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Individual and Family Plans

2023 List of Covered Drugs

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

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

INTRODUCTION

The **AvMed Individual and Family Plan Formulary** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **AvMed Individual and Family Plan Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **AvMed Individual and Family Plan Formulary** is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **AvMed Individual and Family Plan Formulary** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **AvMed Individual and Family Plan Formulary** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>.

The **AvMed Individual and Family Plan Formulary** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at <https://www.avmed.org/prescriptions>. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable Non-Preferred brand copay.

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy.

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety, and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at <https://www.avmed.org/media/cdj1zfo/commercial-medication-exception-request-form.pdf> to obtain a Medication Exception Request Form (MER).

Step Therapy - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications. If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for all self-administered injectable medications, except Insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed

based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in the **AvMed Individual and Family Plan Formulary**. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed participating pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine coverage of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used and is subject to a maximum of 13 refills per year. Many plans have the opportunity to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

What if my drug is not on the Drug List?

- If your drug is not on this drug list, call Member Engagement and make sure that your drug is not covered. If you learn that AvMed does not cover your drug, you have two choices: Ask Member Engagement for a list of similar drugs that are covered by AvMed.

When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by AvMed. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.

- Ask AvMed to make an exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

How do I ask for an exception to AvMed's Drug List?

You can ask AvMed to make an exception to our coverage rules. You can ask us to cover your drug even if it is not on our drug list.

Certain products are available at \$0 cost share when utilized for preventive care. Additional products may be available at \$0 cost share, through an exception process, when medically necessary for preventive care.

How likely is it that I will get an exception?

Generally, AvMed will only approve your request for an exception if the preferred drugs included on the plan's drug list, [other utilization restrictions] would:

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

How do I find out if my exception is granted?

When you ask for a drug list [utilization restriction exception], please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three business days for a decision.

If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at:

<https://www.avmed.org/media/cdjhlzfo/commercial-medication-exception-request-form.pdf>

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then selecting "Benefits", "Physician Referrals & Authorizations" and then selecting the link located under "Prescription Medications".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary by "QL". Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described on page 6.

Tier Description

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

- **Tier 1 - (Preferred Generic)** - These are preferred generic medications and are in the low range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
- **Tier 2 – (Generic)** - These are non-preferred generic medications- or higher cost generic medications and are in the low to mid-range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 3 - (Preferred Brand)** - These are preferred brand medications and are in the mid to higher range for out-of-pocket expense.
- Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 4 - (Non-Preferred Brand)** - These are non-preferred brand medications and are typically the higher range for out-of-pocket expense.
- **Tier 5 - (Specialty)** - These are brand- or generic-name specialty medications or high-cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
- **Tier 6 – (Non Preferred Specialty)** - These are non-preferred brand- or generic-name specialty medications or high cost medications and
- are typically at the higher out-of-pocket expense than Specialty preferred medications. Distribution of specialty medications is limited to our specialty pharmacy.
- **Tier 0 – (Zero Cost Share Preventive Drug)**-The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations.

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill

- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults.
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including:

fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Coverage and Cost Share Policy:

| Medication Type | Examples | Cost Share |
|-----------------------------|-----------------------------------|---|
| Oral Generics | (multiple) | No cost share |
| Non-Oral and OTC | Xulane, condoms, diaphragms, etc. | No cost share. OTCs require a prescription for coverage. |
| Other Contraceptive Methods | IUDs, Depo-Provera | No cost share - these are covered under the Medical Benefit because they are administered by a health care professional. |

| | | |
|---------------------------|--|---|
| Oral Brands with Generics | Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7 | Tier 4 Copay plus brand additional charge - can request no cost share if Prior Authorization submitted and medical necessity is established. |
|---------------------------|--|---|

Tobacco Cessation Coverage and Cost Share Policy:

| Medication Type | Examples | Cost Share |
|-------------------------|--|--|
| Oral, prescription only | Bupropion SR, Chantix | No cost share. Limit of 168 days' supply per year. |
| Non-prescription / OTC | Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges | No cost share. Limit of 168 days' supply per year. Prescription from doctor required. |
| Brands with Generics | Nicorette, Nicoderm CQ | Not covered. Only the generic equivalents are covered. |

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. You can print the request forms from our website at <https://www.avmed.org/prescriptions>. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called **FastStart®**, a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-7290 to initiate mail service through FastStart.

MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 3-Month supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 3-Month supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 3-Month supplies include: Estring, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The **AvMed Individual and Family Plan Formulary** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed

encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card.

For additional information, please visit our website at: www.avmed.org

LEGEND

| Term | Definition |
|----------------|--|
| OTC | Over the counter |
| PA | Prior Authorization |
| PF | Preferred |
| QL | Quantity Limit |
| SP | Specialty drug |
| ST | Step Therapy (Progressive Medication Program) |
| Brand | Brand products are listed in capitals |
| Generic | Generic products are listed in lowercase italics |

NOTICE

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AvMed Marketplace Preferred Medications Effective 12/01/2023

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ANALGESICS | | |
| COX-2 INHIBITORS | | |
| celecoxib caps 50mg, 100mg, 200mg | | |
| | 2 | |
| GOUT | | |
| allopurinol tabs 100mg, 300mg | 2 | |
| colchicine tabs .6mg | 2 | |
| colchicine w/ probenecid tab 0.5-500 mg | 2 | |
| febuxostat tabs 40mg, 80mg | 2 | ST; PA** |
| probenecid tabs 500mg | 2 | |
| NSAIDS, COMBINATIONS | | |
| diclofenac w/ misoprostol tab delayed release 50-0.2 mg | 2 | |
| diclofenac w/ misoprostol tab delayed release 75-0.2 mg | 2 | |
| NSAIDS | | |
| diclofenac potassium tabs 50mg | 2 | |
| diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg | 2 | |
| etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg | 2 | |
| fenoprofen calcium tabs 600mg | 4 | |
| flurbiprofen tabs 50mg, 100mg | 2 | |
| ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg | 2 | |
| ketorolac tromethamine soln 15mg/ml, 30mg/ml | 2 | |
| ketorolac tromethamine tabs 10mg | 2 | QL (20 tabs every 30 days) |
| meclofenamate sodium caps 50mg, 100mg | 2 | |
| mefenamic acid caps 250mg | 2 | |
| meloxicam tabs 7.5mg, 15mg | 2 | |
| nabumetone tabs 500mg, 750mg | 2 | |
| naproxen tabs 250mg, 375mg, 500mg | 2 | |
| oxaprozin tabs 600mg | 2 | |
| piroxicam caps 10mg, 20mg | 2 | |
| sulindac tabs 150mg, 200mg | 2 | |
| tolmetin sodium caps 400mg; tabs 600mg | 2 | |
| OPIOID ANALGESICS | | |
| acetaminophen w/ codeine soln 120-12 mg/5ml | 2 | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| acetaminophen w/ codeine tab 300-15 mg | 2 | ST, QL (400 tabs every 30 days); Subject to initial 7-day limit |
| acetaminophen w/ codeine tab 300-30 mg | 2 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| acetaminophen w/ codeine tab 300-60 mg | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg | 2 | ST, QL (300 caps every 30 days); Subject to initial 7-day limit |
| butorphanol tartrate soln 1mg/ml, 2mg/ml | 2 | |
| butorphanol tartrate soln 10mg/ml | 2 | QL (2 bottles every 30 days) |
| codeine sulfate tabs 30mg | 2 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| CODEINE SULFATE TABS 60MG | 4 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| endocet tab 2.5-325 | 2 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| endocet tab 5-325mg | 2 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| endocet tab 7.5-325 | 2 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| endocet tab 10-325mg | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| fentanyl pt72 12mcg/hr, 25mcg/hr | 2 | ST, QL (10 patches every 30 days) |
| fentanyl pt72 50mcg/hr, 75mcg/hr, 100mcg/hr | 2 | ST, PA; High Strength Requires PA |
| fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg | 2 | PA, QL (120 lozenges every 30 days) |
| hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg | 2 | QL (30 tabs every 30 days) |
| hydrocodone bitartrate t24a 100mg, 120mg | 2 | PA; High Strength Requires PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| hydrocodone-acetaminophen soln 7.5-325 mg/15ml | 2 | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit |
| hydrocodone-acetaminophen tab 5-325 mg | 2 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| hydrocodone-acetaminophen tab 7.5-325 mg | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| hydrocodone-acetaminophen tab 10-325 mg | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| hydrocodone-ibuprofen tab 10-200 mg | 2 | ST, QL (50 tabs every 30 days); Subject to initial 7-day limit |
| hydromorphone hcl soln 2mg/ml | 2 | |
| hydromorphone hcl tabs 2mg | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| hydromorphone hcl tabs 4mg | 2 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| hydromorphone hcl tabs 8mg | 2 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| hydromorphone hcl tb24 8mg, 12mg, 16mg | 2 | ST, QL (30 tabs every 30 days) |
| hydromorphone hcl tb24 32mg | 2 | ST, PA; High Strength Requires PA |
| methadone hcl conc 10mg/ml | 2 | QL (30 mL every 30 days); (indicated for opioid addiction) |
| methadone hcl soln 5mg/5ml | 2 | ST, QL (450 mL every 30 days) |
| methadone hcl soln 10mg/5ml | 2 | ST, QL (225 mL every 30 days) |
| methadone hcl tabs 5mg | 2 | ST, QL (90 tabs every 30 days) |
| methadone hcl tabs 10mg | 2 | ST, QL (30 tabs every 30 days) |
| methadone hcl tbs0 40mg | 2 | QL (9 tabs every 30 days) |
| methadone hydrochloride i conc 10mg/ml | 2 | ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>methadose tbso 40mg</i> | 2 | QL (9 tabs every 30 days) |
| <i>morphine sulfate cp24 10mg, 20mg, 30mg</i> | 2 | ST, QL (60 caps every 30 days) |
| <i>morphine sulfate cp24 50mg, 60mg, 80mg</i> | 2 | ST, QL (30 caps every 30 days) |
| <i>morphine sulfate cp24 100mg; tbcr 60mg, 100mg, 200mg</i> | 2 | ST, PA; High Strength Requires PA |
| <i>morphine sulfate soln 4mg/ml, 10mg/ml</i> | 2 | |
| <i>morphine sulfate soln 10mg/5ml</i> | 2 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate soln 20mg/5ml</i> | 2 | ST, QL (675 mL every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate soln 100mg/5ml</i> | 2 | ST, QL (135 mL every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate tabs 15mg</i> | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate tabs 30mg</i> | 2 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate tbcr 15mg, 30mg</i> | 2 | ST, QL (90 tabs every 30 days) |
| <i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i> | 2 | ST, QL (30 caps every 30 days) |
| <i>morphine sulfate beads cp24 120mg</i> | 2 | ST, PA; High Strength Requires PA |
| <i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i> | 2 | |
| <i>NUCYNTA TABS 50MG</i> | 3 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| <i>NUCYNTA TABS 75MG</i> | 3 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| <i>NUCYNTA TABS 100MG</i> | 3 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| <i>NUCYNTA ER TB12 50MG, 100MG</i> | 4 | ST, QL (60 tabs every 30 days) |
| <i>NUCYNTA ER TB12 150MG, 200MG, 250MG</i> | 4 | ST, PA; High Strength Requires PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| oxycodone hcl caps 5mg | 2 | ST, QL (180 caps every 30 days); Subject to initial 7-day limit |
| oxycodone hcl conc 100mg/5ml | 2 | ST, QL (90 mL every 30 days); Subject to initial 7-day limit |
| oxycodone hcl soln 5mg/5ml | 2 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| oxycodone hcl t12a 10mg, 20mg | 2 | QL (60 tabs every 30 days) |
| oxycodone hcl t12a 40mg, 80mg | 2 | PA; High Strength Requires PA |
| oxycodone hcl tabs 5mg, 10mg | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| oxycodone hcl tabs 15mg | 2 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| oxycodone hcl tabs 20mg | 2 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| oxycodone hcl tabs 30mg | 2 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| oxycodone w/ acetaminophen tab 2.5-325 mg | 2 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| oxycodone w/ acetaminophen tab 5-325 mg | 2 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| oxycodone w/ acetaminophen tab 7.5-325 mg | 2 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| oxycodone w/ acetaminophen tab 10-325 mg | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| oxymorphone hcl tabs 5mg | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| oxymorphone hcl tabs 10mg | 2 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg | 2 | ST, QL (60 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i> | 2 | ST, PA; High Strength Requires PA |
| <i>tramadol hcl tabs 50mg</i> | 2 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>tramadol hcl tb24 100mg</i> | 2 | ST, QL (30 tabs every 30 days) |
| <i>tramadol hcl tb24 200mg, 300mg</i> | 2 | ST, PA; High Strength Requires PA |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 2 | ST, QL (40 tabs every 30 days); Subject to initial 7-day limit |
| <i>XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG</i> | 3 | QL (60 caps every 30 days) |
| <i>XTAMPZA ER C12A 36MG</i> | 3 | PA; High Strength Requires Prior Auth |

OPIOID PARTIAL AGONISTS

| | | |
|--|---|---|
| <i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG</i> | 3 | ST, QL (60 films every 30 days) |
| <i>BELBUCA FILM 600MCG, 750MCG, 900MCG</i> | 3 | ST, PA; High Strength Requires Prior Auth |
| <i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i> | 2 | ST, QL (4 patches every 30 days) |
| <i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i> | 2 | ST, PA; High Strength Requires Prior Auth |
| <i>buprenorphine hcl soln .3mg/ml</i> | 2 | |
| <i>SUBLIMAZE SOSY 100MG/0.5ML, 300MG/1.5ML</i> | 5 | SP |

SALICYLATES

| | | |
|--|---|---|
| <i>aspirin enteric coated ad tbec 81mg</i> | 0 | QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered |
| <i>diflunisal tabs 500mg</i> | 2 | |
| <i>goodsense aspirin chew 81mg</i> | 0 | QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered |

ANESTHETICS

LOCAL ANESTHETICS

| | |
|---|---|
| <i>lidocaine hcl (local anesth.) soln .5%, 1%, 2%</i> | 2 |
|---|---|

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| ANTI-INFECTIVES | | |
| ANTHELMINTICS | | |
| <i>albendazole tabs 200mg</i> | 4 | QL (336 tabs every 365 days) |
| <i>EMVERM CHEW 100MG</i> | 4 | QL (12 tabs every 365 days) |
| <i>ivermectin tabs 3mg</i> | 2 | |
| <i>praziquantel tabs 600mg</i> | 2 | QL (24 tabs every 365 days) |
| ANTI-BACTERIALS - MISCELLANEOUS | | |
| <i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i> | 2 | |
| <i>fosfomycin tromethamine pack 3gm</i> | 2 | |
| <i>gentamicin sulfate soln 40mg/ml</i> | 2 | |
| <i>neomycin sulfate tabs 500mg</i> | 2 | |
| <i>paromomycin sulfate caps 250mg</i> | 2 | |
| <i>sulfadiazine tabs 500mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 2 | |
| <i>tinidazole tabs 250mg, 500mg</i> | 2 | |
| <i>tobramycin sulfate soln 40mg/ml, 80mg/2ml</i> | 2 | QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days |
| <i>tobramycin sulfate solr 1.2gm</i> | 2 | QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days |
| ANTIFUNGALS | | |
| <i>amphotericin b solr 50mg</i> | 2 | QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days |
| <i>CRESEMBA CAPS 74.5MG, 186MG</i> | 4 | |
| <i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i> | 2 | |
| <i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i> | 2 | |
| <i>griseofulvin ultramicrosize tabs 125mg, 250mg</i> | 2 | |
| <i>itraconazole caps 100mg; soln 10mg/ml</i> | 2 | PA |
| <i>nystatin tabs 500000unit</i> | 2 | |
| <i>posaconazole susp 40mg/ml</i> | 2 | PA |
| <i>posaconazole tbec 100mg</i> | 4 | PA |
| <i>terbinafine hcl tabs 250mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| <i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i> | 4 | PA |
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 2 | |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 2 | |
| <i>chloroquine phosphate tabs 250mg, 500mg</i> | 2 | |
| <i>COARTEM TAB 20-120MG</i> | 4 | |
| <i>mefloquine hcl tabs 250mg</i> | 2 | |
| <i>primaquine phosphate tabs 26.3mg</i> | 2 | |
| <i>quinine sulfate caps 324mg</i> | 2 | |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate soln 20mg/ml</i> | 2 | SP, QL (900 mL every 30 days) |
| <i>abacavir sulfate tabs 300mg</i> | 2 | SP, QL (60 tabs every 30 days) |
| <i>APTIVUS CAPS 250MG</i> | 3 | SP, QL (120 caps every 30 days) |
| <i>atazanavir sulfate caps 150mg, 300mg</i> | 2 | SP, QL (30 caps every 30 days) |
| <i>atazanavir sulfate caps 200mg</i> | 2 | SP, QL (60 caps every 30 days) |
| <i>ATRIPLA TAB</i> | 4 | SP, QL (30 tabs every 30 days) |
| <i>COMBIVIR TAB 150-300</i> | 4 | SP, QL (60 tabs every 30 days) |
| <i>COMPLERA TAB</i> | 3 | SP, QL (30 tabs every 30 days) |
| <i>darunavir tabs 600mg</i> | 2 | SP, QL (60 tabs every 30 days) |
| <i>darunavir tabs 800mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| <i>DELSTRIGO TAB</i> | 3 | SP, QL (30 tabs every 30 days) |
| <i>EDURANT TABS 25MG</i> | 3 | SP, QL (60 tabs every 30 days) |
| <i>efavirenz caps 50mg, 200mg</i> | 2 | SP, QL (90 caps every 30 days) |
| <i>efavirenz tabs 600mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| <i>emtricitabine caps 200mg</i> | 2 | SP, QL (30 caps every 30 days) |
| <i>EMTRIVA CAPS 200MG</i> | 4 | SP, QL (30 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| EMTRIVA SOLN 10MG/ML | 3 | SP, QL (680 ml every 28 days) |
| EPIVIR SOLN 10MG/ML | 4 | SP, QL (900 mL every 30 days) |
| EPIVIR TABS 150MG | 4 | SP, QL (60 tabs every 30 days) |
| EPIVIR TABS 300MG | 4 | SP, QL (30 tabs every 30 days) |
| EPZICOM TAB 600-300 | 4 | SP, QL (30 tabs every 30 days) |
| <i>etravirine tabs 100mg</i> | 2 | SP, QL (120 tabs every 30 days) |
| <i>etravirine tabs 200mg</i> | 2 | SP, QL (60 tabs every 30 days) |
| <i>fosamprenavir calcium tabs 700mg</i> | 2 | SP, QL (120 tabs every 30 days) |
| FUZEON SOLR 90MG | 5 | SP, PA, QL (60 vials every 30 days) |
| INTELENCE TABS 25MG | 3 | SP, QL (120 tabs every 30 days) |
| INTELENCE TABS 100MG | 4 | SP, QL (120 tabs every 30 days) |
| INTELENCE TABS 200MG | 4 | SP, QL (60 tabs every 30 days) |
| ISENTRESS CHEW 25MG, 100MG | 3 | SP, QL (180 tabs every 30 days) |
| ISENTRESS PACK 100MG | 3 | SP, QL (60 packets every 30 days) |
| ISENTRESS TABS 400MG | 3 | SP, QL (120 tabs every 30 days) |
| ISENTRESS HD TABS 600MG | 3 | SP, QL (60 tabs every 30 days) |
| JULUCA TAB 50-25MG | 3 | SP, QL (30 tabs every 30 days) |
| KALETRA SOL | 4 | SP, QL (390 mL every 30 days) |
| <i>lamivudine soln 10mg/ml</i> | 2 | SP, QL (960 ml every 30 days) |
| <i>lamivudine tabs 150mg</i> | 2 | SP, QL (60 tabs every 30 days) |
| <i>lamivudine tabs 300mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| LEXIVA SUSP 50MG/ML | 3 | SP, QL (1575 mL every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|------------------|------------------------------------|
| LEXIVA TABS 700MG | 4 | SP, QL (120 tabs every 30 days) |
| <i>maraviroc tabs 150mg</i> | 2 | SP, QL (60 tabs every 30 days) |
| <i>maraviroc tabs 300mg</i> | 2 | SP, QL (120 tabs every 30 days) |
| <i>nevirapine susp 50mg/5ml</i> | 2 | SP, QL (1200 mL every 30 days) |
| <i>nevirapine tabs 200mg</i> | 2 | SP, QL (60 tabs every 30 days) |
| <i>nevirapine tb24 100mg</i> | 2 | SP, QL (90 tabs every 30 days) |
| <i>nevirapine tb24 400mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| NORVIR PACK 100MG | 3 | SP, QL (360 packets every 30 days) |
| NORVIR SOLN 80MG/ML | 3 | SP, QL (480 mL every 30 days) |
| NORVIR TABS 100MG | 4 | SP, QL (360 tabs every 30 days) |
| PIFELTRO TABS 100MG | 3 | SP, QL (60 tabs every 30 days) |
| PREZISTA SUSP 100MG/ML | 3 | SP, QL (400 mL every 30 days) |
| PREZISTA TABS 75MG | 3 | SP, QL (300 tabs every 30 days) |
| PREZISTA TABS 150MG | 3 | SP, QL (180 tabs every 30 days) |
| PREZISTA TABS 600MG | 3 | SP, QL (60 tabs every 30 days) |
| PREZISTA TABS 800MG | 3 | SP, QL (30 tabs every 30 days) |
| RETROVIR CAPS 100MG | 4 | SP, QL (180 caps every 30 days) |
| RETROVIR SYRP 50MG/5ML | 4 | SP, QL (1800 mL every 30 days) |
| RETROVIR IV INFUSION SOLN 10MG/ML | 3 | SP |
| REYATAZ CAPS 150MG, 300MG | 4 | SP, QL (30 caps every 30 days) |
| REYATAZ CAPS 200MG | 4 | SP, QL (60 caps every 30 days) |
| REYATAZ PACK 50MG | 3 | SP, QL (180 packets every 30 days) |
| <i>ritonavir tabs 100mg</i> | 2 | SP, QL (360 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| RUKOBIA TB12 600MG | 3 | SP, QL (60 tabs every 30 days) |
| SELZENTRY SOLN 20MG/ML | 3 | SP, QL (1840 mL every 30 days) |
| SELZENTRY TABS 25MG | 3 | SP, QL (240 tabs every 30 days) |
| SELZENTRY TABS 75MG | 3 | SP, QL (60 tabs every 30 days) |
| SELZENTRY TABS 150MG | 4 | SP, QL (60 tabs every 30 days) |
| SELZENTRY TABS 300MG | 4 | SP, QL (120 tabs every 30 days) |
| <i>stavudine caps 15mg, 20mg, 30mg, 40mg</i> | 2 | SP, QL (60 caps every 30 days) |
| STRIBILD TAB | 3 | SP, QL (30 tabs every 30 days) |
| SUSTIVA CAPS 50MG, 200MG | 4 | SP, QL (90 caps every 30 days) |
| SUSTIVA TABS 600MG | 4 | SP, QL (30 tabs every 30 days) |
| <i>tenofovir disoproxil fumarate tabs 300mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| TIVICAY TABS 10MG | 3 | SP, QL (240 tabs every 30 days) |
| TIVICAY TABS 25MG, 50MG | 3 | SP, QL (60 tabs every 30 days) |
| TIVICAY PD TBSO 5MG | 3 | SP, QL (360 tabs every 30 days) |
| TRIZIVIR TAB | 3 | SP, QL (60 tabs every 30 days) |
| TROGARZO SOLN 200MG/1.33ML | 5 | SP |
| TYBOST TABS 150MG | 3 | SP, QL (30 tabs every 30 days) |
| VIRACEPT TABS 250MG | 3 | SP, QL (300 tabs every 30 days) |
| VIRACEPT TABS 625MG | 3 | SP, QL (120 tabs every 30 days) |
| VIRAMUNE SUSP 50MG/5ML | 4 | SP, QL (1200 mL every 30 days) |
| VIRAMUNE TABS 200MG | 4 | SP, QL (60 tabs every 30 days) |
| VIRAMUNE XR TB24 400MG | 4 | SP, QL (30 tabs every 30 days) |
| VIREAD POWD 40MG/GM | 3 | SP, QL (240 gm every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|------------------|---------------------------------|
| VIREAD TABS 150MG, 200MG, 250MG | 3 | SP, QL (30 tabs every 30 days) |
| VIREAD TABS 300MG | 4 | SP, QL (30 tabs every 30 days) |
| ZIAGEN SOLN 20MG/ML | 4 | SP, QL (900 mL every 30 days) |
| ZIAGEN TABS 300MG | 4 | SP, QL (60 tabs every 30 days) |
| <i>zidovudine caps 100mg</i> | 2 | SP, QL (180 caps every 30 days) |
| <i>zidovudine syrp 50mg/5ml</i> | 2 | SP, QL (1920 ml every 30 days) |
| <i>zidovudine tabs 300mg</i> | 2 | SP, QL (60 tabs every 30 days) |

