i>meclofenamate sodium cap 100 mg</i>	Tier 3	PA, MAIL
<i>mefenamic acid cap 250 mg</i>	Tier 3	PA, MAIL
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 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

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>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		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 250MG (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

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

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

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

ANALGESICS OTHER

<i>acetaminophen chew tab 80 mg</i> (Childrens Pain Reliever)	Tier 1	OTC
<i>acetaminophen chew tab 160 mg</i> (Non-aspirin Junior Streng)	Tier 1	OTC
<i>acetaminophen disintegrating tab 80 mg</i> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<i>acetaminophen disintegrating tab 160 mg</i> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml</i> (Mapap)	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml</i> (Eq Pain Relief Adult/rapi)	Tier 1	OTC
<i>acetaminophen soln 160 mg/5ml</i> (Pain & Fever Childrens)	Tier 1	OTC
<i>acetaminophen suppos 120 mg</i>	Tier 1	OTC
<i>acetaminophen suppos 650 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
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
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); Max 7 day supply initial fill, MED
codeine sulfate tab 30 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 50-2MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG (morphine-naltrexone)	Tier 3	PA; MED

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl tab 50 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 100 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<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

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

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

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 10-200 mg	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone-ibuprofen tab 5-400 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	QL (10 per day); 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)

Drug Name	Drug Tier	Requirements/Limits
<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

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

ANDROGENS

<i>ANDROXY TAB 10MG (fluoxymesterone)</i>	Tier 3	PA, QL (90 tabs / 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
<i>METHITEST TAB 10MG (methyltestosterone)</i>	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 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)
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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 day supply
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	QL (16 tabs / 2 days); Max 1 fill in 30 days; Note: 1 dose = 1 day supply
praziquantel tab 600 mg	Tier 3	PA
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
pentamidine isethionate for nebulization soln 300 mg	Tier 3	
tinidazole tab 250 mg	Tier 3	QL (8 per day, max days supply = 7)
tinidazole tab 500 mg	Tier 3	QL (4 per day, max days supply = 7)
trimethoprim tab 100 mg	Tier 1	
XIFAXAN TAB 200MG (rifaximin)	Tier 4	PA
XIFAXAN TAB 550MG (rifaximin)	Tier 4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	

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>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
ANTIPROTOZOAL AGENTS		
<i>ALINIA SUS 100/5ML (nitazoxanide)</i>	Tier 3	PA
<i>ALINIA TAB 500MG (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		
<i>FIRVANQ SOL 25MG/ML (vancomycin hcl)</i>	Tier 2	
<i>FIRVANQ SOL 50MG/ML (vancomycin hcl)</i>	Tier 2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 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		
<i>CAYSTON INH 75MG (aztreonam lysine)</i>	Tier 4	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	ST, QL (60 tabs / 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

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<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</i> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>meprobamate tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days)
<i>meprobamate tab 400 mg</i>	Tier 3	QL (90 tabs / 30 days)
BENZODIAZEPINES		
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<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)

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate cap 100 mg</i>	Tier 1	MAIL
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	MAIL
<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		
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 4	PA, QL (3 injections / 23 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 4	PA, QL (3 syringes / 23 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
NUCALA INJ 100MG (<i>mepolizumab</i>)	Tier 4	PA, QL (3 vials / 23 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>)	Tier 2	QL (12.9 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELPT INH 62.5MCG (umeclidinium bromide)	Tier 2	QL (30 blisters / 30 days), MAIL
ipratropium bromide inhal soln 0.02%	Tier 1	QL (120 vials / 30 days), MAIL
SPIRIVA AER 1.25MCG (tiotropium bromide monohydrate)	Tier 2	QL (1 inhaler / 30 days), MAIL
SPIRIVA CAP HANDIHLR (tiotropium bromide monohydrate)	Tier 2	QL (30 caps / 30 days), MAIL
SPIRIVA SPR 2.5MCG (tiotropium bromide monohydrate)	Tier 2	QL (1 inhaler / 30 days), MAIL

LEUKOTRIENE MODULATORS

montelukast sodium chew tab 4 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 9 years)
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 14 years)
montelukast sodium tab 10 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
zafirlukast tab 10 mg	Tier 3	QL (60 tabs / 30 days), MAIL
zafirlukast tab 20 mg	Tier 3	QL (60 tabs / 30 days), MAIL
zileuton tab er 12hr 600 mg	Tier 3	PA, MAIL

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESP TAB 250MCG (roflumilast)	Tier 3	PA, MAIL
DALIRESP TAB 500MCG (roflumilast)	Tier 3	PA, MAIL

STEROID INHALANTS

ASMANEX 7 AER 110MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 100 MCG (mometasone furoate (inhalation))	Tier 2	QL (13 gm / 30 days), MAIL
ASMANEX HFA AER 200 MCG (mometasone furoate (inhalation))	Tier 2	QL (13 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
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
ADVAIR DISKU AER 250/50 (fluticasone-salmeterol)	Tier 2	QL (60 inhalations / 30 days), MAIL
ADVAIR DISKU AER 500/50 (fluticasone-salmeterol)	Tier 2	QL (60 inhalations / 30 days), MAIL
ADVAIR HFA AER 45/21 (fluticasone-salmeterol)	Tier 2	QL (12 g per 25 days), MAIL
ADVAIR HFA AER 115/21 (fluticasone-salmeterol)	Tier 2	QL (12 g per 25 days), MAIL
ADVAIR HFA AER 230/21 (fluticasone-salmeterol)	Tier 2	QL (12 g per 25 days), MAIL
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 3	QL (1 inhaler / 25 days), MAIL
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	QL (150 ea / 30 days), MAIL
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (300 mL / 30 days), MAIL
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	QL (225 mL / 30 days), MAIL
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (150 mL / 30 days), MAIL
albuterol sulfate syrup 2 mg/5ml	Tier 1	MAIL
albuterol sulfate tab 2 mg	Tier 3	MAIL
albuterol sulfate tab 4 mg	Tier 3	MAIL

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPT AER 62.5-25 (umeclidinium-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG (indacaterol maleate)	Tier 3	QL (30 caps / 30 days), MAIL
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	Tier 3	QL (120 mL / 30 days)
BEVESPI AER 9-4.8MCG (glycopyrrolate-formoterol fumarate)	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
BREZTRI AERO AER SPHERE (budesonide-glycopyrrolate-formoterol fumarate)	Tier 2	QL (10.8 g per 25 days), MAIL
BROVANA NEB 15MCG (arformoterol tartrate)	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 (ipratropium-albuterol)	Tier 2	QL (4 gm / 30 days), MAIL
DULERA AER 50-5MCG (mometasone furoate-formoterol fumarate dihydrate)	Tier 3	ST, QL (1 inhaler / 30 days), MAIL; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
DULERA AER 100-5MCG (mometasone furoate-formoterol fumarate dihydrate)	Tier 3	ST, QL (13 gm / 30 days), MAIL; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	ST, QL (13 gm / 30 days), MAIL; Prior use of (1) Symbicort AND (2) fluticasone/salmeterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i>	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 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.

Drug Name	Drug Tier	Requirements/Limits
metaproterenol sulfate syrup 10 mg/5ml	Tier 1	MAIL
metaproterenol sulfate tab 10 mg	Tier 1	MAIL
METAPROTERENOL SULFATE TAB 20 MG	Tier 1	MAIL
PROAIR HFA AER (albuterol sulfate)	Tier 2	QL (8.5 gm / 30 days), MAIL
PROVENTIL AER HFA (albuterol sulfate)	Tier 3	ST, QL (6.7 gm / 30 days), MAIL; Prior use of Proair HFA within the past 90 days.
SEREVENT DIS AER 50MCG (salmeterol xinafoate)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (tiotropium bromide-olodaterol hcl)	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG (olodaterol hcl)	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 (budesonide-formoterol fumarate dihydrate)	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 (budesonide-formoterol fumarate dihydrate)	Tier 2	QL (10.2 gm / 30 days), MAIL
terbutaline sulfate tab 2.5 mg	Tier 3	QL (240 tabs / 30 days), MAIL
terbutaline sulfate tab 5 mg	Tier 3	QL (180 tabs / 30 days), MAIL
TRELEGY AER ELLIPTA (fluticasone-umeclidinium-vilanterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
VENTOLIN HFA AER (albuterol sulfate)	Tier 3	ST, QL (18 gm / 30 days), MAIL; Prior use of Proair HFA within the past 90 days.

