



Piedmont Community Health Plan

2021 List of Covered Drugs

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

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

What is the Piedmont Drug List?

A drug list is a list of covered drugs determined to be safe and effective for our members. Piedmont works with a team of health care providers to choose drugs that provide quality treatment for you and your family at reasonable costs. Piedmont covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a PCHP network pharmacy
- Other plan rules are followed

Can the Drug List change?

Piedmont continually updates the drug list as described in the plan document or other plan materials. The enclosed drug list is the most current drug list covered by Piedmont. To get updated information about the drugs covered by Piedmont, please visit www.pchp.net, or call Customer Service at 1-800-400-7247, from 8:30 a.m. to 5:00 p.m.

How do I use the Drug List?

There are two ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page six. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “Cardiovascular”. Then look under the category name for your drug

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index of this document. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

For more information about your Piedmont prescription drug coverage, please look at your plan document and other plan materials.

Piedmont’s Drug List

The drug list set forth below gives information about the drugs covered by Piedmont. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be

added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to our formulary. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if Piedmont has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** For certain drugs, Piedmont requires review and authorization prior to dispensing. This means that you need to get approval from Piedmont before you fill your prescriptions. If you don't get approval, Piedmont may not cover the drug.
- **Quantity Limits:** For certain drugs, Piedmont limits the amount of the drug that will be covered. For example, Piedmont provides 30 per prescription for Vemlidy. Piedmont also limits the amount of drugs you may receive within a class of drugs. These classes have an "§" next to them on the drug list. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** Piedmont needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Piedmont may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Piedmont will then cover Drug B. Additional step therapy content and criteria can be found throughout this document.

Piedmont's formulary includes the following tiering of medications:

0: Zero Cost Share Preventive Drugs

1: Generics

2: Preferred Brand

3: Non-Preferred Brand

4: Preferred Specialty Drugs

5: Non-Preferred Specialty Drugs

Please note: There is a maximum \$50 copayment for a 30-day supply and \$125 copayment for a 90-day supply on all covered insulin drugs.

What if my drug is not on the Drug List?

If the drug is not on this drug list, call Customer Service and make sure that your drug is not covered. If you learn that Piedmont does not cover your drug, you have two choices:

- Ask Customer Service for a list of similar drugs that are covered by Piedmont. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Piedmont. 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 Piedmont to make a formulary exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

Generally, Piedmont will only approve your request for an exception if the preferred drugs included on the plan's drug list, would:

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

When you ask for a drug list Formulary Exception Request, 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.
- You can ask for an expedited (fast) exception if you or your prescriber believes 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.

Please refer to your Policy Book and/or Schedule of Benefits for additional information on Prior Authorizations, Quantity Limits, Step Therapy, Exceptions Requests, and Drug Tier Cost Share that is associated with your plan. Also note that if a formulary exception is granted, the drug will default to the Tier 3 benefit of your plan.

EXCH_CVSC 5T STND eff 01/01/2021

Drug Name Drug Tier Requirements/Limits

ANALGESICS

COX-2 INHIBITORS

| | | |
|--|---|--|
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg | 1 | |
|--|---|--|

GOUT

| | | |
|--|---|----------|
| <i>allopurinol</i> TABS 100mg, 300mg | 1 | |
| <i>colchicine</i> TABS .6mg | 1 | |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 | |
| <i>febuxostat</i> TABS 40mg, 80mg | 1 | ST; PA** |
| <i>probenecid</i> TABS 500mg | 1 | |

NON-OPIOID ANALGESICS§

| | | |
|---|---|------------------------|
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> | 1 | QL (48 caps / 25 days) |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 1 | QL (48 caps / 25 days) |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1 | QL (48 tabs / 25 days) |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> | 1 | QL (48 caps / 25 days) |
| <i>tencon</i> | 1 | QL (48 tabs / 25 days) |

NSAIDS, COMBINATIONS§

| | | |
|--|---|--|
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 1 | |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 1 | |

NSAIDS§

| | | |
|--|---|------------------------|
| <i>diclofenac potassium</i> TABS 50mg | 1 | |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg | 1 | |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 1 | |
| <i>fenoprofen calcium</i> TABS 600mg | 3 | |
| <i>flurbiprofen</i> TABS 50mg, 100mg | 1 | |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | 1 | |
| <i>ketoprofen</i> CAPS 50mg, 75mg | 1 | |
| <i>ketorolac tromethamine</i> SOLN 15mg/ml, 30mg/ml | 1 | |
| <i>ketorolac tromethamine</i> TABS 10mg | 1 | QL (20 tabs / 25 days) |
| <i>meclofenamate sodium</i> CAPS 50mg, 100mg | 1 | |
| <i>mefenamic acid</i> CAPS 250mg | 1 | |
| <i>meloxicam</i> TABS 7.5mg, 15mg | 1 | |
| <i>nabumetone</i> TABS 500mg, 750mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>naproxen</i> TABS 250mg, 375mg, 500mg | 1 | |
| <i>oxaprozin</i> TABS 600mg | 1 | |
| <i>piroxicam</i> CAPS 10mg, 20mg | 1 | |
| <i>sulindac</i> TABS 150mg, 200mg | 1 | |
| <i>tolmetin sodium</i> CAPS 400mg; TABS 600mg | 1 | |

OPIOID AGONIST/ANTAGONISTS

| | | |
|---|---|-----------------------------------|
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 1 | QL (90 units / 25 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | 1 | QL (90 units / 25 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | 1 | QL (90 units / 25 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | 1 | QL (60 units / 25 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 0 | QL (90 tabs / 25 days); \$0 copay |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 0 | QL (90 tabs / 25 days); \$0 copay |
| ZUBSOLV SUB 0.7-0.18 | 2 | QL (90 units / 25 days) |
| ZUBSOLV SUB 1.4-0.36 | 2 | QL (90 units / 25 days) |
| ZUBSOLV SUB 2.9-0.71 | 2 | QL (90 units / 25 days) |
| ZUBSOLV SUB 5.7-1.4 | 2 | QL (90 units / 25 days) |
| ZUBSOLV SUB 8.6-2.1 | 2 | QL (60 units / 25 days) |
| ZUBSOLV SUB 11.4-2.9 | 2 | QL (30 units / 25 days) |

OPIOID ANALGESICS

| | | |
|---|---|---|
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 1 | ST, QL (2700 ml / 25 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 1 | ST, QL (400 tabs / 25 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 1 | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | 1 | QL (48 caps / 25 days) |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml | 1 | |
| <i>butorphanol tartrate</i> SOLN 10mg/ml | 1 | QL (2 bottles / 25 days) |
| <i>codeine sulfate</i> TABS 30mg | 1 | ST, QL (42 tabs / 25 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| CODEINE SULFATE TABS 60mg | 3 | ST, QL (42 tabs / 25 days); Subject to initial 7-day limit |
| <i>endocet</i> | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>endocet</i> | 1 | ST, QL (240 tabs / 25 days); Subject to initial 7-day limit |
| <i>endocet</i> | 1 | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr | 1 | ST, QL (10 patches / 25 days) |
| <i>fentanyl</i> PT72 50mcg/hr, 75mcg/hr, 100mcg/hr | 1 | ST, PA; High Strength Requires PA |
| <i>fentanyl citrate</i> LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg | 1 | PA, QL (120 lozenges / 25 days) |
| <i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml | 1 | ST, QL (2700 ml / 25 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tab</i> 5-325 mg | 1 | ST, QL (240 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tab</i> 7.5-325 mg | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tab</i> 10-325 mg | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydrocodone-ibuprofen tab</i> 10-200 mg | 1 | ST, QL (50 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl</i> SOLN 2mg/ml | 1 | |
| HYDROMORPHONE HCL SUPP 3mg | 3 | ST, QL (120 suppositories / 25 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl</i> TABS 2mg | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl</i> TABS 4mg | 1 | ST, QL (150 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl</i> TABS 8mg | 1 | ST, QL (60 tabs / 25 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg | 1 | ST, QL (30 tabs / 25 days) |
| <i>hydromorphone hcl</i> TB24 32mg | 1 | ST, PA; High Strength Requires PA |
| HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg | 3 | ST, QL (30 tabs / 25 days) |
| HYSINGLA ER T24A 100mg, 120mg | 3 | ST, PA; High Strength Requires PA |
| <i>levorphanol tartrate</i> TABS 2mg | 3 | ST, QL (120 tabs / 25 days); Subject to initial 7-day limit |
| <i>levorphanol tartrate</i> TABS 3mg | 3 | ST, QL (60 tabs / 25 days); Subject to initial 7-day limit |
| <i>methadone hcl</i> CONC 10mg/ml | 1 | QL (30 ml / 25 days); (indicated for opioid addiction) |
| <i>methadone hcl</i> SOLN 5mg/5ml | 1 | ST, QL (450 ml / 25 days) |
| <i>methadone hcl</i> SOLN 10mg/5ml | 1 | ST, QL (300 mL / 25 days) |
| <i>methadone hcl</i> TABS 5mg | 1 | ST, QL (90 tabs / 25 days) |
| <i>methadone hcl</i> TABS 10mg | 1 | ST, QL (60 tabs / 25 days) |
| <i>methadone hcl</i> TBSO 40mg | 1 | QL (9 tabs / 25 days) |
| <i>methadone hcl intensol</i> CONC 10mg/ml | 1 | ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain) |
| <i>methadose</i> TBSO 40mg | 1 | QL (9 tabs / 25 days) |
| <i>morphine sulfate</i> CP24 10mg, 20mg, 30mg | 1 | ST, QL (60 caps / 25 days) |
| <i>morphine sulfate</i> CP24 50mg, 60mg, 80mg | 1 | ST, QL (30 caps / 25 days) |
| <i>morphine sulfate</i> CP24 100mg; TBCR 60mg, 100mg, 200mg | 1 | ST, PA; High Strength Requires PA |
| <i>morphine sulfate</i> SOLN 4mg/ml, 10mg/ml | 1 | |
| <i>morphine sulfate</i> SOLN 10mg/5ml | 1 | ST, QL (900 ml / 25 days); Subject to initial 7-day limit |
| <i>morphine sulfate</i> SOLN 20mg/5ml | 1 | ST, QL (675 mL / 25 days); Subject to initial 7-day limit |
| <i>morphine sulfate</i> SOLN 100mg/5ml | 1 | ST, QL (135 mL / 25 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>morphine sulfate</i> SUPP 5mg, 10mg | 1 | ST, QL (180 suppositories / 25 days); Subject to initial 7-day limit |
| <i>morphine sulfate</i> SUPP 20mg | 1 | ST, QL (120 supp / 25 days); Subject to initial 7-day limit |
| <i>morphine sulfate</i> SUPP 30mg | 1 | ST, QL (90 supp / 25 days); Subject to initial 7-day limit |
| <i>morphine sulfate</i> TABS 15mg | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>morphine sulfate</i> TABS 30mg | 1 | ST, QL (90 tabs / 25 days); Subject to initial 7-day limit |
| <i>morphine sulfate</i> TBCR 15mg, 30mg | 1 | ST, QL (90 tabs / 25 days) |
| <i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg | 1 | ST, QL (30 caps / 25 days) |
| <i>morphine sulfate beads</i> CP24 120mg | 1 | ST, PA; High Strength Requires PA |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml | 1 | |
| NUCYNTA TABS 50mg | 2 | ST, QL (120 tabs / 25 days); Subject to initial 7-day limit |
| NUCYNTA TABS 75mg | 2 | ST, QL (90 tabs / 25 days); Subject to initial 7-day limit |
| NUCYNTA TABS 100mg | 2 | ST, QL (60 tabs / 25 days); Subject to initial 7-day limit |
| NUCYNTA ER TB12 50mg, 100mg | 3 | ST, QL (60 tabs / 25 days) |
| NUCYNTA ER TB12 150mg, 200mg, 250mg | 3 | ST, PA; High Strength Requires PA |
| <i>oxycodone hcl</i> CAPS 5mg | 1 | ST, QL (180 caps / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl</i> CONC 100mg/5ml | 1 | ST, QL (90 mL / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl</i> SOLN 5mg/5ml | 1 | ST, QL (900 ml / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg | 1 | ST, QL (60 tabs / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>oxycodone hcl</i> T12A 40mg, 60mg, 80mg | 1 | ST, PA; High Strength Requires PA |
| <i>oxycodone hcl</i> TABS 5mg, 10mg | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl</i> TABS 15mg | 1 | ST, QL (120 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl</i> TABS 20mg | 1 | ST, QL (90 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl</i> TABS 30mg | 1 | ST, QL (60 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1 | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 1 | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1 | ST, QL (240 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone-aspirin tab 4.8355-325 mg</i> | 1 | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone-ibuprofen tab 5-400 mg</i> | 1 | ST, QL (28 tabs / 25 days); Subject to initial 7-day limit |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg | 3 | ST, QL (60 tabs / 25 days) |
| OXYCONTIN T12A 40mg, 60mg, 80mg | 3 | ST, PA; High Strength Requires PA |
| <i>oxymorphone hcl</i> TABS 5mg | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl</i> TABS 10mg | 1 | ST, QL (90 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg | 1 | ST, QL (60 tabs / 25 days) |
| <i>oxymorphone hcl</i> TB12 20mg, 30mg, 40mg | 1 | ST, PA; High Strength Requires PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>tramadol hcl</i> TABS 50mg | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>tramadol hcl</i> TB24 100mg | 1 | ST, QL (30 tabs / 25 days) |
| <i>tramadol hcl</i> TB24 200mg, 300mg | 1 | ST, PA; High Strength Requires PA |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 1 | ST, QL (40 tabs / 25 days); Subject to initial 7-day limit |
| XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg | 2 | ST, QL (60 caps / 25 days) |
| XTAMPZA ER C12A 36mg | 2 | ST, PA; High Strength Requires Prior Auth |
| OPIOID PARTIAL AGONISTS§ | | |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg | 2 | ST, QL (60 films / 25 days) |
| BELBUCA FILM 600mcg, 750mcg, 900mcg | 2 | ST, PA; High Strength Requires Prior Auth |
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr | 1 | ST, QL (4 patches / 25 days) |
| <i>buprenorphine</i> PTWK 15mcg/hr, 20mcg/hr | 1 | ST, PA; High Strength Requires Prior Auth |
| <i>buprenorphine hcl</i> SOLN .3mg/ml | 1 | |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg | 0 | QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml | 4 | |
| SALICYLATES | | |
| <i>aspirin enteric coated ad</i> TBEC 81mg | 0 | QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered |
| <i>diflunisal</i> TABS 500mg | 1 | |
| <i>goodsense aspirin</i> CHEW 81mg | 0 | QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered |

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

| | | |
|--|---|---------------------------|
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml | 1 | |
| <i>gentamicin sulfate</i> SOLN 40mg/ml | 1 | |
| MONUROL PACK 5.631gm | 3 | |
| <i>neomycin sulfate</i> TABS 500mg | 1 | |
| <i>paromomycin sulfate</i> CAPS 250mg | 1 | |
| SULFADIAZINE TABS 500mg | 3 | |
| <i>tinidazole</i> TABS 250mg, 500mg | 1 | |
| <i>tobramycin</i> NEBU 300mg/5ml | 4 | PA, QL (280 mL / 28 days) |
| <i>tobramycin sulfate</i> SOLN 40mg/ml, 80mg/2ml; SOLR 1.2gm | 1 | |