ANTIRETROVIRAL COMBINATION AGENTS

| | | |
|---|---|---|
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| <i>BIKTARVY TAB</i> | 3 | SP, QL (30 tabs every 30 days) |
| <i>CIMDUO TAB 300-300</i> | 3 | SP, QL (30 tabs every 30 days) |
| <i>DESCOVY TAB 120-15MG</i> | 3 | SP, QL (30 tabs every 30 days) |
| <i>DESCOVY TAB 200/25MG</i> | 3 | SP, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis |
| <i>DOVATO TAB 50-300MG</i> | 3 | SP, QL (30 tabs every 30 days) |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 2 | SP, QL (30 tabs every 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 2 | SP, QL (30 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 2 | SP, QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis |
| EVOTAZ TAB 300-150 | 3 | SP, QL (30 tabs every 30 days) |
| GENVOYA TAB | 3 | SP, QL (30 tabs every 30 days) |
| KALETRA TAB 100-25MG | 4 | SP, QL (240 tabs every 30 days) |
| KALETRA TAB 200-50MG | 4 | SP, QL (120 tabs every 30 days) |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 2 | SP, QL (60 tabs every 30 days) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 2 | SP, QL (480 ml every 30 days) |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 2 | SP, QL (300 tabs every 30 days) |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 2 | SP, QL (120 tabs every 30 days) |
| ODEFSEY TAB | 3 | SP, QL (30 tabs every 30 days) |
| PREZCOBIX TAB 800-150 | 3 | SP, QL (30 tabs every 30 days) |
| SYMFI LO TAB | 4 | SP, QL (30 tabs every 30 days) |
| SYMFI TAB | 4 | SP, QL (30 tabs every 30 days) |
| SYMTUZA TAB | 4 | SP, QL (30 tabs every 30 days) |
| TRIUMEQ PD TAB | 4 | SP, QL (180 tabs every 30 days) |
| TRIUMEQ TAB | 4 | SP, QL (30 tabs every 30 days) |
| TRUVADA TAB 100-150 | 4 | SP, QL (30 tabs every 30 days) |
| TRUVADA TAB 133-200 | 4 | SP, QL (30 tabs every 30 days) |
| TRUVADA TAB 167-250 | 4 | SP, QL (30 tabs every 30 days) |
| TRUVADA TAB 200-300 | 4 | SP, QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis |

ANTITUBERCULAR AGENTS

| | |
|----------------------------------|---|
| cycloserine caps 250mg | 2 |
| ethambutol hcl tabs 100mg, 400mg | 2 |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i> | 2 | |
| PASER PACK 4GM | 4 | |
| PRIFTIN TABS 150MG | 3 | |
| <i>pyrazinamide tabs 500mg</i> | 2 | |
| <i>rifabutin caps 150mg</i> | 2 | |
| <i>rifampin caps 150mg, 300mg; solr 600mg</i> | 2 | |
| SIRTURO TABS 20MG, 100MG | 6 | SP, PA |
| TRECATOR TABS 250MG | 3 | |
| ANTIVIRALS | | |
| <i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i> | 2 | |
| <i>adefovir dipivoxil tabs 10mg</i> | 5 | SP |
| BARACLUDE SOLN .05MG/ML | 5 | SP, PA, QL (630 mL every 30 days) |
| <i>cidofovir soln 75mg/ml</i> | 2 | |
| <i>entecavir tabs .5mg, 1mg</i> | 5 | SP, PA, QL (30 tabs every 30 days) |
| EPIVIR HBV SOLN 5MG/ML | 3 | SP |
| <i>famciclovir tabs 125mg, 250mg, 500mg</i> | 2 | |
| <i>lamivudine (hbv) tabs 100mg</i> | 2 | SP |
| <i>oseltamivir phosphate caps 30mg</i> | 2 | QL (40 caps every 90 days) |
| <i>oseltamivir phosphate caps 45mg, 75mg</i> | 2 | QL (20 caps every 90 days) |
| <i>oseltamivir phosphate susr 6mg/ml</i> | 2 | QL (360 mL every 90 days) |
| RELENZA DISKHALER AEPB 5MG/BLISTER | 3 | QL (2 inhalers every 90 days) |
| <i>ribavirin solr 6gm</i> | 2 | |
| <i>rimantadine hydrochloride tabs 100mg</i> | 2 | |
| <i>valacyclovir hcl tabs 500mg, 1000mg</i> | 2 | |
| <i>valganciclovir hcl solr 50mg/ml</i> | 5 | SP, PA, QL (1000 mL every 30 days) |
| <i>valganciclovir hcl tabs 450mg</i> | 5 | SP, PA, QL (120 tabs every 30 days) |
| VEMLIDY TABS 25MG | 4 | SP, PA, QL (30 tabs every 30 days) |
| CEPHALOSPORINS | | |
| <i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i> | 2 | |
| <i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i> | 2 | |
| <i>cefazolin sodium solr 1gm</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml | 2 | |
| cefepime hcl solr 1gm, 2gm | 2 | |
| cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml | 2 | |
| cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg | 2 | |
| cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg | 2 | |
| ceftazidime solr 2gm | 2 | |
| ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg | 2 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| ceftriaxone sodium solr 10gm | 2 | QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days |
| cefuroxime axetil tabs 250mg, 500mg | 2 | |
| cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg | 2 | |
| SUPRAX CHEW 100MG, 200MG; SUSR 500MG/5ML | 3 | |
| tazicef solr 1gm | 2 | |
| ERYTHROMYCINS/MACROLIDES | | |
| azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg | 2 | |
| clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg | 2 | |
| DIFICID SUSR 40MG/ML; TABS 200MG | 3 | PA |
| ery-tab tbec 250mg, 333mg, 500mg | 2 | |
| erythrocin stearate tabs 250mg | 2 | |
| erythromycin base cpep 250mg; tabs 250mg, 500mg | 2 | |
| erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg | 2 | |
| FLUOROQUINOLONES | | |
| BAXDELA TABS 450MG | 4 | |
| CIPRO SUSR 500MG/5ML | 4 | |
| ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg | 2 | |
| levofloxacin soln 25mg/ml | 2 | QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days |
| levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>moxifloxacin hcl tabs 400mg</i> | 2 | |
| <i>ofloxacin tabs 300mg, 400mg</i> | 2 | |
| HEPATITIS C | | |
| EPCLUSA PAK 150-37.5 | 5 | SP, PA, QL (28 pellets every 28 days) |
| EPCLUSA PAK 200-50MG | 5 | SP, PA, QL (28 pellets every 28 days) |
| EPCLUSA TAB 200-50MG | 5 | SP, PA, QL (28 tabs every 28 days) |
| EPCLUSA TAB 400-100 | 5 | SP, PA, QL (28 tabs every 28 days) |
| HARVONI PAK | 5 | SP, PA, QL (28 pellets every 28 days) |
| HARVONI PAK 45-200MG | 5 | SP, PA, QL (28 pellets every 28 days) |
| HARVONI TAB 45-200MG | 5 | SP, PA, QL (28 tabs every 28 days) |
| HARVONI TAB 90-400MG | 5 | SP, PA, QL (28 tabs every 28 days) |
| PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML | 5 | SP, PA |
| <i>ribavirin (hepatitis c) caps 200mg</i> | 2 | SP, PA |
| <i>ribavirin (hepatitis c) tabs 200mg</i> | 2 | PA |
| SOVALDI PACK 150MG, 200MG | 6 | SP, ST, PA, QL (28 pellets every 28 days) |
| SOVALDI TABS 200MG, 400MG | 6 | SP, ST, PA, QL (28 tabs every 28 days) |
| VOSEVI TAB | 5 | SP, PA, QL (28 tabs every 28 days) |
| ZEPATIER TAB 50-100MG | 6 | SP, ST, PA, QL (28 tabs every 28 days) |
| MISCELLANEOUS | | |
| ALINIA SUSR 100MG/5ML | 4 | QL (540 mL every 30 days) |
| <i>atovaquone susp 750mg/5ml</i> | 2 | |
| <i>aztreonam solr 1gm, 2gm</i> | 2 | |
| <i>clindamycin hcl caps 75mg, 150mg, 300mg</i> | 2 | |
| <i>clindamycin palmitate hydrochloride solr 75mg/5ml</i> | 2 | |
| <i>clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml</i> | 2 | |
| <i>dapsone tabs 25mg, 100mg</i> | 2 | |
| <i>ertapenem sodium solr 1gm</i> | 2 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i> | 2 | |
| LINEZOLID INJ 2MG/ML | 2 | |
| <i>meropenem solr 1gm</i> | 2 | QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days |
| <i>meropenem solr 500mg</i> | 2 | QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days |
| methenamine hippurate tabs 1gm | 2 | |
| <i>metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg</i> | 2 | |
| nitazoxanide tabs 500mg | 2 | QL (20 tabs every 30 days) |
| <i>nitrofurantoin susp 25mg/5ml</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin monohyd macro caps 100mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| pentamidine isethionate solr 300mg | 2 | |
| polymyxin b sulfate solr 500000unit | 2 | |
| pyrimethamine tabs 25mg | 4 | PA |
| trimethoprim tabs 100mg | 2 | |
| vancomycin hcl caps 125mg, 250mg | 2 | QL (80 caps every 10 days) |
| <i>vancomycin hcl solr 1gm</i> | 2 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| <i>vancomycin hcl solr 5gm, 10gm</i> | 2 | QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days |
| <i>vancomycin hcl solr 500mg, 750mg</i> | 2 | QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days |
| XIFAXAN TABS 200MG | 3 | QL (9 tabs every 30 days) |
| XIFAXAN TABS 550MG | 3 | PA |
| PENICILLINS | | |
| <i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i> | 2 | |
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 2 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml | 2 | |
| amoxicillin & k clavulanate for susp 250-62.5 mg/5ml | 2 | |
| amoxicillin & k clavulanate for susp 400-57 mg/5ml | 2 | |
| amoxicillin & k clavulanate for susp 600-42.9 mg/5ml | 2 | |
| amoxicillin & k clavulanate tab 250-125 mg | 2 | |
| amoxicillin & k clavulanate tab 500-125 mg | 2 | |
| amoxicillin & k clavulanate tab 875-125 mg | 2 | |
| amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg | 2 | |
| ampicillin caps 500mg | 2 | |
| ampicillin sodium solr 1gm, 2gm | 2 | |
| dicloxacillin sodium caps 250mg, 500mg | 2 | |
| penicillin g potassium solr 5000000unit, 20000000unit | 2 | |
| penicillin g sodium solr 5000000unit | 2 | |
| penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg | 2 | |
| pfizerpen solr 20000000unit | 2 | |
| piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) | 2 | |
| piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) | 2 | |
| piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) | 2 | |
| TETRACYCLINES | | |
| avidoxy tabs 100mg | 2 | |
| demeclacycline hcl tabs 150mg, 300mg | 2 | |
| doxy 100 solr 100mg | 2 | |
| doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg | 2 | |
| doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg | 2 | |
| minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg | 2 | |
| tetracycline hcl caps 250mg, 500mg | 2 | QL (120 caps every 30 days) |
| VIBRAMYCIN SYRP 50MG/5ML | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| | | |
| <i>busulfan soln 6mg/ml</i> | 2 | |
| <i>carmustine solr 100mg</i> | 2 | SP |
| <i>cyclophosphamide caps 25mg, 50mg</i> | 2 | |
| <i>cyclophosphamide solr 1gm, 2gm, 500mg</i> | 5 | SP |
| <i>dacarbazine solr 100mg</i> | 2 | SP |
| <i>dacarbazine solr 200mg</i> | 2 | |
| <i>EMCYT CAPS 140MG</i> | 5 | SP |
| <i>GLEOSTINE CAPS 10MG, 40MG, 100MG</i> | 5 | SP |
| <i>GLIADEL WAF 7.7MG</i> | 3 | SP |
| <i>ifosfamide soln 1gm/20ml, 3gm/60ml</i> | 2 | |
| <i>ifosfamide solr 1gm</i> | 2 | SP |
| <i>LEUKERAN TABS 2MG</i> | 3 | |
| <i>MATULANE CAPS 50MG</i> | 3 | SP |
| <i>melphalan tabs 2mg</i> | 2 | |
| <i>melphalan hcl solr 50mg</i> | 2 | |
| <i>TEMODAR SOLR 100MG</i> | 5 | SP, PA |
| <i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i> | 5 | SP, PA |
| ANTIBIOTICS | | |
| <i>adriamycin solr 50mg</i> | 2 | SP |
| <i>bleomycin sulfate solr 15unit, 30unit</i> | 2 | |
| <i>daunorubicin hcl soln 20mg/4ml</i> | 2 | |
| <i>doxorubicin hcl soln 2mg/ml; solr 10mg</i> | 2 | SP |
| <i>doxorubicin hcl liposomal inj 2mg/ml</i> | 2 | SP |
| <i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i> | 2 | |
| <i>mitomycin solr 5mg, 20mg, 40mg</i> | 2 | SP |
| <i>mitoxantrone hcl conc 2mg/ml</i> | 5 | SP |
| ANTIMETABOLITES | | |
| <i>azacitidine susr 100mg</i> | 5 | SP, PA |
| <i>capecitabine tabs 150mg, 500mg</i> | 5 | SP, PA |
| <i>cladribine soln 10mg/10ml</i> | 2 | SP |
| <i>clofarabine soln 1mg/ml</i> | 2 | SP |
| <i>cytarabine soln 20mg/ml, 100mg/ml</i> | 2 | SP |
| <i>decitabine solr 50mg</i> | 5 | SP, PA |
| <i>floxuridine solr .5gm</i> | 2 | |
| <i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i> | 2 | SP |
| <i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i> | 2 | SP |
| <i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i> | 5 | SP |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>mercaptopurine tabs 50mg</i> | 2 | |
| <i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i> | 2 | SP |
| <i>pemetrexed disodium solr 100mg, 500mg</i> | 5 | SP |
| TABLOID TABS 40MG | 3 | |
| ANTIMITOTIC, TAXOIDS | | |
| <i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i> | 2 | SP |
| <i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i> | 2 | SP |
| <i>paclitaxel protein-bound particles for iv susp 100 mg</i> | 2 | SP |
| ANTIMITOTIC, VINCA ALKALOIDS | | |
| <i>vinblastine sulfate soln 1mg/ml</i> | 2 | SP |
| <i>vincristine sulfate soln 1mg/ml</i> | 2 | SP |
| <i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i> | 2 | SP |
| ANTINEOPLASTIC, BCL-2 INHIBITORS | | |
| VENCLEXTA TABS 10MG, 50MG | 5 | SP, PA, QL (120 tabs every 30 days) |
| VENCLEXTA TABS 100MG | 5 | SP, PA, QL (180 tabs every 30 days) |
| VENCLEXTA TAB START PK | 5 | SP, PA, QL (1 pack every 28 days) |
| BIOLOGIC RESPONSE MODIFIERS | | |
| ERBITUX SOLN 100MG/50ML, 200MG/100ML | 5 | SP, PA |
| ERIVEDGE CAPS 150MG | 5 | SP, PA, QL (30 caps every 30 days) |
| GAZYVA SOLN 1000MG/40ML | 5 | SP, PA |
| KADCYLA SOLR 100MG, 160MG | 5 | SP, PA |
| KEYTRUDA SOLN 100MG/4ML | 5 | SP, PA |
| POLIVY SOLR 30MG, 140MG | 6 | SP, PA |
| POMALYST CAPS 1MG, 2MG, 3MG, 4MG | 5 | SP, PA, QL (21 caps every 28 days) |
| REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG | 5 | SP, PA, QL (28 caps every 28 days) |
| REVLIMID CAPS 20MG, 25MG | 5 | SP, PA, QL (21 caps every 28 days) |
| THALOMID CAPS 50MG, 100MG | 5 | SP, PA, QL (28 caps every 28 days) |
| THALOMID CAPS 150MG, 200MG | 5 | SP, PA, QL (56 caps every 28 days) |
| TICE BCG SUSR 50MG | 3 | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate tabs 250mg</i> | 5 | SP, PA, QL (120 tabs every 30 days) |
| <i>abiraterone acetate tabs 500mg</i> | 5 | SP, PA, QL (60 tabs every 30 days) |
| <i>anastrozole tabs 1mg</i> | 2 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>bicalutamide tabs 50mg</i> | 2 | |
| <i>ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG</i> | 5 | SP, PA |
| <i>ERLEADA TABS 60MG</i> | 5 | SP, PA, QL (120 tabs every 30 days) |
| <i>ERLEADA TABS 240MG</i> | 5 | SP, PA, QL (30 tabs every 30 days) |
| <i>exemestane tabs 25mg</i> | 2 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>flutamide caps 125mg</i> | 2 | |
| <i>fulvestrant cosy 250mg/5ml</i> | 5 | SP, PA |
| <i>letrozole tabs 2.5mg</i> | 2 | |
| <i>leuprolide acetate kit 1mg/0.2ml</i> | 5 | SP, PA |
| <i>LYSODREN TABS 500MG</i> | 3 | SP |
| <i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i> | 2 | |
| <i>nilutamide tabs 150mg</i> | 2 | |
| <i>NUBEQA TABS 300MG</i> | 5 | SP, PA, QL (120 tabs every 30 days) |
| <i>tamoxifen citrate tabs 10mg, 20mg</i> | 2 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>toremifene citrate tabs 60mg</i> | 2 | |
| <i>XTANDI CAPS 40MG</i> | 5 | SP, PA, QL (120 caps every 30 days) |
| <i>XTANDI TABS 40MG</i> | 5 | SP, PA, QL (120 tabs every 30 days) |
| <i>XTANDI TABS 80MG</i> | 5 | SP, PA, QL (60 tabs every 30 days) |
| <i>YONSA TABS 125MG</i> | 5 | SP, PA, QL (120 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------------|
| KINASE INHIBITORS | | |
| ALECENSA CAPS 150MG | 5 | SP, PA, QL (240 caps every 30 days) |
| CABOMETYX TABS 20MG, 40MG, 60MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| CALQUENCE CAPS 100MG | 6 | SP, PA, QL (60 caps every 30 days) |
| CALQUENCE TABS 100MG | 6 | SP, PA, QL (60 tabs every 30 days) |
| CAPRELSA TABS 100MG | 5 | SP, PA, QL (60 tabs every 30 days) |
| CAPRELSA TABS 300MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| COMETRIQ KIT 20MG | 5 | SP, PA, QL (1 kit every 28 days) |
| COMETRIQ KIT 100MG | 5 | SP, PA, QL (1 kit every 28 days) |
| COMETRIQ KIT 140MG | 5 | SP, PA, QL (1 kit every 28 days) |
| <i>erlotinib hcl tabs 25mg</i> | 5 | SP, PA, QL (60 tabs every 30 days) |
| <i>erlotinib hcl tabs 100mg, 150mg</i> | 5 | SP, PA, QL (30 tabs every 30 days) |
| <i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i> | 5 | SP, PA, QL (30 tabs every 30 days) |
| <i>everolimus tbso 2mg, 5mg</i> | 5 | SP, PA, QL (60 tabs every 30 days) |
| <i>everolimus tbso 3mg</i> | 5 | SP, PA, QL (90 tabs every 30 days) |
| IBRANCE CAPS 75MG, 100MG, 125MG | 5 | SP, PA, QL (21 caps every 28 days) |
| IBRANCE TABS 75MG, 100MG, 125MG | 5 | SP, PA, QL (21 tabs every 28 days) |
| ICLUSIG TABS 10MG, 15MG, 30MG, 45MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| <i>imatinib mesylate tabs 100mg</i> | 5 | SP, PA, QL (120 tabs every 30 days) |
| <i>imatinib mesylate tabs 400mg</i> | 5 | SP, PA, QL (60 tabs every 30 days) |
| IMBRUVICA CAPS 70MG | 5 | SP, PA, QL (30 caps every 30 days) |
| IMBRUVICA CAPS 140MG | 5 | SP, PA, QL (90 caps every 30 days) |
| IMBRUVICA SUSP 70MG/ML | 5 | SP, PA, QL (216 ml every 36 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| IMBRUVICA TABS 140MG, 280MG, 420MG, 560MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| INLYTA TABS 1MG | 5 | SP, PA, QL (240 tabs every 30 days) |
| INLYTA TABS 5MG | 5 | SP, PA, QL (120 tabs every 30 days) |
| JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG | 5 | SP, PA, QL (60 tabs every 30 days) |
| KISQALI TBPK 200MG | 5 | SP, PA, QL (21 tabs every 28 days); 200 mg dose |
| KISQALI TBPK 200MG | 5 | SP, PA, QL (42 tabs every 28 days); 400 mg dose |
| KISQALI TBPK 200MG | 5 | SP, PA, QL (63 tabs every 28 days); 600 mg dose |
| <i>lapatinib ditosylate tabs 250mg</i> | 5 | SP, PA, QL (180 tabs every 30 days) |
| LENVIMA 4 MG DAILY DOSE CPPK 4MG | 5 | SP, PA, QL (30 caps every 30 days) |
| LENVIMA 8 MG DAILY DOSE CPPK 4MG | 5 | SP, PA, QL (60 caps every 30 days) |
| LENVIMA 10 MG DAILY DOSE CPPK 10MG | 5 | SP, PA, QL (30 caps every 30 days) |
| LENVIMA 12MG DAILY DOSE CPPK 4MG | 5 | SP, PA, QL (90 caps every 30 days) |
| LENVIMA 20 MG DAILY DOSE CPPK 10MG | 5 | SP, PA, QL (60 caps every 30 days) |
| LENVIMA CAP 14 MG | 5 | SP, PA, QL (60 caps every 30 days) |
| LENVIMA CAP 18 MG | 5 | SP, PA, QL (90 caps every 30 days) |
| LENVIMA CAP 24 MG | 5 | SP, PA, QL (90 caps every 30 days) |
| LORBRENA TABS 25MG | 6 | SP, PA, QL (90 tabs every 30 days) |
| LORBRENA TABS 100MG | 6 | SP, PA, QL (30 tabs every 30 days) |
| MEKINIST SOLR .05MG/ML | 5 | SP, PA, QL (12 bottles every 28 days) |
| MEKINIST TABS 2MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| MEKINIST TABS .5MG | 5 | SP, PA, QL (90 tabs every 30 days) |
| RYDAPT CAPS 25MG | 6 | SP, PA, QL (224 caps every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| sorafenib tosylate tabs 200mg | 5 | SP, PA, QL (120 tabs every 30 days) |
| SPRYCEL TABS 20MG | 5 | SP, PA, QL (90 tabs every 30 days) |
| SPRYCEL TABS 50MG, 70MG, 80MG, 100MG, 140MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| STIVARGA TABS 40MG | 5 | SP, PA, QL (84 tabs every 28 days) |
| sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg | 5 | SP, PA, QL (30 caps every 30 days) |
| TAFINLAR CAPS 50MG, 75MG | 5 | SP, PA, QL (120 caps every 30 days) |
| TAFINLAR TBSO 10MG | 5 | SP, PA, QL (4 bottles every 28 days) |
| TUKYSA TABS 50MG, 150MG | 6 | SP, PA, QL (120 tabs every 30 days) |
| VITRAKVI CAPS 25MG | 6 | SP, PA, QL (180 caps every 30 days) |
| VITRAKVI CAPS 100MG | 6 | SP, PA, QL (60 caps every 30 days) |
| VITRAKVI SOLN 20MG/ML | 6 | SP, PA, QL (300 mL every 30 days) |
| VOTRIENT TABS 200MG | 5 | SP, PA, QL (120 tabs every 30 days) |
| XALKORI CAPS 200MG, 250MG | 5 | SP, PA, QL (120 caps every 30 days) |
| ZELBORAF TABS 240MG | 5 | SP, PA, QL (240 tabs every 30 days) |
| ZYDELIG TABS 100MG, 150MG | 5 | SP, PA, QL (60 tabs every 30 days) |
| ZYKADIA TABS 150MG | 5 | SP, PA, QL (90 tabs every 30 days) |