XANTHINES

theophylline soln 80 mg/15ml	Tier 1	MAIL
theophylline tab er 12hr 100 mg	Tier 1	MAIL
theophylline tab er 12hr 200 mg	Tier 1	MAIL
theophylline tab er 12hr 300 mg	Tier 1	MAIL
theophylline tab er 12hr 450 mg	Tier 1	MAIL
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

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 4MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 6MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 7.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 10MG (<i>warfarin sodium</i>)	Tier 2	MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 4 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 6 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 10 mg</i>	Tier 1	MAIL
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL
ELIQUIS TAB 5MG (<i>apixaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL; 1 fill per year
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	Tier 2	QL (51 tabs / year)
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO TAB 10MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 15MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 20MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 3	QL (18 mL / 30 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 3	QL (24 mL / 30 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 3	QL (36 mL / 30 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 3	QL (48 mL / 30 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 3	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 3	QL (48 mL / 30 days)
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 3	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 3	QL (30 vials / 30 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 3	PA

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

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>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)
<i>primidone tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>primidone tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>rufinamide susp 40 mg/ml</i>	Tier 3	MAIL
<i>rufinamide tab 200 mg</i>	Tier 3	MAIL
<i>rufinamide tab 400 mg</i>	Tier 3	MAIL
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	MAIL
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	MAIL

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

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>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
<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)		
EMSAM DIS 6MG/24HR (<i>selegiline</i>)	Tier 3	PA, MAIL
EMSAM DIS 9MG/24HR (<i>selegiline</i>)	Tier 3	PA, MAIL

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Drug Name	Drug Tier	Requirements/Limits
EMSAM DIS 12MG/24H (<i>selegiline</i>)	Tier 3	PA, MAIL
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	Tier 3	PA, MAIL
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 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
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

SEROTONIN MODULATORS

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

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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 <i>(pramlintide acetate)</i>	Tier 3	PA, MAIL
SYMLINPEN 120 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	PA, MAIL

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
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Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin

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

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-500MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 12.5-500 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 10-1000 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 10-5-1000 MG; Requires Trial of Metformin
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 25-5-1000 MG; Requires Trial of Metformin
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 12.5-2.5-1000MG; Requires Trial of Metformin
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 5-2.5-1000MG; Requires Trial of Metformin
XIGDUO XR TAB 2.5-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 5-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 5-1000MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 10-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 10-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	Tier 2	ST, QL (5 pens / 25 days); Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin

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

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE (<i>glucagon</i>)	Tier 2	QL (2 ea / 30 days)
<i>diazoxide susp 50 mg/ml</i>	Tier 3	MAIL
GLUCAGEN INJ HYPOKIT (<i>glucagon hcl rdna</i>)	Tier 2	QL (2 syringes / 30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	QL (2 kits / 30 days)
GLUCAGON KIT 1MG	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
PROGLYCEM SUS 50MG/ML (<i>diazoxide</i>)	Tier 3	MAIL
TGT GLUCOSE CHW GRAPE (<i>glucose-vitamin c</i>)	Tier 1	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
TRADJENTA TAB 5MG (<i>linagliptin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC

CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate (diabetes)</i>)	Tier 2	QL (180 tabs / 30 days), MAIL
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INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	ST, QL (1 pen / 24 days), MAIL; Requires Trial of Metformin
OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	ST, QL (2 pens / 24 days), MAIL; Requires Trial of Metformin
OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)	Tier 2	ST, QL (1 pen / 24 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 3MG (<i>semaglutide</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 7MG (<i>semaglutide</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 14MG (<i>semaglutide</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (4 pens / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (4 pens / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (4 pens / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (4 pens / 24 days), MAIL; Requires Trial of Metformin

Drug Name	Drug Tier	Requirements/Limits
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	ST, QL (3 pens / 35 days), MAIL; Requires Trial of Metformin
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 INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 3	ST, QL (30 mL / 30 days), OTC, MAIL; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN INJ 70/30KWP (<i>insulin nph isophane & reg (human)</i>)	Tier 3	ST, QL (30 mL / 30 days), OTC, MAIL; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 3	ST, QL (30 mL / 30 days), OTC, MAIL; Prior use of Novolin N within the past 90 days.
HUMULIN N INJ U-100KWP (<i>insulin nph (human) (isophane)</i>)	Tier 3	ST, QL (30 mL / 30 days), OTC, MAIL; Prior use of Novolin N within the past 90 days.

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

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
TOUJEO MAX INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (6 pens / 25 days)
TOUJEO SOLO INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (12 pens / 25 days)
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

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

Drug Name	Drug Tier	Requirements/Limits
SULFONYLUREAS		
CHLORPROPAMIDE TAB 100 MG	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
chlorpropamide tab 250 mg	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
glimepiride tab 1 mg	Tier 1	MAIL
glimepiride tab 2 mg	Tier 1	MAIL
glimepiride tab 4 mg	Tier 1	MAIL
glipizide tab 5 mg	Tier 1	MAIL
glipizide tab 10 mg	Tier 1	MAIL
glipizide tab er 24hr 2.5 mg	Tier 1	MAIL
glipizide tab er 24hr 5 mg	Tier 1	MAIL
glipizide tab er 24hr 10 mg	Tier 1	MAIL
glyburide micronized tab 1.5 mg	Tier 1	MAIL
glyburide micronized tab 3 mg	Tier 1	MAIL
glyburide micronized tab 6 mg	Tier 1	MAIL
glyburide tab 1.25 mg	Tier 1	MAIL
glyburide tab 2.5 mg	Tier 1	MAIL
glyburide tab 5 mg	Tier 1	MAIL
TOLAZAMIDE TAB 250 MG	Tier 1	MAIL
TOLAZAMIDE TAB 500 MG	Tier 1	MAIL
tolbutamide tab 500 mg	Tier 1	MAIL

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

ANTIPERISTALTIC AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
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ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

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

OPIOID ANTAGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 (netupitant-palonosetron)	Tier 3	PA
CESAMET CAP 1MG (nabilone)	Tier 3	PA
dronabinol cap 2.5 mg	Tier 3	PA
dronabinol cap 5 mg	Tier 3	PA
dronabinol cap 10 mg	Tier 3	PA
fructose-dextrose-phosphoric acid oral soln (Cvs Nausea Relief)	Tier 1	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	Tier 3	PA
aprepitant capsule 80 mg	Tier 3	PA
aprepitant capsule 125 mg	Tier 3	PA
aprepitant capsule therapy pack 80 & 125 mg	Tier 3	PA
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap 250 mg	Tier 3	PA
flucytosine cap 500 mg	Tier 3	PA
griseofulvin microsize susp 125 mg/5ml	Tier 1	
nystatin tab 500000 unit	Tier 1	
terbinafine hcl tab 250 mg	Tier 1	QL (30 tabs / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG (isavuconazonium sulfate)	Tier 4	PA
fluconazole for susp 10 mg/ml	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
fluconazole for susp 40 mg/ml	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
fluconazole tab 50 mg	Tier 1	QL (21 tabs / 30 days)
fluconazole tab 100 mg	Tier 1	QL (21 tabs / 30 days)
fluconazole tab 150 mg	Tier 1	QL (2 tabs / 30 days)
fluconazole tab 200 mg	Tier 1	QL (21 tabs / 30 days)
itraconazole cap 100 mg	Tier 1	QL (120 caps / 30 days)
ketoconazole tab 200 mg	Tier 1	QL (60 tabs / 30 days)
voriconazole tab 50 mg	Tier 3	PA
voriconazole tab 200 mg	Tier 3	PA
ANTIHIISTAMINES		
ANTIHIISTAMINES - ALKYLAMINES		
chlorpheniramine maleate syrup 2 mg/5ml (Diabetic Tussin Allergy)	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
chlorpheniramine maleate tab 4 mg (Eq Chlortabs)	Tier 1	OTC
chlorpheniramine maleate tab er 12 mg (Chlorphen Sr)	Tier 1	QL (60 tabs / 30 days), OTC
dexchlorpheniramine maleate oral soln 2 mg/5ml (Ryclora)	Tier 1	
ANTIHISTAMINES - ETHANOLAMINES		
ALER-DRYL TAB 50MG (diphenhydramine hcl)	Tier 1	OTC
carbinoxamine maleate soln 4 mg/5ml	Tier 1	
carbinoxamine maleate tab 4 mg	Tier 1	
clemastine fumarate tab 1.34 mg (1 mg base equiv) (Gnp Dayhist Allergy)	Tier 1	OTC
clemastine fumarate tab 2.68 mg	Tier 1	
diphenhydramine hcl cap 25 mg (Pharbedryl)	Tier 1	OTC
diphenhydramine hcl cap 50 mg	Tier 1	OTC
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	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
ANTIHISTAMINES - 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)

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

ANTI-HISTAMINES - PIPERIDINES

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

ANTIHYPERLIPIDEMICS

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG (bempedoic acid)	Tier 3	PA, MAIL
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ANTIHYPERLIPIDEMICS - COMBINATIONS

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

ANTIHYPERLIPIDEMICS - MISC.