ANTI-INFECTIVES - MISCELLANEOUS

| | | |
|---|---|-----------------------------|
| ALINIA SUSR 100mg/5ml | 3 | QL (540mL / 25 days) |
| ALINIA TABS 500mg | 3 | QL (20 tabs / 25 days) |
| <i>atovaquone</i> SUSP 750mg/5ml | 1 | |
| <i>aztreonam</i> SOLR 1gm, 2gm | 1 | |
| CAYSTON SOLR 75mg | 4 | PA, QL (84 vials / 28 days) |
| <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg | 1 | |
| <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml | 1 | |
| <i>clindamycin phosphate</i> SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml | 1 | |
| <i>dapsone</i> TABS 25mg, 100mg | 1 | |
| DARAPRIM TABS 25mg | 3 | PA |
| EMVERM CHEW 100mg | 3 | QL (12 tabs / 365 days) |
| <i>ertapenem sodium</i> SOLR 1gm | 1 | |
| <i>ivermectin</i> TABS 3mg | 1 | |
| <i>linezolid</i> SOLN 600mg/300ml; SUSR 100mg/5ml; TABS 600mg | 1 | |
| <i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i> | 1 | |
| <i>meropenem</i> SOLR 1gm, 500mg | 1 | |
| <i>methenamine hippurate</i> TABS 1gm | 1 | |
| <i>metronidazole</i> CAPS 375mg; TABS 250mg, 500mg | 1 | |
| <i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>nitrofurantoin</i> SUSP 25mg/5ml | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin monohyd macro</i> CAPS 100mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>pentamidine isethionate</i> SOLR 300mg | 1 | |
| <i>polymyxin b sulfate</i> SOLR 500000unit | 1 | |
| <i>praziquantel</i> TABS 600mg | 1 | QL (24 tabs / 365 days) |
| PRIMSOL SOLN 50mg/5ml | 2 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 1 | |
| <i>trimethoprim</i> TABS 100mg | 1 | |
| <i>vancomycin hcl</i> CAPS 125mg, 250mg | 1 | QL (80 caps / 10 days) |
| <i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg | 1 | |
| XIFAXAN TABS 200mg | 2 | QL (9 tabs / 25 days) |
| XIFAXAN TABS 550mg | 2 | PA |
| ANTIFUNGALS | | |
| <i>amphotericin b</i> SOLR 50mg | 1 | |
| <i>bio-statin</i> | 1 | |
| BIO-STATIN CAPS 500000unit, 1000000unit | 2 | |
| CRESEMBA CAPS 186mg | 3 | |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1 | |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 1 | |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | 1 | |
| <i>itraconazole</i> CAPS 100mg; SOLN 10mg/ml | 1 | PA |
| NOXAFIL SUSP 40mg/ml | 2 | PA |
| <i>nystatin</i> TABS 500000unit | 1 | |
| <i>posaconazole</i> TBEC 100mg | 3 | PA |
| <i>terbinafine hcl</i> TABS 250mg | 1 | |
| <i>voriconazole</i> SUSR 40mg/ml; TABS 50mg, 200mg | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 1 | |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 1 | |
| <i>chloroquine phosphate TABS 250mg, 500mg</i> | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| <i>mefloquine hcl TABS 250mg</i> | 1 | |
| <i>primaquine phosphate TABS 26.3mg</i> | 1 | |
| <i>quinine sulfate CAPS 324mg</i> | 1 | |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate SOLN 20mg/ml</i> | 1 | QL (900 mL / 30 days) |
| <i>abacavir sulfate TABS 300mg</i> | 1 | QL (60 tabs / 30 days) |
| APTIVUS CAPS 250mg | 2 | QL (120 caps / 30 days) |
| APTIVUS SOLN 100mg/ml | 2 | QL (285 mL / 28 days) |
| <i>atazanavir sulfate CAPS 150mg, 300mg</i> | 1 | QL (30 caps / 30 days) |
| <i>atazanavir sulfate CAPS 200mg</i> | 1 | QL (60 caps / 30 days) |
| CRIXIVAN CAPS 200mg | 2 | QL (450 caps / 30 days) |
| CRIXIVAN CAPS 400mg | 2 | QL (180 caps / 30 days) |
| <i>didanosine CPDR 200mg, 250mg, 400mg</i> | 1 | QL (30 caps / 30 days) |
| EDURANT TABS 25mg | 2 | QL (60 tabs / 30 days) |
| <i>efavirenz CAPS 50mg, 200mg</i> | 1 | QL (90 caps / 30 days) |
| <i>efavirenz TABS 600mg</i> | 1 | QL (30 tabs / 30 days) |
| EMTRIVA CAPS 200mg | 2 | QL (30 caps / 30 days) |
| EMTRIVA SOLN 10mg/ml | 2 | QL (680 ml / 28 days) |
| <i>fosamprenavir calcium TABS 700mg</i> | 1 | QL (120 tabs / 30 days) |
| FUZEON SOLR 90mg | 4 | PA, QL (60 vials / 30 days) |
| INTELENCE TABS 25mg, 100mg | 2 | QL (120 tabs / 30 days) |
| INTELENCE TABS 200mg | 2 | QL (60 tabs / 30 days) |
| INVIRASE TABS 500mg | 2 | QL (120 tabs / 30 days) |
| ISENTRESS CHEW 25mg, 100mg | 2 | QL (180 tabs / 30 days) |
| ISENTRESS PACK 100mg | 2 | QL (60 packets / 30 days) |
| ISENTRESS TABS 400mg | 2 | QL (120 tabs / 30 days) |
| ISENTRESS HD TABS 600mg | 2 | QL (60 tabs / 30 days) |
| <i>lamivudine SOLN 10mg/ml</i> | 1 | QL (900 ml / 30 days) |
| <i>lamivudine TABS 150mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>lamivudine TABS 300mg</i> | 1 | QL (30 tabs / 30 days) |
| LEXIVA SUSP 50mg/ml | 2 | QL (1575 mL / 28 days) |
| <i>nevirapine SUSP 50mg/5ml</i> | 1 | QL (1200 mL / 30 days) |
| <i>nevirapine TABS 200mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>nevirapine TB24 100mg</i> | 1 | QL (90 tabs / 30 days) |
| <i>nevirapine TB24 400mg</i> | 1 | QL (30 tabs / 30 days) |
| NORVIR PACK 100mg | 2 | QL (360 packets / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NORVIR SOLN 80mg/ml | 2 | QL (480 mL / 30 days) |
| PREZISTA SUSP 100mg/ml | 2 | QL (400 ml / 30 days) |
| PREZISTA TABS 75mg | 2 | QL (300 tabs / 30 days) |
| PREZISTA TABS 150mg | 2 | QL (180 tabs / 30 days) |
| PREZISTA TABS 600mg | 2 | QL (60 tabs / 30 days) |
| PREZISTA TABS 800mg | 2 | QL (30 tabs / 30 days) |
| RESCRIPTOR TABS 200mg | 3 | QL (180 tabs / 30 days) |
| RETROVIR IV INFUSION SOLN 10mg/ml | 2 | |
| REYATAZ PACK 50mg | 2 | QL (180 packets / 30 days) |
| <i>ritonavir</i> TABS 100mg | 1 | QL (360 tabs / 30 days) |
| SELZENTRY SOLN 20mg/ml | 2 | QL (1840 mL / 30 days) |
| SELZENTRY TABS 25mg | 2 | QL (240 tabs / 30 days) |
| SELZENTRY TABS 75mg, 150mg | 2 | QL (60 tabs / 30 days) |
| SELZENTRY TABS 300mg | 2 | QL (120 tabs / 30 days) |
| <i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg | 1 | QL (60 caps / 30 days) |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg | 1 | QL (30 tabs / 30 days) |
| TIVICAY TABS 10mg | 2 | QL (240 tabs / 30 days) |
| TIVICAY TABS 25mg, 50mg | 2 | QL (60 tabs / 30 days) |
| TIVICAY PD TBSO 5mg | 2 | QL (360 tabs / 30 days) |
| TROGARZO SOLN 200mg/1.33ml | 4 | |
| TYBOST TABS 150mg | 2 | QL (30 tabs / 30 days) |
| VIDEX EC CPDR 125mg | 2 | QL (30 caps / 30 days) |
| VIDEX PEDIATRIC SOLR 2gm | 2 | QL (1200 ml / 30 days) |
| VIRACEPT TABS 250mg | 2 | QL (300 tabs / 30 days) |
| VIRACEPT TABS 625mg | 2 | QL (120 tabs / 30 days) |
| VIREAD POWD 40mg/gm | 2 | QL (240 gm / 30 days) |
| VIREAD TABS 150mg, 200mg, 250mg | 2 | QL (30 tabs / 30 days) |
| <i>zidovudine</i> CAPS 100mg | 1 | QL (180 caps / 30 days) |
| <i>zidovudine</i> SYRP 50mg/5ml | 1 | QL (1800 ml / 30 days) |
| <i>zidovudine</i> TABS 300mg | 1 | QL (60 tabs / 30 days) |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | 1 | QL (60 tabs / 30 days) |
| BIKTARVY TAB | 2 | QL (30 tabs / 30 days) |
| CIMDUO TAB 300-300 | 2 | QL (30 tabs / 30 days) |
| DESCOVY TAB 200/25 | 2 | QL (30 tabs / 30 days) |
| DOVATO TAB 50-300MG | 2 | QL (30 tabs / 30 days) |
| EVOTAZ TAB 300-150 | 2 | QL (30 tabs / 30 days) |
| GENVOYA TAB | 2 | QL (30 tabs / 30 days) |
| KALETRA TAB 100-25MG | 2 | QL (240 tabs / 30 days) |
| KALETRA TAB 200-50MG | 2 | QL (120 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 1 | QL (390 mL / 30 days) |
| ODEFSEY TAB | 2 | QL (30 tabs / 30 days) |
| PREZCOBIX TAB 800-150 | 2 | QL (30 tabs / 30 days) |
| SYMFI LO TAB | 2 | QL (30 tabs / 30 days) |
| SYMFI TAB | 2 | QL (30 tabs / 30 days) |
| TEMIXYS TAB 300-300 | 2 | QL (30 tabs / 30 days) |
| TRIUMEO TAB | 2 | QL (30 tabs / 30 days) |
| TRUVADA TAB 100-150 | 2 | QL (30 tabs / 30 days) |
| TRUVADA TAB 133-200 | 2 | QL (30 tabs / 30 days) |
| TRUVADA TAB 167-250 | 2 | QL (30 tabs / 30 days) |
| TRUVADA TAB 200-300 | 2 | QL (30 tabs / 30 days); \$0 copay for pre-exposure prophylaxis |

ANTI TUBERCULAR AGENTS

| | | |
|--|---|----|
| <i>cycloserine</i> CAPS 250mg | 1 | |
| <i>ethambutol hcl</i> TABS 100mg, 400mg | 1 | |
| <i>isoniazid</i> SOLN 100mg/ml; SYRP 50mg/5ml; TABS 100mg, 300mg | 1 | |
| PASER PACK 4gm | 3 | |
| PRIFTIN TABS 150mg | 2 | |
| <i>pyrazinamide</i> TABS 500mg | 1 | |
| <i>rifabutin</i> CAPS 150mg | 1 | |
| RIFAMATE CAP | 2 | |
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg | 1 | |
| RIFATER TAB | 2 | |
| SIRTURO TABS 20mg, 100mg | 5 | PA |
| TRECTOR TABS 250mg | 2 | |

ANTIVIRALS

| | | |
|--|---|---------------------------|
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1 | |
| <i>adefovir dipivoxil</i> TABS 10mg | 4 | |
| BARACLUDE SOLN .05mg/ml | 3 | |
| <i>cidofovir</i> SOLN 75mg/ml | 1 | |
| <i>entecavir</i> TABS .5mg, 1mg | 4 | |
| EPIVIR HBV SOLN 5mg/ml | 2 | |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg | 1 | |
| <i>lamivudine (hcv)</i> TABS 100mg | 1 | |
| <i>oseltamivir phosphate</i> CAPS 30mg | 1 | QL (40 caps / 90 days) |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg | 1 | QL (20 caps / 90 days) |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml | 1 | QL (360 mL / 90 days) |
| RELENZA DISKHALER AEPB 5mg/blister | 2 | QL (2 inhalers / 90 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>ribavirin</i> SOLR 6gm | 1 | |
| <i>rimantadine hydrochloride</i> TABS 100mg | 1 | |
| <i>valacyclovir hcl</i> TABS 500mg, 1000mg | 1 | |
| <i>valganciclovir hcl</i> SOLR 50mg/ml | 4 | PA, QL (1000 mL / 30 days) |
| <i>valganciclovir hcl</i> TABS 450mg | 4 | PA, QL (102 tabs / 30 days) |
| VEMLIDY TABS 25mg | 3 | PA, QL (30 tabs / 30 days) |

CEPHALOSPORINS

| | | |
|--|---|--|
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml | 1 | |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 1 | |
| <i>cefazolin sodium</i> SOLR 1gm | 1 | |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| <i>cefditoren pivoxil</i> TABS 200mg, 400mg | 1 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | 1 | |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 1 | |
| <i>cefepodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| <i>ceftazidime</i> SOLR 2gm | 1 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | 1 | |
| <i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml | 2 | |
| <i>tazicef</i> SOLR 1gm | 1 | |

ERYTHROMYCINS/MACROLIDES

| | | |
|---|---|----|
| <i>azithromycin</i> PACK 1gm; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | 1 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg | 1 | |
| DIFICID TABS 200mg | 2 | PA |
| <i>e.e.s. 400</i> TABS 400mg | 1 | |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | 1 | |
| <i>erythrocin stearate</i> TABS 250mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg | 1 | |
| <i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml; TABS 400mg | 1 | |
| FLUOROQUINOLONES | | |
| BAXDELA TABS 450mg | 3 | |
| CIPRO SUSR 500mg/5ml | 3 | |
| <i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg | 1 | |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | |
| <i>moxifloxacin hcl</i> TABS 400mg | 1 | |
| <i>ofloxacin</i> TABS 300mg, 400mg | 1 | |
| HEPATITIS C | | |
| EPCLUSA TAB 400-100 | 4 | PA, QL (28 tabs / 28 days) |
| HARVONI PAK | 4 | PA, QL (28 pellets / 28 days) |
| HARVONI PAK 45-200MG | 4 | PA, QL (28 pellets / 28 days) |
| HARVONI TAB 45-200MG | 4 | PA, QL (28 tabs / 28 days) |
| HARVONI TAB 90-400MG | 4 | PA, QL (28 tabs / 28 days) |
| PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml | 4 | PA |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | 1 | PA |
| SOVALDI PACK 150mg, 200mg | 5 | ST, PA, QL (28 pellets / 28 days) |
| SOVALDI TABS 200mg, 400mg | 5 | ST, PA, QL (28 tabs / 28 days) |
| VOSEVI TAB | 4 | PA, QL (28 tabs / 28 days) |
| ZEPATIER TAB 50-100MG | 5 | ST, PA, QL (28 tabs / 28 days) |
| PENICILLINS | | |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 1 | |
| <i>ampicillin CAPS 500mg</i> | 1 | |
| <i>ampicillin sodium SOLR 1gm, 2gm</i> | 1 | |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i> | 1 | |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i> | 1 | |
| <i>penicillin g sodium SOLR 5000000unit</i> | 1 | |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i> | 1 | |
| <i>pfizerpen SOLR 20mu</i> | 1 | |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 1 | |
| TETRACYCLINES | | |
| <i>avidoxy TABS 100mg</i> | 1 | |
| <i>demeclocycline hcl TABS 150mg, 300mg</i> | 1 | |
| <i>doxy 100 SOLR 100mg</i> | 1 | |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 150mg</i> | 1 | |
| <i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg; TBEC 75mg, 100mg, 150mg</i> | 1 | |
| <i>minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg</i> | 1 | |
| <i>morgidox 1x100mg CAPS 100mg</i> | 1 | |
| <i>tetracycline hcl CAPS 250mg, 500mg</i> | 1 | |
| <i>VIBRAMYCIN SYRP 50mg/5ml</i> | 3 | |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| <i>busulfan SOLN 6mg/ml</i> | 1 | |
| <i>carmustine SOLR 100mg</i> | 1 | |
| <i>cyclophosphamide CAPS 25mg, 50mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg | 4 | |
| <i>dacarbazine</i> SOLR 100mg, 200mg | 1 | |
| EMCYT CAPS 140mg | 4 | |
| GLEOSTINE CAPS 10mg, 40mg, 100mg | 4 | |
| GLIADEL WAF 7.7MG | 2 | |
| <i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml; SOLR 1gm | 1 | |
| LEUKERAN TABS 2mg | 2 | |
| <i>melfalan</i> TABS 2mg | 1 | |
| <i>melfalan hcl</i> SOLR 50mg | 1 | |
| TEMODAR SOLR 100mg | 4 | PA |
| <i>temozolomide</i> CAPS 5mg, 20mg, 100mg, 140mg, 180mg, 250mg | 4 | PA |
| ANTHRACYCLINES | | |
| <i>adriamycin</i> SOLR 10mg, 50mg | 1 | |
| <i>daunorubicin hcl</i> SOLN 20mg/4ml | 1 | |
| <i>doxorubicin hcl</i> SOLN 2mg/ml | 1 | |
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml | 1 | |
| <i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml | 1 | |
| <i>idarubicin hcl</i> SOLN 5mg/5ml, 10mg/10ml, 20mg/20ml | 1 | |
| ANTIBIOTICS | | |
| <i>bleomycin sulfate</i> SOLR 15unit, 30unit | 1 | |
| <i>mitomycin</i> SOLR 5mg, 20mg, 40mg | 1 | |
| ANTIMETABOLITES | | |
| <i>adrucil</i> SOLN 500mg/10ml | 1 | |
| ALIMTA SOLR 100mg, 500mg | 4 | |
| <i>azacitidine</i> SUSR 100mg | 4 | PA |
| <i>capecitabine</i> TABS 150mg | 4 | PA, QL (120 tabs / 30 days) |
| <i>capecitabine</i> TABS 500mg | 4 | PA, QL (300 tabs / 30 days) |
| <i>cladribine</i> SOLN 10mg/10ml | 1 | |
| <i>clofarabine</i> SOLN 1mg/ml | 1 | |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml | 1 | |
| <i>decitabine</i> SOLR 50mg | 4 | PA |
| <i>floxuridine</i> SOLR .5gm | 1 | |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg | 1 | |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>mercaptopurine</i> TABS 50mg | 1 | |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1 | |
| NIPENT SOLR 10mg | 2 | |
| TABLOID TABS 40mg | 2 | |
| ANTIMITOTIC, TAXOIDS | | |
| ABRAXANE INJ 100MG | 2 | |
| <i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 1 | |
| <i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml | 1 | |
| ANTIMITOTIC, VINCA ALKALOIDS | | |
| <i>vinblastine sulfate</i> SOLN 1mg/ml | 1 | |
| <i>vincristine sulfate</i> SOLN 1mg/ml | 1 | |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 1 | |
| BIOLOGIC RESPONSE MODIFIERS | | |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 4 | PA |
| ERIVEDGE CAPS 150mg | 4 | PA, QL (30 caps / 30 days) |
| FARYDAK CAPS 10mg, 15mg, 20mg | 4 | PA, QL (6 caps / 21 days) |
| GAZYVA SOLN 1000mg/40ml | 4 | PA |
| IBRANCE CAPS 75mg, 100mg, 125mg | 4 | PA, QL (21 caps / 28 days) |
| IBRANCE TABS 75mg, 100mg, 125mg | 4 | PA, QL (21 tabs / 28 days) |
| KADCYLA SOLR 100mg, 160mg | 4 | PA |
| KEYTRUDA SOLN 100mg/4ml | 4 | PA |
| KISQALI TBPK 200mg | 4 | PA, QL (21 tabs / 28 days); 200 mg dose |
| KISQALI TBPK 200mg | 4 | PA, QL (42 tabs / 28 days); 400 mg dose |
| KISQALI TBPK 200mg | 4 | PA, QL (63 tabs / 28 days); 600 mg dose |
| LYNPARZA TABS 100mg, 150mg | 4 | PA, QL (120 tabs / 30 days) |
| RYDAPT CAPS 25mg | 5 | PA, QL (224 caps / 28 days) |
| ZEJULA CAPS 100mg | 4 | PA, QL (90 caps / 30 days) |
| ZOLINZA CAPS 100mg | 4 | PA, QL (120 caps / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate</i> TABS 250mg | 4 | PA, QL (120 tabs / 30 days) |
| <i>anastrozole</i> TABS 1mg | 1 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>bicalutamide</i> TABS 50mg | 1 | |
| DEPO-PROVERA SUSP 400mg/ml | 3 | |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 4 | PA |
| ERLEADA TABS 60mg | 4 | PA, QL (120 tabs / 30 days) |
| <i>exemestane</i> TABS 25mg | 1 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>flutamide</i> CAPS 125mg | 1 | |
| <i>fulvestrant</i> SOLN 250mg/5ml | 4 | PA |
| <i>letrozole</i> TABS 2.5mg | 1 | |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml | 4 | PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 4 | PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 4 | PA |
| LYSODREN TABS 500mg | 2 | |
| <i>megestrol acetate</i> SUSP 40mg/ml; TABS 20mg, 40mg | 1 | |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml | 1 | |
| <i>nilutamide</i> TABS 150mg | 1 | |
| NUBEQA TABS 300mg | 4 | PA, QL (120 tabs / 30 days) |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 1 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>toremifene citrate</i> TABS 60mg | 1 | |
| XTANDI CAPS 40mg | 4 | PA, QL (120 caps / 30 days) |
| YONSA TABS 125mg | 4 | PA, QL (120 tabs / 30 days) |
| ZYTIGA TABS 500mg | 4 | PA, QL (60 tabs / 30 days) |
| KINASE INHIBITORS | | |
| AFINITOR TABS 10mg | 4 | PA, QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| AFINITOR DISPERZ TBSO 2mg, 5mg | 4 | PA, QL (60 tabs / 30 days) |
| AFINITOR DISPERZ TBSO 3mg | 4 | PA, QL (90 tabs / 30 days) |
| ALECENSA CAPS 150mg | 4 | PA, QL (240 caps / 30 days) |
| BOSULIF TABS 100mg | 4 | PA, QL (90 tabs / 30 days) |
| BOSULIF TABS 400mg, 500mg | 4 | PA, QL (30 tabs / 30 days) |
| CALQUENCE CAPS 100mg | 5 | PA, QL (60 caps / 30 days) |
| CAPRELSA TABS 100mg | 4 | PA, QL (60 tabs / 30 days) |
| CAPRELSA TABS 300mg | 4 | PA, QL (30 tabs / 30 days) |
| COMETRIQ KIT 20mg | 4 | PA, QL (1 kit / 28 days) |
| COMETRIQ KIT 100MG | 4 | PA, QL (1 kit / 28 days) |
| COMETRIQ KIT 140MG | 4 | PA, QL (1 kit / 28 days) |
| <i>erlotinib hcl</i> TABS 25mg | 4 | PA, QL (60 tabs / 30 days) |
| <i>erlotinib hcl</i> TABS 100mg, 150mg | 4 | PA, QL (30 tabs / 30 days) |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg | 4 | PA, QL (30 tabs / 30 days) |
| ICLUSIG TABS 15mg | 4 | PA, QL (60 tabs / 30 days) |
| ICLUSIG TABS 45mg | 4 | PA, QL (30 tabs / 30 days) |
| IDHIFA TABS 50mg, 100mg | 4 | PA, QL (30 tabs / 30 days) |
| <i>imatinib mesylate</i> TABS 100mg | 4 | PA, QL (90 tabs / 30 days) |
| <i>imatinib mesylate</i> TABS 400mg | 4 | PA, QL (60 tabs / 30 days) |
| IMBRUVICA CAPS 70mg | 4 | PA, QL (30 caps / 30 days) |
| IMBRUVICA CAPS 140mg | 4 | PA, QL (90 caps / 30 days) |
| IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg | 4 | PA, QL (30 tabs / 30 days) |
| INLYTA TABS 1mg | 4 | PA, QL (240 tabs / 30 days) |
| INLYTA TABS 5mg | 4 | PA, QL (120 tabs / 30 days) |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 4 | PA, QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 4 | PA, QL (30 caps / 30 days) |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 4 | PA, QL (60 caps / 30 days) |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 4 | PA, QL (30 caps / 30 days) |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 4 | PA, QL (90 caps / 30 days) |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 4 | PA, QL (60 caps / 30 days) |
| LENVIMA CAP 14 MG | 4 | PA, QL (60 caps / 30 days) |
| LENVIMA CAP 18 MG | 4 | PA, QL (90 caps / 30 days) |
| LENVIMA CAP 24 MG | 4 | PA, QL (90 caps / 30 days) |
| LORBRENA TABS 25mg | 5 | PA, QL (90 tabs / 30 days) |
| LORBRENA TABS 100mg | 5 | PA, QL (30 tabs / 30 days) |
| MEKINIST TABS 2mg | 4 | PA, QL (30 tabs / 30 days) |
| MEKINIST TABS .5mg | 4 | PA, QL (90 tabs / 30 days) |
| NEXAVAR TABS 200mg | 4 | PA, QL (120 tabs / 30 days) |
| SPRYCEL TABS 20mg | 4 | PA, QL (90 tabs / 30 days) |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg | 4 | PA, QL (30 tabs / 30 days) |
| STIVARGA TABS 40mg | 4 | PA, QL (84 tabs / 28 days) |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg | 4 | PA, QL (30 caps / 30 days) |
| TAFINLAR CAPS 50mg, 75mg | 4 | PA, QL (120 caps / 30 days) |
| TUKYSA TABS 50mg, 150mg | 5 | PA, QL (120 tabs / 30 days) |
| TYKERB TABS 250mg | 4 | PA, QL (180 tabs / 30 days) |
| VITRAKVI CAPS 25mg | 5 | PA, QL (180 caps / 30 days) |
| VITRAKVI CAPS 100mg | 5 | PA, QL (60 caps / 30 days) |
| VITRAKVI SOLN 20mg/ml | 5 | PA, QL (300 mL / 30 days) |
| VOTRIENT TABS 200mg | 4 | PA, QL (120 tabs / 30 days) |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **ST** - Step Therapy