MISCELLANEOUS

| | | |
|---|---|-------------------------------------|
| arsenic trioxide soln 10mg/10ml, 12mg/6ml | 2 | SP |
| bexarotene caps 75mg | 5 | SP, PA |
| hydroxyurea caps 500mg | 2 | |
| IDHIFA TABS 50MG, 100MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| LYNPARZA TABS 100MG, 150MG | 5 | SP, PA, QL (120 tabs every 30 days) |
| NIPENT SOLR 10MG | 3 | SP |
| ODOMZO CAPS 200MG | 5 | SP, PA, QL (30 caps every 30 days) |
| ONCASPAR SOLN 750UNIT/ML | 5 | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|-------------------------------------|
| PHOTOFRIN SOLR 75MG | 3 | SP |
| tretinoin (chemotherapy) caps 10mg | 2 | |
| VISTOGARD PACK 10GM | 5 | SP, QL (20 packets every 5 days) |
| ZEJULA CAPS 100MG | 5 | SP, PA, QL (90 caps every 30 days) |
| ZEJULA TABS 100MG, 200MG, 300MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| ZOLINZA CAPS 100MG | 5 | SP, PA, QL (120 caps every 30 days) |

PLATINUM-BASED AGENTS

| | | |
|--|---|----|
| carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 2 | SP |
| cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml | 2 | SP |
| oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg | 5 | SP |
| paraplatin soln 1000mg/100ml | 2 | SP |

PROTECTIVE AGENTS

| | | |
|---|---|----|
| dexrazoxane hcl solr 250mg, 500mg | 2 | |
| leucovorin calcium solr 50mg, 200mg, 500mg | 2 | SP |
| leucovorin calcium solr 100mg, 350mg; tabs 5mg, 10mg, 15mg, 25mg | 2 | |
| mesna soln 100mg/ml | 2 | SP |
| MESNEX TABS 400MG | 5 | SP |

TOPOISOMERASE INHIBITORS

| | | |
|--|---|----|
| etoposide caps 50mg; soln 1gm/50ml, 500mg/25ml | 2 | |
| etoposide soln 100mg/5ml | 2 | SP |
| irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml | 5 | SP |
| irinotecan hcl soln 300mg/15ml | 2 | SP |
| topotecan hcl solr 4mg | 2 | SP |

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

| | | |
|---|---|--|
| amlodipine besylate-benazepril hcl cap 2.5-10 mg | 1 | |
| amlodipine besylate-benazepril hcl cap 5-10 mg | 1 | |
| amlodipine besylate-benazepril hcl cap 5-20 mg | 1 | |
| amlodipine besylate-benazepril hcl cap 5-40 mg | 1 | |
| amlodipine besylate-benazepril hcl cap 10-20 mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| amlodipine besylate-benazepril hcl cap 10-40 mg | 1 | |
| benazepril & hydrochlorothiazide tab 5-6.25 mg | 1 | |
| benazepril & hydrochlorothiazide tab 10-12.5 mg | 1 | |
| benazepril & hydrochlorothiazide tab 20-12.5 mg | 1 | |
| benazepril & hydrochlorothiazide tab 20-25 mg | 1 | |
| enalapril maleate & hydrochlorothiazide tab 5-12.5 mg | 1 | |
| enalapril maleate & hydrochlorothiazide tab 10-25 mg | 1 | |
| fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg | 1 | |
| fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg | 1 | |
| lisinopril & hydrochlorothiazide tab 10-12.5 mg | 1 | |
| lisinopril & hydrochlorothiazide tab 20-12.5 mg | 1 | |
| lisinopril & hydrochlorothiazide tab 20-25 mg | 1 | |
| quinapril-hydrochlorothiazide tab 10-12.5 mg | 1 | |
| quinapril-hydrochlorothiazide tab 20-12.5 mg | 1 | |
| quinapril-hydrochlorothiazide tab 20-25 mg | 1 | |
| trandolapril-verapamil hcl tab er 1-240 mg | 1 | |
| trandolapril-verapamil hcl tab er 2-180 mg | 1 | |
| trandolapril-verapamil hcl tab er 2-240 mg | 1 | |
| trandolapril-verapamil hcl tab er 4-240 mg | 1 | |
| ACE INHIBITORS | | |
| benazepril hcl tabs 5mg, 10mg, 20mg, 40mg | 1 | |
| captopril tabs 12.5mg, 25mg, 50mg, 100mg | 1 | |
| enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg | 1 | |
| fosinopril sodium tabs 10mg, 20mg, 40mg | 1 | |
| lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 1 | |
| moexipril hcl tabs 7.5mg, 15mg | 1 | |
| perindopril erbumine tabs 2mg, 4mg, 8mg | 1 | |
| quinapril hcl tabs 5mg, 10mg, 20mg, 40mg | 1 | |
| ramipril caps 1.25mg, 2.5mg, 5mg, 10mg | 1 | |
| trandolapril tabs 1mg, 2mg, 4mg | 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| eplerenone tabs 25mg, 50mg | 2 | |
| ALPHA BLOCKERS | | |
| prazosin hcl caps 1mg, 2mg, 5mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| amlodipine besylate-olmesartan medoxomil tab 5-20 mg | 1 | |
| amlodipine besylate-olmesartan medoxomil tab 5-40 mg | 1 | |
| amlodipine besylate-olmesartan medoxomil tab 10-20 mg | 1 | |
| amlodipine besylate-olmesartan medoxomil tab 10-40 mg | 1 | |
| amlodipine besylate-valsartan tab 5-160 mg | 1 | |
| amlodipine besylate-valsartan tab 5-320 mg | 1 | |
| amlodipine besylate-valsartan tab 10-160 mg | 1 | |
| amlodipine besylate-valsartan tab 10-320 mg | 1 | |
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg | 1 | |
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg | 1 | |
| amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg | 1 | |
| amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg | 1 | |
| amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg | 1 | |
| candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg | 1 | |
| candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg | 1 | |
| candesartan cilexetil-hydrochlorothiazide tab 32-25 mg | 1 | |
| irbesartan-hydrochlorothiazide tab 150-12.5 mg | 1 | |
| irbesartan-hydrochlorothiazide tab 300-12.5 mg | 1 | |
| losartan potassium & hydrochlorothiazide tab 50-12.5 mg | 1 | |
| losartan potassium & hydrochlorothiazide tab 100-12.5 mg | 1 | |
| losartan potassium & hydrochlorothiazide tab 100-25 mg | 1 | |
| olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg | 1 | |
| olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg | 1 | |
| olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg | 1 | |
| olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg | 1 | |
| olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg | 1 | |
| olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg | 1 | |
| olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg | 1 | |
| telmisartanamlodipine tab 40-5 mg | 1 | |
| telmisartanamlodipine tab 40-10 mg | 1 | |
| telmisartanamlodipine tab 80-5 mg | 1 | |
| telmisartanamlodipine tab 80-10 mg | 1 | |
| telmisartanhydrochlorothiazide tab 40-12.5 mg | 1 | |
| telmisartanhydrochlorothiazide tab 80-12.5 mg | 1 | |
| telmisartanhydrochlorothiazide tab 80-25 mg | 1 | |
| valsartanhydrochlorothiazide tab 80-12.5 mg | 1 | |
| valsartanhydrochlorothiazide tab 160-12.5 mg | 1 | |
| valsartanhydrochlorothiazide tab 160-25 mg | 1 | |
| valsartanhydrochlorothiazide tab 320-12.5 mg | 1 | |
| valsartanhydrochlorothiazide tab 320-25 mg | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| candesartancilexetil tabs 4mg, 8mg, 16mg, 32mg | 1 | |
| irbesartantabs 75mg, 150mg, 300mg | 1 | |
| losartanpotassium tabs 25mg, 50mg, 100mg | 1 | |
| olmesartanmedoxomil tabs 5mg, 20mg, 40mg | 1 | |
| telmisartantabs 20mg, 40mg, 80mg | 1 | |
| valsartantabs 40mg, 80mg, 160mg, 320mg | 1 | |
| ANTIARRHYTHMICS | | |
| amiodarone hcl tabs 200mg, 400mg | 2 | |
| disopyramide phosphate caps 100mg, 150mg | 2 | |
| dofetilide caps 125mcg, 250mcg, 500mcg | 2 | SP, PA |
| flecainide acetate tabs 50mg, 100mg, 150mg | 2 | |
| lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml | 2 | |
| MULTAQ TABS 400MG | 4 | PA |
| NORPACE CR CP12 100MG, 150MG | 3 | |
| pacerone tabs 100mg, 200mg | 2 | |
| procainamide hcl soln 100mg/ml | 2 | |
| propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg | 2 | |
| sotalol hcl tabs 80mg, 120mg, 160mg, 240mg | 2 | |
| sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ANTILIPEMICS, BILE ACID RESINS | | |
| cholestyramine pack 4gm; powd 4gm/dose | 2 | |
| cholestyramine light pack 4gm; powd 4gm/dose | 2 | |
| colestipol hcl gran 5gm; pack 5gm; tabs 1gm | 2 | |
| prevalite powd 4gm/dose | 2 | |
| ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR | | |
| ezetimibe tabs 10mg | 2 | |
| ANTILIPEMICS, FIBRATES | | |
| choline fenofibrate cpdr 45mg, 135mg | 2 | |
| fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg | 2 | |
| fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg | 2 | |
| gemfibrozil tabs 600mg | 2 | |
| ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS | | |
| ezetimibe-simvastatin tab 10-10 mg | 2 | |
| ezetimibe-simvastatin tab 10-20 mg | 2 | |
| ezetimibe-simvastatin tab 10-40 mg | 2 | |
| ezetimibe-simvastatin tab 10-80 mg | 2 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| atorvastatin calcium tabs 10mg, 20mg | 1 | \$0 copay for members age 40 through 75 |
| atorvastatin calcium tabs 40mg, 80mg | 1 | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| fluvastatin sodium caps 20mg, 40mg; tb24 80mg | 1 | \$0 copay for members age 40 through 75 |
| lovastatin tabs 10mg, 20mg, 40mg | 1 | \$0 copay for members age 40 through 75 |
| pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg | 1 | \$0 copay for members age 40 through 75 |
| rosuvastatin calcium tabs 5mg, 10mg | 1 | \$0 copay for members age 40 through 75 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>rosuvastatin calcium tabs 20mg, 40mg</i> | 1 | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| <i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i> | 1 | \$0 copay for members age 40 through 75 |
| <i>simvastatin tabs 80mg</i> | 1 | ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |

ANTILIPEMICS, MISCELLANEOUS

| | |
|--|---|
| <i>niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg</i> | 2 |
|--|---|

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

| | | |
|---|---|--|
| <i>icosapent ethyl caps 1gm</i> | 2 | Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia |
| <i>icosapent ethyl caps .5gm</i> | 2 | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 2 | |

ANTILIPEMICS, PCSK9 INHIBITORS

| | | |
|--|---|-----------------------------------|
| <i>PRALUENT SOAJ 75MG/ML, 150MG/ML</i> | 5 | SP, PA, QL (2 pens every 28 days) |
|--|---|-----------------------------------|

BETA-BLOCKER/DIURETIC COMBINATIONS

| | |
|---|---|
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 2 |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 2 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 2 |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 2 |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 2 |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 2 |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 2 |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| BETA-BLOCKERS | | |
| acebutolol hcl caps 200mg, 400mg | 2 | |
| atenolol tabs 25mg, 50mg, 100mg | 2 | |
| betaxolol hcl tabs 10mg, 20mg | 2 | |
| bisoprolol fumarate tabs 5mg, 10mg | 2 | |
| carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg | 2 | |
| carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg | 2 | |
| labetalol hcl tabs 100mg, 200mg, 300mg | 2 | |
| metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg | 2 | |
| metoprolol tartrate tabs 25mg, 50mg, 100mg | 2 | |
| nadolol tabs 20mg, 40mg, 80mg | 2 | |
| nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg | 2 | |
| pindolol tabs 5mg, 10mg | 2 | |
| propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg | 2 | |
| timolol maleate tabs 5mg, 10mg, 20mg | 2 | |
| CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS | | |
| amlodipine besylate-atorvastatin calcium tab 2.5-10 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 2.5-20 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 2.5-40 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 5- 10 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 5- 20 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 5- 40 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 5- 80 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 10-10 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 10-20 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 10-40 mg | 1 | |
| amlodipine besylate-atorvastatin calcium tab 10-80 mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine besylate tabs 2.5mg, 5mg, 10mg | 2 | |
| cartia xt cp24 120mg, 180mg, 240mg, 300mg | 2 | |
| dilt-xr cp24 120mg, 180mg, 240mg | 2 | |
| diltiazem hcl cp12 60mg, 90mg, 120mg; soln 25mg/5ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg | 2 | |
| diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg | 2 | |
| diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| felodipine tb24 2.5mg, 5mg, 10mg | 2 | |
| isradipine caps 2.5mg, 5mg | 2 | |
| matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| nicardipine hcl caps 20mg, 30mg | 2 | |
| nifedipine tb24 30mg, 60mg, 90mg | 2 | |
| nimodipine caps 30mg | 2 | |
| nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg | 2 | |
| taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg | 2 | |
| verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg | 2 | |
| DIGITALIS GLYCOSIDES | | |
| digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg | 2 | |
| DIRECT RENIN INHIBITORS/COMBINATIONS | | |
| aliskiren fumarate tabs 150mg, 300mg | 2 | |
| DIURETICS | | |
| acetazolamide cp12 500mg; tabs 125mg, 250mg | 2 | |
| ALDACTAZIDE TAB 50/50 | 3 | |
| amiloride & hydrochlorothiazide tab 5-50 mg | 2 | |
| amiloride hcl tabs 5mg | 2 | |
| bumetanide tabs .5mg, 1mg, 2mg | 2 | |
| chlorthalidone tabs 25mg, 50mg | 2 | |
| DIURIL SUSP 250MG/5ML | 4 | |
| ethacrynic acid tabs 25mg | 4 | |
| furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg | 2 | |
| hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>indapamide tabs 1.25mg, 2.5mg</i> | 2 | |
| <i>mannitol soln 20%, 25%</i> | 2 | |
| <i>methazolamide tabs 25mg, 50mg</i> | 2 | |
| <i>metolazone tabs 2.5mg, 5mg, 10mg</i> | 2 | |
| <i>osmitrol viaflex soln 10%, 15%</i> | 2 | |
| <i>spironolactone tabs 25mg, 50mg, 100mg</i> | 2 | |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 2 | |
| <i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i> | 2 | |
| <i>triamterene caps 50mg, 100mg</i> | 2 | |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | 2 | |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 2 | |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | 2 | |
| HEART FAILURE | | |
| CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG | 3 | |
| ENTRESTO TAB 24-26MG | 3 | |
| ENTRESTO TAB 49-51MG | 3 | |
| ENTRESTO TAB 97-103MG | 3 | |
| MISCELLANEOUS | | |
| <i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i> | 2 | |
| <i>clonidine hcl tabs .1mg, .2mg, .3mg</i> | 2 | |
| <i>guanfacine hcl tabs 1mg, 2mg</i> | 2 | |
| <i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i> | 2 | |
| <i>methyldopa tabs 250mg, 500mg</i> | 2 | |
| <i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i> | 2 | |
| <i>minoxidil tabs 2.5mg, 10mg</i> | 2 | |
| <i>phenoxybenzamine hcl caps 10mg</i> | 5 | SP, PA, QL (360 caps every 30 days) |
| <i>ranolazine tb12 500mg, 1000mg</i> | 2 | ST; PA** |
| NITRATES | | |
| <i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i> | 2 | |
| <i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i> | 2 | |
| <i>NITRO-BID OINT 2%</i> | 4 | |
| <i>NITRO-DUR PT24 .3MG/HR, .8MG/HR</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i> | 2 | |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG | 6 | SP, PA, QL (90 tabs every 30 days) |
| ambrisentan tabs 5mg, 10mg | 5 | SP, PA, QL (30 tabs every 30 days) |
| bosentan tabs 62.5mg, 125mg | 5 | SP, PA, QL (60 tabs every 30 days) |
| OPSUMIT TABS 10MG | 5 | SP, PA, QL (30 tabs every 30 days) |
| ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG | 5 | SP, PA |
| ORENITRAM TAB MONTH 1 | 5 | SP, PA |
| ORENITRAM TAB MONTH 2 | 5 | SP, PA |
| ORENITRAM TAB MONTH 3 | 5 | SP, PA |
| REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML | 6 | SP, PA |
| sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml | 5 | SP, PA |
| sildenafil citrate (pulmonary hypertension) tabs 20mg | 5 | SP, PA, QL (360 tabs every 30 days) |
| tadalafil (pulmonary hypertension) tabs 20mg | 6 | SP, PA, QL (60 tabs every 30 days) |
| TYVASO SOLN .6MG/ML | 5 | SP, PA, QL (28 ampules every 28 days) |
| TYVASO REFILL SOLN .6MG/ML | 5 | SP, PA, QL (28 ampules every 28 days) |
| TYVASO STARTER SOLN .6MG/ML | 5 | SP, PA, QL (28 ampules every 28 days) |
| UPTRAVI SOLR 1800MCG | 5 | SP, PA |
| UPTRAVI TABS 200MCG | 5 | SP, PA, QL (140 tabs every 28 days) |
| UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG | 5 | SP, PA, QL (60 tabs every 30 days) |
| UPTRAVI PACK TAB 200/800 | 5 | SP, PA, QL (1 pack every 28 days) |
| VENTAVIS SOLN 10MCG/ML, 20MCG/ML | 5 | SP, PA, QL (270 ampules every 30 days) |