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

cholestyramine light powder 4 gm/dose	Tier 1	QL (240 gm / 30 days), MAIL
cholestyramine powder 4 gm/dose	Tier 1	QL (378 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl packet for susp 3.75 gm	Tier 3	QL (30 packets / 30 days), MAIL
colesevelam hcl tab 625 mg	Tier 3	QL (180 tabs / 30 days), MAIL
colestipol hcl tab 1 gm	Tier 1	QL (480 tabs / 30 days), MAIL

FIBRIC ACID DERIVATIVES

choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Tier 3	QL (30 caps / 30 days), MAIL
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate micronized cap 43 mg	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate micronized cap 67 mg	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate micronized cap 134 mg	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate micronized cap 200 mg	Tier 3	QL (30 caps / 30 days), MAIL
fenofibrate tab 48 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fenofibrate tab 54 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fenofibrate tab 145 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fenofibrate tab 160 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fenofibric acid tab 35 mg	Tier 1	QL (30 tabs / 30 days), MAIL
gemfibrozil tab 600 mg	Tier 1	QL (120 tabs / 30 days), MAIL

HMG COA REDUCTASE INHIBITORS

atorvastatin calcium tab 10 mg (base equivalent)	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
atorvastatin calcium tab 20 mg (base equivalent)	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
atorvastatin calcium tab 40 mg (base equivalent)	Tier 1	QL (45 tabs / 30 days), MAIL
atorvastatin calcium tab 80 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 5	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 5	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 tab er 24 hr 80 mg (base equivalent)</i>	Tier 5	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

Drug Name	Drug Tier	Requirements/Limits
<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
<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
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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

Drug Name	Drug Tier	Requirements/Limits
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
<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

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

AGENTS FOR PHEOCHROMOCYTOMA

<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 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>candesartan cilexetil tab 8 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>candesartan cilexetil tab 16 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>candesartan cilexetil tab 32 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.
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.
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

Drug Name	Drug Tier	Requirements/Limits
<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.
<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

Drug Name	Drug Tier	Requirements/Limits
<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 250mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>methyldopa tab 500mg</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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
BYVALSON TAB 5-80MG (<i>nebivolol-valsartan</i>)	Tier 3	PA, MAIL
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 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
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
<i>VECAMYL TAB 2.5MG (mecamylamine hcl)</i>	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</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>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 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)
PYRIME/LEUCO CAP 25/5MG	Tier 1	QL (30 caps / 30 days)
PYRIME/LEUCO CAP 25/10MG	Tier 1	QL (30 caps / 30 days)
PYRIME/LEUCO CAP 50/10MG	Tier 1	QL (30 caps / 30 days)
PYRIME/LEUCO CAP 50/20MG	Tier 1	QL (30 caps / 30 days)
PYRIME/LEUCO CAP 50/25MG	Tier 1	QL (30 caps / 30 days)
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps / 30 days)
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)
DARAPRIM TAB 25MG (<i>pyrimethamine</i>)	Tier 4	PA, QL (120 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>pyrimethamine tab 25 mg</i>	Tier 4	PA, QL (120 tabs / 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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 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	

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
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium tab 2.5 mg (base equiv)	Tier 1	MAIL
TABLOID TAB 40MG (thioguanine)	Tier 4	PA
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)
anastrozole tab 1 mg	Tier 1	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
bicalutamide tab 50 mg	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG (leuprolide acetate)	Tier 4	PA
ELIGARD INJ 22.5MG (leuprolide acetate (3 month))	Tier 4	PA
EMCYT CAP 140MG (estramustine phosphate sodium)	Tier 4	PA
exemestane tab 25 mg	Tier 3	PA, MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
FIRMAGON INJ 80MG (degarelix acetate)	Tier 4	PA
flutamide cap 125 mg	Tier 4	
hydroxyprogesterone caproate im in oil 1.25 gm/5ml	Tier 4	PA
letrozole tab 2.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
leuprolide acetate inj kit 5 mg/ml	Tier 4	PA
LUPRON DEPOT INJ 3.75MG (leuprolide acetate)	Tier 4	PA
LUPRON DEPOT INJ 7.5MG (leuprolide acetate)	Tier 4	PA
LUPRON DEPOT INJ 11.25MG (leuprolide acetate (3 month))	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
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
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 4	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 4	PA
ZOLADEX IMP 3.6MG (<i>goserelin acetate</i>)	Tier 4	PA
ZOLADEX IMP 10.8MG (<i>goserelin acetate</i>)	Tier 4	PA

ANTINEOPLASTIC - IMMUNOMODULATORS

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

ANTINEOPLASTIC COMBINATIONS

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

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DIS TAB 2MG (<i>everolimus</i>)	Tier 4	PA, QL (60 per 30 days)
AFINITOR DIS TAB 3MG (<i>everolimus</i>)	Tier 4	PA, QL (90 per 30 days)
AFINITOR DIS TAB 5MG (<i>everolimus</i>)	Tier 4	PA, QL (60 per 30 days)
AFINITOR TAB 10MG (<i>everolimus</i>)	Tier 4	PA, QL (30 per 30 days)
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	Tier 4	PA, QL (240 per 30 days)
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 4	PA, QL (120 per 30 days), MAIL

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

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
RUBRACA TAB 300MG (<i>rucaparib camsylate</i>)	Tier 4	PA, QL (120 tabs / 30 days)
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 4	PA, QL (90 per 30 days)
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days)
STIVARGA TAB 40MG (<i>regorafenib</i>)	Tier 4	PA, QL (90 per 30 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 4	PA, QL (60 per 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 4	PA, QL (120 per 30 days)
SUTENT CAP 12.5MG (<i>sunitinib malate</i>)	Tier 4	PA, QL (120 per 30 days)
SUTENT CAP 25MG (<i>sunitinib malate</i>)	Tier 4	PA, QL (60 per 30 days)
SUTENT CAP 37.5MG (<i>sunitinib malate</i>)	Tier 4	PA, QL (30 per 30 days)
SUTENT CAP 50MG (<i>sunitinib malate</i>)	Tier 4	PA, QL (30 per 30 days)
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	Tier 4	PA, QL (120 per 30 days)
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	Tier 4	PA, QL (120 per 30 days)
TAGRISSE TAB 40MG (<i>osimertinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days)
TAGRISSE TAB 80MG (<i>osimertinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days)
TASIGNA CAP 50MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days)
TASIGNA CAP 150MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days)
TASIGNA CAP 200MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days)
TYKERB TAB 250MG (<i>lapatinib ditosylate</i>)	Tier 4	PA, QL (180 per 30 days)
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	Tier 4	PA, QL (120 per 30 days)
XALKORI CAP 200MG (<i>crizotinib</i>)	Tier 4	PA, QL (60 per 30 days)
XALKORI CAP 250MG (<i>crizotinib</i>)	Tier 4	PA, QL (60 per 30 days)
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	Tier 4	PA, QL (90 per 30 days)
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 4	PA, QL (120 per 30 days)
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 4	PA, QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 4	PA, QL (60 per 30 days)
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 syrup 50 mg/5ml</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
APOKYN INJ 10MG/ML (<i>apomorphine hydrochloride</i>)	Tier 4	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>carb/levo tab 25-100mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<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
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL

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Drug Name	Drug Tier	Requirements/Limits
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 (iloperidone)	Tier 3	PA
FANAPT TAB 1MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 2MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 4MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 6MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 8MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 10MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 12MG (iloperidone)	Tier 3	PA, MAIL
INVEGA SUST INJ 39/0.25 (paliperidone palmitate)	Tier 3	QL (0.25 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML (paliperidone palmitate)	Tier 3	QL (0.5 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 (paliperidone palmitate)	Tier 3	QL (0.75 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML (paliperidone palmitate)	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 (paliperidone palmitate)	Tier 3	QL (1.5 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 273MG (paliperidone palmitate)	Tier 3	QL (0.875 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 410MG (paliperidone palmitate)	Tier 3	QL (1.315 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 546MG (paliperidone palmitate)	Tier 3	QL (1.75 mL / 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 819MG (paliperidone palmitate)	Tier 3	QL (2.65 mL / 90 days), AGE; AGE (Min 6 years)
paliperidone tab er 24hr 1.5 mg	Tier 3	PA, MAIL
paliperidone tab er 24hr 3 mg	Tier 3	PA, MAIL
paliperidone tab er 24hr 6 mg	Tier 3	PA, MAIL
paliperidone tab er 24hr 9 mg	Tier 3	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 25MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 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)
<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)

