

Piedmont Community Health Plan

2022 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.

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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 five. 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

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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

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

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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.

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EXCH_CVSC 5T STND Effective 11/01/2022

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib caps 50mg, 100mg, 200mg	1	
GOUT		
allopurinol tabs 100mg, 300mg	1	
colchicine tabs .6mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tabs 40mg, 80mg	1	ST; PA**
probenecid tabs 500mg	1	
NON-OPIOID ANALGESICS§		
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	PA, QL (48 caps / 30 days); High Risk Medications require PA for members age 70 and older
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	PA, QL (48 caps / 30 days); High Risk Medications require PA for members age 70 and older
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	PA, QL (48 tabs / 30 days); High Risk Medications require PA for members age 70 and older
butalbital-aspirin-caffeine cap 50-325-40 mg	1	PA, QL (48 caps / 30 days); High Risk Medications require PA for members age 70 and older
tencon	1	PA, QL (48 tabs / 30 days); High Risk Medications require PA for members age 70 and older
NSAIDS, COMBINATIONS§		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
NSAIDS§		
diclofenac potassium tabs 50mg	1	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1	
fenoprofen calcium tabs 600mg	3	
flurbiprofen tabs 50mg, 100mg	1	
ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg	1	
ketoprofen caps 50mg, 75mg	1	
ketorolac tromethamine soln 15mg/ml, 30mg/ml	1	
ketorolac tromethamine tabs 10mg	1	QL (20 tabs / 30 days)
meclofenamate sodium caps 50mg, 100mg	1	
mefenamic acid caps 250mg	1	
meloxicam tabs 7.5mg, 15mg	1	
nabumetone tabs 500mg, 750mg	1	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs 600mg	1	
piroxicam caps 10mg, 20mg	1	
sulindac tabs 150mg, 200mg	1	
tolmetin sodium caps 400mg; tabs 600mg	1	
OPIOID ANALGESICS§		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	ST, QL (2700 mL / 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	1	ST, QL (400 tabs / 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	1	ST, QL (360 tabs / 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	3	ST, QL (300 tabs / 30 days); Subject to initial 7-day limit
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	PA, QL (48 caps / 30 days); High Risk Medications require PA for members age 70 and older
butorphanol tartrate soln 1mg/ml, 2mg/ml	1	
butorphanol tartrate soln 10mg/ml	1	QL (2 bottles / 30 days)
codeine sulfate tabs 30mg	1	ST, QL (42 tabs / 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
CODEINE SULFATE TABS 60mg	3	ST, QL (42 tabs / 30 days); Subject to initial 7-day limit
endocet tab 2.5-325	1	ST, QL (360 tabs / 30 days); Subject to initial 7-day limit
endocet tab 5-325mg	1	ST, QL (360 tabs / 30 days); Subject to initial 7-day limit
endocet tab 7.5-325	1	ST, QL (240 tabs / 30 days); Subject to initial 7-day limit
endocet tab 10-325mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
fentanyl pt72 12mcg/hr, 25mcg/hr	1	ST, QL (10 patches / 30 days)
fentanyl pt72 50mcg/hr, 75mcg/hr, 100mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	PA, QL (120 lozenges / 30 days)
hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg	1	ST, QL (30 tabs / 30 days)
hydrocodone bitartrate t24a 100mg, 120mg	1	ST, PA; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	ST, QL (2700 mL / 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	ST, QL (240 tabs / 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	1	ST, QL (50 tabs / 30 days); Subject to initial 7-day limit
hydromorphone hcl soln 2mg/ml	1	
hydromorphone hcl tabs 2mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
hydromorphone hcl tabs 4mg	1	ST, QL (150 tabs / 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tabs 8mg	1	ST, QL (60 tabs / 30 days); Subject to initial 7-day limit
hydromorphone hcl tb24 8mg, 12mg, 16mg	1	ST, QL (30 tabs / 30 days)
hydromorphone hcl tb24 32mg	1	ST, PA; High Strength Requires PA
levorphanol tartrate tabs 2mg	3	ST, QL (120 tabs / 30 days); Subject to initial 7-day limit
levorphanol tartrate tabs 3mg	3	ST, QL (60 tabs / 30 days); Subject to initial 7-day limit
methadone hcl conc 10mg/ml	1	QL (30 mL / 30 days); (indicated for opioid addiction)
methadone hcl soln 5mg/5ml	1	ST, QL (450 mL / 30 days)
methadone hcl soln 10mg/5ml	1	ST, QL (300 mL / 30 days)
methadone hcl tabs 5mg	1	ST, QL (90 tabs / 30 days)
methadone hcl tabs 10mg	1	ST, QL (60 tabs / 30 days)
methadone hcl tbso 40mg	1	QL (9 tabs / 30 days)
methadone hydrochloride i conc 10mg/ml	1	ST, QL (60 mL / 30 days); (generic of Methadone Intensol, indicated for pain)
methadose tbso 40mg	1	QL (9 tabs / 30 days)
morphine sulfate cp24 10mg, 20mg, 30mg	1	ST, QL (60 caps / 30 days)
morphine sulfate cp24 50mg, 60mg, 80mg	1	ST, QL (30 caps / 30 days)
morphine sulfate cp24 100mg; tbcr 60mg, 100mg, 200mg	1	ST, PA; High Strength Requires PA
morphine sulfate soln 4mg/ml, 10mg/ml	1	
morphine sulfate soln 10mg/5ml	1	ST, QL (900 mL / 30 days); Subject to initial 7-day limit