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

| | | |
|--------------------------------|---|----|
| acamprosate calcium tbec 333mg | 2 | PA |
| disulfiram tabs 250mg, 500mg | 2 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ANTIANXIETY | | |
| <i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i> | 2 | QL (150 tabs every 30 days) |
| ALPRAZOLAM INTENSOL CONC 1MG/ML | 3 | QL (300 mL every 30 days) |
| <i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i> | 2 | |
| <i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i> | 2 | QL (360 caps every 30 days) |
| <i>clomipramine hcl caps 25mg, 50mg</i> | 2 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| <i>clomipramine hcl caps 75mg</i> | 2 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| <i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i> | 2 | |
| <i>lorazepam conc 2mg/ml</i> | 2 | QL (150 mL every 30 days) |
| <i>lorazepam tabs .5mg, 1mg, 2mg</i> | 2 | QL (150 tabs every 30 days) |
| <i>meprobamate tabs 200mg, 400mg</i> | 2 | |
| <i>oxazepam caps 10mg, 15mg, 30mg</i> | 2 | QL (120 caps every 30 days) |
| ANTIDEMENTIA | | |
| <i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i> | 2 | |
| <i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i> | 2 | |
| <i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i> | 2 | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 2 | PA; PA applies for members less than 30 years of age |
| <i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i> | 2 | PA |
| <i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i> | 2 | PA |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl tabs 10mg</i> | 2 | QL (150 tabs every 30 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tabs 25mg</i> | 2 | QL (60 tabs every 30 days); QL applies to members age 65 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>amitriptyline hcl tabs 50mg</i> | 2 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i> | 2 | PA; High strength requires PA for members age 65 and older |
| <i>amoxapine tabs 25mg, 50mg, 100mg</i> | 2 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| <i>amoxapine tabs 150mg</i> | 2 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| <i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i> | 2 | |
| <i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i> | 2 | |
| <i>desipramine hcl tabs 10mg, 25mg, 50mg</i> | 2 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| <i>desipramine hcl tabs 75mg</i> | 2 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| <i>desipramine hcl tabs 100mg, 150mg</i> | 2 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| <i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i> | 2 | ST, QL (30 tabs every 30 days); (generic of Pristiq) PA** |
| <i>doxepin hcl caps 10mg, 25mg, 50mg</i> | 2 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| <i>doxepin hcl caps 75mg</i> | 2 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| <i>doxepin hcl caps 100mg, 150mg</i> | 2 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| <i>doxepin hcl conc 10mg/ml</i> | 2 | QL (450 mL every 30 days); QL applies to members age 65 and older |
| <i>duloxetine hcl cpep 20mg, 30mg, 60mg</i> | 2 | |
| <i>EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR</i> | 4 | PA |
| <i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| FETZIMA CP24 20MG, 40MG, 80MG, 120MG | 4 | ST, QL (30 caps every 30 days); PA** |
| FETZIMA CAP TITRATIO | 4 | ST, QL (30 caps every 30 days); PA** |
| <i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml</i> | 2 | |
| <i>fluoxetine hcl tabs 10mg, 20mg</i> | 2 | (generic Sarafem not covered) |
| <i>imipramine hcl tabs 10mg, 25mg</i> | 2 | QL (120 tabs every 30 days); QL applies to members age 65 and older |
| <i>imipramine hcl tabs 50mg</i> | 2 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| <i>imipramine pamoate caps 75mg, 100mg</i> | 2 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| <i>imipramine pamoate caps 125mg, 150mg</i> | 2 | PA; High strength requires PA for members age 65 and older |
| MARPLAN TABS 10MG | 4 | |
| <i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i> | 2 | |
| <i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i> | 2 | |
| <i>nortriptyline hcl caps 10mg</i> | 2 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl caps 25mg</i> | 2 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl caps 50mg</i> | 2 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl caps 75mg</i> | 2 | PA; High strength requires PA for members age 65 and older |
| <i>nortriptyline hcl soln 10mg/5ml</i> | 2 | QL (750 mL every 30 days); QL applies to members age 65 and older |
| <i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i> | 2 | |
| <i>phenelzine sulfate tabs 15mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>protriptyline hcl tabs 5mg</i> | 2 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| <i>protriptyline hcl tabs 10mg</i> | 2 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| <i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i> | 2 | |
| <i>tranylcypromine sulfate tabs 10mg</i> | 2 | |
| <i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i> | 2 | |
| <i>trimipramine maleate caps 25mg, 50mg</i> | 2 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| <i>trimipramine maleate caps 100mg</i> | 2 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| <i>TRINTELLIX TABS 5MG, 10MG, 20MG</i> | 4 | ST; PA** |
| <i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i> | 2 | |
| <i>VIIBRYD KIT STARTER</i> | 4 | |
| <i>vilazodone hcl tabs 10mg, 20mg, 40mg</i> | 2 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i> | 2 | |
| <i>APOKYN SOCT 30MG/3ML</i> | 6 | SP, PA, QL (20 cartridges every 30 days) |
| <i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i> | 2 | |
| <i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i> | 2 | |
| <i>carbidopa tabs 25mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------------|
| carbidopa-levodopa-entacapone tabs 12.5-50-200 mg | 2 | |
| carbidopa-levodopa-entacapone tabs 18.75-75-200 mg | 2 | |
| carbidopa-levodopa-entacapone tabs 25-100-200 mg | 2 | |
| carbidopa-levodopa-entacapone tabs 31.25-125-200 mg | 2 | |
| carbidopa-levodopa-entacapone tabs 37.5-150-200 mg | 2 | |
| carbidopa-levodopa-entacapone tabs 50-200-200 mg | 2 | |
| entacapone tabs 200mg | 2 | |
| INBRIJA CAPS 42MG | 5 | SP, PA, QL (300 caps every 30 days) |
| NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR | 3 | |
| ONGENTYS CAPS 25MG, 50MG | 4 | PA |
| pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 2 | |
| rasagiline mesylate tabs .5mg, 1mg | 2 | |
| ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | 2 | |
| selegiline hcl caps 5mg; tabs 5mg | 2 | |
| trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg | 2 | |
| ANTIPSYCHOTICS | | |
| aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg | 2 | |
| ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML | 3 | |
| ARISTADA INITIO PRSY 675MG/2.4ML | 3 | |
| asenapine maleate subl 2.5mg, 5mg, 10mg | 2 | |
| chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg | 2 | |
| clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg | 2 | |
| fluphenazine decanoate soln 25mg/ml | 2 | |
| fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg | 2 | |
| haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i> | 2 | |
| <i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i> | 2 | |
| <i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i> | 2 | |
| <i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i> | 2 | |
| <i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i> | 2 | |
| <i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i> | 2 | |
| <i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i> | 2 | |
| <i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i> | 2 | |
| <i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i> | 2 | |
| <i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i> | 2 | |
| <i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i> | 2 | |
| <i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i> | 2 | |
| <i>VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG</i> | 3 | ST; PA** |
| <i>VRAYLAR CAP 1.5-3MG</i> | 3 | ST; PA** |
| <i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i> | 2 | |

ANTISEIZURE AGENTS

| | | |
|---|---|-----------------------------|
| <i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i> | 2 | |
| <i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i> | 2 | |
| <i>clonazepam tabs .5mg, 1mg, 2mg</i> | 2 | |
| <i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i> | 2 | QL (180 tabs every 30 days) |
| <i>diazepam soln 5mg/5ml</i> | 2 | QL (1200 mL every 30 days) |
| <i>diazepam soln 5mg/ml</i> | 2 | |
| <i>diazepam tabs 2mg, 5mg, 10mg</i> | 2 | QL (120 tabs every 30 days) |
| <i>diazepam intensol conc 5mg/ml</i> | 2 | QL (240 mL every 30 days) |
| <i>DILANTIN CAPS 30MG</i> | 4 | |
| <i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i> | 2 | |
| <i>epitol tabs 200mg</i> | 2 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>ethosuximide caps 250mg; soln 250mg/5ml</i> | 2 | |
| <i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i> | 2 | |
| <i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i> | 2 | |
| <i>FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG</i> | 4 | |
| <i>gabapentin caps 100mg, 300mg, 400mg</i> | 2 | QL (6 caps every day) |
| <i>gabapentin soln 250mg/5ml</i> | 2 | QL (72 mL every day) |
| <i>gabapentin tabs 600mg</i> | 2 | QL (6 tabs every day) |
| <i>gabapentin tabs 800mg</i> | 2 | QL (4 tabs every day) |
| <i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i> | 2 | |
| <i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i> | 2 | |
| <i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> | 2 | |
| <i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> | 2 | |
| <i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i> | 2 | |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> | 2 | |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> | 2 | |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> | 2 | |
| <i>methsuximide caps 300mg</i> | 2 | |
| <i>NAYZILAM SOLN 5MG/0.1ML</i> | 3 | QL (10 units every 30 days) |
| <i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i> | 2 | |
| <i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i> | 2 | |
| <i>phenytoin susp 125mg/5ml</i> | 2 | |
| <i>phenytoin infatabs chew 50mg</i> | 2 | |
| <i>phenytoin sodium soln 50mg/ml</i> | 2 | |
| <i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i> | 2 | |
| <i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i> | 2 | ST; PA** |
| <i>primidone tabs 50mg, 250mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| rufinamide susp 40mg/ml; tabs 200mg, 400mg | 2 | |
| tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg | 2 | |
| topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg | 2 | |
| valproate sodium soln 100mg/ml, 250mg/5ml | 2 | |
| valproic acid caps 250mg | 2 | |
| vigabatrin pack 500mg | 5 | SP, PA, QL (180 packets every 30 days) |
| vigabatrin tabs 500mg | 5 | SP, PA, QL (180 tabs every 30 days) |
| XCOPRI TABS 50MG, 100MG, 150MG, 200MG | 3 | |
| XCOPRI PAK 12.5-25 | 3 | |
| XCOPRI PAK 50-100MG | 3 | |
| XCOPRI PAK 100-150 | 3 | |
| XCOPRI PAK 150-200 | 3 | |
| zonisamide caps 25mg, 50mg, 100mg | 2 | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| ADZENYS XR-ODT TBED 3.1MG, 6.3MG, 9.4MG | 4 | QL (60 tabs every 30 days) |
| ADZENYS XR-ODT TBED 12.5MG, 15.7MG, 18.8MG | 4 | QL (30 tabs every 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 5 mg | 2 | QL (90 caps every 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 10 mg | 2 | QL (90 caps every 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 15 mg | 2 | QL (30 caps every 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 20 mg | 2 | QL (30 caps every 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 25 mg | 2 | QL (30 caps every 30 days) |
| amphetamine-dextroamphetamine cap er 24hr 30 mg | 2 | QL (30 caps every 30 days) |
| amphetamine-dextroamphetamine tab 5 mg | 2 | QL (90 tabs every 30 days) |
| amphetamine-dextroamphetamine tab 7.5 mg | 2 | QL (90 tabs every 30 days) |
| amphetamine-dextroamphetamine tab 10 mg | 2 | QL (90 tabs every 30 days) |
| amphetamine-dextroamphetamine tab 12.5 mg | 2 | QL (90 tabs every 30 days) |
| amphetamine-dextroamphetamine tab 15 mg | 2 | QL (60 tabs every 30 days) |
| amphetamine-dextroamphetamine tab 20 mg | 2 | QL (60 tabs every 30 days) |
| amphetamine-dextroamphetamine tab 30 mg | 2 | QL (30 tabs every 30 days) |
| atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg | 2 | |
| AZSTARYS CAP 26.1-5.2 | 4 | QL (30 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| AZSTARYS CAP 39.2-7.8 | 4 | QL (30 caps every 30 days) |
| AZSTARYS CAP 52.3-10. | 4 | QL (30 caps every 30 days) |
| dexamphetamine hcl cp24 5mg, 10mg, 15mg, 20mg | 2 | QL (60 caps every 30 days) |
| dexamphetamine hcl cp24 25mg, 30mg, 35mg, 40mg | 2 | QL (30 caps every 30 days) |
| dexamphetamine hcl tabs 2.5mg, 5mg | 2 | QL (120 tabs every 30 days) |
| dexamphetamine hcl tabs 10mg | 2 | QL (60 tabs every 30 days) |
| dextroamphetamine sulfate cp24 5mg, 10mg | 2 | QL (120 caps every 30 days) |
| dextroamphetamine sulfate cp24 15mg | 2 | QL (60 caps every 30 days) |
| dextroamphetamine sulfate soln 5mg/5ml | 2 | QL (1,200 mL every 30 days) |
| dextroamphetamine sulfate tabs 5mg, 10mg | 2 | QL (120 tabs every 30 days) |
| dextroamphetamine sulfate tabs 15mg, 20mg | 2 | QL (60 tabs every 30 days) |
| dextroamphetamine sulfate tabs 30mg | 2 | QL (30 tabs every 30 days) |
| guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg | 2 | |
| methamphetamine hcl tabs 5mg | 2 | QL (150 tabs every 30 days) |
| methylphenidate hcl chew 2.5mg, 5mg, 10mg | 2 | QL (180 chew tabs every 30 days) |
| methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg | 2 | QL (60 caps every 30 days) |
| methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg | 2 | QL (30 caps every 30 days) |
| methylphenidate hcl soln 5mg/5ml | 2 | QL (1800 mL every 30 days) |
| methylphenidate hcl soln 10mg/5ml | 2 | QL (900 mL every 30 days) |
| methylphenidate hcl tabs 5mg, 10mg | 2 | QL (180 tabs every 30 days) |
| methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg | 2 | QL (90 tabs every 30 days) |
| methylphenidate hcl tbcr 18mg, 27mg, 36mg | 2 | QL (60 tabs every 30 days) |
| methylphenidate hcl tbcr 54mg | 2 | QL (30 tabs every 30 days) |
| VYVANSE CAPS 10MG, 20MG, 30MG | 3 | QL (60 caps every 30 days) |
| VYVANSE CAPS 40MG, 50MG, 60MG, 70MG | 3 | QL (30 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| VYVANSE CHEW 10MG, 20MG, 30MG | 3 | QL (60 chew tabs every 30 days) |
| VYVANSE CHEW 40MG, 50MG, 60MG | 3 | QL (30 chew tabs every 30 days) |
| zenzedi tabs 2.5mg, 7.5mg | 2 | QL (120 tabs every 30 days) |
| FIBROMYALGIA | | |
| SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG | 4 | ST; PA** |
| SAVELLA MIS TITR PAK | 4 | ST; PA** |
| HYPNOTICS | | |
| BELSOMRA TABS 5MG, 10MG, 15MG, 20MG | 3 | ST; PA** |
| cvs sleep-aid nighttime tabs 25mg | 2 | OTC |
| DAYVIGO TABS 5MG, 10MG | 3 | PA, QL (30 tabs every 30 days) |
| doxepin hcl (sleep) tabs 3mg, 6mg | 2 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| estazolam tabs 1mg, 2mg | 4 | QL (15 tabs every 30 days) |
| eszopiclone tabs 1mg, 2mg, 3mg | 2 | QL (15 tabs every 30 days) |
| ramelteon tabs 8mg | 2 | QL (15 tabs every 30 days) |
| tasimelteon caps 20mg | 5 | SP, PA, QL (30 caps every 30 days) |
| temazepam caps 7.5mg, 15mg, 22.5mg, 30mg | 2 | QL (15 caps every 30 days) |
| triazolam tabs .125mg, .25mg | 4 | QL (10 tabs every 30 days) |
| zaleplon caps 5mg, 10mg | 2 | QL (15 caps every 30 days) |
| zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg | 2 | QL (15 tabs every 30 days) |
| MIGRAINE | | |
| AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML | 3 | ST, QL (3 injections every 90 days); PA** |
| almotriptan malate tabs 6.25mg, 12.5mg | 2 | QL (12 tabs every 30 days) |
| dihydroergotamine mesylate soln 1mg/ml | 2 | |
| eletriptan hydrobromide tabs 20mg, 40mg | 2 | QL (12 tabs every 30 days) |
| EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML | 3 | ST, QL (2 injections every 30 days); PA** |
| EMGALITY SOSY 100MG/ML | 3 | ST, QL (3 injections every 30 days); PA** |
| ergotamine w/ caffeine tab 1-100 mg | 4 | |
| frovatriptan succinate tabs 2.5mg | 2 | QL (18 tabs every 30 days) |
| naratriptan hcl tabs 1mg, 2.5mg | 2 | QL (12 tabs every 30 days) |
| QULIPTA TABS 10MG, 30MG, 60MG | 3 | ST, QL (30 tabs every 30 days); PA** |
| rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg | 2 | QL (18 tabs every 30 days) |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| sumatriptan soln 5mg/act | 2 | QL (24 sprays every 30 days) |
| sumatriptan soln 20mg/act | 2 | QL (12 sprays every 30 days) |
| sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml | 2 | QL (18 syringes every 30 days) |
| sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml | 2 | QL (12 units every 30 days) |
| sumatriptan succinate soln 6mg/0.5ml | 2 | QL (12 vials every 30 days) |
| sumatriptan succinate tabs 25mg, 50mg, 100mg | 2 | QL (12 tabs every 30 days) |
| sumatriptan-naproxen sodium tab 85-500 mg | 4 | ST, QL (9 tabs every 30 days); PA** |
| UBRELVY TABS 50MG, 100MG | 3 | ST, QL (16 tabs every 30 days); PA** |
| zolmitriptan soln 2.5mg, 5mg | 2 | QL (12 sprays every 30 days) |
| zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg | 2 | QL (12 tabs every 30 days) |

MISCELLANEOUS

| | | |
|---|---|--------------------------------------|
| EVRYSDI SOLR .75MG/ML | 6 | SP, PA, QL (2 bottles every 24 days) |
| LITHIUM SOLN 8MEQ/5ML | 4 | |
| lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg | 2 | |
| pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg | 2 | |
| riluzole tabs 50mg | 2 | |

MOVEMENT DISORDERS

| | | |
|---------------------------|---|-------------------------------------|
| tetrabenazine tabs 12.5mg | 5 | SP, PA, QL (120 tabs every 30 days) |
| tetrabenazine tabs 25mg | 5 | SP, PA, QL (60 tabs every 30 days) |