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
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 1	PA, MAIL
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)

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

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Drug Name	Drug Tier	Requirements/Limits
<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		
<i>ABILIFY MAIN INJ 300MG (aripiprazole)</i>	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 6 years)
<i>ABILIFY MAIN INJ 400MG (aripiprazole)</i>	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 3	PA, MAIL
<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
<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
<i>ARISTADA INJ 441MG/1. (aripiprazole lauroxil)</i>	Tier 2	QL (1.6 mL / 30 days), AGE; AGE (Min 6 years)
<i>ARISTADA INJ 662MG/2 (aripiprazole lauroxil)</i>	Tier 2	QL (2.4 mL / 30 days), AGE; AGE (Min 6 years)
<i>ARISTADA INJ 882MG/3 (aripiprazole lauroxil)</i>	Tier 2	QL (3.2 mL / 30 days), AGE; AGE (Min 6 years)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 1064MG (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1 injection / 51 days), AGE; AGE (Min 6 years)
ARISTADA INJ INITIO (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1 injection / 25 days), AGE; AGE (Min 6 years)

THIOXANTHENES

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

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

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

ANTIRETROVIRALS

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

Drug Name	Drug Tier	Requirements/Limits
COMPLERA TAB (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG (indinavir sulfate)	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG (indinavir sulfate)	Tier 2	QL (180 caps / 30 days)
DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG (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)
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 CAP 200MG (emtricitabine)	Tier 2	QL (30 caps / 30 days)
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

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 150MG (darunavir ethanolate)	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG (darunavir ethanolate)	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG (darunavir ethanolate)	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG (delavirdine mesylate)	Tier 2	QL (180 tabs / 30 days)
ritonavir tab 100 mg	Tier 1	QL (360 tabs / 30 days)
RUKOBIA TAB 600MG ER (fostemsavir tromethamine)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY SOL 20MG/ML (maraviroc)	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG (maraviroc)	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
stavudine cap 15 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 20 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 30 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 40 mg	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB (elvitegravir-cobicistat-emtricitabine-tenofovir df)	Tier 2	QL (30 tabs / 30 days)
SYMFI LO TAB (efavirenz-lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
SYMFI TAB (efavirenz-lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
SYMITUZA TAB (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs / 30 days)
tenofovir disoproxil fumarate tab 300 mg	Tier 1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG (dolutegravir sodium)	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG (dolutegravir sodium)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG (dolutegravir sodium)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG (dolutegravir sodium)	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB (abacavir-dolutegravir-lamivudine)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 200-300 (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days); Tier 5 for PrEP use
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
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
SOVALDI TAB 400MG (sofosbuvir)	Tier 4	PA, QL (28 tablets / 28 days)
VEMLIDY TAB 25MG (tenofovir alafenamide fumarate)	Tier 3	PA
VOSEVI TAB (sofosbuvir-velpatasvir-voxilaprevir)	Tier 4	PA, QL (28 tablets / 28 days)
ZEPATIER TAB 50-100MG (elbasvir-grazoprevir)	Tier 4	PA, QL (28 tablets / 28 days)

Drug Name	Drug Tier	Requirements/Limits
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 / 25 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 tab / 25 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
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>BETA BLOCKERS CARDIO-SELECTIVE</i>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>BETA BLOCKERS NON-SELECTIVE</i>		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL

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

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

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

Drug Name	Drug Tier	Requirements/Limits
<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
<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

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

CARDIOTONICS

CARDIAC GLYCOSIDES

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

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

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

PERIPHERAL VASODILATORS

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

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

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR

ANTAGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 4	PA, QL (30 tabs / 30 days)
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 4	PA, QL (60 tabs / 30 days)
<i>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</i>		
<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	PA, QL (60 tabs / 30 days)
<i>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</i>		
UPTRAVI TAB 200/800 (<i>selexipag</i>)	Tier 4	PA, QL (200 tabs / 30 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
<i>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</i>		
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)

Drug Name	Drug Tier	Requirements/Limits
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 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

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

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)	Tier 5	QL (39 tablets / 28 days), MAIL
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 5	QL (39 tablets / 28 days), MAIL
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	Tier 5	QL (39 tablets / 28 days), MAIL
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 5	QL (39 tablets / 28 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	Tier 5	QL (39 tablets / 28 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 5	QL (39 tablets / 28 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 5	QL (39 tablets / 28 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 5	QL (39 tablets / 28 days), MAIL
FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)	Tier 5	QL (75 tablets / 28 days), MAIL
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	Tier 5	QL (30 tablets / 28 days), MAIL
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (30 tablets / 28 days), MAIL

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
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (30 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 5	QL (30 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 5	QL (39 tablets / 28 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Tier 5	QL (39 tablets / 28 days), MAIL; Max 90 days supply
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 5	QL (39 tablets / 28 days), 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	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
TAYTULLA CAP 1MG/20MC (norethin acet & estrad-fe)	Tier 5	QL (39 tablets / 28 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	Tier 5	QL (4 patches / 28 days), MAIL
COMBINATION CONTRACEPTIVES - VAGINAL		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 5	QL (1 ring / 28 days), MAIL
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	Tier 5	QL (1 ring / 28 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (copper (iud))	Tier 5	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (ulipristal acetate)	Tier 5	QL (4 tabs / 90 days)
levonorgestrel tab 1.5 mg (My Way)	Tier 5	QL (4 tabs / 90 days), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (etonogestrel)	Tier 5	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (medroxyprogesterone acetate (contraceptive))	Tier 5	QL (1 injection / 90 days)
medroxyprogesterone acetate im susp 150 mg/ml	Tier 5	QL (1 Injection / 75 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Tier 5	QL (1 injection / 90 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (levonorgestrel (iud))	Tier 5	QL (1 IUD in lifetime)

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
LILETTA IUD 52MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)

PROGESTIN CONTRACEPTIVES - ORAL

<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
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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	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab 5 mg	Tier 1	
prednisone tab 10 mg	Tier 1	
prednisone tab 20 mg	Tier 1	
prednisone tab 50 mg	Tier 1	
prednisone tab therapy pack 5 mg (21)	Tier 1	
prednisone tab therapy pack 5 mg (48)	Tier 1	
prednisone tab therapy pack 10 mg (21)	Tier 1	
prednisone tab therapy pack 10 mg (48)	Tier 1	

MINERALOCORTICIDS

fludrocortisone acetate tab 0.1 mg	Tier 1	MAIL
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COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap 100 mg	Tier 1	
benzonatate cap 200 mg	Tier 1	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	Tier 1	
ROBITUSSIN SYP 7.5/5ML (dextromethorphan hbr)	Tier 1	OTC

COUGH/COLD/ALLERGY COMBINATIONS

brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)	Tier 1	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 Maximum S)	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
guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)	Tier 1	QL (240 mL / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
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
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Ra Mucus Relief D)	Tier 1	OTC
WAL-DRYL PE TAB 25-10MG (diphenhydramine-phenylephrine)	Tier 1	OTC
Z-TUSS AC LIQ 2-9/5ML (chlorpheniramine w/ codeine)	Tier 2	QL (240 mL / 25 days), OTC
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Robafen)	Tier 1	OTC
guaifenesin tab 200 mg	Tier 1	OTC
guaifenesin tab 400 mg (Sm Chest Congestion Relie)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	QL (60 ea / 30 days), OTC
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3% (Nebusal)	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	Tier 1	
acetylcysteine inhal soln 20%	Tier 1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACNE MEDICAT LOT 5% (benzoyl peroxide)	Tier 1	OTC
ACNE MEDICAT LOT 10% (benzoyl peroxide)	Tier 1	OTC