morphine sulfate soln 20mg/5ml	1	ST, QL (675 mL / 30 days); Subject to initial 7-day limit
morphine sulfate soln 20mg/ml	1	ST, QL (135 mL / 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tabs 15mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
morphine sulfate tabs 30mg	1	ST, QL (90 tabs / 30 days); Subject to initial 7-day limit
morphine sulfate tbcr 15mg, 30mg	1	ST, QL (90 tabs / 30 days)
morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg	1	ST, QL (30 caps / 30 days)
morphine sulfate beads cp24 120mg	1	ST, PA; High Strength Requires PA
nalbuphine hcl soln 10mg/ml, 20mg/ml	1	
NUCYNTA TABS 50mg	2	ST, QL (120 tabs / 30 days); Subject to initial 7-day limit
NUCYNTA TABS 75mg	2	ST, QL (90 tabs / 30 days); Subject to initial 7-day limit
NUCYNTA TABS 100mg	2	ST, QL (60 tabs / 30 days); Subject to initial 7-day limit
NUCYNTA ER TB12 50mg, 100mg	3	ST, QL (60 tabs / 30 days)
NUCYNTA ER TB12 150mg, 200mg, 250mg	3	ST, PA; High Strength Requires PA
oxycodone hcl caps 5mg	1	ST, QL (180 caps / 30 days); Subject to initial 7-day limit
oxycodone hcl conc 100mg/5ml	1	ST, QL (90 mL / 30 days); Subject to initial 7-day limit
oxycodone hcl soln 5mg/5ml	1	ST, QL (900 mL / 30 days); Subject to initial 7-day limit
oxycodone hcl t12a 10mg, 15mg, 20mg, 30mg	1	ST, QL (60 tabs / 30 days)
oxycodone hcl t12a 40mg, 60mg, 80mg	1	ST, PA; High Strength Requires PA
oxycodone hcl tabs 5mg, 10mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
oxycodone hcl tabs 15mg	1	ST, QL (120 tabs / 30 days); Subject to initial 7-day limit
oxycodone hcl tabs 20mg	1	ST, QL (90 tabs / 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tabs 30mg	1	ST, QL (60 tabs / 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg	1	ST, QL (360 tabs / 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	1	ST, QL (360 tabs / 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	1	ST, QL (240 tabs / 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
oxycodone-aspirin tab 4.8355-325 mg	1	ST, QL (360 tabs / 30 days); Subject to initial 7-day limit
oxymorphone hcl tabs 5mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
oxymorphone hcl tabs 10mg	1	ST, QL (90 tabs / 30 days); Subject to initial 7-day limit
oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg	1	ST, QL (60 tabs / 30 days)
oxymorphone hcl tb12 20mg, 30mg, 40mg	1	ST, PA; High Strength Requires PA
tramadol hcl tabs 50mg	1	ST, QL (180 tabs / 30 days); Subject to initial 7-day limit
tramadol hcl tb24 100mg	1	ST, QL (30 tabs / 30 days)
tramadol hcl tb24 200mg, 300mg	1	ST, PA; High Strength Requires PA
tramadol-acetaminophen tab 37.5-325 mg	1	ST, QL (40 tabs / 30 days); Subject to initial 7-day limit
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	2	ST, QL (60 caps / 30 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 / 30 days)
BELBUCA FILM 600mcg, 750mcg, 900mcg	2	ST, PA; High Strength Requires Prior Auth

Drug Name	Drug Tier	Requirements/Limits
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr	1	ST, QL (4 patches / 30 days)
buprenorphine ptwk 15mcg/hr, 20mcg/hr	1	ST, PA; High Strength Requires Prior Auth
buprenorphine hcl soln .3mg/ml	1	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	
SALICYLATES		
aspirin enteric coated ad 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
diflunisal tabs 500mg	1	
goodsense aspirin 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
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) soln .5%, 1%, 2%	1	
ANTI-INFECTIVES		
ANTHELMINTICS		
albendazole tabs 200mg	3	QL (336 tabs / 365 days)
EMVERM CHEW 100mg	3	QL (12 tabs / 365 days)
ivermectin tabs 3mg	1	
praziquantel tabs 600mg	1	QL (24 tabs / 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate soln 1gm/4ml, 500mg/2ml	1	
fosfomycin tromethamine pack 3gm	1	
gentamicin sulfate soln 40mg/ml	1	
neomycin sulfate tabs 500mg	1	
paromomycin sulfate caps 250mg	1	
sulfadiazine tabs 500mg	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tinidazole tabs 250mg, 500mg	1	
tobramycin sulfate soln 40mg/ml, 80mg/2ml	1	QL (36 mL / day); Initial limit allows up to a 10 day course every 365 days
tobramycin sulfate solr 1.2gm	1	QL (2 vials / day); Initial limit allows up to a 10 day course every 365 days
ANTIFUNGALS		
amphotericin b solr 50mg	1	QL (3 vials / day); Initial limit allows up to a 14 day course every 365 days
bio-statin	1	
BIO-STATIN CAPS 500000unit, 1000000unit	2	
CRESEMBA CAPS 186mg	3	
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	1	
griseofulvin ultramicrosize tabs 125mg, 250mg	1	
itraconazole caps 100mg; soln 10mg/ml	1	PA
NOXAFIL SUSP 40mg/ml	2	PA
nystatin tabs 500000unit	1	
posaconazole tbec 100mg	3	PA
terbinafine hcl tabs 250mg	1	
voriconazole susr 40mg/ml; tabs 50mg, 200mg	3	PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate tabs 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
mefloquine hcl tabs 250mg	1	
primaquine phosphate tabs 26.3mg	1	
quinine sulfate caps 324mg	1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20mg/ml	1	QL (900 mL / 30 days)
abacavir sulfate tabs 300mg	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)
atazanavir sulfate caps 150mg, 300mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate caps 200mg	1	QL (60 caps / 30 days)
CRIXIVAN CAPS 200mg	2	QL (450 caps / 30 days)
CRIXIVAN CAPS 400mg	2	QL (180 caps / 30 days)
didanosine cpdr 200mg, 250mg, 400mg	1	QL (30 caps / 30 days)
EDURANT TABS 25mg	2	QL (60 tabs / 30 days)
efavirenz caps 50mg, 200mg	1	QL (90 caps / 30 days)