MULTIPLE SCLEROSIS AGENTS

| | | |
|------------------------------|---|--|
| BETASERON KIT .3MG | 5 | SP, PA, QL (14 injections every 28 days) |
| COPAXONE SOSY 20MG/ML | 5 | SP, PA, QL (30 injections every 30 days) |
| COPAXONE SOSY 40MG/ML | 5 | SP, PA, QL (12 syringes every 28 days) |
| dalfampridine tb12 10mg | 6 | SP, PA, QL (60 tabs every 30 days) |
| dimethyl fumarate cpdr 120mg | 5 | SP, PA, QL (14 caps every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>dimethyl fumarate cpdr 240mg</i> | 5 | SP, PA, QL (60 caps every 30 days) |
| <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> | 5 | SP, PA, QL (1 kit every 30 days) |
| <i>fingolimod hcl caps .5mg</i> | 5 | SP, PA, QL (30 caps every 30 days) |
| <i>glatiramer acetate sosy 40mg/ml</i> | 3 | SP, PA, QL (12 syringes every 28 days) |
| <i>glatopa sosy 20mg/ml</i> | 3 | SP, PA, QL (30 injections every 30 days) |
| <i>teriflunomide tabs 7mg, 14mg</i> | 5 | SP, PA, QL (30 tabs every 30 days) |
| TYSABRI CONC 300MG/15ML | 5 | SP, PA, QL (1 vial every 28 days) |

MUSCULOSKELETAL THERAPY AGENTS

| | | |
|--|---|--|
| <i>baclofen tabs 5mg, 10mg, 20mg</i> | 2 | |
| <i>carisoprodol tabs 350mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i> | 4 | PA, QL (168 tabs every 30 days); High Risk Medications require PA for members age 70 and older |
| <i>chlorzoxazone tabs 500mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyclobenzaprine hcl tabs 5mg, 10mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dantrolene sodium caps 25mg, 50mg, 100mg</i> | 2 | |
| <i>metaxalone tabs 800mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>methocarbamol tabs 500mg, 750mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>orphenadrine citrate soln 60mg/2ml</i> | 2 | |
| <i>orphenadrine citrate tb12 100mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>tizanidine hcl tabs 2mg, 4mg</i> | 2 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil tabs 50mg</i> | 2 | PA, QL (60 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|------------------|----------------------------------|
| armodafinil tabs 150mg, 200mg, 250mg | 2 | PA, QL (30 tabs every 30 days) |
| modafinil tabs 100mg, 200mg | 2 | PA, QL (60 tabs every 30 days) |
| SODIUM OXYBATE SOLN 500MG/ML | 5 | SP, PA, QL (540mL every 30 days) |
| SUNOSI TABS 75MG, 150MG | 3 | PA, QL (30 tabs every 30 days) |

OPIOID AGONIST/ANTAGONIST

| | | |
|---|---|----------------------------------|
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) | 2 | QL (3 units every day) |
| buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) | 2 | QL (3 units every day) |
| buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) | 2 | QL (3 units every day) |
| buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) | 2 | QL (2 units every day) |
| buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) | 0 | QL (3 tabs every day); \$0 copay |
| buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) | 0 | QL (3 tabs every day); \$0 copay |
| ZUBSOLV SUB 0.7-0.18 | 3 | QL (3 units every day) |
| ZUBSOLV SUB 1.4-0.36 | 3 | QL (3 units every day) |
| ZUBSOLV SUB 2.9-0.71 | 3 | QL (3 units every day) |
| ZUBSOLV SUB 5.7-1.4 | 3 | QL (3 units every day) |
| ZUBSOLV SUB 8.6-2.1 | 3 | QL (2 units every day) |
| ZUBSOLV SUB 11.4-2.9 | 3 | QL (1 unit every day) |

OPIOID ANTAGONIST

| | | |
|--|---|-----------|
| naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml | 2 | |
| naltrexone hcl tabs 50mg | 0 | \$0 copay |

OPIOID PARTIAL AGONISTS

| | | |
|---------------------------------|---|---|
| buprenorphine hcl subl 2mg, 8mg | 0 | QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply |
|---------------------------------|---|---|

PSYCHOTHERAPEUTIC-MISC

| | | |
|--|---|---|
| chlordiazepoxide-amitriptyline tab 5-12.5 mg | 4 | QL (120 tabs every 30 days); QL applies to members age 65 and older |
| chlordiazepoxide-amitriptyline tab 10-25 mg | 4 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| NUEDEXTA CAP 20-10MG | 3 | PA |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| perphenazine-amitriptyline tab 2-10 mg | 4 | QL (150 units every 30 days); QL applies to members age 65 and older |
| perphenazine-amitriptyline tab 2-25 mg | 4 | QL (60 units every 30 days); QL applies to members age 65 and older |
| perphenazine-amitriptyline tab 4-10 mg | 4 | QL (120 units every 30 days); QL applies to members age 65 and older |
| perphenazine-amitriptyline tab 4-25 mg | 4 | QL (60 units every 30 days); QL applies to members age 65 and older |
| perphenazine-amitriptyline tab 4-50 mg | 4 | QL (30 units every 30 days); QL applies to members age 65 and older |
| pimozide tabs 1mg, 2mg | 2 | |

SMOKING DETERRENTS

| | | |
|---|---|--|
| bupropion hcl (smoking deterrent) tb12 150mg | 0 | \$0 limited to 2 treatment cycles/year |
| goodsense nicotine polacr gum 4mg; lozg 4mg | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| nicotine polacrilex gum 2mg, 4mg; lozg 2mg | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| nicotine step 3 pt24 7mg/24hr | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| NICOTROL INHALER INHA 10MG | 0 | QL (max 168 days every year); \$0 limited to 2 treatment cycles/year |
| NICOTROL NS SOLN 10MG/ML | 0 | QL (max 168 days every year); \$0 limited to 2 treatment cycles/year |
| sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| varenicline tartrate tabs .5mg, 1mg | 0 | \$0 limited to 2 treatment cycles/year |
| varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack | 0 | \$0 limited to 2 treatment cycles/year |

ENDOCRINE AND METABOLIC

ACROMEGALY

| | | |
|---|---|----------------------------------|
| octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml | 5 | SP, PA, QL (90 ml every 30 days) |
|---|---|----------------------------------|

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| octreotide acetate soln 200mcg/ml | 5 | SP, PA, QL (225 ml every 30 days) |
| octreotide acetate soln 1000mcg/ml | 5 | SP, PA, QL (45 ml every 30 days) |
| SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML | 5 | SP, PA, QL (1 injection every 28 days) |
| SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG | 5 | SP, PA, QL (30 vials every 30 days) |
| ANDROGENS | | |
| oxandrolone tabs 2.5mg, 10mg | 2 | PA |
| testosterone gel 10mg/act, 25mg/2.5gm | 2 | PA |
| testosterone cypionate soln 100mg/ml, 200mg/ml | 2 | PA |
| testosterone enanthate soln 200mg/ml | 2 | PA |
| ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tabs 25mg, 50mg, 100mg | 2 | |
| miglitol tabs 25mg, 50mg, 100mg | 2 | |
| ANTIDIABETICS, AMYLIN ANALOGS | | |
| SYMLINPEN 60 SOPN 1500MCG/1.5ML | 4 | ST; PA** |
| SYMLINPEN 120 SOPN 2700MCG/2.7ML | 4 | ST; PA** |
| ANTIDIABETICS, BIGUANIDE | | |
| metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg | 1 | |
| metformin hcl tabs 850mg | 1 | \$0 copay for members age 35-70 for prevention of diabetes |
| ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS | | |
| glipizide-metformin hcl tab 2.5-250 mg | 1 | |
| glipizide-metformin hcl tab 2.5-500 mg | 1 | |
| glipizide-metformin hcl tab 5-500 mg | 1 | |
| ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS | | |
| alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg | 1 | ST; PA** |
| JANUVIA TABS 25MG, 50MG, 100MG | 3 | ST; PA** |
| ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS | | |
| alogliptin-metformin hcl tab 12.5-500 mg | 1 | ST; PA** |
| alogliptin-metformin hcl tab 12.5-1000 mg | 1 | ST; PA** |
| JANUMET TAB 50-500MG | 3 | ST; PA** |
| JANUMET TAB 50-1000 | 3 | ST; PA** |
| JANUMET XR TAB 50-500MG | 3 | ST; PA** |
| JANUMET XR TAB 50-1000 | 3 | ST; PA** |
| JANUMET XR TAB 100-1000 | 3 | ST; PA** |
| JENTADUETO TAB XR | 4 | ST; PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| ANTIDIABETICS, INCRETIN MIMETIC AGENTS | | |
| OZEMPIC SOPN 2MG/1.5ML | 3 | ST, QL (1.5 mL every 28 days); PA** |
| OZEMPIC SOPN 2MG/3ML, 4MG/3ML | 3 | ST, QL (3 mL every 28 days); PA** |
| OZEMPIC INJ 8MG/3ML | 3 | ST, QL (3 mL every 28 days); PA** |
| TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | 3 | ST, QL (4 pens every 28 days); PA** |
| VICTOZA SOPN 18MG/3ML | 3 | ST, QL (3 pens every 30 days); PA** |
| ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS | | |
| SOLIQUA INJ 100/33 | 3 | ST; PA** |
| XULTOPHY INJ 100/3.6 | 3 | ST; PA** |
| ANTIDIABETICS, INSULIN | | |
| BASAGLAR KWIKPEN SOPN 100UNIT/ML | 3 | |
| BASAGLAR TEMPO PEN SOPN 100UNIT/ML | 3 | |
| FIASP FLEX INJ TOUCH | 3 | |
| FIASP INJ 100/ML | 3 | |
| FIASP PENFIL INJ U-100 | 3 | |
| HUMULIN INJ 70/30 | 4 | OTC |
| HUMULIN INJ 70/30KWP | 4 | OTC |
| HUMULIN N SUSP 100UNIT/ML | 4 | OTC |
| HUMULIN N KWIKPEN SUPN 100UNIT/ML | 4 | OTC |
| HUMULIN R SOLN 100UNIT/ML | 4 | OTC |
| HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML | 3 | |
| HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML | 3 | |
| LEVEMIR SOLN 100UNIT/ML | 3 | |
| LEVEMIR FLEXPEN SOPN 100UNIT/ML | 3 | |
| NOVOLIN INJ 70/30 | 3 | OTC; RELION not covered |
| NOVOLIN INJ 70/30 FP | 3 | OTC; RELION not covered |
| NOVOLIN N SUSP 100UNIT/ML | 3 | OTC; RELION not covered |
| NOVOLIN N FLEXPEN SUPN 100UNIT/ML | 3 | OTC; RELION not covered |
| NOVOLIN R SOLN 100UNIT/ML | 3 | OTC; RELION not covered |
| NOVOLIN R FLEXPEN SOPN 100UNIT/ML | 3 | OTC; RELION not covered |
| NOVOLOG SOLN 100UNIT/ML | 3 | |
| NOVOLOG FLEXPEN SOPN 100UNIT/ML | 3 | |
| NOVOLOG MIX INJ 70/30 | 3 | |
| NOVOLOG MIX INJ FLEXPEN | 3 | |
| NOVOLOG PENFILL SOCT 100UNIT/ML | 3 | |
| TRESIBA SOLN 100UNIT/ML | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML | 3 | |
| ANTIDIABETICS, INSULIN SENSITIZER | | |
| pioglitazone hcl tabs 15mg, 30mg, 45mg | 1 | |
| ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION | | |
| pioglitazone hcl-metformin hcl tab 15-500 mg | 1 | |
| pioglitazone hcl-metformin hcl tab 15-850 mg | 1 | |
| ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION | | |
| pioglitazone hcl-glimepiride tab 30-2 mg | 1 | |
| pioglitazone hcl-glimepiride tab 30-4 mg | 1 | |
| ANTIDIABETICS, MEGLITINIDE | | |
| nateglinide tabs 60mg, 120mg | 1 | |
| repaglinide tabs .5mg, 1mg, 2mg | 1 | |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS | | |
| SYNJARDY TAB | 3 | ST; PA** |
| SYNJARDY TAB 5-500MG | 3 | ST; PA** |
| SYNJARDY TAB 5-1000MG | 3 | ST; PA** |
| SYNJARDY TAB 12.5-500 | 3 | ST; PA** |
| SYNJARDY XR TAB | 3 | ST; PA** |
| SYNJARDY XR TAB 5-1000MG | 3 | ST; PA** |
| SYNJARDY XR TAB 10-1000 | 3 | ST; PA** |
| SYNJARDY XR TAB 25-1000 | 3 | ST; PA** |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS | | |
| GLYXAMBI TAB 10-5 MG | 3 | ST; PA** |
| GLYXAMBI TAB 25-5 MG | 3 | ST; PA** |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS | | |
| JARDIANCE TABS 10MG, 25MG | 3 | ST; PA** |
| ANTIDIABETICS, SULFONYLUREA | | |
| glimepiride tabs 1mg, 2mg, 4mg | 1 | |
| glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg | 1 | |
| BISPHOSPHONATES | | |
| alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg | 2 | |
| FOSAMAX + D TAB 70-2800 | 4 | ST; PA** |
| FOSAMAX + D TAB 70-5600 | 4 | ST; PA** |
| ibandronate sodium soln 3mg/3ml; tabs 150mg | 2 | |
| pamidronate disodium soln 30mg/10ml | 2 | SP |
| risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i> | 5 | SP, PA |
| CALCIUM RECEPTOR AGONISTS | | |
| <i>cinacalcet hcl tabs 30mg, 60mg</i> | 5 | SP, PA, QL (60 tabs every 30 days) |
| <i>cinacalcet hcl tabs 90mg</i> | 5 | SP, PA, QL (120 tabs every 30 days) |
| CHELATING AGENTS | | |
| <i>CHEMET CAPS 100MG</i> | 4 | |
| <i>deferasirox tabs 500mg, 1000mg</i> | 5 | SP, PA |
| <i>FERRIPROX SOLN 100MG/ML</i> | 5 | SP, PA |
| <i>FERRIPROX TWICE-A-DAY TABS 1000MG</i> | 5 | SP, PA |
| <i>penicillamine tabs 250mg</i> | 5 | SP, PA |
| <i>sps susp 15gm/60ml</i> | 2 | |
| CONTRACEPTIVES | | |
| <i>altavera</i> | 0 | |
| <i>alyacen 1/35</i> | 0 | |
| <i>alyacen 7/7/7</i> | 0 | |
| <i>amethia</i> | 0 | |
| <i>amethyst</i> | 0 | |
| <i>ANNOVERA MIS</i> | 0 | QL (1 every 300 days) |
| <i>apri</i> | 0 | |
| <i>aranelle</i> | 0 | |
| <i>ashlyna</i> | 0 | |
| <i>aviane</i> | 0 | |
| <i>azurette</i> | 0 | |
| <i>camila tabs .35mg</i> | 0 | |
| <i>CAYA DPR</i> | 0 | QL (1 every 300 days) |
| <i>chateal eq</i> | 0 | |
| <i>CONDOMS MIS</i> | 0 | QL (12 condoms every 30 days), OTC |
| <i>cryselle-28</i> | 0 | |
| <i>dasetta 1/35</i> | 0 | |
| <i>dasetta 7/7/7</i> | 0 | |
| <i>delyla</i> | 0 | |
| <i>DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML</i> | 0 | QL (4 inj every 300 days) |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> | 0 | |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> | 0 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 0 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|
| DUREX MIS REALFEEL | 0 | QL (12 condoms every 30 days), OTC |
| <i>elonest</i> | 0 | |
| ELLA TABS 30MG | 0 | |
| <i>enpresse-28</i> | 0 | |
| <i>enskyce</i> | 0 | |
| <i>errin tabs .35mg</i> | 0 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 0 | |
| <i>etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | 0 | QL (13 every 300 days) |
| <i>falmina</i> | 0 | |
| FC2 FEMALE MIS CONDOM | 0 | QL (12 condoms every 30 days), OTC |
| FEMCAP MIS 22MM | 0 | QL (1 every 300 days) |
| FEMCAP MIS 26MM | 0 | QL (1 every 300 days) |
| FEMCAP MIS 30MM | 0 | QL (1 every 300 days) |
| <i>gemmily</i> | 0 | |
| <i>heather tabs .35mg</i> | 0 | |
| <i>introvale</i> | 0 | |
| <i>jolessa</i> | 0 | |
| <i>junel 1.5/30</i> | 0 | |
| <i>junel 1/20</i> | 0 | |
| <i>junel fe 1.5/30</i> | 0 | |
| <i>junel fe 1/20</i> | 0 | |
| <i>junel fe 24</i> | 0 | |
| <i>kariva</i> | 0 | |
| <i>kelnor 1/35</i> | 0 | |
| <i>kurvelo</i> | 0 | |
| KYLEENA IUD 19.5MG | 0 | QL (1 every 300 days) |
| <i>larin 1.5/30</i> | 0 | |
| <i>leena</i> | 0 | |
| <i>lessina</i> | 0 | |
| <i>levonest</i> | 0 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 0 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 0 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 0 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 0 | |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>levora 0.15/30-28</i> | 0 | |
| LILETTA IUD 20.1MCG/DAY | 0 | QL (1 every 300 days) |
| LO LOESTRIN TAB 1-10-10 | 0 | |
| <i>loryna</i> | 0 | |
| <i>low-ogestrel</i> | 0 | |
| <i>lutera</i> | 0 | |
| <i>marlissa</i> | 0 | |
| <i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i> | 0 | QL (4 inj every 300 days) |
| <i>microgestin 1.5/30</i> | 0 | |
| MIRENA IUD 20MCG/DAY | 0 | QL (1 every 300 days) |
| <i>mono-linyah</i> | 0 | |
| NATAZIA TAB | 0 | |
| <i>necon 0.5/35-28</i> | 0 | |
| NEXPLANON IMPL 68MG | 0 | QL (1 every 300 days) |
| NEXTSTELLIS TAB 3-14.2MG | 0 | |
| <i>nikki</i> | 0 | |
| <i>nora-be tabs .35mg</i> | 0 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 0 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 0 | |
| <i>norethindrone (contraceptive) tabs .35mg</i> | 0 | |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg</i> | 0 | |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> | 0 | |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> | 0 | |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 0 | |
| <i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i> | 0 | |
| <i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i> | 0 | |
| <i>nortrel 0.5/35 (28)</i> | 0 | |
| <i>nortrel 1/35</i> | 0 | |
| <i>nortrel 7/7/7</i> | 0 | |
| <i>nylia 1/35</i> | 0 | |
| <i>ocella</i> | 0 | |
| OMNIFLEX DPR | 0 | QL (1 every 300 days) |
| PARAGARD IUD T380A | 0 | QL (1 unit every 300 days) |
| <i>portia-28</i> | 0 | |
| <i>reclipsen</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|------------------|------------------------------------|
| rivelsa | 0 | |
| SKYLA IUD 13.5MG | 0 | QL (1 every 300 days) |
| SLYNND TABS 4MG | 0 | |
| sprintec 28 | 0 | |
| sronyx | 0 | |
| syeda | 0 | |
| take action tabs 1.5mg | 0 | OTC |
| tilia fe | 0 | |
| tri-linyah | 0 | |
| tri-sprintec | 0 | |
| trivora-28 | 0 | |
| TRUSTEX/RIA MIS NON-LUB | 0 | QL (12 condoms every 30 days), OTC |
| TRUSTX NON-9 MIS RIB/STUD | 0 | QL (12 condoms every 30 days), OTC |
| TWIRLA DIS 120-30 | 0 | |
| TYBLUME CHW 0.1-0.02 | 0 | |
| velvet | 0 | |
| viorele | 0 | |
| vyfemla | 0 | |
| wera | 0 | |
| WIDE-SEAL SILICONE DIAPHR DPRH 2% | 0 | QL (1 every 300 days) |
| xulane | 0 | |
| zovia 1/35 | 0 | |