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|-----------------------------|
| XALKORI CAPS 200mg, 250mg | 4 | PA, QL (60 caps / 30 days) |
| ZELBORAF TABS 240mg | 4 | PA, QL (240 tabs / 30 days) |
| ZYDELIG TABS 100mg, 150mg | 4 | PA, QL (60 tabs / 30 days) |
| ZYKADIA TABS 150mg | 4 | PA, QL (90 tabs / 30 days) |

MISCELLANEOUS

| | | |
|--|---|----------------------------|
| <i>arsenic trioxide</i> SOLN 10mg/10ml, 12mg/6ml | 1 | |
| <i>bexarotene</i> CAPS 75mg | 4 | PA |
| DROXIA CAPS 200mg, 300mg, 400mg | 2 | |
| <i>hydroxyurea</i> CAPS 500mg | 1 | |
| MATULANE CAPS 50mg | 2 | |
| <i>mitoxantrone hcl</i> CONC 2mg/ml | 4 | PA |
| ODOMZO CAPS 200mg | 4 | PA, QL (30 caps / 30 days) |
| ONCASPAR SOLN 750unit/ml | 4 | PA |
| PHOTOFRIN SOLR 75mg | 2 | |
| QUADRAMET SOLN 1850mbq/ml | 2 | |
| TICE BCG SUSR 50mg | 2 | |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | 1 | |
| VISTOGARD PACK 10gm | 4 | QL (20 packets / 5 days) |

PLATINUM-BASED AGENTS

| | | |
|--|---|--|
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | 1 | |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml; SOLR 50mg, 100mg | 4 | |

PROTECTIVE AGENTS

| | | |
|---|---|--|
| <i>dexrazoxane hcl</i> SOLR 250mg, 500mg | 1 | |
| <i>leucovorin calcium</i> SOLR 50mg, 100mg, 200mg, 350mg, 500mg; TABS 5mg, 10mg, 15mg, 25mg | 1 | |
| <i>mesna</i> SOLN 100mg/ml | 1 | |
| MESNEX TABS 400mg | 4 | |

TOPOISOMERASE INHIBITORS

| | | |
|--|---|--|
| CAMPTOSAR SOLN 300mg/15ml | 2 | |
| <i>etoposide</i> CAPS 50mg; SOLN 100mg/5ml | 1 | |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 500mg/25ml | 4 | |
| <i>irinotecan hcl</i> SOLN 300mg/15ml | 1 | |
| TENIPOSIDE SOLN 10mg/ml | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>toposar</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 1 | |
| <i>topotecan hcl</i> SOLR 4mg | 1 | |

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC, BCL-2 INHIBITORS

| | | |
|---------------------------|---|-----------------------------|
| VENCLEXTA TABS 10mg, 50mg | 4 | PA, QL (120 tabs / 30 days) |
| VENCLEXTA TABS 100mg | 4 | PA, QL (180 tabs / 30 days) |
| VENCLEXTA TAB START PK | 4 | PA, QL (1 pack / 28 days) |

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

| | | |
|---|---|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 1 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | 1 | |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i> | 1 | |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 1 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | 1 | |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i> | 1 | |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i> | 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone TABS 25mg, 50mg</i> | 1 | |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i> | 1 | |
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i> | 1 | |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | 1 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 1 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 1 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 1 | |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 1 | |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 1 | |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 1 | |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i> | 1 | |
| <i>EDARBI TABS 40mg, 80mg</i> | 3 | ST; PA** |
| <i>eprosartan mesylate TABS 600mg</i> | 1 | |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i> | 1 | |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i> | 1 | |
| <i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i> | 1 | |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i> | 1 | |
| <i>valsartan TABS 40mg, 80mg, 160mg, 320mg</i> | 1 | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl TABS 200mg, 400mg</i> | 1 | |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i> | 1 | |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i> | 1 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg | 1 | |
| <i>lidocaine hcl (cardiac)</i> SOSY 50mg/5ml, 100mg/5ml | 1 | |
| <i>mexiletine hcl</i> CAPS 150mg, 200mg, 250mg | 1 | |
| MULTAQ TABS 400mg | 3 | PA |
| NORPACE CR CP12 100mg, 150mg | 2 | |
| <i>pacerone</i> TABS 100mg, 200mg | 1 | |
| <i>procainamide hcl</i> SOLN 100mg/ml | 1 | |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |
| <i>quinidine sulfate</i> TABS 200mg, 300mg | 1 | |
| <i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg | 1 | |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg | 1 | |
| <i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg | 1 | |
| ANTILIPEMICS, BILE ACID RESINS | | |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose | 1 | |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose | 1 | |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm | 1 | |
| <i>prevalite</i> POWD 4gm/dose | 1 | |
| ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR | | |
| <i>ezetimibe</i> TABS 10mg | 1 | |
| ANTILIPEMICS, FIBRATES | | |
| <i>choline fenofibrate</i> CPDR 45mg, 135mg | 1 | |
| <i>fenofibrate</i> CAPS 50mg, 150mg; TABS 48mg, 54mg, 145mg, 160mg | 1 | |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 130mg, 134mg, 200mg | 1 | |
| <i>gemfibrozil</i> TABS 600mg | 1 | |
| ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS | | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 1 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg | 1 | \$0 copay for members age 40 through 75 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>atorvastatin calcium</i> TABS 40mg, 80mg | 1 | |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg; TB24 80mg | 1 | \$0 copay for members age 40 through 75 |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg | 1 | \$0 copay for members age 40 through 75 |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg | 1 | \$0 copay for members age 40 through 75 |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg | 1 | ST; \$0 copay for members age 40 through 75; PA** |
| <i>rosuvastatin calcium</i> TABS 20mg, 40mg | 1 | |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg | 1 | \$0 copay for members age 40 through 75 |
| <i>simvastatin</i> TABS 80mg | 1 | ST; PA** |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 1 | |
| ANTILIPEMICS, OMEGA-3 FATTY ACIDS | | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 1 | PA |
| VASCEPA CAPS .5gm, 1gm | 2 | |
| ANTILIPEMICS, PCSK9 INHIBITORS | | |
| PRALUENT SOAJ 75mg/ml, 150mg/ml | 4 | PA, QL (2 pens / 28 days) |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50- 25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i> | 1 | |
| <i>propranolol & hydrochlorothiazide tab 40- 25 mg</i> | 1 | |
| <i>propranolol & hydrochlorothiazide tab 80- 25 mg</i> | 1 | |
| BETA-BLOCKERS | | |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg | 1 | |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>betaxolol hcl</i> TABS 10mg, 20mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg | 1 | |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg | 3 | |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| <i>carvedilol phosphate</i> CP24 10mg, 20mg, 40mg, 80mg | 1 | |
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg | 1 | |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg | 1 | |
| <i>pindolol</i> TABS 5mg, 10mg | 1 | |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | 1 | |

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS

| | | |
|--|---|--|
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| CARDIZEM LA TB24 120mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg | 1 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | 1 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg | 1 | |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | 1 | |
| <i>isradipine</i> CAPS 2.5mg, 5mg | 1 | |
| <i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg | 1 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 1 | |
| <i>nimodipine</i> CAPS 30mg | 1 | |
| <i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg | 1 | |
| <i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1 | |
| <i>DIGITALIS GLYCOSIDES</i> | | |
| <i>digox</i> TABS 125mcg, 250mcg | 1 | |
| <i>digoxin</i> SOLN .05mg/ml; TABS 125mcg, 250mcg | 1 | |
| LANOXIN TABS 62.5mcg | 2 | |
| <i>DIRECT RENIN INHIBITORS/COMBINATIONS</i> | | |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg | 1 | |
| <i>DIURETICS</i> | | |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | 1 | |
| ALDACTAZIDE TAB 50/50 | 2 | |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 1 | |
| <i>amiloride hcl</i> TABS 5mg | 1 | |
| <i>bumetanide</i> TABS .5mg, 1mg, 2mg | 1 | |
| <i>chlorothiazide</i> TABS 250mg, 500mg | 1 | |
| <i>chlorthalidone</i> TABS 25mg, 50mg | 1 | |
| DIURIL SUSP 250mg/5ml | 3 | |
| <i>ethacrynic acid</i> TABS 25mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg | 1 | |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| <i>indapamide</i> TABS 1.25mg, 2.5mg | 1 | |
| <i>mannitol</i> SOLN 20%, 25% | 1 | |
| <i>methazolamide</i> TABS 25mg, 50mg | 1 | |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>osmitrol viaflex</i> SOLN 5%, 10%, 15% | 1 | |
| <i>spironolactone</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i> | 1 | |
| <i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg | 1 | |
| <i>triamterene</i> CAPS 50mg, 100mg | 1 | |
| <i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 75-</i> <i>50 mg</i> | 1 | |
| MISCELLANEOUS | | |
| <i>clonidine hcl</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TABS .1mg, .2mg, .3mg | 1 | |
| CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg | 2 | |
| ENTRESTO TAB 24-26MG | 2 | |
| ENTRESTO TAB 49-51MG | 2 | |
| ENTRESTO TAB 97-103MG | 2 | |
| <i>guanfacine hcl</i> TABS 1mg, 2mg | 1 | |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| <i>methyl dopa</i> TABS 250mg, 500mg | 1 | |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>minoxidil</i> TABS 2.5mg, 10mg | 1 | |
| <i>phenoxybenzamine hcl</i> CAPS 10mg | 4 | PA, QL (360 caps / 25 days) |
| <i>ranolazine</i> TB12 500mg, 1000mg | 1 | ST; PA** |
| NITRATES | | |
| DILATRATE SR CPR 40mg | 3 | |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg | 1 | |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 1 | |
| NITRO-BID OINT 2% | 3 | |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr | 2 | |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | 1 | |

PULMONARY ARTERIAL HYPERTENSION

| | | |
|---|---|--------------------------------|
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 5 | PA, QL (90 tabs / 30 days) |
| <i>ambrisentan</i> TABS 5mg, 10mg | 4 | PA, QL (30 tabs / 30 days) |
| <i>bosentan</i> TABS 62.5mg, 125mg | 4 | PA, QL (60 tabs / 30 days) |
| OPSUMIT TABS 10mg | 4 | PA, QL (30 tabs / 30 days) |
| ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg | 4 | PA |
| REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 5 | PA |
| <i>sildenafil citrate (pulmonary hypertension)</i> SOLN 10mg/12.5ml | 4 | PA |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg | 4 | PA, QL (90 tabs / 30 days) |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg | 5 | PA, QL (60 tabs / 30 days) |
| TRACLEER TBSO 32mg | 4 | PA, QL (112 tabs / 28 days) |
| TYVASO STARTER SOLN .6mg/ml | 4 | PA, QL (28 ampules / 28 days) |
| UPTRAVI TABS 200mcg | 4 | PA, QL (140 tabs / 28 days) |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 4 | PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 200/800 | 4 | PA, QL (1 pack / 28 days) |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml | 4 | PA, QL (270 ampules / 30 days) |

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETYS

| | | |
|--|---|-------------------------|
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg; TBDP .25mg, .5mg, 1mg, 2mg | 1 | QL (150 tabs / 25 days) |
| ALPRAZOLAM INTENSOL CONC 1mg/ml | 2 | QL (300 mL / 25 days) |
| <i>lorazepam</i> CONC 2mg/ml | 1 | QL (150 mL / 25 days) |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg | 1 | QL (150 tabs / 25 days) |
| <i>meprobamate</i> TABS 200mg, 400mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>oxazepam</i> CAPS 10mg, 15mg, 30mg | 1 | QL (120 caps / 25 days) |
| ANTICONVULSANTS | | |
| APTIOM TABS 200mg, 400mg, 600mg, 800mg | 3 | PA |
| BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg | 3 | PA |
| <i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 1 | |
| CELONTIN CAPS 300mg | 3 | |
| <i>clobazam</i> SUSP 2.5mg/ml; TABS 10mg, 20mg | 1 | PA |
| <i>clonazepam</i> TABS .5mg, 1mg, 2mg | 1 | |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | 1 | QL (180 tabs / 25 days) |
| <i>diazepam</i> SOLN 5mg/5ml | 1 | QL (1200 mL / 25 days) |
| <i>diazepam</i> SOLN 5mg/ml | 1 | |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg | 1 | QL (120 tabs / 25 days) |
| <i>diazepam intensol</i> CONC 5mg/ml | 1 | QL (240 mL / 25 days) |
| DILANTIN CAPS 30mg | 3 | |
| <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | 1 | |
| EPIDIOLEX SOLN 100mg/ml | 5 | PA, QL (600 mL / 30 days) |
| <i>epitol</i> TABS 200mg | 1 | |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml | 1 | |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg | 1 | |
| <i>fosphenytoin sodium</i> SOLN 100mgpe/2ml, 500mgpe/10ml | 1 | |
| FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 2 | |
| <i>gabapentin</i> CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg | 1 | |
| <i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> | 1 | |
| <i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 1 | |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml | 1 | |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml | 1 | |
| <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml | 1 | |
| <i>oxcarbazepine</i> SUSP 60mg/ml; TABS 150mg, 300mg, 600mg | 1 | |
| PEGANONE TABS 250mg | 3 | |
| <i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 1 | |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml | 1 | |
| <i>phenytoin sodium</i> SOLN 50mg/ml | 1 | |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg | 1 | |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml | 1 | ST; PA** |
| <i>primidone</i> TABS 50mg, 250mg | 1 | |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | 1 | |
| <i>valproic acid</i> CAPS 250mg | 1 | |
| <i>vigabatrin</i> PACK 500mg | 4 | PA, QL (180 packets / 30 days) |
| <i>vigabatrin</i> TABS 500mg | 4 | PA, QL (180 tabs / 30 days) |
| VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg | 3 | |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg | 1 | |
| ANTIDEMENTIA | | |
| <i>donepezil hydrochloride</i> TABS 5mg, 10mg, 23mg; TBDP 5mg, 10mg | 1 | |
| <i>ergoloid mesylates</i> TABS 1mg | 1 | |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg | 1 | |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | 1 | PA; PA applies for members less than 30 years of age |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 1 | PA; PA applies for members less than 30 years of age |
| NAMENDA XR CAP TITRATIO | 2 | PA; PA applies for members less than 30 years of age |
| <i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i> | 1 | PA |
| <i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i> | 1 | PA |

ANTIDEPRESSANTS

| | | |
|--|---|---|
| <i>amitriptyline hcl TABS 10mg</i> | 1 | QL (150 tabs / 25 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl TABS 25mg</i> | 1 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl TABS 50mg</i> | 1 | QL (30 tabs / 25 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl TABS 75mg, 100mg, 150mg</i> | 1 | PA; Members 70 and older subject to PA |
| <i>amoxapine TABS 25mg, 50mg, 100mg</i> | 1 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>amoxapine TABS 150mg</i> | 1 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg</i> | 1 | |
| <i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>desipramine hcl TABS 10mg, 25mg, 50mg</i> | 1 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>desipramine hcl TABS 75mg</i> | 1 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>desipramine hcl TABS 100mg, 150mg</i> | 1 | QL (30 tabs / 25 days); QL applies to members age 65 and older |
| <i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i> | 1 | ST, QL (30 tabs / 25 days); (generic of Pristiq) PA** |
| <i>doxepin hcl CAPS 10mg, 25mg, 50mg</i> | 1 | QL (90 caps / 25 days); QL applies to members age 65 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>doxepin hcl</i> CAPS 75mg | 1 | QL (60 caps / 25 days); QL applies to members age 65 and older |
| <i>doxepin hcl</i> CAPS 100mg, 150mg | 1 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| <i>doxepin hcl</i> CONC 10mg/ml | 1 | QL (450 mL / 25 days); QL applies to members age 65 and older |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg | 1 | |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | 3 | PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg | 1 | |
| FETZIMA CP24 20mg, 40mg, 80mg, 120mg | 3 | ST, QL (30 caps / 25 days); PA** |
| FETZIMA CAP TITRATIO | 3 | ST, QL (30 caps / 25 days); PA** |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; CPDR 90mg; SOLN 20mg/5ml | 1 | |
| <i>fluoxetine hcl</i> TABS 10mg, 20mg | 1 | (generic Sarafem not covered) |
| <i>imipramine hcl</i> TABS 10mg, 25mg | 1 | QL (120 tabs / 25 days); QL applies to members age 65 and older |
| <i>imipramine hcl</i> TABS 50mg | 1 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>imipramine pamoate</i> CAPS 75mg, 100mg | 1 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| <i>imipramine pamoate</i> CAPS 125mg, 150mg | 1 | PA; Members 70 and older subject to PA |
| <i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg | 1 | |
| MARPLAN TABS 10mg | 3 | |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg | 1 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | |
| <i>nortriptyline hcl</i> CAPS 10mg | 1 | QL (150 caps / 25 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl</i> CAPS 25mg | 1 | QL (60 caps / 25 days); QL applies to members age 65 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>nortriptyline hcl</i> CAPS 50mg | 1 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl</i> CAPS 75mg | 1 | PA; Members 70 and older subject to PA |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml | 1 | QL (750 mL / 25 days); QL applies to members age 65 and older |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg; TB24 12.5mg, 25mg, 37.5mg | 1 | |
| <i>phenelzine sulfate</i> TABS 15mg | 1 | |
| <i>protriptyline hcl</i> TABS 5mg | 1 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>protriptyline hcl</i> TABS 10mg | 1 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1 | |
| <i>tranylcypromine sulfate</i> TABS 10mg | 1 | |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg | 1 | |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg | 1 | QL (60 caps / 25 days); QL applies to members age 65 and older |
| <i>trimipramine maleate</i> CAPS 100mg | 1 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| TRINTELLIX TABS 5mg, 10mg, 20mg | 3 | ST; PA** |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg | 1 | |
| VIIBRYD TABS 10mg, 20mg, 40mg | 3 | ST; PA** |
| VIIBRYD KIT STARTER | 3 | ST; PA** |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl</i> CAPS 100mg; SYRP 50mg/5ml; TABS 100mg | 1 | |
| APOKYN SOCT 30mg/3ml | 4 | PA |
| <i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | 1 | |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg | 1 | |
| <i>carbidopa</i> TABS 25mg | 1 | |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 1 | |
| <i>entacapone TABS 200mg</i> | 1 | |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 2 | |
| <i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i> | 1 | |
| <i>rasagiline mesylate TABS .5mg, 1mg</i> | 1 | |
| <i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i> | 1 | |
| <i>selegiline hcl CAPS 5mg; TABS 5mg</i> | 1 | |
| <i>tolcapone TABS 100mg</i> | 1 | |
| <i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i> | 1 | |
| ANTIPSYCHOTICS | | |
| <i>aripiprazole SOLN 1mg/ml; TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; TBDP 10mg, 15mg</i> | 1 | |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml | 2 | |
| ARISTADA INITIO PRSY 675mg/2.4ml | 2 | |
| CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>chlorpromazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>clozapine</i> TABS 25mg, 50mg, 100mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg | 1 | |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml | 1 | |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1 | |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 1 | |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | 1 | |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 1 | |
| LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg | 2 | ST; PA** |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 1 | |
| <i>olanzapine</i> SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg | 1 | |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 6mg, 9mg | 1 | |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| <i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg | 1 | |
| <i>quetiapine fumarate er</i> TB24 50mg, 150mg, 200mg, 300mg, 400mg | 1 | |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 3 | ST; PA** |
| <i>risperidone</i> SOLN 1mg/ml; TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 1 | |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg | 3 | ST; PA** |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 1 | |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg | 1 | |