efavirenz tabs 600mg	1	QL (30 tabs / 30 days)
emtricitabine caps 200mg	1	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	2	QL (680 ml / 28 days)
etravirine tabs 100mg	1	QL (120 tabs / 30 days)
etravirine tabs 200mg	1	QL (60 tabs / 30 days)
fosamprenavir calcium tabs 700mg	1	QL (120 tabs / 30 days)
FUZEON SOLR 90mg	4	PA, QL (60 vials / 30 days)
INTELENCE TABS 25mg	2	QL (120 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)
lamivudine soln 10mg/ml	1	QL (960 ml / 30 days)
lamivudine tabs 150mg	1	QL (60 tabs / 30 days)
lamivudine tabs 300mg	1	QL (30 tabs / 30 days)
LEXIVA SUSP 50mg/ml	2	QL (1575 mL / 28 days)
maraviroc tabs 150mg	1	QL (60 tabs / 30 days)
maraviroc tabs 300mg	1	QL (120 tabs / 30 days)
nevirapine susp 50mg/5ml	1	QL (1200 mL / 30 days)
nevirapine tabs 200mg	1	QL (60 tabs / 30 days)
nevirapine tb24 100mg	1	QL (90 tabs / 30 days)
nevirapine tb24 400mg	1	QL (30 tabs / 30 days)
NORVIR PACK 100mg	2	QL (360 packets / 30 days)
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)
RETROVIR IV INFUSION SOLN 10mg/ml	2	
REYATAZ PACK 50mg	2	QL (180 packets / 30 days)
ritonavir 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)

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 75mg	2	QL (60 tabs / 30 days)
stavudine caps 15mg, 20mg, 30mg, 40mg	1	QL (60 caps / 30 days)
tenofovir disoproxil fumarate 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)
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)
zidovudine caps 100mg	1	QL (180 caps / 30 days)
zidovudine syrp 50mg/5ml	1	QL (1920 ml / 30 days)
zidovudine tabs 300mg	1	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	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 120-15MG	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	2	QL (30 tabs / 30 days); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 tabs / 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL (30 tabs / 30 days); $0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENVOYA TAB	2	QL (30 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (480 ml / 30 days)
lopinavir-ritonavir tab 100-25 mg	1	QL (240 tabs / 30 days)
lopinavir-ritonavir tab 200-50 mg	1	QL (120 tabs / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs / 30 days)
TRIUMEQ PD TAB	2	QL (180 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
cycloserine caps 250mg	1	
ethambutol hcl tabs 100mg, 400mg	1	
isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg	1	
PASER PACK 4gm	3	
PRIFTIN TABS 150mg	2	
pyrazinamide tabs 500mg	1	
rifabutin caps 150mg	1	
rifampin caps 150mg, 300mg; solr 600mg	1	
SIRTURO TABS 20mg, 100mg	5	PA
TRECATOR TABS 250mg	2	
ANTIVIRALS§		
acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	1	
adefovir dipivoxil tabs 10mg	4	
BARACLUDE SOLN .05mg/ml	3	QL (630 mL / 30 days)
cidofovir soln 75mg/ml	1	
entecavir tabs .5mg, 1mg	4	QL (30 tabs / 30 days)
EPIVIR HBV SOLN 5mg/ml	2	
famciclovir tabs 125mg, 250mg, 500mg	1	
lamivudine (hbv) tabs 100mg	1	
oseltamivir phosphate caps 30mg	1	QL (40 caps / 90 days)
oseltamivir phosphate caps 45mg, 75mg	1	QL (20 caps / 90 days)
oseltamivir phosphate susr 6mg/ml	1	QL (360 mL / 90 days)
RELENZA DISKHALER AEPB 5mg/blister	2	QL (2 inhalers / 90 days)
ribavirin solr 6gm	1	
rimantadine hydrochloride tabs 100mg	1	
valacyclovir hcl tabs 500mg, 1000mg	1	
valganciclovir hcl solr 50mg/ml	4	PA, QL (1000 mL / 30 days)
valganciclovir hcl tabs 450mg	4	PA, QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VEMLIDY TABS 25mg	3	PA, QL (30 tabs / 30 days)
CEPHALOSPORINS		
cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1	
cefazolin sodium solr 1gm	1	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefepime hcl solr 1gm, 2gm	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
ceftazidime solr 2gm	1	
ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg	1	QL (2 vials / day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium solr 10gm	1	QL (0.5 vials / day); Initial limit allows up to a 14 day course every 365 days
cefuroxime axetil tabs 250mg, 500mg	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	2	
tazicef solr 1gm	1	
ERYTHROMYCINS/MACROLIDES		
azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	2	PA
ery-tab tbec 250mg, 333mg, 500mg	1	
erythrocin stearate tabs 250mg	1	
erythromycin base cpep 250mg; tabs 250mg, 500mg	1	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
BAXDELA TABS 450mg	3	
CIPRO SUSR 500mg/5ml	3	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml	1	QL (40 mL / day); Initial limit allows up to a 14 day course every 365 days
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	1	
moxifloxacin hcl tabs 400mg	1	
ofloxacin tabs 300mg, 400mg	1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	4	PA, QL (28 pellets / 28 days)
EPCLUSA PAK 200-50MG	4	PA, QL (28 pellets / 28 days)
EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs / 28 days)
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/ml; SOSY 180mcg/0.5ml	4	PA
PEGINTRON KIT 50mcg/0.5ml	5	PA
ribavirin (hepatitis c) 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)
MISCELLANEOUS		
ALINIA SUSR 100mg/5ml	3	QL (540 mL / 30 days)
atovaquone susp 750mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
aztreonam solr 1gm, 2gm	1	
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	1	
clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml	1	
dapsone tabs 25mg, 100mg	1	
ertapenem sodium solr 1gm	1	QL (2 vials / day); Initial limit allows up to a 14 day course every 365 days
linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg	1	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	
meropenem solr 1gm	1	QL (6 vials / day); Initial limit allows up to a 14 day course every 365 days
meropenem solr 500mg	1	QL (12 vials / day); Initial limit allows up to a 14 day course every 365 days
methenamine hippurate tabs 1gm	1	
metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg	1	
nitazoxanide tabs 500mg	1	QL (20 tabs / 30 days)
nitrofurantoin susp 25mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin monohyd macro caps 100mg	1	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate solr 300mg	1	
polymyxin b sulfate solr 500000unit	1	
PRIMSOL SOLN 50mg/5ml	2	
pyrimethamine tabs 25mg	3	PA
TRIMETHOPRIM TABS 100mg	3	
vancomycin hcl caps 125mg, 250mg	1	QL (80 caps / 10 days)

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl solr 1gm	1	QL (2 vials / day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 5gm, 10gm	1	QL (0.3 bottles / day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 500mg, 750mg	1	QL (4 vials / day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TABS 200mg	2	QL (9 tabs / 30 days)
XIFAXAN TABS 550mg	2	PA
PENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin caps 500mg	1	
ampicillin sodium solr 1gm, 2gm	1	
dicloxacillin sodium caps 250mg, 500mg	1	
penicillin g potassium solr 5000000unit, 20000000unit	1	
penicillin g sodium solr 5000000unit	1	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
pfizerpen solr 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
avidoxy tabs 100mg	1	
demeclocycline hcl tabs 150mg, 300mg	1	
doxy 100 solr 100mg	1	
doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg	1	
doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg	1	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	1	
tetracycline hcl caps 250mg, 500mg	1	QL (120 caps / 30 days)
VIBRAMYCIN SYRP 50mg/5ml	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
busulfan soln 6mg/ml	1	
carmustine solr 100mg	1	
cyclophosphamide caps 25mg, 50mg	1	
cyclophosphamide solr 1gm, 2gm, 500mg	4	
dacarbazine solr 100mg, 200mg	1	
EMCYT CAPS 140mg	4	
GLEOSTINE CAPS 10mg, 40mg, 100mg	4	
GLIADEL WAF 7.7MG	2	
ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm	1	
LEUKERAN TABS 2mg	2	
MATULANE CAPS 50mg	2	
melphalan tabs 2mg	1	
melphalan hcl solr 50mg	1	
TEMODAR SOLR 100mg	4	PA
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	PA
ANTIBIOTICS		
adriamycin solr 50mg	1	
bleomycin sulfate solr 15unit, 30unit	1	
daunorubicin hcl soln 20mg/4ml	1	
doxorubicin hcl soln 2mg/ml; solr 10mg	1	
doxorubicin hcl liposomal inj 2mg/ml	1	
epirubicin hcl soln 50mg/25ml, 200mg/100ml	1	

Drug Name	Drug Tier	Requirements/Limits
idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml	1	
mitomycin solr 5mg, 20mg, 40mg	1	
mitoxantrone hcl conc 2mg/ml	4	
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	
azacitidine susr 100mg	4	PA
capecitabine tabs 150mg	4	PA, QL (120 tabs / 30 days)
capecitabine tabs 500mg	4	PA, QL (300 tabs / 30 days)
cladribine soln 10mg/10ml	1	
clofarabine soln 1mg/ml	1	
cytarabine soln 20mg/ml, 100mg/ml	1	
decitabine solr 50mg	4	PA
floxuridine solr .5gm	1	
fludarabine phosphate soln 50mg/2ml; solr 50mg	1	
fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	
gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg	4	
mercaptopurine tabs 50mg	1	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	1	
pemetrexed disodium solr 100mg, 500mg	4	
TABLOID TABS 40mg	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	
docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml	1	
paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	
paclitaxel protein-bound particles for iv susp 100 mg	1	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate soln 1mg/ml	1	
vincristine sulfate soln 1mg/ml	1	
vinorelbine tartrate soln 10mg/ml, 50mg/5ml	1	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	4	PA, QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 100mg	4	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	4	PA, QL (1 pack / 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	PA
ERIVEDGE CAPS 150mg	4	PA, QL (30 caps / 30 days)
GAZYVA SOLN 1000mg/40ml	4	PA
KADCYLA SOLR 100mg, 160mg	4	PA
KEYTRUDA SOLN 100mg/4ml	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)
TICE BCG SUSR 50mg	2	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250mg	4	PA, QL (120 tabs / 30 days)
abiraterone acetate tabs 500mg	4	PA, QL (60 tabs / 30 days)
anastrozole tabs 1mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tabs 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
ERLEADA TABS 60mg	4	PA, QL (120 tabs / 30 days)
exemestane tabs 25mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
flutamide caps 125mg	1	
fulvestrant soln 250mg/5ml	4	PA
letrozole tabs 2.5mg	1	
leuprolide acetate kit 1mg/0.2ml	4	PA
LYSODREN TABS 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate susp 40mg/ml; tabs 20mg, 40mg	1	
nilutamide tabs 150mg	1	
NUBEQA TABS 300mg	4	PA, QL (120 tabs / 30 days)
tamoxifen citrate tabs 10mg, 20mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tabs 60mg	1	
XTANDI CAPS 40mg	4	PA, QL (120 caps / 30 days)
XTANDI TABS 40mg	4	PA, QL (120 tabs / 30 days)
XTANDI TABS 80mg	4	PA, QL (60 tabs / 30 days)
YONSA TABS 125mg	4	PA, QL (120 tabs / 30 days)
KINASE INHIBITORS		
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)
CABOMETYX TABS 20mg, 40mg, 60mg	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)