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	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
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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
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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		
fluorouracil cream 5%	Tier 3	
PANRETIN GEL 0.1% (alitretinoin)	Tier 4	PA
PICATO GEL 0.05% (ingenol mebutate)	Tier 3	PA
PICATO GEL 0.015% (ingenol mebutate)	Tier 3	PA
TARGRETIN GEL 1% (bexarotene (topical))	Tier 4	PA
ANTIPSORIATICS		
acitretin cap 10 mg	Tier 3	PA
acitretin cap 17.5 mg	Tier 3	PA
acitretin cap 25 mg	Tier 3	PA
calcipotriene oint 0.005%	Tier 3	PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 3	PA
calcitriol oint 3 mcg/gm	Tier 3	QL (100 gm / 30 days)
COSENTYX INJ 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
tazarotene cream 0.1%	Tier 3	PA, QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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
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)
SULFAMYLLON 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
fluticasone propionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
fluticasone propionate oint 0.005%	Tier 1	QL (60 gm / 30 days)
halcinonide cream 0.1%	Tier 3	PA, QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate cream 0.05%	Tier 3	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	Tier 3	QL (50 gm / 30 days)
HALOG OIN 0.1% (halcinonide)	Tier 3	PA, QL (60 gm / 30 days)
hydrocortisone acetate cream 1% (Lanacort 10)	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone cream 0.5%	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone cream 1% (Ra Hydrocortisone Plus 12)	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone cream 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone gel 1% (Cortizone-10)	Tier 1	QL (56 gm / 30 days), OTC
hydrocortisone lotion 1% (Cvs Cortisone Maximum Str)	Tier 1	QL (120 gm / 30 days), OTC
hydrocortisone lotion 2.5%	Tier 1	QL (60 mL / 30 days)
hydrocortisone oint 0.5%	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone oint 1% (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
hydrocortisone oint 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone valerate cream 0.2%	Tier 1	QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 0.5%	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone-aloe vera cream 1% (Cortizone-10 Plus)	Tier 1	OTC
mometasone furoate cream 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate oint 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (60 mL / 30 days)
prednicarbate cream 0.1%	Tier 3	QL (60 gm / 30 days)
prednicarbate oint 0.1%	Tier 3	QL (60 gm / 30 days)
triamcinolone acetonide cream 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide lotion 0.025%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide oint 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide oint 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide oint 0.025%	Tier 1	QL (454 gm / 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 200MG (dupilumab)	Tier 4	
DUPIXENT INJ 300/2ML (dupilumab)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENTS		
emollient - ointment (Hydrophor)	Tier 1	OTC
lactic acid (ammonium lactate) cream 12%	Tier 1	QL (280 gm / 30 days), OTC
lactic acid (ammonium lactate) lotion 12% (Amlactin)	Tier 1	QL (225 gm / 30 days), OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (collagenase)	Tier 3	PA, QL (60 gm / 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5%	Tier 1	PA, QL (24 ea / 30 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint 0.1%	Tier 3	PA, QL (30 gm / 30 days)
tacrolimus oint 0.03%	Tier 3	PA, QL (30 gm / 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln 0.5%	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream 0.1%	Tier 1	OTC
lidocaine cream 4%	Tier 1	QL (90 gm / 30 days), OTC
lidocaine hcl gel 2% (Regenecare Ha)	Tier 1	OTC
lidocaine hcl soln 4%	Tier 1	
lidocaine hcl urethral/mucosal gel 2%	Tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Tier 1	
lidocaine patch 4% (Gnp Lidocaine Pain Relief)	Tier 1	QL (90 patches / 30 days), OTC
lidocaine patch 5%	Tier 3	PA, QL (90 ea / 30 days)
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	QL (60 gm / 30 days)
MISC. TOPICAL		
DRYSOL SOL 20% (aluminum chloride)	Tier 1	QL (60 mL / 30 days)
skin protectants misc - cream (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% (menthol-zinc oxide)	Tier 1	OTC
ROSACEA AGENTS		
metronidazole cream 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole gel 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole lotion 0.75%	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% (brimonidine tartrate (topical))	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
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
SKLICE LOT 0.5% (<i>ivermectin (pediculicide)</i>)	Tier 3	PA, QL (117 gm / 30 days)
<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 1.1MG (<i>thyrotropin alfa</i>)	Tier 4	PA
DIAGNOSTIC TESTS		
RELION KETON TES (<i>acetone (urine) test</i>)	Tier 2	OTC

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

DIGESTIVE AIDS

DIGESTIVE ENZYMES

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

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>methazolamide tab 25 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>methazolamide tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 50/50 (spironolactone & hydrochlorothiazide)	Tier 2	MAIL
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	MAIL
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	MAIL
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	MAIL
LOOP DIURETICS		
bumetanide tab 0.5 mg	Tier 1	MAIL
bumetanide tab 1 mg	Tier 1	MAIL
bumetanide tab 2 mg	Tier 1	MAIL
ethacrynic acid tab 25 mg	Tier 3	MAIL
furosemide oral soln 8 mg/ml	Tier 1	AGE, MAIL; AGE (Max 12 years)
furosemide oral soln 10 mg/ml	Tier 1	AGE, MAIL; AGE (Max 12 years)
furosemide tab 20 mg	Tier 1	MAIL
furosemide tab 40 mg	Tier 1	MAIL
furosemide tab 80 mg	Tier 1	MAIL
torseamide tab 5 mg	Tier 1	MAIL
torseamide tab 10 mg	Tier 1	MAIL
torseamide tab 20 mg	Tier 1	MAIL
torseamide tab 100 mg	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
amiloride hcl tab 5 mg	Tier 1	MAIL
spironolactone tab 25 mg	Tier 1	MAIL
spironolactone tab 50 mg	Tier 1	MAIL
spironolactone tab 100 mg	Tier 1	MAIL
triamterene cap 50 mg	Tier 3	MAIL
triamterene cap 100 mg	Tier 3	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab 250 mg	Tier 1	MAIL
chlorothiazide tab 500 mg	Tier 1	MAIL
chlorthalidone tab 25 mg	Tier 1	MAIL
chlorthalidone tab 50 mg	Tier 1	MAIL
hydrochlorothiazide cap 12.5 mg	Tier 1	MAIL
hydrochlorothiazide tab 12.5 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
hydrochlorothiazide tab 25 mg	Tier 1	MAIL
hydrochlorothiazide tab 50 mg	Tier 1	MAIL
indapamide tab 1.25 mg	Tier 1	MAIL
indapamide tab 2.5 mg	Tier 1	MAIL
methyclothiazide tab 5 mg	Tier 1	MAIL
metolazone tab 2.5 mg	Tier 1	MAIL
metolazone tab 5 mg	Tier 1	MAIL
metolazone tab 10 mg	Tier 1	MAIL

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

alendronate sodium tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
alendronate sodium tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
alendronate sodium tab 35 mg	Tier 1	QL (4 tablets / 28 days), MAIL
alendronate sodium tab 40 mg	Tier 1	QL (30 tabs / 30 days), MAIL
alendronate sodium tab 70 mg	Tier 1	QL (4 tablets / 28 days), MAIL
calcitonin (salmon) nasal soln 200 unit/act	Tier 1	QL (30 mL / 30 days), MAIL
ETIDRONATE DISODIUM TAB 200 MG	Tier 1	MAIL
ETIDRONATE DISODIUM TAB 400 MG	Tier 1	MAIL
FORTEO INJ 620/2.48 (teriparatide (recombinant))	Tier 4	PA
ibandronate sodium tab 150 mg (base equivalent)	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML (denosumab)	Tier 4	PA
risedronate sodium tab 5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
risedronate sodium tab 30 mg	Tier 3	QL (30 tabs / 30 days), MAIL
risedronate sodium tab 35 mg	Tier 3	QL (4 tablets / 28 days), MAIL
risedronate sodium tab 150 mg	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ (abaloparatide)	Tier 4	PA
XGEVA INJ (denosumab)	Tier 4	PA

GROWTH HORMONE RECEPTOR ANTAGONISTS

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

GROWTH HORMONES

OMNITROPE INJ 5.8MG (somatropin)	Tier 4	PA
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Drug Name	Drug Tier	Requirements/Limits
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		
<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
FABRAZYME INJ 5MG (<i>agalsidase beta</i>)	Tier 4	PA
KUVAN TAB 100MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
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 (10 ea / 30 days)
estradiol td patch twice weekly 0.05 mg/24hr	Tier 3	QL (10 ea / 30 days)
estradiol td patch twice weekly 0.025 mg/24hr	Tier 3	QL (10 ea / 30 days)
estradiol td patch twice weekly 0.075 mg/24hr	Tier 3	QL (10 ea / 30 days)
estradiol td patch twice weekly 0.0375 mg/24hr	Tier 3	QL (10 ea / 30 days)
estradiol td patch weekly 0.1 mg/24hr	Tier 3	QL (5 ea / 30 days)
estradiol td patch weekly 0.05 mg/24hr	Tier 3	QL (5 ea / 30 days)
estradiol td patch weekly 0.06 mg/24hr	Tier 3	QL (5 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch weekly 0.025 mg/24hr	Tier 3	QL (5 patches / 30 days)
estradiol td patch weekly 0.075 mg/24hr	Tier 3	QL (5 ea / 30 days)
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 3	QL (5 ea / 30 days)
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 3	
ofloxacin tab 300 mg	Tier 3	
ofloxacin tab 400 mg	Tier 3	