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

| | | |
|--|---|------------------------|
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg | 1 | QL (90 caps / 25 days) |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg | 1 | QL (90 caps / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 1 | QL (30 caps / 25 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 1 | QL (30 caps / 25 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 1 | QL (30 caps / 25 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 1 | QL (30 caps / 25 days) |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 1 | QL (90 tabs / 25 days) |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 1 | QL (90 tabs / 25 days) |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 1 | QL (90 tabs / 25 days) |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 1 | QL (90 tabs / 25 days) |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 1 | QL (60 tabs / 25 days) |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 1 | QL (60 tabs / 25 days) |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 1 | QL (30 tabs / 25 days) |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i> | 1 | |
| <i>dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg</i> | 1 | QL (60 caps / 25 days) |
| <i>dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg</i> | 1 | QL (30 caps / 25 days) |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i> | 1 | QL (120 tabs / 25 days) |
| <i>dexmethylphenidate hcl TABS 10mg</i> | 1 | QL (60 tabs / 25 days) |
| <i>dextroamphetamine sulfate CP24 5mg, 10mg</i> | 1 | QL (120 caps / 25 days) |
| <i>dextroamphetamine sulfate CP24 15mg</i> | 1 | QL (60 caps / 25 days) |
| <i>dextroamphetamine sulfate SOLN 5mg/5ml</i> | 1 | QL (1,200 mL / 25 days) |
| <i>dextroamphetamine sulfate TABS 5mg, 10mg</i> | 1 | QL (120 tabs / 25 days) |
| <i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i> | 1 | ST; PA** |
| <i>methamphetamine hcl TABS 5mg</i> | 1 | QL (150 tabs / 25 days) |
| <i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i> | 1 | QL (180 chew tabs / 25 days) |
| <i>methylphenidate hcl CP24 20mg, 30mg; CPCR 10mg, 20mg, 30mg</i> | 1 | QL (60 caps / 25 days) |
| <i>methylphenidate hcl CP24 40mg, 60mg; CPCR 40mg, 50mg, 60mg</i> | 1 | QL (30 caps / 25 days) |
| <i>methylphenidate hcl SOLN 5mg/5ml</i> | 1 | QL (1800 mL / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>methylphenidate hcl</i> SOLN 10mg/5ml | 1 | QL (900 mL / 25 days) |
| <i>methylphenidate hcl</i> TABS 5mg, 10mg | 1 | QL (180 tabs / 25 days) |
| <i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg | 1 | QL (90 tabs / 25 days) |
| <i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg | 1 | QL (60 tabs / 25 days) |
| <i>methylphenidate hcl</i> TB24 54mg; TBCR 54mg | 1 | QL (30 tabs / 25 days) |
| VYVANSE CAPS 10mg, 20mg, 30mg | 2 | QL (60 caps / 25 days) |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg | 2 | QL (30 caps / 25 days) |
| VYVANSE CHEW 10mg, 20mg, 30mg | 2 | QL (60 tabs / 25 days) |
| VYVANSE CHEW 40mg, 50mg, 60mg | 2 | QL (30 tabs / 25 days) |
| <i>zenzedi</i> TABS 2.5mg, 7.5mg | 1 | QL (120 tabs / 25 days) |
| <i>zenzedi</i> TABS 15mg, 20mg | 1 | QL (60 tabs / 25 days) |
| <i>zenzedi</i> TABS 30mg | 1 | QL (30 tabs / 25 days) |

HYPNOTICS

| | | |
|--|---|---|
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg | 2 | ST; PA** |
| <i>cvs sleep-aid nighttime</i> TABS 25mg | 1 | OTC |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg | 1 | QL (30 tabs / 25 days); QL applies to members age 65 and older |
| <i>eszopiclone</i> TABS 1mg, 2mg, 3mg | 1 | QL (15 tabs / 25 days) |
| HETLIOZ CAPS 20mg | 5 | PA, QL (30 caps / 30 days) |
| <i>ramelteon</i> TABS 8mg | 1 | QL (15 tabs / 25 days) |
| <i>temazepam</i> CAPS 7.5mg, 15mg, 22.5mg, 30mg | 1 | QL (15 caps / 25 days) |
| <i>zaleplon</i> CAPS 5mg, 10mg | 1 | QL (15 caps / 25 days) |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg; TBCR 6.25mg, 12.5mg | 1 | QL (15 tabs / 25 days) |

MIGRAINES

| | | |
|--|---|---------------------------------------|
| AIMOVIG SOAJ 70mg/ml | 2 | ST, QL (2 injections / 25 days); PA** |
| AIMOVIG SOAJ 140mg/ml | 2 | ST, QL (1 injection / 25 days); PA** |
| AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml | 2 | ST, QL (3 injections / 75 days); PA** |
| <i>almotriptan malate</i> TABS 6.25mg, 12.5mg | 1 | QL (12 tabs / 25 days) |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 1 | |
| <i>eletriptan hydrobromide</i> TABS 20mg, 40mg | 1 | QL (12 tabs / 25 days) |
| EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml | 2 | ST, QL (2 injections / 25 days); PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| EMGALITY SOSY 100mg/ml | 2 | ST, QL (3 injections / 25 days); PA** |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 3 | |
| <i>frovatriptan succinate TABS 2.5mg</i> | 1 | QL (18 tabs / 25 days) |
| <i>naratriptan hcl TABS 1mg, 2.5mg</i> | 1 | QL (12 tabs / 25 days) |
| <i>rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg</i> | 1 | QL (18 tabs / 25 days) |
| <i>sumatriptan SOLN 5mg/act</i> | 1 | QL (24 sprays / 25 days) |
| <i>sumatriptan SOLN 20mg/act</i> | 1 | QL (12 sprays / 25 days) |
| <i>sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml</i> | 1 | QL (18 syringes / 25 days) |
| <i>sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOSY 6mg/0.5ml</i> | 1 | QL (12 units / 25 days) |
| <i>sumatriptan succinate SOLN 6mg/0.5ml</i> | 1 | QL (12 vials / 25 days) |
| <i>sumatriptan succinate TABS 25mg, 50mg, 100mg</i> | 1 | QL (12 tabs / 25 days) |
| <i>sumatriptan-naproxen sodium tab 85-500 mg</i> | 3 | ST, QL (9 tabs / 25 days); PA** |
| <i>zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg</i> | 1 | QL (12 tabs / 25 days) |
| ZOMIG SOLN 2.5mg, 5mg | 3 | QL (12 sprays / 25 days) |
| MISCELLANEOUS | | |
| <i>bupirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg</i> | 1 | |
| <i>clomipramine hcl CAPS 25mg, 50mg</i> | 1 | QL (150 caps / 25 days); QL applies to members age 65 and older |
| <i>clomipramine hcl CAPS 75mg</i> | 1 | QL (90 caps / 25 days); QL applies to members age 65 and older |
| <i>fluvoxamine maleate CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg</i> | 1 | |
| GUANIDINE HCL TABS 125mg | 3 | |
| LITHIUM SOLN 8meq/5ml | 3 | |
| <i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg</i> | 1 | |
| NUEDEXTA CAP 20-10MG | 2 | PA |
| <i>pimozide TABS 1mg, 2mg</i> | 1 | |
| <i>pyridostigmine bromide SOLN 60mg/5ml; TABS 60mg; TBCR 180mg</i> | 1 | |
| <i>riluzole TABS 50mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg | 3 | ST; PA** |
| SAVELLA MIS TITR PAK | 3 | ST; PA** |
| <i>tetrabenazine</i> TABS 12.5mg | 4 | PA, QL (120 tabs / 30 days) |
| <i>tetrabenazine</i> TABS 25mg | 4 | PA, QL (60 tabs / 30 days) |
| MULTIPLE SCLEROSIS AGENTS | | |
| AUBAGIO TABS 7mg, 14mg | 4 | PA, QL (30 tabs / 30 days) |
| AVONEX PSKT 30mcg/0.5ml | 5 | ST, PA, QL (4 injections / 28 days) |
| AVONEX PEN AJKT 30mcg/0.5ml | 5 | ST, PA, QL (4 injections / 28 days) |
| BETASERON KIT .3mg | 4 | PA, QL (14 injections / 28 days) |
| COPAXONE INJ 20MG/ML SOSY 20mg/ml | 4 | PA, QL (30 injections / 30 days) |
| COPAXONE INJ 40MG/ML SOSY 40mg/ml | 4 | PA, QL (12 syringes / 28 days) |
| <i>dalfampridine</i> TB12 10mg | 5 | PA, QL (60 tabs / 30 days) |
| <i>dimethyl fumarate</i> CPDR 120mg | 4 | PA, QL (14 caps / 28 days) |
| <i>dimethyl fumarate</i> CPDR 240mg | 4 | PA, QL (60 caps / 30 days) |
| GILENYA CAPS .5mg | 4 | PA, QL (30 caps / 30 days) |
| <i>glatiramer acetate</i> SOSY 40mg/ml | 2 | PA, QL (12 syringes / 28 days) |
| <i>glatopa</i> SOSY 20mg/ml | 2 | PA, QL (30 injections / 30 days) |
| PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml | 5 | ST, PA, QL (1 carton / 28 days) |
| PLEGRIDY INJ STARTER | 5 | ST, PA, QL (1 kit / 28 days) |
| PLEGRIDY PEN INJ STARTER | 5 | ST, PA, QL (1 pack / 28 days) |
| REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml | 4 | PA, QL (12 syringes / 28 days) |
| REBIF REBIDO INJ TITRATN | 4 | PA, QL (1 box / 28 days) |
| REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml | 4 | PA, QL (12 syringes / 28 days) |
| REBIF TITRTN INJ PACK | 4 | PA, QL (1 box / 28 days) |
| TECFIDERA CPDR 120mg | 4 | PA, QL (14 caps / 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| TECFIDERA CPDR 240mg | 4 | PA, QL (60 caps / 30 days) |
| TECFIDERA MIS STARTER | 4 | PA, QL (1 kit / 30 days) |
| TYSABRI CONC 300mg/15ml | 4 | PA, QL (1 vial / 28 days) |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen</i> TABS 5mg, 10mg, 20mg | 1 | |
| <i>carisoprodol</i> TABS 250mg, 350mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>chlorzoxazone</i> TABS 500mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg | 1 | |
| <i>metaxalone</i> TABS 800mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>methocarbamol</i> TABS 500mg, 750mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>orphenadrine citrate</i> SOLN 30mg/ml | 1 | |
| <i>orphenadrine citrate</i> TB12 100mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>tizanidine hcl</i> TABS 2mg, 4mg | 1 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil</i> TABS 50mg, 150mg, 200mg, 250mg | 1 | PA |
| <i>modafinil</i> TABS 100mg, 200mg | 1 | PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium</i> TBEC 333mg | 1 | PA |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg | 0 | \$0 limited to 2 treatment cycles/year |
| CHANTIX TABS .5mg, 1mg | 0 | \$0 limited to 2 treatment cycles/year |
| CHANTIX CONTINUING MONTH TABS 1mg | 0 | \$0 limited to 2 treatment cycles/year |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| CHANTIX PAK 0.5& 1MG | 0 | \$0 limited to 2 treatment cycles/year |
| <i>disulfiram</i> TABS 250mg, 500mg | 1 | |
| <i>goodsense nicotine polacr</i> GUM 4mg; LOZG 4mg | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml | 1 | |
| <i>naltrexone hcl</i> TABS 50mg | 0 | \$0 copay |
| NARCAN LIQD 4mg/0.1ml | 2 | |
| <i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine step 3</i> PT24 7mg/24hr | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| NICOTROL INHALER INHA 10mg | 0 | QL (max 168 days / year); \$0 limited to 2 treatment cycles/year |
| NICOTROL NS SOLN 10mg/ml | 0 | QL (max 168 days / year); \$0 limited to 2 treatment cycles/year |
| <i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| VIVITROL SUSR 380mg | 4 | PA, QL (1 vial / 28 days) |

ENDOCRINE AND METABOLIC

ANDROGENS

| | | |
|---|---|----|
| ANADROL-50 TABS 50mg | 3 | PA |
| INTRAROSA INST 6.5mg | 3 | |
| <i>methyltestosterone</i> CAPS 10mg | 1 | PA |
| <i>oxandrolone</i> TABS 2.5mg, 10mg | 1 | PA |
| <i>testosterone</i> GEL 10mg/act, 25mg/2.5gm | 1 | PA |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | 1 | PA |
| <i>testosterone enanthate</i> SOLN 200mg/ml | 1 | PA |

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

| | | |
|--|---|--|
| <i>acarbose</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>miglitol</i> TABS 25mg, 50mg, 100mg | 1 | |

ANTIDIABETICS, AMYLIN ANALOGS

| | | |
|----------------------------------|---|----------|
| SYMLINPEN 60 SOPN 1500mcg/1.5ml | 3 | ST; PA** |
| SYMLINPEN 120 SOPN 2700mcg/2.7ml | 3 | ST; PA** |

ANTIDIABETICS, BIGUANIDE

| | | |
|---|---|--|
| <i>metformin hcl</i> TABS 500mg, 850mg, 1000mg; TB24 500mg, 750mg | 1 | |
|---|---|--|

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

| | | |
|---|---|--|
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 1 | |
|---|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 1 | |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 1 | |
| ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS | | |
| <i>alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg</i> | 1 | ST; PA** |
| JANUVIA TABS 25mg, 50mg, 100mg | 2 | ST; PA** |
| ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS | | |
| CYCLOSET TABS .8mg | 3 | |
| ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS | | |
| JANUMET TAB 50-500MG | 2 | ST; PA** |
| JANUMET TAB 50-1000 | 2 | ST; PA** |
| JANUMET XR TAB 50-500MG | 2 | ST; PA** |
| JANUMET XR TAB 50-1000 | 2 | ST; PA** |
| JANUMET XR TAB 100-1000 | 2 | ST; PA** |
| JENTADUETO XR TAB 2.5-1000MG | 3 | ST; PA** |
| JENTADUETO XR TAB 5-1000MG | 3 | ST; PA** |
| ANTIDIABETICS, INCRETIN MIMETIC AGENTS | | |
| OZEMPIC SOPN 2mg/1.5ml | 2 | ST; PA** |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml | 2 | ST; PA** |
| VICTOZA SOPN 18mg/3ml | 2 | ST; PA** |
| ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS | | |
| SOLIQUA INJ 100/33 | 2 | ST; PA** |
| XULTOPHY INJ 100/3.6 | 2 | ST; PA** |
| ANTIDIABETICS, INSULIN | | |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 2 | |
| FIASP FLEX INJ TOUCH | 2 | |
| FIASP INJ 100/ML | 2 | |
| FIASP PENFIL INJ U-100 | 2 | |
| HUMULIN INJ 70/30 | 3 | OTC |
| HUMULIN INJ 70/30KWP | 3 | OTC |
| HUMULIN N SUSP 100unit/ml | 3 | OTC |
| HUMULIN N KWIKPEN SUPN 100unit/ml | 3 | OTC |
| HUMULIN R SOLN 100unit/ml | 3 | OTC |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 2 | |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 2 | |
| LEVEMIR SOLN 100unit/ml | 2 | |
| LEVEMIR FLEXTOUCH SOPN 100unit/ml | 2 | |
| NOVOLIN INJ 70/30 | 2 | OTC; RELION not covered |
| NOVOLIN INJ 70/30 FP | 2 | OTC; RELION not covered |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NOVOLIN N SUSP 100unit/ml | 2 | OTC; RELION not covered |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 2 | OTC; RELION not covered |
| NOVOLIN R SOLN 100unit/ml | 2 | OTC; RELION not covered |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 2 | OTC; RELION not covered |
| NOVOLOG SOLN 100unit/ml | 2 | |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 2 | |
| NOVOLOG MIX 70/30 FLEXPEN | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG PENFILL SOCT 100unit/ml | 2 | |
| TRESIBA SOLN 100unit/ml | 2 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 2 | |
| ANTIDIABETICS, INSULIN SENSITIZER | | |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg | 1 | |
| ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION | | |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 1 | |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 1 | |
| ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION | | |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i> | 1 | |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i> | 1 | |
| ANTIDIABETICS, MEGLITINIDE | | |
| <i>nateglinide</i> TABS 60mg, 120mg | 1 | |
| <i>repaglinide</i> TABS .5mg, 1mg, 2mg | 1 | |
| ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO | | |
| SYNJARDY TAB 5-500MG | 2 | ST; PA** |
| SYNJARDY TAB 5-1000MG | 2 | ST; PA** |
| SYNJARDY TAB 12.5-500 | 2 | ST; PA** |
| SYNJARDY TAB 12.5-1000MG | 2 | ST; PA** |
| SYNJARDY XR TAB 5-1000MG | 2 | ST; PA** |
| SYNJARDY XR TAB 10-1000 | 2 | ST; PA** |
| SYNJARDY XR TAB 12.5-1000MG | 2 | ST; PA** |
| SYNJARDY XR TAB 25-1000 | 2 | ST; PA** |
| XIGDUO XR TAB 2.5-1000 | 2 | ST; PA** |
| XIGDUO XR TAB 5-500MG | 2 | ST; PA** |
| XIGDUO XR TAB 5-1000MG | 2 | ST; PA** |
| XIGDUO XR TAB 10-500MG | 2 | ST; PA** |
| XIGDUO XR TAB 10-1000 | 2 | ST; PA** |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **ST** - Step Therapy