DIABETIC SUPPLIES

| | | |
|-------------------------------------|---|---|
| ACCU-CHEK BLOOD GLUCOSE TEST KITS | 3 | OTC |
| ACCU-CHEK BLOOD GLUCOSE TEST STRIPS | 3 | QL (150 Test Strips every 30 days), OTC |
| ALCOHOL PREP PAD | 3 | OTC |
| AUTOLET PLAT MIS 1.8MM | 3 | OTC |
| BLOOD GLUCOSE CALIBRATION SOLUTION | 3 | OTC |
| DEXCOM G5 MIS RECEIVER | 3 | |
| DEXCOM G5 MIS TRANSMIT | 3 | |
| DEXCOM G6 MIS RECEIVER | 3 | |
| DEXCOM G6 MIS SENSOR | 3 | |
| DEXCOM G6 MIS TRANSMIT | 3 | |
| DEXCOM G7 MIS RECEIVER | 3 | |
| DEXCOM G7 MIS SENSOR | 3 | |
| G4 PLAT PED MIS RVC/SHAR | 3 | |
| G4 PLATINUM MIS PEDIATRC | 3 | |
| G4 PLATINUM MIS RCV/SHAR | 3 | |
| G4 PLATINUM MIS RECEIVER | 3 | |
| G4 PLATINUM MIS TRANSMIT | 3 | |
| G4 SENSOR MIS | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| G5/G4 MIS SENSOR | 3 | |
| GLUCOSE URINE TEST STRIPS | 3 | OTC |
| INSULIN PEN NEEDLES | 3 | OTC |
| INSULIN PEN NEEDLES/SYRINGES | 3 | OTC |
| KETONE URINE TEST STRIPS | 3 | OTC |
| LANCETS | 3 | OTC |
| LANCING DEVICE | 3 | OTC |
| NOVOFINE PEN NEEDLES | 3 | OTC |
| OMNIPOD 5 G6 KIT INTRO | 3 | |
| OMNIPOD 5 G6 MIS PODS | 3 | |
| OMNIPOD DASH KIT INTRO | 3 | |
| OMNIPOD DASH KIT PDM | 3 | |
| OMNIPOD DASH MIS PODS | 3 | |
| OMNIPOD MIS CLASSIC | 3 | |
| OMNIPOD PDM KIT CLASSIC | 3 | |
| SHARPS CONTAINER | 3 | OTC |
| URINE GLUCOSE MONITORING SUPPLIES | 3 | OTC |
| URINE TEST STRIPS | 3 | OTC |
| V-GO 20 KIT | 3 | |
| V-GO 30 KIT | 3 | |
| V-GO 40 KIT | 3 | |
| ENDOMETRIOSIS | | |
| danazol caps 50mg, 100mg, 200mg | 2 | |
| ORILISSA TABS 150MG, 200MG | 3 | |
| ENZYME REPLACEMENTS | | |
| betaine anhy pow | 5 | SP, PA |
| carglumic acid tbso 200mg | 5 | SP, PA |
| CERDELGA CAPS 84MG | 5 | SP, PA, QL (56 caps every 28 days) |
| CYSTAGON CAPS 50MG, 150MG | 5 | SP, PA |
| MYALEPT SOLR 11.3MG | 5 | SP, PA, QL (30 vials every 30 days) |
| sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg | 5 | SP, PA |
| sodium phenylbutyrate powd 3gm/tsp | 5 | SP, PA, QL (798g every 30 days) |
| sodium phenylbutyrate tabs 500mg | 5 | SP, PA, QL (1200 tabs every 30 days) |
| ESTROGENS | | |
| CLIMARA PRO DIS WEEKLY | 3 | |
| DEPO-ESTRADOL OIL 5MG/ML | 4 | |
| DUAVEE TAB 0.45-20 | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| ELESTRIN GEL .06% | 4 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol gel .25mg/.25gm, .5mg/.5gm, .75mg/.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 2 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 2 | |
| <i>estradiol vaginal crea .1mg/gm</i> | 2 | |
| <i>estradiol valerate oil 20mg/ml, 40mg/ml</i> | 2 | |
| ESTROGEL GEL .06% | 4 | PA; High Risk Medications require PA for members age 70 and older |
| EVAMIST SOLN 1.53MG/SPRAY | 4 | PA; High Risk Medications require PA for members age 70 and older |
| IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG | 3 | |
| IMVEXXY STARTER PACK INST 4MCG, 10MCG | 3 | |
| <i>jinteli</i> | 2 | |
| MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| <i>mimvey</i> | 2 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 2 | |
| PREMARIN CREA .625MG/GM | 4 | |
| PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| <i>yuvafem tabs 10mcg</i> | 2 | |
| GLUCOCORTICOIDS | | |
| DEPO-MEDROL SUSP 20MG/ML | 4 | |
| <i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i> | 2 | |
| DEXAMETHASONE INTENSOL CONC 1MG/ML | 3 | |
| <i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i> | 2 | |
| EMFLAZA SUSP 22.75MG/ML | 6 | SP, PA, QL (52 mL every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| EMFLAZA TABS 6MG | 6 | SP, PA, QL (60 tabs every 30 days) |
| EMFLAZA TABS 18MG, 30MG, 36MG | 6 | SP, PA, QL (30 tabs every 30 days) |
| <i>fludrocortisone acetate tabs .1mg</i> | 2 | |
| <i>hydrocortisone tabs 5mg, 10mg, 20mg</i> | 2 | |
| MEDROL TABS 2MG | 3 | |
| <i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i> | 2 | |
| <i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i> | 2 | |
| <i>methylprednisolone sod succ solr 125mg, 1000mg</i> | 2 | |
| <i>prednisolone soln 15mg/5ml</i> | 2 | |
| <i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i> | 2 | |
| <i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i> | 2 | |
| PREDNISONE INTENSOL CONC 5MG/ML | 3 | |
| SOLU-CORTEF SOLR 100MG, 250MG, 500MG, 1000MG | 4 | |
| SOLU-MEDROL SOLR 2GM | 4 | |
| GLUCOSE ELEVATING AGENTS | | |
| <i>glucagon (rdna) kit 1mg</i> | 2 | |
| INSTA-GLUCOSE GEL 77.4% | 3 | OTC |
| HEREDITARY TYROSINEMIA TYPE 1 AGENTS | | |
| <i>nitisinone caps 2mg, 5mg, 10mg</i> | 5 | SP, PA |
| ORFADIN CAPS 20MG; SUSP 4MG/ML | 5 | SP, PA |
| HUMAN GROWTH HORMONES | | |
| GENOTROPIN CART 5MG, 12MG | 5 | SP, PA |
| GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG | 5 | SP, PA |
| NORDIPEN 5 MIS DEVICE | 3 | |
| NORDIPEN DEL MIS SYSTEM | 3 | OTC |
| NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML | 5 | SP, PA |
| LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS | | |
| SYNAREL SOLN 2MG/ML | 6 | SP, PA |
| TRIPTODUR SRER 22.5MG | 5 | SP, PA |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA TABS 10MG, 20MG | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| MISCELLANEOUS | | |
| cabergoline tabs .5mg | 2 | |
| calcitonin (salmon) soln 200unit/act | 2 | |
| CHORIONIC GONADOTROPIN SOLR 10000UNIT | 5 | SP, PA |
| INCRELEX SOLN 40MG/4ML | 5 | SP, PA |
| INTRAROSA INST 6.5MG | 4 | |
| OSPHENA TABS 60MG | 4 | PA |
| PROLIA SOSY 60MG/ML | 5 | SP, PA, QL (60mg every 24 weeks) |
| raloxifene hcl tabs 60mg | 2 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML | 6 | SP, PA, QL (60 ampules every 30 days) |
| SUPPRELIN LA KIT 50MG | 5 | SP, PA |
| tolvaptan tabs 15mg, 30mg | 5 | SP, PA |
| TYMLOS SOPN 3120MCG/1.56ML | 5 | SP, PA, QL (1 pen every 30 days) |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate (phosphate binder) caps 667mg; tabs 667mg | 2 | |
| FOSRENOL PACK 750MG, 1000MG | 4 | |
| PHOSLYRA SOLN 667MG/5ML | 3 | |
| sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg | 2 | |
| VELPHORO CHEW 500MG | 4 | |
| PROGESTINS | | |
| CRINONE GEL 4%, 8% | 3 | |
| medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg | 2 | |
| megestrol acetate (appetite) susp 625mg/5ml | 2 | |
| norethindrone acetate tabs 5mg | 2 | |
| progesterone caps 100mg, 200mg | 2 | |
| THYROID AGENTS | | |
| levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 2 | |
| levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 2 | |
| liothyronine sodium tabs 5mcg, 25mcg, 50mcg | 2 | |
| methimazole tabs 5mg, 10mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>propylthiouracil tabs 50mg</i> | 2 | |
| <i>SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG</i> | 3 | |
| <i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i> | 2 | |
| VASOPRESSINS | | |
| <i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i> | 2 | |
| <i>desmopressin acetate spray soln .01%</i> | 2 | |
| <i>desmopressin acetate spray refrigerated soln .01%</i> | 2 | |
| GASTROINTESTINAL | | |
| ANTICHOLINERGICS | | |
| <i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i> | 2 | |
| <i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i> | 2 | |
| <i>glycopyrrolate soln 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i> | 2 | |
| <i>methscopolamine bromide tabs 2.5mg, 5mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| ANTIDIARRHEALS | | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 2 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 2 | |
| <i>loperamide hcl caps 2mg</i> | 2 | |
| <i>MOTOFEN TAB 1-0.025</i> | 4 | |
| ANTIEMETICS | | |
| <i>AKYNZE CAP 300-0.5</i> | 4 | QL (2 caps every 28 days) |
| <i>aprepitant caps 40mg</i> | 2 | QL (3 caps every 180 days) |
| <i>aprepitant caps 80mg</i> | 2 | QL (4 caps every 28 days) |
| <i>aprepitant caps 125mg</i> | 2 | QL (2 caps every 28 days) |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 2 | QL (2 packs every 28 days) |
| <i>compro supp 25mg</i> | 2 | |
| <i>dronabinol caps 2.5mg, 5mg, 10mg</i> | 2 | QL (60 caps every 30 days) |
| <i>granisetron hcl soln 1mg/ml</i> | 2 | QL (2 mL every 28 days) |
| <i>granisetron hcl tabs 1mg</i> | 2 | QL (12 tabs every 28 days) |
| <i>meclizine hcl tabs 12.5mg, 25mg</i> | 2 | |
| <i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i> | 2 | |
| <i>ondansetron tbdp 4mg, 8mg</i> | 2 | QL (18 tabs every 28 days) |
| <i>ondansetron hcl soln 4mg/2ml, 40mg/20ml; sosy 4mg/2ml</i> | 2 | QL (20 mL every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>ondansetron hcl soln 4mg/5ml</i> | 2 | QL (200 mL every 28 days) |
| <i>ondansetron hcl tabs 4mg, 8mg</i> | 2 | QL (18 tabs every 28 days) |
| <i>ondansetron hcl tabs 24mg</i> | 2 | QL (2 tabs every 28 days) |
| <i>prochlorperazine supp 25mg</i> | 2 | |
| <i>prochlorperazine maleate tabs 5mg, 10mg</i> | 2 | |
| <i>promethazine hcl soln 25mg/ml, 50mg/ml; supp 12.5mg, 25mg</i> | 2 | |
| <i>promethazine hcl syrup 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethegan supp 12.5mg, 25mg, 50mg</i> | 2 | |
| <i>SANCUSO PTCH 3.1MG/24HR</i> | 3 | QL (2 patches every 28 days) |
| <i>scopolamine pt72 1mg/3days</i> | 2 | |
| <i>trimethobenzamide hcl caps 300mg</i> | 2 | |
| <i>VARUBI TBPK 90MG</i> | 3 | |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i> | 2 | |
| <i>cimetidine hcl soln 300mg/5ml</i> | 2 | |
| <i>famotidine soln 20mg/2ml; susr 40mg/5ml; tabs 20mg, 40mg</i> | 2 | |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 2 | |
| <i>nizatidine caps 150mg, 300mg</i> | 2 | |
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium caps 750mg</i> | 2 | |
| <i>budesonide cpep 3mg; tb24 9mg</i> | 2 | |
| <i>DIPENTUM CAPS 250MG</i> | 4 | PA |
| <i>hydrocortisone (intrarectal) enem 100mg/60ml</i> | 2 | |
| <i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i> | 2 | |
| <i>mesalamine w/ cleanser kit 4gm</i> | 2 | |
| <i>sulfasalazine tabs 500mg; tbec 500mg</i> | 2 | |
| IRRITABLE BOWEL SYNDROME WITH CONSTIPATION | | |
| <i>LINZESS CAPS 72MCG, 145MCG, 290MCG</i> | 3 | |
| <i>lubiprostone caps 8mcg, 24mcg</i> | 2 | |
| IRRITABLE BOWEL SYNDROME WITH DIARRHEA | | |
| <i>alosetron hcl tabs .5mg, 1mg</i> | 2 | PA |
| LAXATIVES | | |
| <i>CLENPIQ SOL</i> | 0 | \$0 copay for members age 45 through 75, Tier 3 for all others |
| <i>enulose soln 10gm/15ml</i> | 2 | |
| <i>gavilyte-c</i> | 2 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| gavilyte-g | 2 | |
| generlac soln 10gm/15ml | 2 | |
| lactulose soln 10gm/15ml | 2 | |
| OSMOPREP TAB 1.5GM | 4 | |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm | 2 | |
| peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm | 2 | |
| PEG-PREP KIT | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| PLENUV SOL | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| polyethylene glycol 3350 powd 17gm/scoop | 2 | OTC |
| sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| SUFLAVE SOL | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| SUTAB TAB | 0 | \$0 copay for members age 45 through 75, otherwise not covered |

MISCELLANEOUS

| | | |
|---|---|-----------------------------------|
| cromolyn sodium (mastocytosis) conc 100mg/5ml | 2 | |
| misoprostol tabs 100mcg, 200mcg | 2 | |
| MOVANTIK TABS 12.5MG, 25MG | 3 | |
| SUCRAID SOLN 8500UNIT/ML | 4 | SP, PA, QL (354 mL every 30 days) |
| sucralfate tabs 1gm | 2 | |
| ursodiol caps 300mg; tabs 250mg, 500mg | 2 | |