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

simethicone cap 125 mg (Cvs Gas Relief)	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
<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		
AMITIZA CAP 8MCG (<i>lubiprostone</i>)	Tier 3	PA, MAIL
AMITIZA CAP 24MCG (<i>lubiprostone</i>)	Tier 3	PA, MAIL
<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
CIMZIA START 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
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	Tier 3	MAIL
INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 3	MAIL
REMICADE INJ 100MG (<i>infliximab</i>)	Tier 4	PA
RENFLEXIS INJ 100MG (<i>infliximab-abda</i>)	Tier 4	PA
STELARA INJ 5MG/ML (<i>ustekinumab (iv)</i>)	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 3	PA, MAIL
LINZESS CAP 72MCG (<i>linaclotide</i>)	Tier 2	PA, MAIL
LINZESS CAP 145MCG (<i>linaclotide</i>)	Tier 2	PA, MAIL
LINZESS CAP 290MCG (<i>linaclotide</i>)	Tier 2	PA, MAIL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	Tier 3	PA
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	Tier 3	PA
RELISTOR INJ 12/0.6ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA
RELISTOR TAB 150MG (<i>methylnaltrexone bromide</i>)	Tier 4	PA
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	Tier 3	PA
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.

Drug Name	Drug Tier	Requirements/Limits
lanthanum carbonate chew tab 1000 mg (elemental)	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
sevelamer carbonate tab 800 mg	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG (sucroferric oxyhydroxide)	Tier 3	PA, MAIL

GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS

potassium citrate & citric acid soln 1100-334 mg/5ml	Tier 1	
potassium citrate tab er 5 meq (540 mg)	Tier 1	QL (90 tabs / 30 days)
potassium citrate tab er 10 meq (1080 mg)	Tier 1	QL (90 tabs / 30 days)
potassium citrate tab er 15 meq (1620 mg)	Tier 1	QL (90 tabs / 30 days)
sodium citrate & citric acid soln 500-334 mg/5ml	Tier 1	

CYSTINOSIS AGENTS

CYSTAGON CAP 50MG (cysteamine bitartrate)	Tier 4	PA
CYSTAGON CAP 150MG (cysteamine bitartrate)	Tier 4	PA

GENITOURINARY IRRIGANTS

acetic acid irrigation soln 0.25%	Tier 1	
sodium chloride irrigation soln 0.9%	Tier 1	

INTERSTITIAL CYSTITIS AGENTS

ELMIRON CAP 100MG (pentosan polysulfate sodium)	Tier 3	PA
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PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl tab er 24hr 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
dutasteride cap 0.5 mg	Tier 1	QL (30 caps / 30 days), MAIL
finasteride tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
silodosin cap 4 mg	Tier 3	PA, QL (30 caps / 30 days), MAIL
silodosin cap 8 mg	Tier 3	PA, QL (30 caps / 30 days), MAIL
tamsulosin hcl cap 0.4 mg	Tier 1	QL (60 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
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
KOGENATE FS INJ 250UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
KOGENATE FS INJ 1000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
KOGENATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
KOGENATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJ 20000/ML (epoetin alfa)	Tier 4	PA
FULPHILA INJ 6/0.6ML (pegfilgrastim-jmdb)	Tier 4	PA, QL (0.6 per 14 days)
LEUKINE INJ 250MCG (sargramostim)	Tier 4	PA
NEULASTA INJ 6MG/0.6M (pegfilgrastim)	Tier 4	PA, QL (0.6 per 14 days)
NEUPOGEN INJ 300/0.5 (filgrastim)	Tier 4	PA
NEUPOGEN INJ 300MCG (filgrastim)	Tier 4	PA
NEUPOGEN INJ 480/0.8 (filgrastim)	Tier 4	PA
NEUPOGEN INJ 480MCG (filgrastim)	Tier 4	PA
NIVESTYM INJ 300/0.5 (filgrastim-aafi)	Tier 4	PA
NIVESTYM INJ 300MCG (filgrastim-aafi)	Tier 4	PA
NIVESTYM INJ 480/0.8 (filgrastim-aafi)	Tier 4	PA
NIVESTYM INJ 480MCG (filgrastim-aafi)	Tier 4	PA
PROCRIT INJ 2000/ML (epoetin alfa)	Tier 4	PA
PROCRIT INJ 3000/ML (epoetin alfa)	Tier 4	PA
PROCRIT INJ 40000/ML (epoetin alfa)	Tier 4	PA
PROMACTA TAB 12.5MG (eltrombopag olamine)	Tier 4	PA
PROMACTA TAB 25MG (eltrombopag olamine)	Tier 4	PA
PROMACTA TAB 50MG (eltrombopag olamine)	Tier 4	PA
PROMACTA TAB 75MG (eltrombopag olamine)	Tier 4	PA
RETACRIT INJ 2000UNIT (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 3000UNIT (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 4000UNIT (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 10000UNT (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 20000UNI (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 40000UNT (epoetin alfa-epbx)	Tier 4	PA
UDENYCA INJ 6MG/.6ML (pegfilgrastim-cbqv)	Tier 4	PA, QL (0.6 per 14 days)
ZARXIO INJ 300/0.5 (filgrastim-sndz)	Tier 4	PA
ZARXIO INJ 480/0.8 (filgrastim-sndz)	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML (pegfilgrastim-bmez)	Tier 4	PA, QL (0.6 per 14 days)
HEMATOPOIETIC MIXTURES		
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Tricon)	Tier 1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FERREX 150 CAP FORTE (polysaccharide iron-folic acid-vit b12)	Tier 1	OTC
iron combination cap (Chromagen)	Tier 1	QL (60 caps / 30 days)
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
IRON		
carbonyl iron susp 15 mg/1.25ml (elemental iron) (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
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

Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid tab 500 mg</i>	Tier 1	PA
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	PA
<i>tranexamic acid tab 650 mg</i>	Tier 1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTI-HISTAMINE HYPNOTICS		
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg</i> (Sleep Aid)	Tier 1	OTC, MAIL
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 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)

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

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 10MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 15MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 20MG (suvorexant)	Tier 3	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG (tasimelteon)	Tier 4	PA
ramelteon tab 8 mg	Tier 3	PA, MAIL

LAXATIVES

BULK LAXATIVES

calcium polycarbophil tab 625 mg	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
corn dextrin oral powder (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (psyllium)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (psyllium)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (psyllium)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (psyllium)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (psyllium)	Tier 1	OTC, MAIL
METAMUCIL WAF (psyllium)	Tier 1	OTC, MAIL
methylcellulose tab 500 mg (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (psyllium)	Tier 1	OTC, MAIL
psyllium cap 0.52 gm (Fiber Laxative)	Tier 1	OTC, MAIL
psyllium cap 400 mg (Reguloid)	Tier 1	OTC, MAIL
psyllium powder 28.3% (Gnp Natural Fiber)	Tier 1	OTC, MAIL
psyllium powder 30.9% (Konsyl)	Tier 1	OTC, MAIL
psyllium powder 33% (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
psyllium powder 48.57% (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 58.6% (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 95% (Qc Natural Vegetable)	Tier 1	OTC, MAIL
psyllium powder 100%	Tier 1	OTC, MAIL
UNIFIBER POW (cellulose)	Tier 1	OTC
wheat dextrin oral powder (Clear Soluble Fiber)	Tier 1	OTC

LAXATIVE COMBINATIONS

CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)	Tier 1	OTC, MAIL
MOVIPREP SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)	Tier 1	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

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

SURFACTANT LAXATIVES

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

MACROLIDES

AZITHROMYCIN

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

CLARITHROMYCIN

clarithromycin for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
clarithromycin for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	

ERYTHROMYCINS

erythromycin ethylsuccinate for susp 200 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
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Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate for susp 400 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
erythromycin ethylsuccinate tab 400 mg	Tier 3	
erythromycin stearate tab 250 mg (Erythrocin Stearate)	Tier 3	
erythromycin tab 250 mg	Tier 3	
erythromycin tab 500 mg	Tier 3	
erythromycin tab delayed release 250 mg (Ery-tab)	Tier 3	
erythromycin tab delayed release 333 mg (Ery-tab)	Tier 3	
erythromycin tab delayed release 500 mg (Ery-tab)	Tier 3	