erlotinib hcl tabs 25mg	4	PA, QL (60 tabs / 30 days)
erlotinib hcl tabs 100mg, 150mg	4	PA, QL (30 tabs / 30 days)
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg	4	PA, QL (30 tabs / 30 days)
everolimus tbso 2mg, 5mg	4	PA, QL (60 tabs / 30 days)
everolimus tbso 3mg	4	PA, QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	4	PA, QL (21 caps / 28 days)
IBRANCE TABS 75mg, 100mg, 125mg	4	PA, QL (21 tabs / 28 days)
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	PA, QL (30 tabs / 30 days)
imatinib mesylate tabs 100mg	4	PA, QL (120 tabs / 30 days)
imatinib mesylate 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)
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
lapatinib ditosylate tabs 250mg	4	PA, QL (180 tabs / 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
RYDAPT CAPS 25mg	5	PA, QL (224 caps / 28 days)
sorafenib tosylate 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)
sunitinib malate 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)
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)
XALKORI CAPS 200mg, 250mg	4	PA, QL (120 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		
arsenic trioxide soln 10mg/10ml, 12mg/6ml	1	
bexarotene caps 75mg	4	PA
FARYDAK CAPS 10mg, 15mg, 20mg	4	PA, QL (6 caps / 21 days)
hydroxyurea caps 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	4	PA, QL (30 tabs / 30 days)
LYNPARZA TABS 100mg, 150mg	4	PA, QL (120 tabs / 30 days)
NIPENT SOLR 10mg	2	
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	
tretinoin (chemotherapy) caps 10mg	1	
VISTOGARD PACK 10gm	4	QL (20 packets / 5 days)
ZEJULA CAPS 100mg	4	PA, QL (90 caps / 30 days)
ZOLINZA CAPS 100mg	4	PA, QL (120 caps / 30 days)
PLATINUM-BASED AGENTS		
carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	
cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml	1	
oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg	4	
paraplatin soln 1000mg/100ml	1	
PROTECTIVE AGENTS		
dexrazoxane hcl solr 250mg, 500mg	1	
leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg	1	
mesna soln 100mg/ml	1	
MESNEX TABS 400mg	4	
TOPOISOMERASE INHIBITORS		
etoposide caps 50mg; soln 100mg/5ml	1	
irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml	4	
irinotecan hcl soln 300mg/15ml	1	
TENIPOSIDE SOLN 10mg/ml	2	
toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml	1	
topotecan hcl solr 4mg	1	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium tabs 10mg, 20mg, 40mg	1	
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl tabs 7.5mg, 15mg	1	
perindopril erbumine tabs 2mg, 4mg, 8mg	1	
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril tabs 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tabs 25mg, 50mg	1	
ALPHA BLOCKERS		
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl caps 1mg, 2mg, 5mg	1	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	1	
irbesartan tabs 75mg, 150mg, 300mg	1	
losartan potassium tabs 25mg, 50mg, 100mg	1	
olmesartan medoxomil tabs 5mg, 20mg, 40mg	1	
telmisartan tabs 20mg, 40mg, 80mg	1	
valsartan tabs 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
amiodarone hcl tabs 200mg, 400mg	1	
disopyramide phosphate caps 100mg, 150mg	1	
dofetilide caps 125mcg, 250mcg, 500mcg	1	PA
flecainide acetate tabs 50mg, 100mg, 150mg	1	
lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml	1	
mexiletine hcl caps 150mg, 200mg, 250mg	1	
MULTAQ TABS 400mg	3	PA
NORPACE CR CP12 100mg, 150mg	2	
pacerone tabs 100mg, 200mg	1	
procainamide hcl soln 100mg/ml	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	
quinidine sulfate tabs 200mg, 300mg	1	
sorine tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine pack 4gm; powd 4gm/dose	1	
cholestyramine light pack 4gm; powd 4gm/dose	1	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	1	
prevalite powd 4gm/dose	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tabs 10mg	1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cpdr 45mg, 135mg	1	
fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	1	
gemfibrozil tabs 600mg	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	1	$0 copay for members age 40 through 75
atorvastatin calcium tabs 40mg, 80mg	1	
fluvastatin sodium caps 20mg, 40mg; tb24 80mg	1	$0 copay for members age 40 through 75
lovastatin tabs 10mg, 20mg, 40mg	1	$0 copay for members age 40 through 75
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tabs 5mg, 10mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tabs 20mg, 40mg	1	
simvastatin tabs 5mg, 10mg, 20mg, 40mg	1	$0 copay for members age 40 through 75
simvastatin tabs 80mg	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
icosapent ethyl caps 1gm	1	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAPS .5gm	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	4	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
BETA-BLOCKERS		
acebutolol hcl caps 200mg, 400mg	1	
atenolol tabs 25mg, 50mg, 100mg	1	
betaxolol hcl tabs 10mg, 20mg	1	
bisoprolol fumarate tabs 5mg, 10mg	1	
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg	1	
labetalol hcl tabs 100mg, 200mg, 300mg	1	
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate tabs 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
nadolol tabs 20mg, 40mg, 80mg	1	
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1	
pindolol tabs 5mg, 10mg	1	
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate tabs 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	
CARDIZEM LA TB24 120mg	3	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr cp24 120mg, 180mg, 240mg	1	