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS | | |
| GLYXAMBI TAB 10-5 MG | 2 | ST; PA** |
| GLYXAMBI TAB 25-5 MG | 2 | ST; PA** |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB | | |
| FARXIGA TABS 5mg, 10mg | 2 | ST; PA** |
| JARDIANCE TABS 10mg, 25mg | 2 | ST; PA** |
| ANTIDIABETICS, SULFONYLUREA | | |
| <i>glimepiride</i> TABS 1mg, 2mg, 4mg | 1 | |
| <i>glipizide</i> TABS 5mg, 10mg; TB24 2.5mg, 5mg, 10mg | 1 | |
| BISPHOSPHONATES | | |
| <i>alendronate sodium</i> SOLN 70mg/75ml; TABS 5mg, 10mg, 35mg, 70mg | 1 | |
| FOSAMAX + D TAB 70-2800 | 3 | ST; PA** |
| FOSAMAX + D TAB 70-5600 | 3 | ST; PA** |
| <i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg | 1 | |
| <i>pamidronate disodium</i> SOLN 30mg/10ml | 1 | |
| <i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg | 1 | |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml | 4 | PA |
| CALCIUM RECEPTOR AGONISTS | | |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg | 4 | PA, QL (60 tabs / 30 days) |
| <i>cinacalcet hcl</i> TABS 90mg | 4 | PA, QL (120 tabs / 30 days) |
| CHELATING AGENTS | | |
| CHEMET CAPS 100mg | 3 | |
| FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg | 4 | PA |
| FERRIPROX TWICE-A-DAY TABS 1000mg | 4 | PA |
| <i>kionex</i> SUSP 15gm/60ml | 1 | |
| <i>penicillamine</i> TABS 250mg | 1 | PA |
| <i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml, 30gm/120ml | 1 | |
| 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 | |
| ANNOVERA MIS | 0 | QL (1 / 300 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| <i>apri</i> | 0 | |
| <i>aranelle</i> | 0 | |
| <i>ashlyna</i> | 0 | |
| <i>aviane</i> | 0 | |
| <i>azurette</i> | 0 | |
| BALCOLTRA TAB 0.1-20 | 0 | |
| <i>camilla</i> TABS .35mg | 0 | |
| <i>caziant</i> | 0 | |
| <i>chateal</i> | 0 | |
| <i>cryselle-28</i> | 0 | |
| <i>cyclafem 1/35</i> | 0 | |
| <i>cyclafem 7/7/7</i> | 0 | |
| <i>dasetta 1/35</i> | 0 | |
| <i>dasetta 7/7/7</i> | 0 | |
| <i>delyla</i> | 0 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 0 | QL (4 inj / 300 days) |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> | 0 | |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> | 0 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 0 | |
| <i>elinest</i> | 0 | |
| ELLA TABS 30mg | 0 | |
| <i>emoquette</i> | 0 | |
| <i>enpresse-28</i> | 0 | |
| <i>enskyce</i> | 0 | |
| <i>errin</i> TABS .35mg | 0 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 0 | |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | 0 | QL (13 / 300 days) |
| <i>falmina</i> | 0 | |
| <i>fayosim</i> | 0 | |
| <i>gianvi</i> | 0 | |
| <i>heather</i> TABS .35mg | 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>kariva</i> | 0 | |
| <i>kelnor 1/35</i> | 0 | |
| <i>kurvelo</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| KYLEENA IUD 19.5mg | 0 | QL (1 / 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 0.15 mg-30 mcg</i> | 0 | |
| <i>levora 0.15/30-28</i> | 0 | |
| LILETTA IUD 19.5mcg/day | 0 | QL (1 / 300 days) |
| LO LOESTRIN TAB 1-10-10 | 0 | |
| <i>loryna</i> | 0 | |
| <i>low-ogestrel</i> | 0 | |
| <i>lutra</i> | 0 | |
| <i>marlissa</i> | 0 | |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | 0 | QL (4 inj / 300 days) |
| <i>mibelas 24 fe</i> | 0 | |
| <i>microgestin 1.5/30</i> | 0 | |
| MIRENA IUD 20mcg/24hr | 0 | QL (1 / 300 days) |
| <i>mono-linyah</i> | 0 | |
| NATAZIA TAB | 0 | |
| <i>necon 0.5/35-28</i> | 0 | |
| NEXPLANON IMPL 68mg | 0 | QL (1 / 300 days) |
| <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-ethinyl estradiol-fe tab 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| <i>nortrel 0.5/35 (28)</i> | 0 | |
| <i>nortrel 1/35</i> | 0 | |
| <i>nortrel 7/7/7</i> | 0 | |
| <i>ocella</i> | 0 | |
| <i>ogestrel</i> | 0 | |
| <i>orsythia</i> | 0 | |
| PARAGARD IUD T380A | 0 | QL (1 unit / 300 days) |
| <i>pirmella 1/35</i> | 0 | |
| <i>pirmella 7/7/7</i> | 0 | |
| <i>portia-28</i> | 0 | |
| <i>previfem</i> | 0 | |
| <i>reclipsen</i> | 0 | |
| <i>rivelsa</i> | 0 | |
| SKYLA IUD 13.5mg | 0 | QL (1 / 300 days) |
| SLYND TABS 4mg | 0 | |
| <i>sprintec 28</i> | 0 | |
| <i>sronyx</i> | 0 | |
| <i>syeda</i> | 0 | |
| <i>take action</i> TABS 1.5mg | 0 | OTC |
| TAYTULLA CAP 1MG/20MC | 0 | |
| <i>tillia fe</i> | 0 | |
| <i>tri-linyah</i> | 0 | |
| <i>tri-sprintec</i> | 0 | |
| <i>trivora-28</i> | 0 | |
| TWIRLA DIS 120-30 | 0 | |
| <i>velivet</i> | 0 | |
| <i>viorele</i> | 0 | |
| <i>vyfemla</i> | 0 | |
| <i>wera</i> | 0 | |
| <i>xulane</i> | 0 | |
| <i>zarah</i> | 0 | |
| <i>zovia 1/35e</i> | 0 | |
| ENDOMETRIOSIS | | |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg | 1 | |
| ORILISSA TABS 150mg, 200mg | 2 | |
| SYNAREL SOLN 2mg/ml | 5 | PA |
| ENZYME REPLACEMENTS | | |
| CARBAGLU TABS 200mg | 4 | PA |
| CERDELGA CAPS 84mg | 4 | PA, QL (60 caps / 30 days) |
| CYSTADANE POW | 4 | PA |
| CYSTAGON CAPS 50mg, 150mg | 4 | PA |
| KUVAN PACK 100mg, 500mg; TBSO 100mg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| MYALEPT SOLR 11.3mg | 4 | PA, QL (30 vials / 30 days) |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg | 4 | PA |
| ORFADIN CAPS 20mg; SUSP 4mg/ml | 4 | PA |
| <i>sodium phenylbutyrate</i> TABS 500mg | 4 | PA, QL (1200 tabs / 30 days) |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> POWD 3gm/tsp | 4 | PA, QL (600g / 30 days) |
| ESTROGENS | | |
| CLIMARA PRO DIS WEEKLY | 2 | |
| DEPO-ESTRADIOL OIL 5mg/ml | 3 | |
| DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 | PA; High Risk Medications require PA for members age 70 and older |
| DUAVEE TAB 0.45-20 | 2 | |
| ELESTRIN GEL .06% | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol</i> 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 | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 1 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 1 | |
| <i>estradiol vaginal cream</i> CREA .1mg/gm | 1 | |
| <i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml | 1 | |
| ESTROGEL GEL .06% | 3 | PA; High Risk Medications require PA for members age 70 and older |
| EVAMIST SOLN 1.53mg/spray | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>jinteli</i> | 1 | |
| MENEST TABS .3mg, .625mg, 1.25mg | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>mimvey</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i> | 1 | |
| PREMARIN CREA .625mg/gm | 3 | |
| PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>yuvaferm</i> TABS 10mcg | 1 | |
| GLUCOCORTICOIDS | | |
| <i>cortisone acetate</i> TABS 25mg | 1 | |
| DEPO-MEDROL SUSP 20mg/ml | 3 | |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 1 | |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 2 | |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml | 1 | |
| <i>fludrocortisone acetate</i> TABS .1mg | 1 | |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg | 1 | |
| MEDROL TABS 2mg | 2 | |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg; TBPK 4mg | 1 | |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml | 1 | |
| <i>methylprednisolone sod succ</i> SOLR 125mg, 1000mg | 1 | |
| <i>prednisolone</i> SOLN 15mg/5ml | 1 | |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg | 1 | |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; TBPK 5mg, 10mg | 1 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 2 | |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | |
| SOLU-MEDROL SOLR 2gm | 3 | |
| GLUCOSE ELEVATING AGENTS | | |
| GLUCAGON EMERGENCY KIT KIT 1mg | 2 | |
| INSTA-GLUCOSE GEL 77.4% | 2 | OTC |
| HUMAN GROWTH HORMONES | | |
| HUMATROPE SOLR 6mg, 12mg, 24mg | 4 | PA |
| HUMATROPE COMBO PACK SOLR 5mg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| MISCELLANEOUS | | |
| <i>cabergoline</i> TABS .5mg | 1 | |
| <i>calcitonin (salmon)</i> SOLN 200unit/act | 1 | |
| CHORIONIC GONADOTROPIN SOLR 10000unit | 4 | PA |
| INCRELEX SOLN 40mg/4ml | 4 | PA |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml | 4 | PA, QL (90 ml / 30 days) |
| <i>octreotide acetate</i> SOLN 200mcg/ml | 4 | PA, QL (225 ml / 30 days) |
| <i>octreotide acetate</i> SOLN 1000mcg/ml | 4 | PA, QL (45 ml / 30 days) |
| OSPHENA TABS 60mg | 2 | |
| PROLIA SOSY 60mg/ml | 4 | PA, QL (60mg / 24 weeks) |
| <i>raloxifene hcl</i> TABS 60mg | 1 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| SAMSCA TABS 15mg | 4 | PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 5 | PA, QL (60 ampules / 30 days) |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 4 | PA, QL (1 injection / 28 days) |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 4 | PA, QL (30 vials / 30 days) |
| <i>tolvaptan</i> TABS 30mg | 4 | PA |
| TYMLOS SOPN 3120mcg/1.56ml | 4 | PA, QL (1 pen / 30 days) |
| PHOSPHATE BINDER AGENTS | | |
| <i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg | 1 | |
| FOSRENOL PACK 750mg, 1000mg | 3 | |
| PHOSLYRA SOLN 667mg/5ml | 2 | |
| <i>sevelamer carbonate</i> PACK .8gm, 2.4gm; TABS 800mg | 1 | |
| VELPHORO CHEW 500mg | 3 | |
| PROGESTINS | | |
| CRINONE GEL 4%, 8% | 2 | |
| LUPANETA KIT 3.75-5 | 5 | PA |
| LUPANETA KIT 11.25-5 | 5 | PA |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>norethindrone acetate</i> TABS 5mg | 1 | |
| <i>progesterone micronized</i> CAPS 100mg, 200mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| THYROID AGENTS | | |
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levoxy</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg | 1 | |
| <i>methimazole</i> TABS 5mg, 10mg | 1 | |
| <i>propylthiouracil</i> TABS 50mg | 1 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 2 | |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg | 1 | |
| VASOPRESSINS | | |
| <i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg | 1 | |
| <i>desmopressin acetate spray</i> SOLN .01% | 1 | |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | 1 | |
| GASTROINTESTINAL | | |
| ANTICHOLINERGICS | | |
| <i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml | 1 | |
| CUVPOSA SOLN 1mg/5ml | 2 | |
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml, 10mg/ml; TABS 20mg | 1 | |
| <i>ed-spaz</i> TBDP .125mg | 1 | |
| <i>glycopyrrolate</i> SOLN 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg | 1 | |
| <i>hyoscyamine sulfate</i> SUBL .125mg; TABS .125mg; TB12 .375mg; TBDP .125mg | 1 | |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nulev</i> TBDP .125mg | 1 | |
| <i>oscimin</i> SUBL .125mg; TABS .125mg | 1 | |
| <i>oscimin sr</i> TB12 .375mg | 1 | |
| <i>symax-sl</i> SUBL .125mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ANTIEMETICS | | |
| AKYNZEO CAP 300-0.5 | 3 | QL (2 caps / 21 days) |
| <i>aprepitant</i> CAPS 40mg | 1 | QL (3 caps / 180 days) |
| <i>aprepitant</i> CAPS 80mg | 1 | QL (4 caps / 21 days) |
| <i>aprepitant</i> CAPS 125mg | 1 | QL (2 caps / 21 days) |
| <i>aprepitant pak 80 & 125</i> | 1 | QL (2 packs / 21 days) |
| <i>compro</i> SUPP 25mg | 1 | |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg | 1 | QL (60 caps / 25 days) |
| <i>granisetron hcl</i> SOLN 1mg/ml | 1 | QL (2 mL / 21 days) |
| <i>granisetron hcl</i> TABS 1mg | 1 | QL (12 tabs / 21 days) |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg | 1 | |
| <i>metoclopramide hcl</i> SOLN 5mg/ml, 10mg/10ml; TABS 5mg, 10mg; TBDP 5mg | 1 | |
| <i>ondansetron</i> TBDP 4mg, 8mg | 1 | QL (18 tabs / 21 days) |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml | 1 | QL (20 mL / 21 days) |
| <i>ondansetron hcl</i> SOLN 4mg/5ml | 1 | QL (200 mL / 21 days) |
| <i>ondansetron hcl</i> TABS 4mg, 8mg | 1 | QL (18 tabs / 21 days) |
| <i>ondansetron hcl</i> TABS 24mg | 1 | QL (2 tabs / 21 days) |
| <i>phenadoz</i> SUPP 25mg | 1 | |
| <i>prochlorperazine</i> SUPP 25mg | 1 | |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg | 1 | |
| <i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SUPP 12.5mg, 25mg | 1 | |
| <i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethegan</i> SUPP 12.5mg, 25mg, 50mg | 1 | |
| SANCUSO PTCH 3.1mg/24hr | 2 | QL (2 patches / 21 days) |
| <i>scopolamine</i> PT72 1mg/3days | 1 | |
| <i>trimethobenzamide hcl</i> CAPS 300mg | 1 | |
| VARUBI TBPK 90mg | 2 | |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg | 1 | |
| <i>cimetidine hcl</i> SOLN 300mg/5ml | 1 | |
| <i>famotidine</i> SOLN 20mg/2ml; SUSR 40mg/5ml; TABS 20mg, 40mg | 1 | |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 1 | |
| <i>nizatidine</i> CAPS 150mg, 300mg; SOLN 15mg/ml | 1 | |
| <i>ranitidine hcl</i> SOLN 50mg/2ml | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium</i> CAPS 750mg | 1 | |
| <i>budesonide</i> CPEP 3mg | 1 | |
| <i>colocort</i> ENEM 100mg/60ml | 1 | |
| DIPENTUM CAPS 250mg | 3 | PA |
| <i>mesalamine</i> CP24 .375gm; CPDR 400mg; ENEM 4gm; SUPP 1000mg; TBEC 1.2gm, 800mg | 1 | |
| <i>mesalamine w/ cleanser</i> KIT 4gm | 1 | |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg | 1 | |
| IRRITABLE BOWEL SYNDROME WITH CONSTIPATION | | |
| AMITIZA CAPS 8mcg, 24mcg | 2 | |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 2 | |
| IRRITABLE BOWEL SYNDROME WITH DIARRHEA | | |
| <i>alose tron hcl</i> TABS .5mg, 1mg | 1 | PA |
| LAXATIVES | | |
| CLENPIQ SOL | 0 | \$0 copay for members age 50 through 74, otherwise not covered |
| <i>enulose</i> SOLN 10gm/15ml | 1 | |
| <i>gavilyte-c</i> | 1 | |
| <i>gavilyte-g</i> | 1 | |
| <i>gavilyte-h</i> | 0 | \$0 copay for members age 50 through 74, otherwise not covered |
| <i>gavilyte-n/ flavor pack</i> | 1 | |
| <i>generlac</i> SOLN 10gm/15ml | 1 | |
| GOLYTELY SOL | 2 | |
| <i>lactulose</i> SOLN 10gm/15ml | 1 | |
| MOVIPREP SOL | 0 | \$0 copay for members age 50 through 74; Tier 2 for all others |
| OSMOPREP TAB 1.5GM | 3 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 1 | |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> | 0 | \$0 copay for members age 50 through 74; Tier 1 for all others |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 1 | |
| PLENVU SOL | 0 | \$0 copay for members age 50 through 74, otherwise not covered |
| <i>polyethylene glycol 3350</i> POWD 17gm/scoop | 1 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|-----------|--|
| PREPOPIK PAK | 0 | \$0 copay for members age 50 through 74, otherwise not covered |
| SUPREP BOWEL SOL PREP KIT | 0 | \$0 copay for members age 50 through 74; Tier 2 for all others |

MISCELLANEOUS

| | | |
|---|---|---------------------------|
| <i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml | 1 | |
| <i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml | 1 | |
| <i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg | 1 | |
| <i>loperamide hcl</i> CAPS 2mg | 1 | |
| <i>misoprostol</i> TABS 100mcg, 200mcg | 1 | |
| MOTOFEN TAB 1-0.025 | 3 | |
| MOVANTIK TABS 12.5mg, 25mg | 2 | |
| SUCRAID SOLN 8500unit/ml | 3 | PA, QL (354 mL / 25 days) |
| <i>sucralfate</i> TABS 1gm | 1 | |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg | 1 | |

PANCREATIC ENZYMES

| | | |
|---------------------|---|----|
| CREON CAP 3000UNIT | 2 | PA |
| CREON CAP 6000UNIT | 2 | PA |
| CREON CAP 12000UNT | 2 | PA |
| CREON CAP 24000UNT | 2 | PA |
| CREON CAP 36000UNT | 2 | PA |
| VIOKACE TAB 10440 | 2 | PA |
| VIOKACE TAB 20880 | 2 | PA |
| ZENPEP CAP 3000UNIT | 2 | PA |
| ZENPEP CAP 5000UNIT | 2 | PA |
| ZENPEP CAP 10000UNT | 2 | PA |
| ZENPEP CAP 15000UNT | 2 | PA |
| ZENPEP CAP 20000UNT | 2 | PA |
| ZENPEP CAP 25000 | 2 | PA |
| ZENPEP CAP 40000 | 2 | PA |

PROTON PUMP INHIBITORSS

| | | |
|---|---|-----------------------------------|
| DEXILANT CPDR 30mg, 60mg | 3 | ST, QL (90 caps / 365 days); PA** |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg | 1 | QL (90 caps / 365 days) |
| <i>lansoprazole</i> CPDR 15mg, 30mg | 1 | QL (90 caps / 365 days) |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | QL (90 caps / 365 days) |
| <i>pantoprazole sodium</i> TBEC 20mg, 40mg | 1 | QL (90 tabs / 365 days) |
| <i>rabeprazole sodium</i> TBEC 20mg | 1 | QL (90 tabs / 365 days) |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **ST** - Step Therapy