FIDAXOMICIN

DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 3	PA
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MEDICAL DEVICES

Parenteral Therapy Supplies

BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	DME	QL (150 ea / 30 days)
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MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

CAYA DPR (<i>diaphragm arc-spring</i>)	Tier 5	
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	Tier 5	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	
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	
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	Tier 5	

Drug Name	Drug Tier	Requirements/Limits
DIABETIC SUPPLIES		
DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box / 90 days)
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes / 30 days)
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box / 90 days)
FREESTY LIBR KIT 2 SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes / 30 days)
FREESTY LIBR MIS 2 READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes / 30 days); 14 day
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes / 30 days); 10 day
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (4 boxes / 30 days)
LANCETS MIS 30G	DME	OTC
RELION TRUE KIT MET AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box / year), OTC
TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box / year), OTC
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 31GX8MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP (syringe (disposable))	DME	

RESPIRATORY THERAPY SUPPLIES

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

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

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

MIGRAINE COMBINATIONS

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

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

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN AGONISTS		
<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
<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>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)

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>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
<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
ZOMIG SPR 2.5MG (<i>zolmitriptan</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
ZOMIG SPR 5MG (<i>zolmitriptan</i>)	Tier 3	ST, QL (2 mL / 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
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i> (Calcium 500/d)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i> (Oysco 500+d)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol tab 500 mg-125 unit</i> (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i> (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i> (Oystercal-d)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol tab 500 mg-600 unit</i> (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Tier 1	OTC, MAIL

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

Drug Name	Drug Tier	Requirements/Limits
RISACAL-D TAB (<i>calcium & phosphorus w/ vitamin d</i>)	Tier 1	OTC
ELECTROLYTE MIXTURES		
<i>oral electrolyte solution</i>	Tier 1	OTC
FLUORIDE		
FLUORABON DRO (<i>sodium fluoride</i>)	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i> (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
MAGNESIUM		
MAG64 TAB 64MG (<i>magnesium chloride</i>)	Tier 1	OTC
MAG-G TAB 500MG (<i>magnesium gluconate</i>)	Tier 1	OTC
MAGDELAY TAB 70MG (<i>magnesium chloride</i>)	Tier 1	OTC
<i>magnesium chloride tab dr 64 mg (elemental mg)</i> (Magdelay)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
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 (241.3 mg elemental mg) (Magnesium-oxide)	Tier 1	OTC, MAIL
magnesium oxide tab 500 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium tab 250 mg	Tier 1	OTC, MAIL
PHOSPHATE		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
POTASSIUM		
potassium bicarbonate effer tab 25 meq (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
potassium chloride cap er 8 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride cap er 10 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 tabs / 30 days), MAIL
potassium chloride oral soln 10% (20 meq/15ml)	Tier 3	MAIL
potassium chloride oral soln 20% (40 meq/15ml)	Tier 3	MAIL
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

Drug Name	Drug Tier	Requirements/Limits
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MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

D-PENAMINE TAB 125MG (<i>penicillamine</i>)	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	

IMMUNOMODULATORS

REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 4	PA, QL (60 per 30 days)
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 4	PA, QL (60 per 30 days)

IMMUNOSUPPRESSIVE AGENTS

<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 4	PA
<i>everolimus tab 0.25 mg</i>	Tier 4	PA
<i>everolimus tab 0.75 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

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 10000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
DENTAL PRODUCTS		
<i>sodium fluoride cream 1.1% (Sf 5000 Plus)</i>	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f) (Sf)</i>	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL

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

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

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

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

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab 10 mg	Tier 1	QL (90 tabs / 30 days), MAIL
baclofen tab 20 mg	Tier 1	QL (120 tabs / 30 days), MAIL
carisoprodol tab 350 mg	Tier 1	QL (120 tabs / 30 days)
chlorzoxazone tab 500 mg	Tier 1	QL (180 tabs / 30 days)
cyclobenzaprine hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days)
cyclobenzaprine hcl tab 10 mg	Tier 1	QL (90 tabs / 30 days)
metaxalone tab 800 mg	Tier 3	PA
methocarbamol tab 500 mg	Tier 1	QL (180 tabs / 30 days), AGE; 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	

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
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Drug Name	Drug Tier	Requirements/Limits
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
olopatadine hcl nasal soln 0.6%	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		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 1	QL (30 mL / 30 days), MAIL
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)	Tier 1	QL (1 bottle / 30 days), OTC, MAIL
flunisolide nasal soln 25 mcg/act (0.025%)	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
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (16 gm / 30 days), AGE, MAIL; AGE (Min 4 years)
OMNARIS SPR (ciclesonide (nasal))	Tier 3	PA, MAIL
triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Goodsense Nasal Allergy S)	Tier 1	QL (16.9 mL / 30 days), OTC, MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (pseudoephedrine hcl)	Tier 1	OTC

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

NEUROMUSCULAR AGENTS

ALS AGENTS

riluzole tab 50 mg	Tier 3	PA, QL (60 tabs / 30 days), MAIL
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NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS

BOTOX INJ 100UNIT (onabotulinumtoxina)	Tier 4	PA
BOTOX INJ 200UNIT (onabotulinumtoxina)	Tier 4	PA

NUTRIENTS

MISC. NUTRITIONAL SUBSTANCES

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

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

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

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

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
tropicamide ophth soln 0.5%	Tier 1	MAIL
tropicamide ophth soln 1%	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (echothiophate iodide)	Tier 2	MAIL
pilocarpine hcl ophth soln 1%	Tier 1	MAIL
pilocarpine hcl ophth soln 2%	Tier 1	MAIL
pilocarpine hcl ophth soln 4%	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	Tier 1	
brimonidine tartrate ophth soln 0.2%	Tier 1	QL (15 mL / 30 days), MAIL
brimonidine tartrate ophth soln 0.15%	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% (brinzolamide- brimonidine tartrate)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (azithromycin (ophth))	Tier 3	PA
bacitracin ophth oint 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (besifloxacin hcl)	Tier 3	PA
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 1	
erythromycin ophth oint 5 mg/gm	Tier 1	
gatifloxacin ophth soln 0.5%	Tier 1	PA
gentamicin sulfate ophth oint 0.3% (Gentak)	Tier 1	
gentamicin sulfate ophth soln 0.3%	Tier 1	QL (5 mL / 30 days)
levofloxacin ophth soln 0.5%	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (natamycin)	Tier 3	PA
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin ophth soln 0.3%	Tier 1	QL (5 mL / 30 days)
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	QL (10 mL / 30 days)
sulfacetamide sodium ophth soln 10%	Tier 1	QL (15 mL / 30 days)
tobramycin ophth soln 0.3%	Tier 1	QL (5 mL / 30 days)
trifluridine ophth soln 1%	Tier 1	QL (7.5 mL / 30 days)

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
ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% (<i>cyclosporine (ophth)</i>)	Tier 3	PA, MAIL
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)
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 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	
<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)
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
BEPREVE DRO 1.5% (<i>bepotastine besilate</i>)	Tier 3	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
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
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	Tier 1	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.

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

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

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

OTIC ANTI-INFECTIVES

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

OTIC COMBINATIONS

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

OTIC STEROIDS

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

OXYTOCICS

OXYTOCICS

methylergonovine maleate tab 0.2 mg	Tier 3	
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Drug Name	Drug Tier	Requirements/Limits
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
HYQVIA INJ 5-400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
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)
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 3	AGE; AGE (Max 12 years)

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

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
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ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	PA, MAIL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	PA, MAIL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	PA, MAIL
FIBROMYALGIA AGENTS		
<i>SAVELLA MIS TITR PAK (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 12.5MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 25MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 50MG (milnacipran 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
SAVELLA TAB 100MG (<i>milnacipran hcl</i>)	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 (<i>teriflunomide</i>)	Tier 4	PA
AUBAGIO TAB 14MG (<i>teriflunomide</i>)	Tier 4	PA
AVONEX KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
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 (<i>interferon beta-1b</i>)	Tier 4	PA
GILENYA CAP 0.5MG (<i>fingolimod hcl</i>)	Tier 4	PA
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 4	PA
glatiramer acetate soln prefilled syringe 40 mg/ml	Tier 4	PA
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 4	PA
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
REBIF INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ TITRATN (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF TITRTN INJ PACK (<i>interferon beta-1a</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA CAP 120MG (dimethyl fumarate)	Tier 4	PA
TECFIDERA CAP 240MG (dimethyl fumarate)	Tier 4	PA
TECFIDERA MIS STARTER (dimethyl fumarate)	Tier 4	PA
TYSABRI INJ 300/15ML (natalizumab)	Tier 4	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	Tier 3	PA
pimozide tab 1 mg	Tier 1	QL (300 tabs / 30 days), MAIL
pimozide tab 2 mg	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (varenicline tartrate)	Tier 5	QL (53 tabs / 24 days), MAIL; Max 2 fills per 365 days
CHANTIX TAB 0.5MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
nicotine polacrilex gum 2 mg	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
nicotine polacrilex lozenge 2 mg (Cvs Nicotine Lozenge)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
nicotine polacrilex lozenge 4 mg (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
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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
GLASSIA INJ (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 4	PA
PROLASTIN-C INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 4	PA
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO PAK 50MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO PAK 75MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO TAB 150MG (<i>ivacaftor</i>)	Tier 4	PA
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	Tier 4	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 801MG (<i>pirfenidone</i>)	Tier 4	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	Tier 3	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	Tier 3	
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL
THYROID HORMONES		
ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL

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
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
levothyroxine sodium tab 25 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 50 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 75 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 100 mcg	Tier 1	MAIL
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 200 mcg	Tier 1	MAIL
levothyroxine sodium tab 300 mcg	Tier 1	MAIL
liothyronine sodium tab 5 mcg	Tier 1	MAIL
liothyronine sodium tab 25 mcg	Tier 1	MAIL
liothyronine sodium tab 50 mcg	Tier 1	MAIL
NATURE THROI TAB 162.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 16.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 65MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 130MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 195MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 260MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 325MG (<i>thyroid</i>)	Tier 2	MAIL
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 2	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
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 137MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 150MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 175MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 200MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 300MCG (levothyroxine sodium)	Tier 2	MAIL
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	MAIL
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	MAIL
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	MAIL
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	MAIL
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-2 TAB 120MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-3 TAB 180MG (liotrix (t3-t4))	Tier 2	MAIL
WP THYROID TAB 81.25MG (thyroid)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	Tier 5	Members who are not pregnant must go through provider office
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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	Tier 5	Members who are not pregnant must go through provider office
TDVAX INJ 2-2 LF (<i>tetanus-diphtheria toxoids (td)</i>)	Tier 5	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)
TENIVAC INJ 5-2LF (<i>tetanus-diphtheria toxoids (td)</i>)	Tier 5	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<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

Drug Name	Drug Tier	Requirements/Limits
nizatidine cap 300 mg	Tier 1	MAIL
nizatidine oral soln 15 mg/ml	Tier 1	AGE, MAIL; AGE (Max 12 years)
MISC. ANTI-ULCER		
sucralfate tab 1 gm	Tier 1	QL (120 tabs / 30 days), MAIL
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR (dexlansoprazole)	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 (dexlansoprazole)	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

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Drug Name	Drug Tier	Requirements/Limits
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
rabeprazole sodium ec tab 20 mg	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

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

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVES

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

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

Drug Name	Drug Tier	Requirements/Limits
<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
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)
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20 (<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 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)

Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUAD SUS 2019-20 (<i>influenza virus vaccine live quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
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)
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 50 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 50 years)

VAGINAL PRODUCTS

SPERMICIDES

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

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
SYMJEPI INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	Tier 4	PA
<i>droxidopa cap 200 mg</i>	Tier 4	PA
<i>droxidopa cap 300 mg</i>	Tier 4	PA
NORTHERA CAP 100MG (<i>droxidopa</i>)	Tier 4	PA
NORTHERA CAP 200MG (<i>droxidopa</i>)	Tier 4	PA
NORTHERA CAP 300MG (<i>droxidopa</i>)	Tier 4	PA
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i> (D 1000)	Tier 1	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i> (D2000 Ultra Strength)	Tier 1	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i> (D 5000)	Tier 1	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i> (Kp Vitamin D)	Tier 1	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i> (Cvs D3)	Tier 1	OTC
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i> (D3 Maximum Strength)	Tier 1	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i> (Aqueous Vitamin D Infants)	Tier 1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	Tier 1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 tabs / 30 days)
WATER SOLUBLE VITAMINS		
<i>ascorbic acid tab 500 mg</i> (Hm Vitamin C/rose Hips)	Tier 1	OTC

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

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calcium carbonate-vitamin d tab 600 mg-125 unit 140

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carbidopa & levodopa tab 25-100	cefaclor cap 500 mg	96
mg	cefaclor for susp 125 mg/5ml	96
carbidopa & levodopa tab 25-250	cefaclor for susp 250 mg/5ml	96
mg	cefaclor for susp 375 mg/5ml	96
carbidopa & levodopa tab er 25-	cefadroxil cap 500 mg	96
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.....	cefprozil tab 250 mg	96
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cephalexin cap 500 mg	96	chlorhexidine gluconate liquid 4%	
cephalexin for susp 125 mg/5ml	96	84
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mg	11	cholecalciferol cap 25 mcg (1000	
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chew tab 400 mg	20	unit)	174
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cholecalciferol drops 125 mcg/ml (5000 unit/ml)	174	CIPRODEX SUS 0.3-0.1%	156
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	174	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	153
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cholecalciferol tab 125 mcg (5000 unit)	174	ciprofloxacin hcl tab 250 mg (base equiv)	119
cholecalciferol tab 25 mcg (1000 unit)	174	ciprofloxacin hcl tab 500 mg (base equiv)	119
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cholestyramine light powder 4 gm/dose	56	ciprofloxacin-dexamethasone see CIPRODEX SUS 0.3-0.1%	156
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cimetidine tab 400 mg	167	clemastine fumarate tab 1.34 mg (1 mg base equiv)	55
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cinacalcet hcl tab 30 mg (base equiv)	116	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	21
cinacalcet hcl tab 60 mg (base equiv)	116	clindamycin phosphate gel 1% .	103
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clomipramine hcl cap 50 mg	40	3.75 gm	56
clomipramine hcl cap 75 mg	40	colesevelam hcl tab 625 mg	56
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XARELTO TAB 20MG	31	zidovudine syrup 10 mg/ml	88
XELJANZ SOL 1MG/ML	7	zidovudine tab 300 mg	88
XELJANZ TAB 10MG	7	ZIEXTENZO INJ 6/0.6ML	126
XELJANZ TAB 5MG	7	zileuton tab er 12hr 600 mg	26
XELJANZ XR TAB 11MG	7	zinc sulfate cap 220 mg (50 mg	
XELJANZ XR TAB 22MG	7	elemental zn)	142
XGEVA INJ	115	Zinc-220	
XIFAXAN TAB 200MG	20		

see zinc sulfate cap 220 mg (50 mg elemental zn)	142	zolpidem tartrate tab 10 mg	129
ZINC-OXYDE OIN 0.44-20%	111	zolpidem tartrate tab 5 mg	129
ZIOPTAN DRO 0.0015%	156	ZOMIG SPR 2.5MG	138
ziprasidone hcl cap 20 mg	77	ZOMIG SPR 5MG	138
ziprasidone hcl cap 40 mg	77	zonisamide cap 100 mg	35
ziprasidone hcl cap 60 mg	77	zonisamide cap 25 mg	35
ziprasidone hcl cap 80 mg	77	zonisamide cap 50 mg	35
ZIRGAN GEL 0.15%	154	ZONTIVITY TAB 2.08MG	124
ZOLADEX IMP 10.8MG	70	ZORTRESS TAB 0.25MG	144
ZOLADEX IMP 3.6MG	70	ZORTRESS TAB 0.5MG	144
ZOLINZA CAP 100MG	74	ZORTRESS TAB 0.75MG	144
zolmitriptan		ZORTRESS TAB 1MG	144
see ZOMIG SPR 2.5MG	138	ZOSTAVAX INJ	172
see ZOMIG SPR 5MG	138	zoster vaccine live	
zolmitriptan nasal spray 2.5 mg/spray unit	137	see ZOSTAVAX INJ	172
zolmitriptan nasal spray 5 mg/spray unit	138	zoster vaccine recombinant adjuvanted	
zolmitriptan orally disintegrating tab 2.5 mg	138	see SHINGRIX INJ 50/0.5ML	171
zolmitriptan orally disintegrating tab 5 mg	138	Z-TUSS AC LIQ 2-9/5ML	102
zolmitriptan tab 2.5 mg	138	ZYDELIG TAB 100MG	74
zolmitriptan tab 5 mg	138	ZYDELIG TAB 150MG	74
		ZYKADIA CAP 150MG	74
		ZYPREXA RELP INJ 210MG	81
		ZYPREXA RELP INJ 300MG	81
		ZYPREXA RELP INJ 405MG	82



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