diltiazem hcl cp12 60mg, 90mg, 120mg; soln 25mg/5ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine tb24 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
isradipine caps 2.5mg, 5mg	1	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl caps 20mg, 30mg	1	
nifedipine tb24 30mg, 60mg, 90mg	1	
nimodipine caps 30mg	1	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	1	
DIGITALIS GLYCOSIDES		
digox tabs 125mcg, 250mcg	1	
digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tabs 150mg, 300mg	1	
DIURETICS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
ALDACTAZIDE TAB 50/50	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tabs 5mg	1	
bumetanide tabs .5mg, 1mg, 2mg	1	
chlorthalidone tabs 25mg, 50mg	1	
DIURIL SUSP 250mg/5ml	3	
ethacrynic acid tabs 25mg	3	
furosemide soln 8mg/ml, 10mg/ml; tabs 20mg, 40mg, 80mg	1	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg, 2.5mg	1	
mannitol soln 20%, 25%	1	
methazolamide tabs 25mg, 50mg	1	
metolazone tabs 2.5mg, 5mg, 10mg	1	
osmitrol viaflex soln 10%, 15%	1	
spironolactone tabs 25mg, 50mg, 100mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	
triamterene caps 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
HEART FAILURE		
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
MISCELLANEOUS		
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl tabs .1mg, .2mg, .3mg	1	
guanfacine hcl tabs 1mg, 2mg	1	
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
methyldopa tabs 250mg, 500mg	1	
midodrine hcl tabs 2.5mg, 5mg, 10mg	1	
minoxidil tabs 2.5mg, 10mg	1	
phenoxybenzamine hcl caps 10mg	4	PA, QL (360 caps / 30 days)
ranolazine tb12 500mg, 1000mg	1	ST; PA**
NITRATES		
DILATRATE SR CPCR 40mg	3	
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	1	
minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	2	
nitroglycerin 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)
ambrisentan tabs 5mg, 10mg	4	PA, QL (30 tabs / 30 days)
bosentan tabs 62.5mg, 125mg	4	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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
sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml	4	PA
sildenafil citrate (pulmonary hypertension) tabs 20mg	4	PA, QL (90 tabs / 30 days)
tadalafil (pulmonary hypertension) tabs 20mg	5	PA, QL (60 tabs / 30 days)
TYVASO SOLN .6mg/ml	4	PA, QL (28 ampules / 28 days)
TYVASO REFILL SOLN .6mg/ml	4	PA, QL (28 ampules / 28 days)
TYVASO STARTER SOLN .6mg/ml	4	PA, QL (28 ampules / 28 days)
UPTRAVI SOLR 1800mcg	4	PA
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		
ALCOHOL DETERRENTS		
acamprosate calcium tbec 333mg	1	PA
disulfiram tabs 250mg, 500mg	1	
ANTIANXIETY§		
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	2	QL (300 mL / 30 days)
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	QL (360 caps / 30 days)
clomipramine hcl caps 25mg, 50mg	1	QL (150 caps / 30 days); QL applies to members age 65 and older
clomipramine hcl caps 75mg	1	QL (90 caps / 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	1	
lorazepam conc 2mg/ml	1	QL (150 mL / 30 days)
lorazepam tabs .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
meprobamate tabs 200mg, 400mg	1	
oxazepam caps 10mg, 15mg, 30mg	1	QL (120 caps / 30 days)
ANTICONVULSANTS§		
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	3	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg	1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days)
diazepam soln 5mg/5ml	1	QL (1200 mL / 30 days)
diazepam soln 5mg/ml	1	
diazepam tabs 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days)
diazepam intensol conc 5mg/ml	1	QL (240 mL / 30 days)
DILANTIN CAPS 30mg	3	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	5	PA, QL (800 mL / 30 days)
epitol tabs 200mg	1	
ethosuximide caps 250mg; soln 250mg/5ml	1	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	1	
fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml	1	
gabapentin caps 100mg, 300mg, 400mg	1	QL (6 caps / day)
gabapentin soln 250mg/5ml	1	QL (72 mL / day)
gabapentin tabs 600mg	1	QL (6 tabs / day)
gabapentin tabs 800mg	1	QL (4 tabs / day)
lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg	1	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
NAYZILAM SOLN 5mg/0.1ml	2	QL (10 units / 30 days)
oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg	1	
phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
phenytoin susp 125mg/5ml	1	
phenytoin infatabs chew 50mg	1	
phenytoin sodium soln 50mg/ml	1	
phenytoin sodium extended caps 100mg, 200mg, 300mg	1	
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml	1	ST; PA**
primidone tabs 50mg, 250mg	1	
rufinamide susp 40mg/ml; tabs 200mg, 400mg	1	
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	1	
topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg	1	
valproate sodium soln 100mg/ml, 250mg/5ml	1	
valproic acid caps 250mg	1	
vigabatrin pack 500mg	4	PA, QL (180 packets / 30 days)
vigabatrin tabs 500mg	4	PA, QL (180 tabs / 30 days)
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
zonisamide caps 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA		
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	1	
ergoloid mesylates tabs 1mg	1	
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	1	
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg	1	PA; PA applies for members less than 30 years of age
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	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