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| RECTAL, CORTICOSTEROIDS | | |
| <i>procto-pak</i> CREA 1% | 1 | |
| <i>proctosol hc</i> CREA 2.5% | 1 | |
| <i>proctozone-hc</i> CREA 2.5% | 1 | |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> TB24 10mg | 1 | |
| CARDURA XL TB24 4mg, 8mg | 3 | ST; PA** |
| <i>dutasteride</i> CAPS .5mg | 1 | |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | 1 | |
| <i>finasteride</i> TABS 5mg | 1 | |
| <i>silodosin</i> CAPS 4mg, 8mg | 1 | |
| <i>tadalafil</i> TABS 2.5mg, 5mg | 1 | PA, QL (30 tabs / 25 days) |
| <i>tamsulosin hcl</i> CAPS .4mg | 1 | |
| CONTRACEPTIVES | | |
| ENCARE SUPP 100mg | 0 | OTC |
| OPTIONS CONCEPTROL VAGINA GEL 4% | 0 | OTC |
| OPTIONS GYNOL II VAGINAL GEL 3% | 0 | OTC |
| SHUR-SEAL GEL 2% | 0 | OTC |
| TODAY SPONGE MISC 1000mg | 0 | OTC |
| VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5% | 0 | OTC |
| MISCELLANEOUS | | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 1 | |
| ELMIRON CAPS 100mg | 3 | |
| <i>flavoxate hcl</i> TABS 100mg | 1 | |
| <i>phenazopyridine tab</i> 95mg TABS 95mg | 1 | OTC |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | 1 | |
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg | 1 | |
| <i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg | 1 | |
| <i>solifenacin succinate</i> TABS 5mg, 10mg | 1 | |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg; TABS 1mg, 2mg | 1 | |
| TOVIAZ TB24 4mg, 8mg | 2 | |
| <i>trospium chloride</i> CP24 60mg; TABS 20mg | 1 | |
| VAGINAL ANTI-INFECTIVES | | |
| CLEOCIN SUPP 100mg | 2 | |
| <i>clindamycin phosphate vaginal</i> CREA 2% | 1 | |
| GYNAZOLE-1 CREA 2% | 3 | |

OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met
 QL - Quantity Limits ST - Step Therapy

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>metronidazole vaginal</i> GEL .75% | 1 | |
| <i>miconazole 3</i> SUPP 200mg | 1 | |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | 1 | |
| <i>vandazole</i> GEL .75% | 1 | |

HEMATOLOGIC

ANTICOAGULANTS

| | | |
|---|---|--|
| ELIQUIS TABS 2.5mg, 5mg | 2 | |
| ELIQUIS STARTER PACK TBPK 5mg | 2 | |
| <i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml | 1 | |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 1 | |
| FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml | 3 | |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| PRADAXA CAPS 75mg, 110mg, 150mg | 3 | |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO TABS 2.5mg, 10mg, 15mg, 20mg | 2 | |
| XARELTO STAR TAB 15/20MG | 2 | |

HEMATOPOIETIC GROWTH FACTORS

| | | |
|--|---|---------------------------------|
| ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/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 | 4 | PA |
| MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml | 5 | PA |
| NEULASTA SOSY 6mg/0.6ml | 4 | PA, QL (2 injections / 28 days) |
| NEULASTA ONPRO KIT PSKT 6mg/0.6ml | 4 | PA, QL (2 injections / 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | PA |
| PROMACTA TABS 12.5mg, 25mg | 5 | PA, QL (30 tabs / 30 days) |
| PROMACTA TABS 50mg, 75mg | 5 | PA, QL (60 tabs / 30 days) |
| RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 40000unit/ml | 4 | PA |
| UDENYCA SOSY 6mg/0.6ml | 4 | PA, QL (2 injections / 28 days) |

MISCELLANEOUS

| | | |
|---|---|--------------------------------|
| <i>anagrelide hcl</i> CAPS .5mg, 1mg | 1 | |
| <i>cilostazol</i> TABS 50mg, 100mg | 1 | |
| HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml | 5 | PA |
| <i>icatibant acetate</i> SOLN 30mg/3ml | 4 | PA, QL (45 syringes / 90 days) |
| <i>pentoxifylline</i> TBCR 400mg | 1 | |
| <i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg | 1 | |

PLATELET AGGREGATION INHIBITORS

| | | |
|---|---|---|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 1 | |
| BRILINTA TABS 60mg, 90mg | 2 | |
| <i>clopidogrel bisulfate</i> TABS 75mg, 300mg | 1 | |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>prasugrel hcl</i> TABS 5mg, 10mg | 1 | |
| YOSPRALA TAB 81-40MG | 3 | |
| YOSPRALA TAB 325-40MG | 3 | |
| ZONTIVITY TABS 2.08mg | 2 | |

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

| | | |
|--------------------------|---|-----------------------------------|
| ACTEMRA SOLN 80mg/4ml | 5 | ST, PA, QL (5 vials / 28 days) |
| ACTEMRA SOLN 200mg/10ml | 5 | ST, PA, QL (4 vials / 14 days) |
| ACTEMRA SOLN 400mg/20ml | 5 | ST, PA, QL (2 vials / 14 days) |
| ACTEMRA SOSY 162mg/0.9ml | 5 | ST, PA, QL (4 syringes / 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| ENBREL SOLN 25mg/0.5ml | 4 | PA, QL (8 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml | 4 | PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL MINI SOCT 50mg/ml | 4 | PA, QL (8 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SURECLICK SOAJ 50mg/ml | 4 | PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml | 4 | PA, QL (2 injections / 28 days) |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | 4 | PA, QL (4 injections / 28 days) |
| HUMIRA PEDIA INJ CROHNS | 4 | PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit) |
| HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml | 4 | PA, QL (3 injections / 28 days); (80mg single strength kit) |
| HUMIRA PEN PNKT 40mg/0.4ml | 4 | PA, QL (4 injections / 28 days) |
| HUMIRA PEN KIT PS/UV | 4 | PA, QL (1 kit / 28 days) |
| HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml | 4 | PA, QL (6 pens / 28 days) |
| HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml | 4 | PA, QL (1 kit / 28 days) |
| HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml | 4 | PA, QL (4 pens / 28 days) |
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml | 4 | PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml | 4 | PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents) |
| RINVOO TB24 15mg | 4 | PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis |
| SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml | 5 | ST, PA, QL (1 injection / 28 days) |
| SIMPONI ARIA SOLN 50mg/4ml | 5 | PA, QL (200 mg / 8 weeks) |
| SKYRIZI PSKT 75mg/0.83ml | 4 | PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis |
| STELARA SOSY 45mg/0.5ml | 4 | PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis |
| STELARA SOSY 90mg/ml | 4 | PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis |
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml | 4 | PA, QL (1 injection / 28 days); Preferred agent for Psoriasis |
| TREMFYA SOPN 100mg/ml; SOSY 100mg/ml | 4 | PA, QL (1 injection / 56 days); Preferred agent for Psoriasis |
| XELJANZ TABS 5mg | 4 | PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis |
| XELJANZ TABS 10mg | 4 | PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira) |
| XELJANZ XR TB24 11mg | 4 | PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis |
| XELJANZ XR TB24 22mg | 4 | PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira) |
| <i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i> | | |
| <i>hydroxychloroquine sulfate</i> TABS 200mg | 1 | |
| <i>leflunomide</i> TABS 10mg, 20mg | 1 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **ST** - Step Therapy

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>methotrexate sodium</i> TABS 2.5mg | 1 | |
| OTEZLA TABS 30mg | 4 | PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| OTEZLA TAB 10/20/30 | 4 | PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| IMMUNOGLOBULIN | | |
| HYQVIA INJ 2.5-200 | 4 | PA |
| HYQVIA INJ 5-400 | 4 | PA |
| HYQVIA INJ 10-800 | 4 | PA |
| HYQVIA INJ 20-1600 | 4 | PA |
| HYQVIA INJ 30-2400 | 4 | PA |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SOLN 2000000unit/0.5ml | 4 | PA |
| ARCALYST SOLR 220mg | 4 | PA, QL (4 vials / 28 days) |
| INTRON A SOLN 10mu/ml, 6000000unit/ml | 4 | PA |
| INTRON A W/DILUENT SOLR 10mu, 18mu, 50mu | 4 | PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 4 | PA, QL (21 caps / 28 days) |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg | 4 | PA, QL (28 caps / 28 days) |
| REVLIMID CAPS 20mg, 25mg | 4 | PA, QL (21 caps / 28 days) |
| THALOMID CAPS 50mg, 100mg | 4 | PA, QL (28 caps / 28 days) |
| THALOMID CAPS 150mg, 200mg | 4 | PA, QL (56 caps / 28 days) |
| IMMUNOSUPPRESSANTS | | |
| AZASAN TABS 75mg, 100mg | 3 | |
| <i>azathioprine</i> TABS 50mg | 1 | |
| <i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml | 1 | |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 1 | |
| <i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg | 1 | |
| <i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 1 | |
| <i>mycophenolate mofetil hcl</i> SOLR 500mg | 1 | |
| <i>mycophenolate sodium</i> TBEC 180mg, 360mg | 1 | |
| PROGRAF SOLN 5mg/ml | 3 | |
| SANDIMMUNE SOLN 100mg/ml | 3 | |
| <i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | 1 | |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg | 1 | |
| ZORTRESS TABS 1mg | 2 | |

VACCINES

| | | |
|--|---|---|
| ACTHIB INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ADACEL INJ | 0 | |
| AFLURIA QUAD INJ 2020-21 | 0 | |
| BEXSERO INJ | 0 | |
| BOOSTRIX INJ | 0 | |
| DAPTACEL INJ | 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 INJ 10mcg/0.5ml, 20mcg/ml; SUSP 10mcg/0.5ml, 20mcg/ml | 0 | |
| FLUAD INJ 2020-21 | 0 | |
| FLUAD QUADRIVALENT INFLUE PRSY .5ml | 0 | |
| FLUARIX QUAD INJ 2020-21 | 0 | |
| FLUBLOK QUAD INJ 2020-21 | 0 | |
| FLUCLVX QUAD INJ 2020-21 | 0 | |
| FLULAVAL QUA INJ 2020-21 | 0 | |
| FLUMIST QUAD SUS 2020-21 | 0 | |
| FLUZONE HD INJ PF 20-21 | 0 | |
| FLUZONE QUAD INJ 2020-21 | 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 |
| INFANRIX INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| 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 | |
| MENVEO INJ | 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 |
| PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml | 0 | |
| PREVNAR 13 INJ | 0 | |
| PROQUAD INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/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 |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|-----------|---|
| ZOSTAVAX SUSR 19400unt/0.65ml | 0 | \$0 copay for members age 19 and older, otherwise not covered |

MEDICAL DEVICES

CONTRACEPTIVES

| | | |
|-----------------------------------|---|-------------------|
| CAYA DPR | 0 | QL (1 / 300 days) |
| FC2 FEMALE MIS CONDOM | 0 | OTC |
| FEMCAP MIS 22MM | 0 | QL (1 / 300 days) |
| FEMCAP MIS 26MM | 0 | QL (1 / 300 days) |
| FEMCAP MIS 30MM | 0 | QL (1 / 300 days) |
| OMNIFLEX DPR | 0 | QL (1 / 300 days) |
| WIDE-SEAL SILICONE DIAPHR DPRH 2% | 0 | QL (1 / 300 days) |

DIABETIC SUPPLIES

| | | |
|-------------------------------------|---|-------------------------------------|
| ACCU-CHEK BLOOD GLUCOSE TEST KITS | 2 | OTC |
| ACCU-CHEK BLOOD GLUCOSE TEST STRIPS | 2 | QL (204 Test Strips / 25 days), OTC |
| ALCOHOL PREP PAD | 2 | OTC |
| BLOOD GLUCOSE CALIBRATION SOLUTION | 2 | OTC |
| DEXCOM G5 MIS RECEIVER | 2 | |
| DEXCOM G5 MIS TRANSMIT | 2 | |
| DEXCOM G6 MIS RECEIVER | 2 | |
| DEXCOM G6 MIS SENSOR | 2 | |
| DEXCOM G6 MIS TRANSMIT | 2 | |
| G4 PLAT PED MIS RVC/SHAR | 2 | |
| G4 PLATINUM MIS PEDIATRC | 2 | |
| G4 PLATINUM MIS RCV/SHAR | 2 | |
| G4 PLATINUM MIS RECEIVER | 2 | |
| G4 PLATINUM MIS TRANSMIT | 2 | |
| G4 SENSOR MIS | 2 | |
| G5/G4 MIS SENSOR | 2 | |
| GLUCOSE URINE TEST STRIPS | 2 | OTC |
| INSULIN PEN NEEDLES | 2 | OTC |
| INSULIN PEN NEEDLES/SYRINGES | 2 | OTC |
| KETONE URINE TEST STRIPS | 2 | OTC |
| LANCETS | 2 | OTC |
| LANCING DEVICE | 2 | OTC |
| OMNIPOD DASH | 2 | |
| OMNIPOD KIT STARTER | 2 | |
| OMNIPOD MIS 5 PACK | 2 | |
| SHARPS CONTAINER | 2 | OTC |
| ULTRALANCE MIS 1.8MM | 2 | OTC |
| URINE GLUCOSE MONITORING SUPPLIES | 2 | OTC |
| URINE TEST STRIPS | 2 | OTC |
| V-GO 20 KIT | 2 | |
| V-GO 30 KIT | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| V-GO 40 KIT | 2 | |
| MISCELLANEOUS | | |
| ADULT RESPIRATORY MASK | 2 | |
| ADULT RESPIRATORY MASK | 2 | OTC |
| HUMATROPEN | 2 | OTC |
| PEDIATRIC RESPIRATORY MASK | 2 | |
| PEDIATRIC RESPIRATORY MASK | 2 | OTC |
| NUTRITIONAL/SUPPLEMENTS | | |
| ELECTROLYTES | | |
| <i>effer-k</i> TBEF 25meq | 1 | |
| FLUORABON SOLN .55mg/0.6ml | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>fluoritab</i> CHEW 1mg | 1 | |
| <i>fluoritab</i> CHEW .25mg, .5mg; SOLN .125mg/drop | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>flura-drops</i> SOLN .25mg/drop | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>klor-con 8</i> TBCR 8meq | 1 | |
| <i>klor-con 10</i> TBCR 10meq | 1 | |
| <i>klor-con m15</i> TBCR 15meq | 1 | |
| <i>klor-con m20</i> TBCR 20meq | 1 | |
| <i>ludent</i> CHEW 1mg | 1 | |
| <i>ludent</i> CHEW .25mg, .5mg | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>magnesium sulfate</i> SOLN 2gm/50ml, 50% | 1 | |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> | 1 | |
| <i>monoject sodium chloride</i> SOLN .9% | 1 | |
| <i>nafrinse</i> CHEW 2.2mg | 1 | |
| <i>nafrinse drops</i> SOLN .125mg/drop | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>potassium chloride</i> CPCR 8meq, 10meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq | 1 | |
| <i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq | 1 | |
| <i>sodium chloride</i> SOLN 2.5meq/ml | 1 | |
| <i>sodium fluoride</i> CHEW 1mg; TABS 1mg | 1 | |
| <i>sodium fluoride</i> CHEW .25mg, .5mg; SOLN .5mg/ml; TABS .5mg | 0 | \$0 applies for ages 5 and under, otherwise not covered |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| IV REPLACEMENT SOLUTIONS | | |
| <i>potassium chloride</i> SOLN 2meq/ml | 1 | |
| <i>sodium chloride</i> SOLN .45%, .9%, 3%, 5% | 1 | |
| VITAMINS | | |
| <i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 1 | |
| <i>cholecalciferol</i> CAPS 50000unit | 1 | OTC |
| CITRANATAL CAP HARMONY | 2 | |
| CITRANATAL CAP MEDLEY | 2 | |
| CITRANATAL MIS | 2 | |
| CITRANATAL MIS 90 DHA | 2 | |
| CITRANATAL MIS B-CALM | 2 | |
| CITRANATAL PAK ASSURE | 2 | |
| CITRANATAL PAK DHA | 2 | |
| CITRANATAL TAB BLOOM | 2 | |
| CITRANATAL TAB RX | 2 | |
| <i>cyanocobalamin</i> SOLN 1000mcg/ml | 1 | |
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg | 1 | |
| <i>elite-ob</i> | 1 | |
| <i>ergocalciferol</i> CAPS 50000unit | 1 | |
| <i>folic acid</i> CAPS 800mcg | 0 | QL (100 caps / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered |
| <i>folic acid</i> TABS 1mg | 1 | |
| <i>folic acid</i> TABS 400mcg, 800mcg | 0 | QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered |
| <i>multi-vit/iron/fluoride</i> | 1 | |
| <i>multi-vitamin/fluoride dr</i> | 1 | |
| <i>multi-vitamin/fluoride/ir</i> | 1 | |
| <i>multivitamin with fluorid</i> | 1 | |
| <i>mvc-fluoride</i> | 1 | |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg | 1 | |
| <i>phytonadione</i> TABS 5mg | 1 | |
| <i>prenatabs rx</i> | 1 | |
| <i>pyridoxine hcl</i> TABS 25mg, 50mg | 1 | OTC |
| <i>tri-vite/fluoride</i> | 1 | |
| <i>vitamins a/c/d/fluoride</i> | 1 | |
| <i>westab max</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| OPHTHALMIC | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 1 | |
| BLEPHAMIDE OIN S.O.P. | 2 | |
| BLEPHAMIDE SUS OP | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 1 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 1 | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 2 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 1 | |
| ANTI-INFECTIVES | | |
| AZASITE SOLN 1% | 2 | |
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 1 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 1 | |
| BESIVANCE SUSP .6% | 3 | |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i> | 1 | |
| <i>erythromycin (ophth) OINT 5mg/gm</i> | 1 | |
| <i>gatifloxacin (ophth) SOLN .5%</i> | 1 | |
| <i>gentak OINT .3%</i> | 1 | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | 1 | |
| <i>levofloxacin (ophth) SOLN .5%</i> | 1 | |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i> | 1 | |
| NATACYN SUSP 5% | 2 | |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1 | |
| <i>ofloxacin (ophth) SOLN .3%</i> | 1 | |
| <i>polycin</i> | 1 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i> | 1 | |
| <i>tobramycin (ophth) SOLN .3%</i> | 1 | |
| <i>trifluridine SOLN 1%</i> | 1 | |
| ZIRGAN GEL .15% | 3 | |
| ANTI-INFLAMMATORIES | | |
| ACUVAIL SOLN .45% | 2 | |
| <i>bromfenac sodium (ophth) SOLN .09%</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>dexamethasone sodium phosphate (ophth)</i> SOLN .1% | 1 | |
| <i>diclofenac sodium (ophth)</i> SOLN .1% | 1 | |
| DUREZOL EMUL .05% | 2 | |
| <i>flurbiprofen sodium</i> SOLN .03% | 1 | |
| FML OINT .1% | 2 | |
| FML FORTE SUSP .25% | 2 | |
| ILEVRO SUSP .3% | 2 | |
| <i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5% | 1 | |
| <i>loteprednol etabonate</i> SUSP .5% | 1 | |
| MAXIDEX SUSP .1% | 2 | |
| NEVANAC SUSP .1% | 2 | |
| PRED MILD SUSP .12% | 2 | |
| <i>prednisolone acetate (ophth)</i> SUSP 1% | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | |
| ANTIALLERGICS | | |
| ALOCRI SOLN 2% | 3 | |
| ALOMIDE SOLN .1% | 3 | |
| <i>azelastine hcl (ophth)</i> SOLN .05% | 1 | |
| BEPREVE SOLN 1.5% | 3 | |
| <i>cromolyn sodium (ophth)</i> SOLN 4% | 1 | |
| <i>epinastine hcl (ophth)</i> SOLN .05% | 1 | |
| LASTACFT SOLN .25% | 2 | |
| <i>olopatadine hcl</i> SOLN .1% | 1 | |
| <i>olopatadine hydrochloride</i> SOLN .2% | 1 | |
| PAZEO SOLN .7% | 2 | |
| ANTI GLAUCOMA | | |
| ALPHAGAN P SOLN .1% | 3 | |
| <i>apraclonidine hcl</i> SOLN .5% | 1 | |
| AZOPT SUSP 1% | 2 | |
| <i>betaxolol hcl (ophth)</i> SOLN .5% | 1 | |
| BETIMOL SOLN .25%, .5% | 3 | |
| BETOPTIC-S SUSP .25% | 2 | |
| <i>bimatoprost</i> SOLN .03% | 3 | |
| <i>brimonidine tartrate</i> SOLN .15%, .2% | 1 | |
| <i>carteolol hcl (ophth)</i> SOLN 1% | 1 | |
| COMBIGAN SOL 0.2/0.5% | 2 | |
| <i>dorzolamide hcl</i> SOLN 2% | 1 | |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml | 1 | |
| IOPIDINE SOLN 1% | 3 | |
| <i>latanoprost</i> SOLN .005% | 1 | |
| <i>levobunolol hcl</i> SOLN .5% | 1 | |
| LUMIGAN SOLN .01% | 2 | ST; PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| PHOSPHOLINE IODIDE SOLR .125% | 3 | |
| <i>pilocarpine hcl</i> SOLN 1% | 1 | |
| SIMBRINZA SUS 1-0.2% | 2 | |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5% | 1 | |
| <i>travoprost</i> SOLN .004% | 1 | |
| ZIOPTAN SOLN .015mg/ml | 3 | ST; PA** |