PANCREATIC ENZYMES

| | | |
|---------------------|---|----|
| CREON CAP 3000UNIT | 3 | PA |
| CREON CAP 6000UNIT | 3 | PA |
| CREON CAP 12000UNT | 3 | PA |
| CREON CAP 24000UNT | 3 | PA |
| CREON CAP 36000UNT | 3 | PA |
| VIOKACE TAB 10440 | 3 | PA |
| VIOKACE TAB 20880 | 3 | PA |
| ZENPEP CAP 3000UNIT | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ZENPEP CAP 5000UNIT | 3 | PA |
| ZENPEP CAP 10000UNT | 3 | PA |
| ZENPEP CAP 15000UNT | 3 | PA |
| ZENPEP CAP 20000UNT | 3 | PA |
| ZENPEP CAP 25000UNT | 3 | PA |
| ZENPEP CAP 40000UNT | 3 | PA |
| PROTON PUMP INHIBITORS | | |
| dexlansoprazole cpdr 30mg, 60mg | 2 | QL (90 caps every 365 days) |
| esomeprazole magnesium cpdr 20mg, 40mg | 2 | QL (90 caps every 365 days) |
| esomeprazole magnesium pack 10mg | 2 | QL (90 packets every 365 days); Covered for age less than 1 year only |
| lansoprazole cpdr 15mg, 30mg | 2 | QL (90 caps every 365 days) |
| NEXIUM PACK 2.5MG, 5MG | 4 | QL (90 packets every 365 days); Covered for age less than 1 year only |
| omeprazole cpdr 10mg, 20mg, 40mg | 2 | QL (90 caps every 365 days) |
| omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg | 4 | QL (90 packets every 365 days) |
| omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg | 4 | QL (90 packets every 365 days) |
| pantoprazole sodium tbec 20mg, 40mg | 2 | QL (90 tabs every 365 days) |
| rabeprazole sodium tbec 20mg | 2 | QL (90 tabs every 365 days) |
| RECTAL, CORTICOSTEROIDS | | |
| hydrocortisone (rectal) crea 1%, 2.5% | 2 | |
| proctozone-hc crea 2.5% | 2 | |
| ULCER THERAPY COMBINATIONS | | |
| amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg | 2 | |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| alfuzosin hcl tb24 10mg | 2 | |
| CARDURA XL TB24 4MG, 8MG | 4 | ST; PA** |
| doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg | 2 | |
| dutasteride caps .5mg | 2 | |
| dutasteride-tamsulosin hcl cap 0.5-0.4 mg | 2 | |
| finasteride tabs 5mg | 2 | |
| silodosin caps 4mg, 8mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| <i>tadalafil tabs 2.5mg, 5mg</i> | 2 | PA, QL (30 tabs every 30 days) |
| <i>tamsulosin hcl caps .4mg</i> | 2 | |
| <i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i> | 2 | |
| CONTRACEPTIVES | | |
| <i>ENCARE SUPP 100MG</i> | 0 | OTC |
| <i>OPTIONS GYNOL II VAGINAL GEL 3%</i> | 0 | OTC |
| <i>PHEXXI GEL</i> | 0 | |
| <i>TODAY SPONGE MISC 1000MG</i> | 0 | OTC |
| <i>VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%</i> | 0 | OTC |
| MISCELLANEOUS | | |
| <i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i> | 2 | |
| <i>ELMIRON CAPS 100MG</i> | 4 | |
| <i>phenazopyridine tab 95mg tabs 95mg</i> | 2 | OTC |
| <i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i> | 2 | |
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide tb24 7.5mg, 15mg</i> | 2 | |
| <i>fesoterodine fumarate tb24 4mg, 8mg</i> | 2 | |
| <i>GEMTESA TABS 75MG</i> | 4 | |
| <i>MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG</i> | 3 | |
| <i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i> | 2 | |
| <i>solifenacain succinate tabs 5mg, 10mg</i> | 2 | |
| <i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i> | 2 | |
| <i>trospium chloride cp24 60mg; tabs 20mg</i> | 2 | |
| VAGINAL ANTI-INFECTIVES | | |
| <i>CLEOCIN SUPP 100MG</i> | 3 | |
| <i>clindamycin phosphate vaginal crea 2%</i> | 2 | |
| <i>GYNAZOLE-1 CREA 2%</i> | 4 | |
| <i>metronidazole vaginal gel .75%</i> | 2 | |
| <i>miconazole 3 supp 200mg</i> | 2 | |
| <i>terconazole vaginal crea .4%, .8%; supp 80mg</i> | 2 | |
| HEMATOLOGIC | | |
| ANTICOAGULANTS | | |
| <i>dabigatran etexilate mesylate caps 150mg</i> | 2 | |
| <i>ELIQUIS TABS 2.5MG, 5MG</i> | 3 | |
| <i>ELIQUIS STARTER PACK TBPK 5MG</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>enoxaparin sodium soln 150mg/ml, 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i> | 2 | |
| <i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i> | 2 | |
| <i>FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML</i> | 4 | |
| <i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i> | 2 | |
| <i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i> | 2 | |
| <i>PRADAXA CAPS 75MG, 110MG</i> | 4 | |
| <i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i> | 2 | |
| <i>XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG</i> | 3 | |
| <i>XARELTO STAR TAB 15/20MG</i> | 3 | |
| HEMATOPOIETIC GROWTH FACTORS | | |
| <i>ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML</i> | 5 | SP, PA |
| <i>DOPTELET TAB 20MG (10 TABLETS) TABS 20MG</i> | 5 | SP, PA, QL (1 carton every 5 days) |
| <i>DOPTELET TAB 20MG (15 TABLETS) TABS 20MG</i> | 5 | SP, PA, QL (1 carton every 5 days) |
| <i>DOPTELET TAB 20MG (30 TABLETS) TABS 20MG</i> | 5 | SP, PA, QL (2 cartons every 30 days) |
| <i>FYLNETRA SOSY 6MG/0.6ML</i> | 5 | SP, PA, QL (2 syringes every 28 days) |
| <i>MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML</i> | 5 | SP, PA |
| <i>NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML</i> | 5 | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| NYVEPRIA SOSY 6MG/0.6ML | 5 | SP, PA, QL (2 syringes every 28 days) |
| RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML | 5 | SP, PA |
| ZIEXTENZO SOSY 6MG/0.6ML | 5 | SP, PA, QL (2 injections every 28 days) |
| HEMOPHILIA A AGENTS | | |
| HEMLIBRA SOLN 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML | 6 | SP, PA |
| MISCELLANEOUS | | |
| <i>anagrelide hcl caps .5mg, 1mg</i> | 2 | |
| <i>cilostazol tabs 50mg, 100mg</i> | 2 | |
| <i>DROXIA CAPS 200MG, 300MG, 400MG</i> | 3 | |
| <i>pentoxifylline tbcr 400mg</i> | 2 | |
| <i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i> | 2 | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 2 | |
| <i>BRILINTA TABS 60MG, 90MG</i> | 3 | |
| <i>clopidogrel bisulfate tabs 75mg, 300mg</i> | 2 | |
| <i>dipyridamole tabs 25mg, 50mg, 75mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>prasugrel hcl tabs 5mg, 10mg</i> | 2 | |
| <i>YOSPRALA TAB 81-40MG</i> | 4 | |
| <i>YOSPRALA TAB 325-40MG</i> | 4 | |
| <i>ZONTIVITY TABS 2.08MG</i> | 3 | |
| IMMUNOLOGIC AGENTS | | |
| AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED) | | |
| ACTEMRA SOLN 80MG/4ML | 6 | SP, ST, PA, QL (10 vials every 14 days) |
| ACTEMRA SOLN 200MG/10ML | 6 | SP, ST, PA, QL (4 vials every 14 days) |
| ACTEMRA SOLN 400MG/20ML | 6 | SP, ST, PA, QL (2 vials every 14 days) |
| INFliximab SOLR 100MG | 5 | SP, PA, QL (5 vials every 42 days) |
| SIMPONI ARIA SOLN 50MG/4ML | 6 | SP, PA, QL (200 mg every 8 weeks) |
| SKYRIZI SOLN 600MG/10ML | 5 | SP, PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| AUTOIMMUNE AGENTS (SELF-ADMINISTERED) | | |
| ACTEMRA SOSY 162MG/0.9ML | 6 | SP, ST, PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 5 | SP, PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 40MG/0.4ML | 5 | SP, PA, QL (4 syringes every 28 days) |
| COSENTYX SOSY 75MG/0.5ML, 150MG/ML | 5 | SP, PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX SOSY 150MG/ML | 5 | SP, PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML | 5 | SP, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML | 5 | SP, PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX UNOREADY SOAJ 300MG/2ML | 5 | SP, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| ENBREL SOLN 25MG/0.5ML | 5 | SP, PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SOSY 25MG/0.5ML | 5 | SP, PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SOSY 50MG/ML | 5 | SP, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| ENBREL MINI SOCT 50MG/ML | 5 | SP, PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SURECLICK SOAJ 50MG/ML | 5 | SP, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| HUMIRA PSKT 10MG/0.1ML | 5 | SP, PA, QL (2 injections every 28 days) |
| HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | 5 | SP, PA, QL (4 injections every 28 days) |
| HUMIRA PEDIA INJ CROHNS | 5 | SP, PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit) |
| HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML | 5 | SP, PA, QL (Starter pack - initial dose only); (80mg single strength kit) |
| HUMIRA PEN PNKT 40MG/0.4ML | 5 | SP, PA, QL (4 injections every 28 days) |
| HUMIRA PEN PNKT 40MG/0.8ML | 5 | SP, PA, QL (4 pens every 28 days) |
| HUMIRA PEN PNKT 80MG/0.8ML | 5 | SP, PA, QL (2 pens every 28 days) |
| HUMIRA PEN KIT PS/UV | 5 | SP, PA, QL (Starter pack - initial dose only) |
| HYRIMOZ SOAJ 40MG/0.4ML | 5 | SP, PA, QL (4 auto-injectors every 28 days) |
| HYRIMOZ SOAJ 80MG/0.8ML | 5 | SP, PA, QL (2 auto-injectors every 28 days) |
| HYRIMOZ SOSY 10MG/0.1ML | 5 | SP, PA, QL (2 syringes every 28 days) |
| HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML | 5 | SP, PA, QL (4 syringes every 28 days) |
| HYRIMOZ CROHN'S DISEASE A SOAJ 80MG/0.8ML | 5 | SP, PA, QL (Starter pack - initial dose only) |
| HYRIMOZ PEDIATRIC CROHNS SOSY 80MG/0.8ML | 5 | SP, PA, QL (Starter pack - initial dose only) |
| HYRIMOZ-PED INJ CROHNS | 5 | SP, PA, QL (Starter pack - initial dose only) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| HYRIMOZ-PLAQ INJ PSORIASI | 5 | SP, PA, QL (Starter pack - initial dose only) |
| KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML | 5 | SP, PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents) |
| KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML | 5 | SP, PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents) |
| OTEZLA TABS 30MG | 5 | SP, PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| OTEZLA TAB 10/20/30 | 5 | SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| RINVOQ TB24 15MG | 5 | SP, PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis. |
| RINVOQ TB24 30MG | 5 | SP, PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis. |
| RINVOQ TB24 45MG | 5 | SP, PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis. |
| SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML | 6 | SP, ST, PA, QL (1 injection every 28 days) |
| SKYRIZI PSKT 75MG/0.83ML | 5 | SP, PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|--|
| SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML | 5 | SP, PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease |
| SKYRIZI SOSY 150MG/ML | 5 | SP, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |
| SKYRIZI PEN SOAJ 150MG/ML | 5 | SP, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |
| STELARA SOLN 45MG/0.5ML | 5 | SP, PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| STELARA SOSY 45MG/0.5ML | 5 | SP, PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| STELARA SOSY 90MG/ML | 5 | SP, PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| TALTZ SOAJ 80MG/ML; SOSY 80MG/ML | 5 | SP, PA, QL (1 injection every 28 days); Preferred agent for Psoriasis |
| TREMFYA SOPN 100MG/ML; SOSY 100MG/ML | 5 | SP, PA, QL (1 injection every 56 days); Preferred agent for Psoriasis |
| XELJANZ SOLN 1MG/ML | 5 | SP, PA, QL (240 mL every 24 days) |
| XELJANZ TABS 5MG | 5 | SP, PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |
| XELJANZ TABS 10MG | 5 | SP, PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis. |
| XELJANZ XR TB24 11MG | 5 | SP, PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| XELJANZ XR TB24 22MG | 5 | SP, PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis. |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) | | |
| hydroxychloroquine sulfate tabs 200mg | 2 | |
| leflunomide tabs 10mg, 20mg | 2 | |
| methotrexate sodium tabs 2.5mg | 2 | |
| HEREDITARY ANGIOEDEMA | | |
| HAEGARDA SOLR 2000UNIT, 3000UNIT | 6 | SP, PA, QL (20 vials every 30 days) |
| icatibant acetate sosy 30mg/3ml | 5 | SP, PA, QL (45 syringes every 90 days) |
| IMMUNOGLOBULIN | | |
| HYQVIA INJ 2.5-200 | 5 | SP, PA |
| HYQVIA INJ 5-400 | 5 | SP, PA |
| HYQVIA INJ 10-800 | 5 | SP, PA |
| HYQVIA INJ 20-1600 | 5 | SP, PA |
| HYQVIA INJ 30-2400 | 5 | SP, PA |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SOLN 2000000UNIT/0.5ML | 6 | SP, PA |
| ARCALYST SOLR 220MG | 5 | SP, PA, QL (8 vials every 28 days) |
| INTRON A SOLR 10000000UNIT, 18000000UNIT, 50000000UNIT | 5 | SP, PA |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL CP24 .5MG, 1MG, 5MG | 4 | SP |
| azathioprine tabs 50mg, 75mg, 100mg | 2 | |
| CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG | 4 | SP |
| CELLCEPT INTRAVENOUS SOLR 500MG | 4 | SP |
| cyclosporine caps 25mg, 100mg; soln 50mg/ml | 2 | SP |
| cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml | 2 | SP |
| cyclosporine modified (for microemulsion) caps 50mg | 2 | |
| ENVARSUS XR TB24 .75MG, 1MG, 4MG | 4 | SP |
| everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg | 2 | SP |
| gengraf caps 25mg, 100mg; soln 100mg/ml | 2 | SP |
| mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg | 2 | SP |
| mycophenolate mofetil hcl solr 500mg | 2 | SP |
| mycophenolate sodium tbec 180mg, 360mg | 2 | SP |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| MYFORTIC TBEC 180MG, 360MG | 4 | SP |
| NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML | 4 | SP |
| NULOJIX SOLR 250MG | 4 | SP |
| PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG; SOLN 5MG/ML | 4 | SP |
| RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG | 4 | SP |
| SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML | 4 | SP |
| <i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i> | 2 | SP |
| <i>tacrolimus caps .5mg, 1mg, 5mg</i> | 2 | SP |
| ZORTRESS TABS .25MG, .5MG, .75MG, 1MG | 4 | SP |
| MISCELLANEOUS | | |
| BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML | 3 | |
| VACCINES | | |
| ABRYSCO SOLR 120MCG/0.5ML | 3 | |
| ACTHIB INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ADACEL INJ | 0 | |
| AREXVY SUSR 120MCG/0.5ML | 3 | |
| BEXSERO INJ | 0 | |
| BOOSTRIX INJ | 0 | |
| COMIRNATY 2023-24 SUSP 30MCG/0.3ML; SUSY 30MCG/0.3ML | 0 | |
| DAPTACEL INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| DENGVAXIA SUS | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| DIP/TET PED INJ 25-5LFU | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML | 0 | |
| FLUMIST | 0 | |
| GARDASIL 9 INJ | 0 | |
| HAVRIX SUSP 720ELU/0.5ML, 1440ELU/ML | 0 | |
| HEPLISAV-B SOSY 20MCG/0.5ML | 0 | |
| HIBERIX SOLR 10MCG | 0 | \$0 copay for members age 18 and younger, otherwise not covered |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| INFANRIX INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| INFLUENZA VACCINE | 0 | |
| IPOL INJ INACTIVE | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| KINRIX INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| M-M-R II INJ | 0 | |
| MENACTRA INJ | 0 | |
| MENQUADFI INJ | 0 | |
| MENVEO INJ | 0 | |
| MENVEO SOL | 0 | |
| MODERNA COVID-19 VACCINE SUSP 25MCG/0.25ML | 0 | |
| NOVAVAX COVID-19 VACCINE SUSP 5MCG/0.5ML | 0 | |
| PEDIARIX INJ 0.5ML | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| PEDVAX HIB SUSP 7.5MCG/0.5ML | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| PENTACEL INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML | 0 | |
| PNEUMOVAX 23/1 DOSE INJ 25MCG/0.5ML | 0 | |
| PREHEVBRIOSUSP 10MCG/ML | 0 | |
| PREVNAR 13 INJ | 0 | |
| PREVNAR 20 INJ | 0 | |
| PRIORIX INJ | 0 | |
| PROQUAD INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL INJ 0.5ML | 0 | \$0 copay for members age 18 and younger, otherwise not covered |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML | 0 | |
| ROTARIX SUS | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ROTATEQ SOL | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| SHINGRIX SUSR 50MCG/0.5ML | 0 | \$0 copay for members age 19 and older, otherwise not covered |
| SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML | 0 | |
| TDVAX INJ 2-2 LF | 0 | \$0 copay for members age 19 and older, otherwise not covered |
| TENIVAC INJ 5-2LF | 0 | \$0 copay for members age 19 and older, otherwise not covered |
| TRUMENBA INJ | 0 | |
| TWINRIX INJ | 0 | \$0 copay for members age 19 and older, otherwise not covered |
| VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML | 0 | |
| VARIVAX INJ 1350PFU/0.5ML | 0 | |
| VAXELIS INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| VAXNEUVANCE INJ | 0 | |

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

| | |
|---|---|
| effer-k tbef 25meq | 2 |
| fluoritab soln .125mg/drop | 0 |
| | \$0 applies for ages 5 and under, otherwise not covered |
| klor-con 8 tbcr 8meq | 2 |
| klor-con 10 tbcr 10meq | 2 |
| klor-con m15 tbcr 15meq | 2 |
| magnesium sulfate soln 2gm/50ml, 50% | 2 |
| magnesium sulfate in dextrose 5% iv soln 1 gm/100ml | 2 |
| monoject sodium chloride soln .9% | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>nafrinse drops soln .125mg/drop</i> | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq</i> | 2 | |
| <i>potassium chloride microencapsulated crystals er tbcr 10meq, 20meq</i> | 2 | |
| <i>sodium chloride soln 2.5meq/ml</i> | 2 | |
| <i>sodium fluoride chew 1mg; tabs 1mg</i> | 2 | |
| <i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i> | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| IV REPLACEMENT SOLUTIONS | | |
| <i>potassium chloride soln 2meq/ml</i> | 2 | |
| <i>sodium chloride soln .45%, .9%, 3%, 5%</i> | 2 | |
| PREGNATAL VITAMINS | | |
| <i>CITRANATAL CAP HARMONY</i> | 3 | |
| <i>CITRANATAL CAP MEDLEY</i> | 3 | |
| <i>CITRANATAL MIS 90 DHA</i> | 3 | |
| <i>CITRANATAL MIS B-CALM</i> | 3 | |
| <i>CITRANATAL PAK ASSURE</i> | 3 | |
| <i>CITRANATAL PAK DHA</i> | 3 | |
| <i>CITRANATAL TAB BLOOM</i> | 3 | |
| <i>elite-ob</i> | 2 | |
| <i>inatal gt</i> | 2 | |
| <i>pnv-dha</i> | 2 | |
| <i>pnv-select</i> | 2 | |
| <i>prenatal 19</i> | 2 | |
| <i>trinate</i> | 2 | |
| VITAMINS | | |
| <i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i> | 2 | |
| <i>cholecalciferol caps 50000unit</i> | 2 | OTC |
| <i>cyanocobalamin soln 1000mcg/ml</i> | 2 | |
| <i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i> | 2 | |
| <i>ergocalciferol caps 50000unit</i> | 2 | |
| <i>folic acid caps 800mcg</i> | 0 | QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| <i>folic acid tabs 1mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|--|
| folic acid tabs 400mcg, 800mcg | 0 | QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| multi-vitamin/fluoride dr | 2 | |
| multi-vitamin/fluoride/ir | 2 | |
| multivitamin/fluoride | 2 | |
| paricalcitol caps 1mcg, 2mcg, 4mcg | 2 | |
| phytonadione tabs 5mg | 2 | |
| pyridoxine hcl tabs 25mg, 50mg | 2 | OTC |
| tri-vite/fluoride | 2 | |
| vitamins a/c/d/fluoride | 2 | |
| westab max | 2 | |

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

| | | |
|---|---|--|
| bacitracin-polymyxin-neomycin-hc ophth oint 1% | 2 | |
| BLEPHAMIDE OIN S.O.P. | 3 | |
| neomycin-polymyxin-dexamethasone ophth oint 0.1% | 2 | |
| neomycin-polymyxin-dexamethasone ophth susp 0.1% | 2 | |
| neomycin-polymyxin-hc ophth susp | 2 | |
| PRED-G SUS OP | 4 | |
| sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% | 2 | |
| TOBRADEX OIN 0.3-0.1% | 3 | |
| TOBRADEX ST SUS 0.3-0.05 | 3 | |
| tobramycin-dexamethasone ophth susp 0.3-0.1% | 2 | |
| ZYLET SUS 0.5-0.3% | 4 | |

ANTI-INFECTIVES

| | | |
|---|---|--------------------------|
| AZASITE SOLN 1% | 3 | |
| bacitracin (ophthalmic) oint 500unit/gm | 2 | |
| bacitracin-polymyxin b ophth oint | 2 | |
| BESIVANCE SUSP .6% | 4 | |
| ciprofloxacin hcl (ophth) soln .3% | 2 | |
| erythromycin (ophth) oint 5mg/gm | 2 | |
| gatifloxacin (ophth) soln .5% | 2 | |
| gentak oint .3% | 2 | |
| gentamicin sulfate (ophth) soln .3% | 2 | QL (20 mL every 30 days) |
| levofloxacin (ophth) soln .5% | 2 | |
| moxifloxacin hcl (ophth) soln .5% | 2 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NATACYN SUSP 5% | 3 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i> | 2 | |
| <i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 2 | |
| <i>ofloxacin (ophth) soln .3%</i> | 2 | |
| <i>polycin</i> | 2 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 2 | |
| <i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i> | 2 | |
| <i>tobramycin (ophth) soln .3%</i> | 2 | |
| <i>trifluridine soln 1%</i> | 2 | |
| ZIRGAN GEL .15% | 4 | |
| ANTI-INFLAMMATORIES | | |
| ACUVAIL SOLN .45% | 3 | |
| <i>bromfenac sodium (ophth) soln .09%</i> | 2 | |
| <i>dexamethasone sodium phosphate (ophth) soln .1%</i> | 2 | |
| <i>diclofenac sodium (ophth) soln .1%</i> | 2 | |
| <i>diloprednate emul .05%</i> | 2 | |
| <i>flurbiprofen sodium soln .03%</i> | 2 | |
| FML OINT .1% | 3 | |
| ILEVRO SUSP .3% | 3 | |
| <i>ketorolac tromethamine (ophth) soln .4%, .5%</i> | 2 | |
| <i>loteprednol etabonate susp .5%</i> | 2 | |
| NEVANAC SUSP .1% | 3 | |
| <i>prednisolone acetate (ophth) susp 1%</i> | 2 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 3 | |
| ANTIALLERGICS | | |
| ALOCRIL SOLN 2% | 4 | |
| ALOMIDE SOLN .1% | 4 | |
| <i>azelastine hcl (ophth) soln .05%</i> | 2 | |
| <i>bepotastine besilate soln 1.5%</i> | 2 | |
| <i>cromolyn sodium (ophth) soln 4%</i> | 2 | |
| <i>epinastine hcl (ophth) soln .05%</i> | 2 | |
| <i>olopatadine hcl soln .1%, .2%</i> | 2 | |
| ZERVIADE SOLN .24% | 4 | |
| ANTIGLAUCOMA | | |
| ALPHAGAN P SOLN .1% | 4 | |
| <i>apraclonidine hcl soln .5%</i> | 2 | |
| <i>betaxolol hcl (ophth) soln .5%</i> | 2 | |
| BETIMOL SOLN .25%, .5% | 4 | |
| BETOPTIC-S SUSP .25% | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>brimonidine tartrate soln .1%, .15%, .2%</i> | 2 | |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> | 2 | |
| <i>brinzolamide susp 1%</i> | 2 | |
| <i>carteolol hcl (ophth) soln 1%</i> | 2 | |
| <i>dorzolamide hcl soln 2%</i> | 2 | |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> | 2 | |
| IOPIDINE SOLN 1% | 4 | |
| <i>latanoprost soln .005%</i> | 2 | |
| <i>levobunolol hcl soln .5%</i> | 2 | |
| LUMIGAN SOLN .01% | 3 | ST; PA** |
| PHOSPHOLINE IODIDE SOLR .125% | 4 | |
| <i>pilocarpine hcl soln 1%</i> | 2 | |
| SIMBRINZA SUS 1-0.2% | 3 | |
| <i>tafluprost soln .015mg/ml</i> | 2 | |
| <i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i> | 2 | |
| <i>travoprost soln .004%</i> | 2 | |
| DRY EYE DISEASE | | |
| <i>RESTASIS EMUL .05%</i> | 2 | |
| <i>RESTASIS MULTIDOSE EMUL .05%</i> | 3 | Multi-dose vial remains on preferred brand tier |
| MISCELLANEOUS | | |
| <i>atropine sulfate (ophthalmic) soln 1%</i> | 2 | |
| CYSTARAN SOLN .44% | 6 | SP, PA, QL (4 bottles every 28 days) |
| LACRISERT INST 5MG | 4 | |
| <i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i> | 2 | |
| <i>proparacaine hcl soln .5%</i> | 2 | |
| <i>tropicamide soln .5%, 1%</i> | 2 | |
| OTHER | | |
| IRRIGATION SOLUTIONS | | |
| <i>physiolyte</i> | 2 | |
| <i>physiosol irrigation</i> | 2 | |
| RESPIRATORY | | |
| ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS | | |
| PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG | 5 | SP, PA |
| ANAPHYLAXIS TREATMENT AGENTS | | |
| <i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i> | 2 | QL (4 auto-injectors every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i> | 2 | QL (4 auto-injectors every 30 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK SOAJ .3MG/0.3ML | 3 | QL (4 auto-injectors every 30 days) |
| EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML | 3 | QL (4 auto-injectors every 30 days) |

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

| | | |
|--|---|------------------------------|
| ANORO ELLIPT AER 62.5-25 | 3 | QL (1 package every 30 days) |
| BEVESPI AER 9-4.8MCG | 3 | QL (1 package every 30 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 2 | QL (6 boxes every 30 days) |

ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS

| | | |
|-------------------------|---|------------------------------|
| BREZTRI AERO AER SPHERE | 3 | QL (1 package every 30 days) |
| TRELEGY AER 100MCG | 3 | QL (1 package every 30 days) |
| TRELEGY AER 200MCG | 3 | QL (1 package every 30 days) |

ANTICHOLINERGICS

| | | |
|--|---|------------------------------|
| <i>ipratropium bromide soln .02%</i> | 2 | QL (5 boxes every 30 days) |
| <i>ipratropium bromide (nasal) soln .03%, .06%</i> | 2 | |
| SPIRIVA HANDIHALER CAPS 18MCG | 3 | QL (1 package every 30 days) |
| SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT | 3 | QL (1 package every 30 days) |
| <i>tiotropium bromide monohydrate caps 18mcg</i> | 2 | QL (1 package every 30 days) |

ANTIHISTAMINE COMBINATIONS

| | | |
|---|---|------------------------------|
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 2 | QL (1 package every 30 days) |
|---|---|------------------------------|

ANTIHISTAMINES

| | | |
|---|---|---|
| <i>azelastine hcl soln .1%, .15%</i> | 2 | QL (2 bottles every 30 days) |
| <i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i> | 2 | |
| <i>clemastine fumarate tabs 2.68mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>ciproheptadine hcl syrp 2mg/5ml; tabs 4mg</i> | 2 | |
| <i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| diphenhydramine hcl elix 12.5mg/5ml | 2 | PA; High Risk Medications require PA for members age 70 and older |
| diphenhydramine hcl soln 50mg/ml | 2 | |
| hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrup 10mg/5ml; tabs 10mg, 25mg, 50mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| hydroxyzine pamoate caps 25mg, 50mg, 100mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg | 2 | |
| olopatadine hcl (nasal) soln .6% | 2 | QL (1 container every 30 days) |
| ryclosa soln 2mg/5ml | 4 | PA; High Risk Medications require PA for members age 70 and older |