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	PA
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	1	PA
ANTIDEPRESSANTS§		
amitriptyline hcl tabs 10mg	1	QL (150 tabs / 30 days); QL applies to members age 65 and older
amitriptyline hcl tabs 25mg	1	QL (60 tabs / 30 days); QL applies to members age 65 and older
amitriptyline hcl tabs 50mg	1	QL (30 tabs / 30 days); QL applies to members age 65 and older
amitriptyline hcl tabs 75mg, 100mg, 150mg	1	PA; High strength requires PA for members age 65 and older
amoxapine tabs 25mg, 50mg, 100mg	1	QL (90 tabs / 30 days); QL applies to members age 65 and older
amoxapine tabs 150mg	1	QL (60 tabs / 30 days); QL applies to members age 65 and older
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg	1	
desipramine hcl tabs 10mg, 25mg, 50mg	1	QL (90 tabs / 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tabs 75mg	1	QL (60 tabs / 30 days); QL applies to members age 65 and older
desipramine hcl tabs 100mg, 150mg	1	QL (30 tabs / 30 days); QL applies to members age 65 and older
desvenlafaxine succinate tb24 25mg, 50mg, 100mg	1	ST, QL (30 tabs / 30 days); (generic of Pristiq) PA**
doxepin hcl caps 10mg, 25mg, 50mg	1	QL (90 caps / 30 days); QL applies to members age 65 and older
doxepin hcl caps 75mg	1	QL (60 caps / 30 days); QL applies to members age 65 and older
doxepin hcl caps 100mg, 150mg	1	QL (30 caps / 30 days); QL applies to members age 65 and older
doxepin hcl conc 10mg/ml	1	QL (450 mL / 30 days); QL applies to members age 65 and older
duloxetine hcl cpep 20mg, 30mg, 60mg	1	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	PA
escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	ST, QL (30 caps / 30 days); PA**
FETZIMA CAP TITRATIO	3	ST, QL (30 caps / 30 days); PA**
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml	1	
fluoxetine hcl tabs 10mg, 20mg	1	(generic Sarafem not covered)
imipramine hcl tabs 10mg, 25mg	1	QL (120 tabs / 30 days); QL applies to members age 65 and older
imipramine hcl tabs 50mg	1	QL (60 tabs / 30 days); QL applies to members age 65 and older
imipramine pamoate caps 75mg, 100mg	1	QL (30 caps / 30 days); QL applies to members age 65 and older
imipramine pamoate caps 125mg, 150mg	1	PA; High strength requires PA for members age 65 and older
maprotiline hcl tabs 25mg, 50mg, 75mg	1	
MARPLAN TABS 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	1	
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl caps 10mg	1	QL (150 caps / 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 25mg	1	QL (60 caps / 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 50mg	1	QL (30 caps / 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 75mg	1	PA; High strength requires PA for members age 65 and older
nortriptyline hcl soln 10mg/5ml	1	QL (750 mL / 30 days); QL applies to members age 65 and older
paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	1	
phenelzine sulfate tabs 15mg	1	
protriptyline hcl tabs 5mg	1	QL (90 tabs / 30 days); QL applies to members age 65 and older
protriptyline hcl tabs 10mg	1	QL (60 tabs / 30 days); QL applies to members age 65 and older
sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg	1	
tranylcypromine sulfate tabs 10mg	1	
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate caps 25mg, 50mg	1	QL (60 caps / 30 days); QL applies to members age 65 and older
trimipramine maleate caps 100mg	1	QL (30 caps / 30 days); QL applies to members age 65 and older
TRINTELLIX TABS 5mg, 10mg, 20mg	3	ST; PA**
venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	
VIIBRYD KIT STARTER	3	
vilazodone hcl tabs 10mg, 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	
APOKYN SOCT 30mg/3ml	5	PA, QL (20 cartridges / 30 days)
benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
bromocriptine mesylate caps 5mg; tabs 2.5mg	1	
carbidopa tabs 25mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone tabs 200mg	1	
INBRIJA CAPS 42mg	4	PA, QL (300 caps / 30 days)
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate tabs .5mg, 1mg	1	
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl caps 5mg; tabs 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
tolcapone tabs 100mg	1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
ANTIPSYCHOTICS		
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	2	
ARISTADA INITIO PRSY 675mg/2.4ml	2	
asenapine maleate subl 2.5mg, 5mg, 10mg	1	
chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
fluphenazine decanoate soln 25mg/ml	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate soln 50mg/ml, 100mg/ml	1	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	1	
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	2	ST; PA**
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	ST; PA**
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER§		
AMPHETAMINE ER SUER 1.25mg/ml	3	QL (450 mL / 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 30 days)
atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1	
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps / 30 days)
dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	1	QL (120 tabs / 30 days)
dexmethylphenidate hcl tabs 10mg	1	QL (60 tabs / 30 days)
dextroamphetamine sulfate cp24 5mg, 10mg	1	QL (120 caps / 30 days)
dextroamphetamine sulfate cp24 15mg	1	QL (60 caps / 30 days)
dextroamphetamine sulfate soln 5mg/5ml	1	QL (1,200 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tabs 5mg, 10mg	1	QL (120 tabs / 30 days)
dextroamphetamine sulfate tabs 15mg, 20mg	1	QL (60 tabs / 30 days)