MISCELLANEOUS

| | | |
|--|---|------------------------------|
| ATROPINE SULFATE SOLN 1% | 3 | |
| CYSTARAN SOLN .44% | 5 | PA, QL (4 bottles / 28 days) |
| LACRISERT INST 5mg | 3 | |
| <i>phenylephrine hcl (mydriatic)</i> SOLN 2.5%, 10% | 1 | |
| <i>proparacaine hcl</i> SOLN .5% | 1 | |
| RESTASIS EMUL .05% | 2 | |
| <i>tropicamide</i> SOLN .5%, 1% | 1 | |

OTHER

IRRIGATION SOLUTIONS

| | | |
|-----------------------------|---|--|
| <i>physiolyte</i> | 1 | |
| <i>physiosol irrigation</i> | 1 | |

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

| | | |
|--|---|---|
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml | 1 | QL (4 auto-injectors / 25 days) |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml | 1 | QL (4 auto-injectors / 25 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK SOAJ .3mg/0.3ml | 2 | QL (4 auto-injectors / 25 days) |
| EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml | 2 | QL (4 auto-injectors / 25 days) |

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§

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

ANTICHOLINERGICSS

| | | |
|--------------------------------------|---|--------------------------|
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 2 | QL (1 package / 25 days) |
| <i>ipratropium bromide</i> SOLN .02% | 1 | QL (5 boxes / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i> | 1 | |
| SPIRIVA HANDIHALER CAPS 18mcg | 2 | QL (1 package / 25 days) |
| SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act | 2 | QL (1 package / 25 days) |

ANTI-HISTAMINE COMBINATIONS

| | | |
|---|---|--------------------------|
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 1 | QL (1 package / 25 days) |
|---|---|--------------------------|

ANTI-HISTAMINES

| | | |
|--|---|---|
| <i>azelastine hcl SOLN .1%, .15%</i> | 1 | QL (2 bottles / 25 days) |
| <i>brompheniramine tannate CHEW 12mg</i> | 1 | |
| <i>carbinoxamine maleate SOLN 4mg/5ml; TABS 4mg</i> | 1 | |
| <i>clemastine fumarate TABS 2.68mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i> | 1 | |
| <i>desloratadine TABS 5mg; TBDP 2.5mg, 5mg</i> | 1 | |
| <i>diphenhydramine hcl ELIX 12.5mg/5ml</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>diphenhydramine hcl SOLN 50mg/ml</i> | 1 | |
| <i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine pamoate CAPS 25mg, 50mg, 100mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg</i> | 1 | |
| <i>olopatadine hcl (nasal) SOLN .6%</i> | 1 | QL (1 container / 25 days) |

BETA AGONISTS

| | | |
|---|---|---------------------------|
| <i>albuterol sulfate AERS 108mcg/act</i> | 1 | QL (2 inhalers / 25 days) |
| <i>albuterol sulfate NEBU 2.5mg/0.5ml</i> | 1 | QL (60 mL / 25 days) |
| <i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml</i> | 1 | QL (5 boxes / 25 days) |
| <i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| <i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml | 1 | QL (45 mL / 25 days) |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml | 1 | QL (300 mL / 25 days) |
| <i>levalbuterol tartrate</i> AERO 45mcg/act | 1 | QL (2 inhalers / 25 days) |
| <i>metaproterenol sulfate</i> SYRP 10mg/5ml | 1 | |
| PERFOROMIST NEBU 20mcg/2ml | 2 | QL (2 boxes / 25 days) |
| STRIVERDI RESPIMAT AERS 2.5mcg/act | 2 | QL (1 package / 25 days) |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg | 1 | |
| BIOLOGIC RESPONSE MODIFIERS | | |
| NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml | 4 | PA, QL (3 injections / 28 days) |
| XOLAIR SOLR 150mg | 4 | PA, QL (6 vials / 28 days) |
| XOLAIR SOSY 75mg/0.5ml | 4 | PA, QL (2 syringes / 28 days) |
| XOLAIR SOSY 150mg/ml | 4 | PA, QL (4 syringes / 28 days) |
| COLD/COUGH | | |
| <i>benzonatate</i> CAPS 100mg, 200mg | 1 | |
| <i>guaifenesin ac</i> | 1 | OTC |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> | 1 | |
| <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> | 1 | |
| <i>hydrocodone w/ homatropine tab 5-1.5 mg</i> | 1 | |
| <i>hydromet</i> | 1 | |
| <i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> | 1 | |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | 1 | |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | 1 | |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> | 1 | |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> | 1 | |
| TUZISTRA XR SUS | 3 | |
| LEUKOTRIENE MODIFIERS | | |
| <i>zileuton</i> TB12 600mg | 3 | |
| LEUKOTRIENE RECEPTOR ANTAGONISTS | | |
| <i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | |
| <i>zafirlukast</i> TABS 10mg, 20mg | 1 | |
| MAST CELL STABILIZERS | | |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | 1 | QL (2 boxes / 25 days) |

OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met
 QL - Quantity Limits ST - Step Therapy

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| MISCELLANEOUS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 1 | |
| DALIRESP TABS 250mcg, 500mcg | 3 | PA |
| ESBRIET CAPS 267mg | 4 | PA, QL (270 caps / 30 days) |
| ESBRIET TABS 267mg | 4 | PA, QL (270 tabs / 30 days) |
| ESBRIET TABS 801mg | 4 | PA, QL (90 tabs / 30 days) |
| KALYDECO PACK 25mg, 50mg, 75mg | 4 | PA, QL (56 packets / 28 days) |
| KALYDECO TABS 150mg | 4 | PA, QL (56 tabs / 28 days); carton consists of 56 tablets |
| KALYDECO TABS 150mg | 4 | PA, QL (60 tabs / 30 days); packet consists of 60 tablets |
| ORKAMBI GRA 100-125 | 4 | PA, QL (56 packets / 28 days) |
| ORKAMBI GRA 150-188 | 4 | PA, QL (56 packets / 28 days) |
| ORKAMBI TAB 100-125 | 4 | PA, QL (112 tabs / 28 days) |
| ORKAMBI TAB 200-125 | 4 | PA, QL (112 tabs / 28 days) |
| PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg | 4 | PA |
| <i>sodium chloride (inhalant)</i> NEBU .9%, 3%, 7%, 10% | 1 | |
| SYMDEKO TAB 50-75MG | 4 | PA, QL (56 tabs / 28 days) |
| SYMDEKO TAB 100-150 | 4 | PA, QL (56 tabs / 28 days) |
| TRIKAFTA TAB | 4 | PA, QL (84 tabs / 28 days) |
| NASAL STEROIDS | | |
| <i>flunisolide (nasal)</i> SOLN .025% | 1 | QL (3 containers / 25 days) |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act | 1 | QL (1 container / 25 days) |
| OMNARIS SUSP 50mcg/act | 3 | ST, QL (1 package / 25 days); PA** |
| <i>triamcinolone acetonide (nasal)</i> AERO 55mcg/act | 1 | QL (1 bottle / 25 days), OTC |
| STERIOD INHALANTS | | |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 2 | QL (1 package / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>budesonide (inhalation)</i> SUSP 1mg/2ml | 1 | QL (1 box / 25 days) |
| <i>budesonide (inhalation)</i> SUSP .5mg/2ml | 1 | QL (2 boxes / 25 days) |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml | 1 | QL (3 boxes / 25 days) |
| QVAR REDIHALER AERB 40mcg/act, 80mcg/act | 2 | QL (2 packages / 25 days) |

STEROID/BETA-AGONIST COMBINATIONS§

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

XANTHINES

| | | |
|---|---|--|
| <i>aminophylline</i> SOLN 25mg/ml | 1 | |
| ELIXOPHYLLIN ELIX 80mg/15ml | 3 | |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg | 3 | |
| <i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg | 1 | |

TOPICAL

DERMATOLOGY, ACNE

| | | |
|--|---|---|
| <i>adapalene</i> CREA .1%; GEL .1%, .3% | 1 | PA; PA applies for members age 35 and older |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> | 1 | |
| <i>avita</i> CREA .025%; GEL .025% | 1 | PA; PA applies for members age 35 and older |
| BENZIQ GEL 5.25% | 2 | |
| BENZIQ LS GEL 2.75% | 2 | |
| <i>benziq wash</i> LIQD 5.25% | 1 | |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>bp wash</i> LIQD 2.5% | 1 | |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 1 | |
| <i>clindamycin phosphate (topical) FOAM 1%; SWAB 1%</i> | 1 | |
| <i>clindamycin phosphate (topical) GEL 1%</i> | 1 | QL (75g / 25 days) |
| <i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> | 1 | QL (60mL / 25 days) |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> | 1 | |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> | 1 | |
| EPIDUO FORTE GEL 0.3-2.5% | 3 | |
| <i>ery</i> PADS 2% | 1 | |
| <i>erythromycin (acne aid) GEL 2%</i> | 1 | QL (60g / 25 days) |
| <i>erythromycin (acne aid) SOLN 2%</i> | 1 | QL (60mL / 25 days) |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| <i>sulfacetamide sodium (acne) LOTN 10%</i> | 1 | |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%, .05% | 1 | PA; PA applies for members age 35 and older |
| <i>tretinoin microsphere</i> GEL .04%, .1% | 1 | PA; PA applies for members age 35 and older |
| DERMATOLOGY, ACTINIC KERATOSIS | | |
| <i>fluorouracil (topical) CREA 5%; SOLN 2%, 5%</i> | 1 | |
| <i>imiquimod</i> CREA 5% | 1 | |
| PICATO GEL .015%, .05% | 3 | |
| DERMATOLOGY, ANTIBIOTICS | | |
| <i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> | 1 | |
| IV PREP WIPE PAD | 2 | OTC |
| <i>mupirocin</i> OINT 2% | 1 | QL (30g / 25 days) |
| <i>silver sulfadiazine</i> CREA 1% | 1 | |
| <i>ssd</i> CREA 1% | 1 | |
| SULFAMYLON CREA 85mg/gm | 3 | |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox</i> GEL .77% | 1 | QL (120g / 25 days) |
| <i>ciclopirox</i> SHAM 1% | 1 | QL (120mL / 25 days) |
| <i>ciclopirox</i> SOLN 8% | 1 | |
| <i>ciclopirox olamine</i> CREA .77% | 1 | QL (120g / 25 days) |
| <i>ciclopirox olamine</i> SUSP .77% | 1 | QL (120mL / 25 days) |
| <i>clotrimazole (topical) CREA 1%</i> | 1 | QL (120g / 25 days) |
| <i>clotrimazole (topical) SOLN 1%</i> | 1 | QL (120mL / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 1 | QL (60g / 25 days) |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> | 1 | QL (60mL / 25 days) |
| <i>econazole nitrate CREA 1%</i> | 1 | QL (60g / 25 days) |
| ERTACZO CREA 2% | 3 | QL (60g / 25 days) |
| EXELDERM SOLN 1% | 3 | ST, QL (60mL / 25 days); PA** |
| JUBLIA SOLN 10% | 3 | PA, QL (4mL / 21 days) |
| <i>ketoconazole (topical) CREA 2%</i> | 1 | QL (120g / 25 days) |
| MENTAX CREA 1% | 3 | QL (60g / 25 days) |
| <i>naftifine hcl CREA 1%, 2%</i> | 1 | QL (60g / 25 days) |
| <i>nyamyc POWD 100000unit/gm</i> | 1 | QL (120g / 25 days) |
| <i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm</i> | 1 | QL (120g / 25 days) |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 1 | QL (60g / 25 days) |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | 1 | QL (60g / 25 days) |
| <i>nystop POWD 100000unit/gm</i> | 1 | QL (120g / 25 days) |
| <i>oxiconazole nitrate CREA 1%</i> | 1 | QL (60g / 25 days) |
| <i>sulconazole nitrate CREA 1%</i> | 1 | QL (60g / 25 days) |
| DERMATOLOGY, ANTIPRURITIC | | |
| <i>doxepin hcl (antipruritic) CREA 5%</i> | 3 | ST, QL (90 grams / 25 days); PA** |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin CAPS 10mg, 17.5mg, 25mg</i> | 1 | |
| <i>calcipotriene SOLN .005%</i> | 1 | |
| <i>calcitriol (topical) OINT 3mcg/gm</i> | 3 | |
| COSENTYX SOSY 150mg/ml | 4 | PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml | 4 | PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| <i>methoxsalen rapid CAPS 10mg</i> | 1 | |
| <i>tazarotene CREA .1%</i> | 1 | PA |
| TAZORAC CREA .05%; GEL .05%, .1% | 2 | PA |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole (topical) SHAM 2%</i> | 1 | |
| <i>selenium sulfide LOTN 2.5%</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> CREA 1% | 1 | QL (120g / 25 days) |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05% | 1 | QL (120g / 25 days) |
| <i>amcinonide</i> CREA .1% | 1 | QL (120g / 25 days) |
| <i>amcinonide</i> LOTN .1% | 1 | QL (120mL / 25 days) |
| AMCINONIDE OINT .1% | 2 | QL (120g / 25 days) |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% | 1 | QL (120g / 25 days) |
| <i>betamethasone dipropionate (topical)</i> LOTN .05% | 1 | QL (120mL / 25 days) |
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05% | 1 | QL (120g / 25 days) |
| <i>betamethasone dipropionate augmented</i> LOTN .05% | 1 | QL (120mL / 25 days) |
| <i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% | 1 | QL (120g / 25 days) |
| <i>betamethasone valerate</i> LOTN .1% | 1 | QL (120mL / 25 days) |
| <i>calcipotriene-betamethasone dipropionate</i> <i>oint 0.005-0.064%</i> | 3 | |
| <i>clobetasol propionate</i> CREA .05%; FOAM .05%; GEL .05%; OINT .05% | 1 | QL (120g / 25 days) |
| <i>clobetasol propionate</i> LIQD .05%; LOTN .05%; SHAM .05%; SOLN .05% | 1 | QL (120mL / 25 days) |
| <i>clocortolone pivalate</i> CREA .1% | 1 | QL (120g / 25 days) |
| <i>desonide</i> CREA .05%; OINT .05% | 1 | QL (120g / 25 days) |
| <i>desonide</i> LOTN .05% | 1 | QL (120mL / 25 days) |
| <i>desoximetasone</i> CREA .05%, .25%; GEL .05%; OINT .05%, .25% | 1 | QL (120g / 25 days) |
| <i>diflorasone diacetate</i> CREA .05%; OINT .05% | 3 | QL (120g / 25 days) |
| <i>fluocinolone acetonide</i> CREA .01%, .025%; OINT .025% | 1 | QL (120g / 25 days) |
| <i>fluocinolone acetonide</i> OIL .01%; SOLN .01% | 1 | QL (120mL / 25 days) |
| <i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05% | 1 | QL (120g / 25 days) |
| <i>fluocinonide</i> SOLN .05% | 1 | QL (120mL / 25 days) |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | 1 | QL (120g / 25 days) |
| <i>fluticasone propionate</i> LOTN .05% | 1 | QL (120mL / 25 days) |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% | 1 | QL (120g / 25 days) |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; OINT 2.5% | 1 | QL (120g / 25 days) |
| <i>hydrocortisone (topical)</i> LOTN 2.5% | 1 | QL (120mL / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| <i>hydrocortisone butyrate</i> CREA .1%; OINT .1% | 1 | QL (120g / 25 days) |
| <i>hydrocortisone butyrate</i> SOLN .1% | 1 | QL (120mL / 25 days) |
| <i>hydrocortisone valerate</i> CREA .2%; OINT .2% | 1 | QL (120g / 25 days) |
| <i>mometasone furoate</i> CREA .1%; OINT .1% | 1 | QL (120g / 25 days) |
| <i>mometasone furoate</i> SOLN .1% | 1 | QL (120mL / 25 days) |
| <i>prednicarbate</i> CREA .1%; OINT .1% | 1 | QL (120g / 25 days) |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; OINT .025%, .1%, .5% | 1 | QL (120g / 25 days) |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1% | 1 | QL (120mL / 25 days) |
| <i>triderm</i> CREA .1% | 1 | QL (120g / 25 days) |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>lidocaine</i> OINT 5% | 1 | QL (50gm / 25 days) |
| <i>lidocaine</i> PTCH 5% | 1 | PA, QL (90 patches / 25 days) |
| <i>lidocaine hcl</i> GEL 2%; PRSY 2% | 1 | QL (60mL / 25 days) |
| <i>lidocaine hcl</i> SOLN 4% | 1 | QL (50mL / 25 days) |
| <i>lidocaine pain relief pat</i> PTCH 4% | 1 | QL (30 patches / 25 days), OTC |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 1 | QL (30gm / 25 days) |
| <i>lidocaine-prilocaine cream kit 2.5-2.5%</i> | 1 | |
| SYNERA DIS 70-70MG | 3 | QL (2 patches / 25 days) |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| CONDYLOX GEL .5% | 3 | |
| DENAVIR CREA 1% | 3 | |
| <i>diclofenac sodium (topical)</i> GEL 1% | 1 | QL (300g / 25 days) |
| <i>diclofenac sodium (topical)</i> GEL 1% | 1 | QL (300g / 25 days), OTC |
| EUCRISA OINT 2% | 2 | ST, QL (60 grams / 25 days); PA** |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 10%, 12% | 1 | |
| <i>podofilox</i> SOLN .5% | 1 | |
| RECTIV OINT .4% | 3 | |
| <i>tacrolimus (topical)</i> OINT .03%, .1% | 1 | |
| TARGETIN GEL 1% | 4 | PA |
| VOLTAREN GEL 1% | 1 | QL (300g / 25 days), OTC |
| DERMATOLOGY, ROSACEA | | |
| <i>azelaic acid</i> GEL 15% | 1 | |
| FINACEA AER 15% FOAM 15% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%, 1%; LOTN .75% | 1 | |
| MIRVASO GEL .33% | 3 | PA |
| <i>rosadan</i> CREA .75% | 1 | |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>crotan</i> LOTN 10% | 1 | |
| EURAX CREA 10% | 3 | |
| <i>lice treatment</i> LOTN 1% | 1 | OTC |
| <i>lindane</i> SHAM 1% | 1 | |
| <i>malathion</i> LOTN .5% | 1 | |
| <i>permethrin</i> CREA 5% | 1 | |
| <i>sb lice treatment</i> LIQD 1% | 1 | OTC |
| SKLICE LOTN .5% | 3 | ST; PA** |
| <i>spinosad</i> SUSP .9% | 1 | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| REGRANEX GEL .01% | 3 | PA |
| <i>sodium chloride (gu irrigant)</i> SOLN .9% | 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hcl</i> CAPS 30mg | 1 | |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 1 | |
| <i>clotrimazole</i> TROC 10mg | 1 | |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%, 4% | 1 | |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml | 1 | |
| <i>oralone dental paste</i> PSTE .1% | 1 | |
| ORAVIG TABS 50mg | 3 | QL (14 tabs / 25 days) |
| <i>periogard</i> SOLN .12% | 1 | |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg | 1 | |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1% | 1 | |
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| <i>acetic acid (otic)</i> SOLN 2% | 1 | |
| CIPRODEX SUS 0.3-0.1% | 2 | |
| <i>ciprofloxacin hcl (otic)</i> SOLN .2% | 1 | |
| <i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% | 1 | |
| COLY-MYCIN S SUS OTIC | 3 | |
| <i>fluocinolone acetonide (otic)</i> OIL .01% | 1 | |
| <i>hydrocortisone w/ acetic acid otic soln</i> 1-2% | 1 | |
| <i>neomycin-polymyxin-hc otic soln</i> 1% | 1 | |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1% | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|------------------|----------------------------|
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| <i>benzoyl peroxide-erythromycin gel 5-</i> | | <i>brompheniramine tannate</i> | 72 |
| 3%..... | 75 | <i>budesonide</i> | 56 |
| <i>benztropine mesylate</i> | 36 | <i>budesonide (inhalation)</i> | 75 |
| BEPREVE..... | 70 | <i>bumetanide</i> | 29 |
| BESIVANCE..... | 69 | <i>buprenorphine</i> | 7 |
| <i>betamethasone dipropionate (topical)</i> | | <i>buprenorphine hcl</i> | 7 |
| | 78 | <i>buprenorphine hcl-naloxone hcl sl film</i> | |
| <i>betamethasone dipropionate</i> | | 12-3 mg (base equiv)..... | 2 |
| <i>augmented</i> | 78 | <i>buprenorphine hcl-naloxone hcl sl film</i> | |
| <i>betamethasone valerate</i> | 78 | 2-0.5 mg (base equiv)..... | 2 |
| BETASERON..... | 42 | <i>buprenorphine hcl-naloxone hcl sl film</i> | |
| <i>betaxolol hcl</i> | 27 | 4-1 mg (base equiv)..... | 2 |
| <i>betaxolol hcl (ophth)</i> | 70 | <i>buprenorphine hcl-naloxone hcl sl film</i> | |
| <i>bethanechol chloride</i> | 58 | 8-2 mg (base equiv)..... | 2 |
| BETIMOL..... | 70 | <i>buprenorphine hcl-naloxone hcl sl tab</i> | |
| BETOPTIC-S..... | 70 | 2-0.5 mg (base equiv)..... | 2 |
| BEVESPI AER 9-4.8MCG..... | 71 | <i>buprenorphine hcl-naloxone hcl sl tab</i> | |
| <i>bexarotene</i> | 21 | 8-2 mg (base equiv)..... | 2 |
| BEXSERO INJ..... | 64 | <i>bupropion hcl</i> | 34 |
| <i>bicalutamide</i> | 18 | <i>bupropion hcl (smoking deterrent)</i> ... | 43 |
| BIKTARVY TAB..... | 11 | <i>buspirone hcl</i> | 41 |
| <i>bimatoprost</i> | 70 | <i>busulfan</i> | 15 |
| <i>bio-statin</i> | 9 | <i>butalbital-acetaminophen-caffeine cap</i> | |
| BIO-STATIN..... | 9 | 50-300-40 mg..... | 1 |
| <i>bisoprolol & hydrochlorothiazide tab</i> | | <i>butalbital-acetaminophen-caffeine cap</i> | |
| 10-6.25 mg..... | 27 | 50-325-40 mg..... | 1 |
| <i>bisoprolol & hydrochlorothiazide tab</i> | | <i>butalbital-acetaminophen-caffeine tab</i> | |
| 2.5-6.25 mg..... | 27 | 50-325-40 mg..... | 1 |
| <i>bisoprolol & hydrochlorothiazide tab 5-</i> | | <i>butalbital-acetaminophen-caff w/ cod</i> | |
| 6.25 mg..... | 27 | <i>cap 50-300-40-30 mg</i> | 2 |
| <i>bisoprolol fumarate</i> | 28 | <i>butalbital-aspirin-caffeine cap 50-325-</i> | |
| <i>bleomycin sulfate</i> | 16 | 40 mg..... | 1 |
| BLEPHAMIDE OIN S.O.P..... | 69 | <i>butorphanol tartrate</i> | 2 |