BETA AGONISTS

| | | |
|--|---|-------------------------------|
| albuterol sulfate aers 108mcg/act | 2 | QL (2 inhalers every 30 days) |
| albuterol sulfate nebu 2.5mg/0.5ml | 2 | QL (120 vials every 30 days) |
| albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml | 2 | QL (5 boxes every 30 days) |
| albuterol sulfate syrup 2mg/5ml; tabs 2mg, 4mg | 2 | |
| arformoterol tartrate nebu 15mcg/2ml | 2 | QL (60 vials every 30 days) |
| formoterol fumarate nebu 20mcg/2ml | 2 | QL (60 vials every 30 days) |
| levalbuterol hcl nebu 1.25mg/0.5ml | 2 | QL (45 mL every 30 days) |
| levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml | 2 | QL (300 mL every 30 days) |
| levalbuterol tartrate aero 45mcg/act | 2 | QL (2 inhalers every 30 days) |
| SEREVENT DISKUS AEPB 50MCG/DOSE | 3 | QL (1 package every 30 days) |
| STRIVERDI RESPIMAT AERS 2.5MCG/ACT | 3 | QL (1 package every 30 days) |
| terbutaline sulfate tabs 2.5mg, 5mg | 2 | |

COLD/COUGH

| | | |
|--|---|---|
| benzonatate caps 100mg, 200mg | 2 | |
| guaifenesin-codeine soln 100-10 mg/5ml | 2 | QL (60 mL every day), OTC; Subject to initial 7-day limit |
| hydrocod polst-chlorphen polst er susp 10-8 mg/5ml | 2 | QL (10 mL every day); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml | 2 | QL (30 mL every day); Subject to initial 7-day limit |
| hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg | 2 | QL (6 tabs every day); Subject to initial 7-day limit |
| hydromet | 2 | QL (30 mL every day); Subject to initial 7-day limit |
| promethazine vc | 2 | |
| promethazine vc/codeine | 2 | QL (30 mL every day); Subject to initial 7-day limit |
| promethazine w/ codeine syrup 6.25-10 mg/5ml | 2 | QL (30 mL every day); Subject to initial 7-day limit |
| promethazine-dm syrup 6.25-15 mg/5ml | 2 | |
| pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml | 2 | |
| TUZISTRA XR SUS | 4 | QL (20 mL every day); Subject to initial 7-day limit |

CYSTIC FIBROSIS

| | | |
|--|---|---|
| CAYSTON SOLR 75MG | 5 | SP, PA, QL (84 vials every 28 days) |
| KALYDECO PACK 13.4MG, 25MG, 50MG, 75MG | 5 | SP, PA, QL (56 packets every 28 days) |
| KALYDECO TABS 150MG | 5 | SP, PA, QL (56 tabs every 28 days); carton consists of 56 tablets |
| ORKAMBI GRA 75-94MG | 5 | SP, PA, QL (56 packets every 28 days) |
| ORKAMBI GRA 100-125 | 5 | SP, PA, QL (56 packets every 28 days) |
| ORKAMBI GRA 150-188 | 5 | SP, PA, QL (56 packets every 28 days) |
| ORKAMBI TAB 100-125 | 5 | SP, PA, QL (112 tabs every 28 days) |
| ORKAMBI TAB 200-125 | 5 | SP, PA, QL (112 tabs every 28 days) |
| SYMDEKO TAB 50-75MG | 5 | SP, PA, QL (56 tabs every 28 days) |
| SYMDEKO TAB 100-150 | 5 | SP, PA, QL (56 tabs every 28 days) |
| tobramycin nebu 300mg/4ml | 5 | SP, PA, QL (224 mL every 28 days) |
| tobramycin nebu 300mg/5ml | 5 | SP, PA, QL (280 mL every 28 days) |
| TRIKAFTA PAK 59.5MG | 5 | SP, PA, QL (56 packets every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| TRIKAFTA PAK 75MG | 5 | SP, PA, QL (56 packets every 28 days) |
| TRIKAFTA TAB | 5 | SP, PA, QL (84 tabs every 28 days) |
| LEUKOTRIENE MODIFIERS | | |
| zileuton tb12 600mg | 4 | PA |
| LEUKOTRIENE RECEPTOR ANTAGONISTS | | |
| montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg | 2 | |
| zafirlukast tabs 10mg, 20mg | 2 | |
| MAST CELL STABILIZERS | | |
| cromolyn sodium nebu 20mg/2ml | 2 | QL (2 boxes every 30 days) |
| MISCELLANEOUS | | |
| acetylcysteine soln 10%, 20% | 2 | |
| roflumilast tabs 250mcg, 500mcg | 2 | PA |
| sodium chloride (inhalant) nebu .9%, 3%, 7%, 10% | 2 | |
| NASAL STEROIDS | | |
| flunisolide (nasal) soln .025% | 2 | QL (3 containers every 30 days) |
| fluticasone propionate (nasal) susp 50mcg/act | 2 | QL (1 container every 30 days) |
| mometasone furoate (nasal) susp 50mcg/act | 2 | QL (2 packages every 30 days) |
| OMNARIS SUSP 50MCG/ACT | 4 | ST, QL (1 package every 30 days); PA** |
| triamcinolone acetonide (nasal) aero 55mcg/act | 2 | QL (1 package every 30 days), OTC |
| PULMONARY FIBROSIS AGENTS | | |
| OFEV CAPS 100MG, 150MG | 5 | SP, PA, QL (60 caps every 30 days) |
| pirfenidone caps 267mg | 5 | SP, PA, QL (270 caps every 30 days) |
| pirfenidone tabs 267mg | 5 | SP, PA, QL (270 tabs every 30 days) |
| pirfenidone tabs 801mg | 5 | SP, PA, QL (90 tabs every 30 days) |
| RESPIRATORY THERAPY SUPPLIES | | |
| ADULT RESPIRATORY MASK | 3 | |
| HOLD CHAMBER MIS MEDIUM | 3 | OTC |
| PEDIATRIC RESPIRATORY MASK | 3 | |
| PEDIATRIC RESPIRATORY MASK | 3 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------------|
| SEVERE ASTHMA AGENTS | | |
| FASENRA SOSY 30MG/ML | 5 | SP, PA, QL (1 syringe every 56 days) |
| FASENRA PEN SOAJ 30MG/ML | 5 | SP, PA, QL (1 syringe every 56 days) |
| XOLAIR SOLR 150MG | 5 | SP, PA, QL (8 vials every 28 days) |
| XOLAIR SOSY 75MG/0.5ML | 5 | SP, PA, QL (2 syringes every 28 days) |
| XOLAIR SOSY 150MG/ML | 5 | SP, PA, QL (8 syringes every 28 days) |
| STEROID INHALANTS | | |
| ALVESCO AERS 80MCG/ACT | 4 | QL (3 packages every 30 days) |
| ALVESCO AERS 160MCG/ACT | 4 | QL (2 packages every 30 days) |
| ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT | 4 | QL (1 package every 30 days) |
| <i>budesonide (inhalation) susp 1mg/2ml</i> | 2 | QL (1 box every 30 days) |
| <i>budesonide (inhalation) susp .5mg/2ml</i> | 2 | QL (2 boxes every 30 days) |
| <i>budesonide (inhalation) susp .25mg/2ml</i> | 2 | QL (3 boxes every 30 days) |
| PULMICORT FLEXHALER AEPB 90MCG/ACT | 3 | QL (3 packages every 30 days) |
| PULMICORT FLEXHALER AEPB 180MCG/ACT | 3 | QL (2 packages every 30 days) |
| QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT | 3 | QL (2 packages every 30 days) |
| STEROID/BETA-AGONIST COMBINATIONS | | |
| ADVAIR DISKU AER 100/50 | 2 | QL (1 package every 30 days) |
| ADVAIR DISKU AER 250/50 | 2 | QL (1 package every 30 days) |
| ADVAIR DISKU AER 500/50 | 2 | QL (1 package every 30 days) |
| ADVAIR HFA AER 45/21 | 3 | QL (1 package every 30 days) |
| ADVAIR HFA AER 115/21 | 3 | QL (1 package every 30 days) |
| ADVAIR HFA AER 230/21 | 3 | QL (1 package every 30 days) |
| BREO ELLIPTA INH 50-25MCG | 3 | QL (1 package every 30 days) |
| BREO ELLIPTA INH 100-25 | 3 | QL (1 package every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| BREO ELLIPTA INH 200-25 | 3 | QL (1 package every 30 days) |
| SYMBICORT AER 80-4.5 | 3 | QL (3 packages every 30 days) |
| SYMBICORT AER 160-4.5 | 3 | QL (3 packages every 30 days) |
| XANTHINES | | |
| aminophylline soln 25mg/ml | 2 | |
| theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg | 2 | |
| TOPICAL | | |
| DERMATOLOGY, ACNE | | |
| adapalene crea .1%; gel .1%, .3% | 2 | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| adapalene-benzoyl peroxide gel 0.1-2.5% | 2 | |
| adapalene-benzoyl peroxide gel 0.3-2.5% | 2 | |
| avita crea .025% | 2 | PA; PA applies for members age 35 and older |
| benzoyl peroxide-erythromycin gel 5-3% | 2 | QL (47g every 30 days) |
| clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% | 2 | QL (45g every 30 days) |
| clindamycin phosphate (topical) foam 1%; swab 1% | 2 | |
| clindamycin phosphate (topical) gel 1% | 2 | QL (75g every 30 days) |
| clindamycin phosphate (topical) lotn 1%; soln 1% | 2 | QL (60 mL every 30 days) |
| clindamycin phosphate-benzoyl peroxide gel 1-5% | 2 | QL (50g every 30 days) |
| clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% | 2 | QL (50g every 30 days) |
| ery pads 2% | 2 | |
| erythromycin (acne aid) gel 2% | 2 | QL (60g every 30 days) |
| erythromycin (acne aid) soln 2% | 2 | QL (60 mL every 30 days) |
| isotretinoin caps 10mg, 20mg, 30mg, 40mg | 2 | PA |
| sulfacetamide sodium (acne) lotn 10% | 2 | |
| tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05% | 2 | PA; PA applies for members age 35 and older |
| tretinoin microsphere gel .04%, .1% | 2 | PA; PA applies for members age 35 and older |
| DERMATOLOGY, ACTINIC KERATOSIS | | |
| fluorouracil (topical) crea 5%; soln 2%, 5% | 2 | |
| imiquimod crea 5% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|
| DERMATOLOGY, ANTIBIOTICS | | |
| gentamicin sulfate (topical) crea .1%; oint .1% | 2 | QL (120g every 30 days) |
| IV PREP WIPE PAD | 3 | OTC |
| mupirocin oint 2% | 2 | QL (30g every 30 days) |
| silver sulfadiazine crea 1% | 2 | |
| ssd crea 1% | 2 | |
| SULFAMYLYON CREA 85MG/GM | 4 | |
| XEPI CREA 1% | 4 | PA, QL (30g every 30 days) |
| DERMATOLOGY, ANTIFUNGALS | | |
| ciclopirox gel .77% | 2 | QL (120g every 30 days) |
| ciclopirox sham 1% | 2 | QL (120 mL every 30 days) |
| ciclopirox soln 8% | 2 | |
| ciclopirox olamine crea .77% | 2 | QL (120g every 30 days) |
| ciclopirox olamine susp .77% | 2 | QL (120 mL every 30 days) |
| clotrimazole (topical) crea 1% | 2 | QL (120g every 30 days) |
| clotrimazole (topical) soln 1% | 2 | QL (120 mL every 30 days) |
| clotrimazole w/ betamethasone cream 1-0.05% | 2 | QL (60g every 30 days) |
| clotrimazole w/ betamethasone lotion 1-0.05% | 2 | QL (60 mL every 30 days) |
| econazole nitrate crea 1% | 2 | QL (60g every 30 days) |
| ERTACZO CREA 2% | 4 | QL (60g every 30 days) |
| JUBLIA SOLN 10% | 4 | PA, QL (4 mL every 28 days) |
| ketoconazole (topical) crea 2% | 2 | QL (120g every 30 days) |
| luliconazole crea 1% | 4 | QL (60g every 30 days) |
| MENTAX CREA 1% | 4 | QL (60g every 30 days) |
| naftifine hcl crea 1%, 2% | 2 | QL (60g every 30 days) |
| nyamyc powd 100000unit/gm | 2 | QL (120g every 30 days) |
| nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm | 2 | QL (120g every 30 days) |
| nystatin-triamcinolone cream 100000-0.1 unit/gm-% | 2 | QL (60g every 30 days) |
| nystatin-triamcinolone oint 100000-0.1 unit/gm-% | 2 | QL (60g every 30 days) |
| nystop powd 100000unit/gm | 2 | QL (120g every 30 days) |
| oxiconazole nitrate crea 1% | 2 | QL (60g every 30 days) |
| sulconazole nitrate crea 1% | 2 | QL (60g every 30 days) |
| sulconazole nitrate soln 1% | 2 | QL (60 mL every 30 days) |
| DERMATOLOGY, ANTIPRURITIC | | |
| doxepin hcl (antipruritic) crea 5% | 4 | QL (45g every 30 days) |
| DERMATOLOGY, ANTIPSORIATICS | | |
| acitretin caps 10mg, 17.5mg, 25mg | 2 | |
| calcipotriene soln .005% | 2 | ST, QL (60 mL every 30 days); PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>calcitriol (topical) oint 3mcg/gm</i> | 4 | ST, QL (100g every 30 days); PA** |
| <i>methoxsalen rapid caps 10mg</i> | 2 | |
| <i>tazarotene crea .1%; gel .05%, .1%</i> | 2 | PA |
| <i>TAZORAC CREA .05%</i> | 3 | PA |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole (topical) sham 2%</i> | 2 | QL (120 mL every 30 days) |
| <i>selenium sulfide lotn 2.5%</i> | 2 | |
| DERMATOLOGY, ATOPIC DERMATITIS | | |
| <i>EUCRISA OINT 2%</i> | 3 | ST, QL (60g every 30 days); PA** |
| <i>pimecrolimus crea 1%</i> | 4 | ST; PA** |
| <i>tacrolimus (topical) oint .03%, .1%</i> | 4 | ST; PA** |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort crea 1%</i> | 2 | QL (120g every 30 days) |
| <i>alclometasone dipropionate crea .05%; oint .05%</i> | 2 | QL (120g every 30 days) |
| <i>amcinonide crea .1%; oint .1%</i> | 2 | QL (120g every 30 days) |
| <i>amcinonide lotn .1%</i> | 2 | QL (120 mL every 30 days) |
| <i>betamethasone dipropionate (topical) crea .05%</i> | 2 | QL (120g every 30 days) |
| <i>betamethasone dipropionate (topical) lotn .05%</i> | 2 | QL (120 mL every 30 days) |
| <i>betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%</i> | 2 | QL (120g every 30 days) |
| <i>betamethasone dipropionate augmented lotn .05%</i> | 2 | QL (120 mL every 30 days) |
| <i>betamethasone valerate crea .1%; foam .12%; oint .1%</i> | 2 | QL (120g every 30 days) |
| <i>betamethasone valerate lotn .1%</i> | 2 | QL (120 mL every 30 days) |
| <i>BRYHALI LOTN .01%</i> | 3 | QL (120 mL every 30 days) |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> | 4 | ST, QL (60g every 30 days); PA** |
| <i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i> | 2 | QL (120g every 30 days) |
| <i>clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%</i> | 2 | QL (120 mL every 30 days) |
| <i>clobetasol propionate emollient base crea .05%</i> | 2 | QL (120g every 30 days) |
| <i>clocortolone pivalate crea .1%</i> | 4 | QL (120g every 30 days) |
| <i>desonide crea .05%; oint .05%</i> | 2 | QL (120g every 30 days) |
| <i>desonide lotn .05%</i> | 2 | QL (120 mL every 30 days) |
| <i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i> | 2 | QL (120g every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>desoximetasone liqd .25%</i> | 4 | QL (120 mL every 30 days) |
| <i>diflorasone diacetate crea .05%; oint .05%</i> | 4 | QL (120g every 30 days) |
| <i>fluocinolone acetonide crea .01%, .025%; oint .025%</i> | 2 | QL (120g every 30 days) |
| <i>fluocinolone acetonide oil .01%; soln .01%</i> | 2 | QL (120 mL every 30 days) |
| <i>fluocinonide crea .05%; gel .05%; oint .05%</i> | 2 | QL (120g every 30 days) |
| <i>fluocinonide soln .05%</i> | 2 | QL (120 mL every 30 days) |
| <i>fluticasone propionate crea .05%; oint .005%</i> | 2 | QL (120g every 30 days) |
| <i>fluticasone propionate lotn .05%</i> | 2 | QL (120 mL every 30 days) |
| <i>halobetasol propionate crea .05%; oint .05%</i> | 2 | QL (120g every 30 days) |
| <i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i> | 2 | QL (120g every 30 days) |
| <i>hydrocortisone (topical) lotn 2.5%</i> | 2 | QL (120 mL every 30 days) |
| <i>hydrocortisone butyrate crea .1%; oint .1%</i> | 2 | QL (120g every 30 days) |
| <i>hydrocortisone butyrate soln .1%</i> | 2 | QL (120 mL every 30 days) |
| <i>hydrocortisone valerate crea .2%; oint .2%</i> | 2 | QL (120g every 30 days) |
| <i>mometasone furoate crea .1%; oint .1%</i> | 2 | QL (120g every 30 days) |
| <i>mometasone furoate soln .1%</i> | 2 | QL (120 mL every 30 days) |
| <i>prednicarbate oint .1%</i> | 2 | QL (120g every 30 days) |
| <i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i> | 2 | QL (120g every 30 days) |
| <i>triamcinolone acetonide (topical) lotn .025%, .1%</i> | 2 | QL (120 mL every 30 days) |

DERMATOLOGY, LOCAL ANESTHETICS

| | | |
|--|---|------------------------------------|
| <i>lidocaine oint 5%</i> | 2 | QL (50g every 30 days) |
| <i>lidocaine ptch 5%</i> | 2 | PA, QL (90 patches every 30 days) |
| <i>lidocaine hcl gel 2%; prsy 2%</i> | 2 | QL (60 mL every 30 days) |
| <i>lidocaine hcl soln 4%</i> | 2 | QL (50 mL every 30 days) |
| <i>lidocaine pain relief pat ptch 4%</i> | 2 | QL (30 patches every 30 days), OTC |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 2 | QL (30g every 30 days) |
| <i>SYNERA DIS 70-70MG</i> | 4 | QL (2 patches every 30 days) |

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

| | | |
|--|---|------------------------------|
| <i>acyclovir topical crea 5%</i> | 4 | |
| <i>bexarotene (topical) gel 1%</i> | 5 | SP, PA |
| <i>CONDYLOX GEL .5%</i> | 4 | |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i> | 4 | |
| <i>diclofenac sodium (topical) gel 1%</i> | 2 | QL (300g every 30 days) |
| <i>diclofenac sodium (topical) gel 1%</i> | 2 | QL (300g every 30 days), OTC |
| <i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i> | 2 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| penciclovir crea 1% | 2 | |
| podofilox soln .5% | 2 | |
| RECTIV OINT .4% | 4 | |
| VOLTAREN ARTHRITIS PAIN GEL 1% | 2 | QL (300g every 30 days), OTC |
| DERMATOLOGY, ROSACEA | | |
| azelaic acid gel 15% | 2 | |
| brimonidine tartrate (topical) gel .33% | 2 | PA |
| FINACEA FOAM 15% | 3 | |
| ivermectin (rosacea) crea 1% | 2 | PA |
| metronidazole (topical) crea .75%; gel .75%, 1% | 2 | QL (60g every 30 days) |
| metronidazole (topical) lotn .75% | 2 | QL (60 mL every 30 days) |
| DERMATOLOGY, SCABICIDES AND PEDICULICIDES | | |
| crotan lotn 10% | 2 | |
| cvs ivermectin lice treat lotn .5% | 2 | OTC |
| cvs lice treatment liqd 1% | 2 | OTC |
| ivermectin (pediculicide) lotn .5% | 2 | |
| lice treatment lotn 1% | 2 | OTC |
| malathion lotn .5% | 2 | ST; PA** |
| permethrin crea 5% | 2 | |
| spinosad susp .9% | 2 | ST; PA** |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| REGRANEX GEL .01% | 4 | PA, QL (30g every 30 days) |
| sodium chloride (gu irrigant) soln .9% | 2 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| cevimeline hcl caps 30mg | 2 | |
| chlorhexidine gluconate (mouth-throat) soln .12% | 2 | |
| clotrimazole troc 10mg | 2 | QL (90 lozenges every 30 days) |
| lidocaine hcl (mouth-throat) soln 2%, 4% | 2 | |
| nystatin (mouth-throat) susp 100000unit/ml | 2 | |
| oralone dental paste pste .1% | 2 | |
| ORAVIG TABS 50MG | 4 | QL (14 tabs every 30 days) |
| periogard soln .12% | 2 | |
| pilocarpine hcl (oral) tabs 5mg, 7.5mg | 2 | |
| triamcinolone acetonide (mouth) pste .1% | 2 | |
| OTIC | | |
| acetic acid (otic) soln 2% | 2 | |
| ciprofloxacin hcl (otic) soln .2% | 2 | |
| ciprofloxacin-dexamethasone otic susp 0.3- 0.1% | 2 | |

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| CORTISPORIN SUS -TC OTIC | 4 | |
| <i>fluocinolone acetonide (otic) oil .01%</i> | 2 | |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> | 2 | |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 2 | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%</i> | 2 | |
| <i>ofloxacin (otic) soln .3%</i> | 2 | |

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