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| <i>calcitriol</i> | 68 |
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| <i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i> | 22 |
| <i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i> | 22 |
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| <i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i> | 37 |
| <i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i> | 37 |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 37 |
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| <i>carbidopa & levodopa tab er 25-100</i> <i>mg</i> | 37 |

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| <i>cefpodoxime proxetil</i> | 13 |
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| <i>ceftazidime</i> | 13 |
| <i>ceftriaxone sodium</i> | 13 |
| <i>cefuroxime axetil</i> | 13 |
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| <i>chloroquine phosphate</i> | 10 | <i>clindamycin phosphate (topical)</i> | 76 |
| <i>chlorothiazide</i> | 29 | <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> | 76 |
| <i>chlorpromazine hcl</i> | 38 | <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> | 76 |
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| <i>cidofovir</i> | 12 | <i>clorazepate dipotassium</i> | 32 |
| <i>cilostazol</i> | 60 | <i>clotrimazole</i> | 80 |
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| <i>cimetidine</i> | 55 | <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 77 |
| <i>cimetidine hcl</i> | 55 | <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> | 77 |
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| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 80 | CODEINE SULFATE..... | 3 |
| <i>ciprofloxacin hcl</i> | 14 | <i>colchicine</i> | 1 |
| <i>ciprofloxacin hcl (ophth)</i> | 69 | <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 |
| <i>ciprofloxacin hcl (otic)</i> | 80 | <i>colestipol hcl</i> | 26 |
| <i>cisplatin</i> | 21 | <i>colocort</i> | 56 |
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| <i>cromolyn sodium (mastocytosis)</i> | 57 | <i>desmopressin acetate spray</i> | |
| <i>cromolyn sodium (ophth)</i> | 70 | <i>refrigerated</i> | 54 |
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| <i>cytarabine</i> | 16 | <i>diazepam intensol</i> | 32 |
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| <i>dacarbazine</i> | 16 | <i>diclofenac sodium</i> | 1 |
| <i>dalfampridine</i> | 42 | <i>diclofenac sodium (ophth)</i> | 70 |
| DALIRESP | 74 | <i>diclofenac sodium (topical)</i> | 79 |
| <i>danazol</i> | 50 | <i>diclofenac w/ misoprostol tab delayed</i> | |
| <i>dantrolene sodium</i> | 43 | <i>release 50-0.2 mg</i> | 1 |
| <i>dapsone</i> | 8 | <i>diclofenac w/ misoprostol tab delayed</i> | |
| DAPTACEL INJ | 64 | <i>release 75-0.2 mg</i> | 1 |
| DARAPRIM | 8 | <i>dicloxacillin sodium</i> | 15 |
| <i>darifenacin hydrobromide</i> | 58 | <i>dicyclomine hcl</i> | 54 |
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| <i>delyla</i> | 48 | <i>digox</i> | 29 |
| <i>demeclocycline hcl</i> | 15 | <i>digoxin</i> | 29 |

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| <i>diltiazem hcl coated beads</i> | 29 | <i>mg</i> | 58 |
| <i>diltiazem hcl extended release beads</i> | 29 | E | |
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| <i>mg/5ml</i> | 57 | <i>effer-k</i> | 67 |
| <i>diphenoxylate w/ atropine tab 2.5-</i> | | ELESTRIN | 51 |
| <i>0.025 mg</i> | 57 | <i>eletriptan hydrobromide</i> | 40 |
| <i>dipyridamole</i> | 60 | ELIGARD..... | 18 |
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| <i>soln 22.3-6.8 mg/ml</i> | 70 | EMSAM | 35 |
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| <i>doxepin hcl (antipruritic)</i> | 77 | <i>enalapril maleate & hydrochlorothiazide</i> | |
| <i>doxepin hcl (sleep)</i> | 40 | <i>tab 10-25 mg</i> | 22 |
| <i>doxercalciferol</i> | 68 | <i>enalapril maleate & hydrochlorothiazide</i> | |
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| <i>drospirenone-ethinyl estrad-</i> | | <i>enpresse-28</i> | 48 |
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| <i>drospirenone-ethinyl estrad-</i> | | <i>entacapone</i> | 37 |
| <i>levomefolate tab 3-0.03-0.451 mg</i> | 48 | <i>entecavir</i> | 12 |
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| <i>ethambutol hcl</i> | 12 |
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| <i>etodolac</i> | 1 |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | 48 |
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| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 26 |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 26 |
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| <i>telmisartan-hydrochlorothiazide tab 40-</i> | | <i>tolmetin sodium.....</i> | 2 |
| <i>12.5 mg.....</i> | 25 | <i>tolterodine tartrate.....</i> | 58 |
| <i>telmisartan-hydrochlorothiazide tab 80-</i> | | <i>tolvaptan.....</i> | 53 |
| <i>12.5 mg.....</i> | 25 | <i>topiramate.....</i> | 33 |
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| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 25 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 25 |
| <i>vancomycin hcl</i> | 9 |
| <i>vandazole</i> | 59 |
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| VIOKACE TAB 20880 | 57 |
| <i>viorele</i> | 50 |
| VIRACEPT | 11 |
| VIREAD | 11 |
| VISTOGARD | 21 |
| <i>vitamins a/c/d/fluoride</i> | 68 |
| VITRAKVI | 20 |
| VIVITROL..... | 44 |
| VOLTAREN | 79 |
| <i>voriconazole</i> | 9 |
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| <i>zolmitriptan</i> | 41 | ZUBSOLV SUB 11.4-2.9 | 2 |
| <i>zolpidem tartrate</i> | 40 | ZUBSOLV SUB 2.9-0.71 | 2 |
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Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

AMYLIN ANALOG 676-D

SYMLINPEN 120, SYMLINPEN 60

Coverage will be provided if the member has filled a prescription for a 30 day supply of rapid-acting insulin or short-acting insulin, or pre-mixed insulin within the past 120 days

Step Therapy Group

Drug Names

Step Therapy Criteria

ANTIPSYCHOTICS 657-D

LATUDA, REXULTI, SAPHRIS

Coverage will be provided if the member has filled a prescription for a 30 day supply of generic aripiprazole, olanzapine, paliperidone, risperidone, quetiapine (regular or extended release), or ziprasidone within the past 180 days

Step Therapy Group

Drug Names

Step Therapy Criteria

CGRP RECEPTOR ANTAGONIST CLUSTER HEADACHE 2761-E

EMGALITY

Coverage will be provided for Emgality 100 mg if the member has filled a prescription for at least a 1 day supply of sumatriptan (subcutaneous or nasal) or zolmitriptan (nasal or oral) within the past 730 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

CGRP RECEPTOR ANTAGONIST MIGRAINE 2761-E

AIMOVIG, AJOVY, EMGALITY

Coverage will be provided for Aimovig, Ajovy and Emgality 120 mg if the member has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, or venlafaxine within the past 730 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

DESVENLAFAXINE/FETZIMA 1888-E

DESVENLAFAXINE ER, FETZIMA, FETZIMA TITRATION PACK

Coverage will be provided if the patient has filled a prescription for a 30 day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) OR generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 1009-D

ALOGLIPTIN, JANUMET, JANUMET XR, JANUVIA, JENTADUETO XR

Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days

Step Therapy Group

Drug Names

Step Therapy Criteria

DOXEPIN 1496-E

DOXEPIN HYDROCHLORIDE

Coverage will be provided if the member has filled a prescription for at least a 7 day supply of a generic topical corticosteroid AND at least a 7 day supply of topical tacrolimus (Protopic) within the past 120 days.

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| <i>Step Therapy Group</i> | EUCRISA 3199-E |
| <i>Drug Names</i> | EUCRISA |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for at least a one day supply of a medium or higher potency topical corticosteroid within the past 180 days. |
| <i>Step Therapy Group</i> | EXELDERM 1380-D |
| <i>Drug Names</i> | EXELDERM |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the patient has filled a prescription for a 7 day supply of a generic topical antifungal agent within the past 120 days |
| <i>Step Therapy Group</i> | GLP- 1 AGONIST 676-D |
| <i>Drug Names</i> | OZEMPIC, TRULICITY, VICTOZA |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days |
| <i>Step Therapy Group</i> | GLP-1 AGONIST/LONG ACTING INSULIN COMBO 676-D |
| <i>Drug Names</i> | SOLIQUA 100/33, XULTOPHY 100/3.6 |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days |
| <i>Step Therapy Group</i> | INTUNIV 4153-D |
| <i>Drug Names</i> | GUANFACINE ER |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for an amphetamine-dextroamphetamine, dextroamphetamine, methamphetamine, lisdexamfetamine, methylphenidate or dexmethylphenidate product (at least a 30 day supply within the past 180 days) |
| <i>Step Therapy Group</i> | LYRICA 656-D |
| <i>Drug Names</i> | PREGABALIN |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for regular release generic gabapentin (at least a 30 day supply within the past 120 days) |
| <i>Step Therapy Group</i> | NASAL STEROID 380-D |
| <i>Drug Names</i> | OMNARIS |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for at least a 30 day supply of a generic nasal steroid within the past 180 days. |

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| Step Therapy Group | OPIOID ER 2219-M |
| Drug Names | BELBUCA, BUPRENORPHINE, FENTANYL, HYDROMORPHONE HCL ER, HYDROMORPHONE HYDROCHLORI, HYSINGLA ER, METHADONE HCL, METHADONE HCL INTENSOL, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYCONTIN, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, XTAMPZA ER |
| Step Therapy Criteria | Coverage will be provided if the member has filled a cumulative 7-day or greater supply of an immediate-release opioid agent within the past 90 days OR has been receiving an extended-release opioid agent for a cumulative 30 days or greater within the past 90 days. |
| Step Therapy Group | OPIOID IR 2221-M |
| Drug Names | CODEINE SULFATE, HYDROMORPHONE HCL, LEVORPHANOL TARTRATE, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYCODONE HYDROCHLORIDE, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL |
| Step Therapy Criteria | Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days. |
| Step Therapy Group | OPIOID IR COMBO PRODUCTS 1358-E |
| Drug Names | ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, OXYCODONE/IBUPROFEN, TRAMADOL HYDROCHLORIDE/AC |
| Step Therapy Criteria | Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days. |
| Step Therapy Group | PDPD AUTOIMMUNE |
| Drug Names | ACTEMRA, SIMPONI |
| Step Therapy Criteria | For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara, Rinvoq, Xeljanz 5mg, or Xeljanz XR 11mg. |
| Step Therapy Group | PDPD HEP C |
| Drug Names | SOVALDI, ZEPATIER |
| Step Therapy Criteria | Must try Epclusa or Harvoni |
| Step Therapy Group | PDPD MS |
| Drug Names | AVONEX, AVONEX PEN, PLEGRIDY, PLEGRIDY STARTER PACK |
| Step Therapy Criteria | Must try Betaseron, Rebif, Glatiramer 40mg, Glatopa 20mg, Copaxone 20mg, Copaxone 40mg, Gilenya, Tecfidera or Aubagio |

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| <i>Step Therapy Group</i> | RANEXA 658-D |
| <i>Drug Names</i> | RANOLAZINE ER |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a beta blocker in combination with either a calcium channel blocker or long-acting nitrate (at least a 30 day supply within the past 365 days) |
| <i>Step Therapy Group</i> | ROSUVASTATIN 2530-F |
| <i>Drug Names</i> | ROSUVASTATIN CALCIUM |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member is less than 10 years of age or has filled a prescription for at least a 30 day supply of atorvastatin or simvastatin within the past 180 days. Step does not apply to members age 40-75 filling rosuvastatin 5mg and 10mg. |
| <i>Step Therapy Group</i> | SAVELLA 2557-D |
| <i>Drug Names</i> | SAVELLA, SAVELLA TITRATION PACK |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for at least a 30 day supply of immediate-release pregabalin or duloxetine within the past 120 days. |
| <i>Step Therapy Group</i> | SIMVA 80MG 981-D |
| <i>Drug Names</i> | SIMVASTATIN |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) (at least a 290 day supply within the past 365 days) |
| <i>Step Therapy Group</i> | SKLICE 3744-D |
| <i>Drug Names</i> | SKLICE |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for at least a 14 day supply of permethrin 1% within the past 60 days |
| <i>Step Therapy Group</i> | SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2) AND SGLT2 COMBINATIONS 676-D |
| <i>Drug Names</i> | FARXIGA, GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days |
| <i>Step Therapy Group</i> | TGST ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) DIRECT RENIN INHIBITORS 823-D |
| <i>Drug Names</i> | EDARBI |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for TWO generic ACE, ACE/HCTZ combination, ARB, or ARB/HCTZ combination products, direct renin inhibitor or generic ACE/CCB combination products (at least a 30 day supply within the past 365 days) |

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| <i>Step Therapy Group</i> | TGST BISPHOSPHONATES 377-D |
| <i>Drug Names</i> | FOSAMAX PLUS D |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a generic bisphosphonate product (at least a 28 day supply within the past 365 days) |
| <i>Step Therapy Group</i> | TGST BPH-ALPHA1 BLCK 606-D |
| <i>Drug Names</i> | CARDURA XL |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a generic Benign Prostatic Hyperplasia (BPH) agent (e.g., alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin) (at least a 30 day supply within the past 365 days) |
| <i>Step Therapy Group</i> | TGST PPI 383-D |
| <i>Drug Names</i> | DEXILANT |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a generic proton pump inhibitor (at least a 30 day supply within the past 180 days) |
| <i>Step Therapy Group</i> | TGST PROSTAGL ANALOG 613-D |
| <i>Drug Names</i> | LUMIGAN, ZIOPTAN |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (at least a 30 day supply within the past 365 days) |
| <i>Step Therapy Group</i> | TGST SLEEP AGENTS 382-D |
| <i>Drug Names</i> | BELSOMRA |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a generic nonbenzodiazepine hypnotic (at least a 30 day supply within the past 180 days) |
| <i>Step Therapy Group</i> | TGST SSRI 384-D |
| <i>Drug Names</i> | TRINTELLIX, VIIBRYD, VIIBRYD STARTER PACK |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for a generic SSRI product (at least a 30 day supply within the past 365 days) |
| <i>Step Therapy Group</i> | TREXIMET 3020-D |
| <i>Drug Names</i> | SUMATRIPTAN/NAPROXEN SODI |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for at least a 30 day supply of generic sumatriptan AND generic naproxen within the past 120 days. |
| <i>Step Therapy Group</i> | ULORIC 540-D |
| <i>Drug Names</i> | FEBUXOSTAT |
| <i>Step Therapy Criteria</i> | Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30 day supply within the past 180 days) |