dextroamphetamine sulfate tabs 30mg	1	QL (30 tabs / 30 days)
guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg	1	
methamphetamine hcl tabs 5mg	1	QL (150 tabs / 30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg	1	QL (180 chew tabs / 30 days)
methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg	1	QL (60 caps / 30 days)
methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg	1	QL (30 caps / 30 days)
methylphenidate hcl soln 5mg/5ml	1	QL (1800 mL / 30 days)
methylphenidate hcl soln 10mg/5ml	1	QL (900 mL / 30 days)
methylphenidate hcl tabs 5mg, 10mg	1	QL (180 tabs / 30 days)
methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg	1	QL (90 tabs / 30 days)
methylphenidate hcl tbcr 18mg, 27mg, 36mg	1	QL (60 tabs / 30 days)
methylphenidate hcl tbcr 54mg	1	QL (30 tabs / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	2	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	2	QL (60 chew tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	2	QL (30 chew tabs / 30 days)
zenzedi tabs 2.5mg, 7.5mg	1	QL (120 tabs / 30 days)
FIBROMYALGIA		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	ST; PA**
SAVELLA MIS TITR PAK	3	ST; PA**
HYPNOTICS§		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	ST; PA**
cvs sleep-aid nighttime tabs 25mg	1	OTC
DAYVIGO TABS 5mg, 10mg	2	PA, QL (30 tabs / 30 days)
doxepin hcl (sleep) tabs 3mg, 6mg	1	QL (30 tabs / 30 days); QL applies to members age 65 and older
estazolam tabs 1mg, 2mg	3	QL (15 tabs / 30 days)
eszopiclone tabs 1mg, 2mg, 3mg	1	QL (15 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
HETLIOZ CAPS 20mg	5	PA, QL (30 caps / 30 days)
ramelteon tabs 8mg	1	QL (15 tabs / 30 days)
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	1	QL (15 caps / 30 days)
triazolam tabs .125mg, .25mg	3	QL (10 tabs / 30 days)
zaleplon caps 5mg, 10mg	1	QL (15 caps / 30 days)
zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg	1	QL (15 tabs / 30 days)
MIGRAINE§		
AIMOVIG SOAJ 70mg/ml	2	ST, QL (2 injections / 30 days); PA**
AIMOVIG SOAJ 140mg/ml	2	ST, QL (1 injection / 30 days); PA**
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	2	ST, QL (3 injections / 90 days); PA**
almotriptan malate tabs 6.25mg, 12.5mg	1	QL (12 tabs / 30 days)
dihydroergotamine mesylate soln 1mg/ml	1	
eletriptan hydrobromide tabs 20mg, 40mg	1	QL (12 tabs / 30 days)
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	2	ST, QL (2 injections / 30 days); PA**
EMGALITY SOSY 100mg/ml	2	ST, QL (3 injections / 30 days); PA**
ergotamine w/ caffeine tab 1-100 mg	3	
frovatriptan succinate tabs 2.5mg	1	QL (18 tabs / 30 days)
naratriptan hcl tabs 1mg, 2.5mg	1	QL (12 tabs / 30 days)
rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg	1	QL (18 tabs / 30 days)
sumatriptan soln 5mg/act	1	QL (24 sprays / 30 days)
sumatriptan soln 20mg/act	1	QL (12 sprays / 30 days)
sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml	1	QL (18 syringes / 30 days)
sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosy 6mg/0.5ml	1	QL (12 units / 30 days)
sumatriptan succinate soln 6mg/0.5ml	1	QL (12 vials / 30 days)
sumatriptan succinate tabs 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
sumatriptan-naproxen sodium tab 85-500 mg	3	ST, QL (9 tabs / 30 days); PA**
zolmitriptan soln 2.5mg, 5mg	1	QL (12 sprays / 30 days)
zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	1	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
EVRYSDI SOLR .75mg/ml	5	PA, QL (2 bottles / 24 days)
GUANIDINE HCL TABS 125mg	3	
LITHIUM SOLN 8meq/5ml	3	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	1	
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	1	
riluzole tabs 50mg	1	
MOVEMENT DISORDERS		
tetrabenazine tabs 12.5mg	4	PA, QL (120 tabs / 30 days)
tetrabenazine 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 SOSY 20mg/ml	4	PA, QL (30 injections / 30 days)
COPAXONE SOSY 40mg/ml	4	PA, QL (12 syringes / 28 days)
dalfampridine tb12 10mg	5	PA, QL (60 tabs / 30 days)
dimethyl fumarate cpdr 120mg	4	PA, QL (14 caps / 28 days)
dimethyl fumarate cpdr 240mg	4	PA, QL (60 caps / 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (1 kit / 30 days)
GILENYA CAPS .5mg	4	PA, QL (30 caps / 30 days)
glatiramer acetate sosy 40mg/ml	2	PA, QL (12 syringes / 28 days)
glatopa 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)

Drug Name	Drug Tier	Requirements/Limits
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)
TYSABRI CONC 300mg/15ml	4	PA, QL (1 vial / 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tabs 5mg, 10mg, 20mg	1	
carisoprodol tabs 350mg	1	PA; High Risk Medications require PA for members age 70 and older
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	3	PA, QL (168 tabs / 30 days); High Risk Medications require PA for members age 70 and older
chlorzoxazone tabs 500mg	1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tabs 5mg, 10mg	1	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium caps 25mg, 50mg, 100mg	1	
metaxalone tabs 800mg	1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tabs 500mg, 750mg	1	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate soln 30mg/ml	1	
orphenadrine citrate tb12 100mg	1	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl tabs 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
armodafinil tabs 50mg	1	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
armodafinil tabs 150mg, 200mg, 250mg	1	PA, QL (30 tabs / 30 days)
modafinil tabs 100mg, 200mg	1	PA, QL (60 tabs / 30 days)
SUNOSI TABS 75mg, 150mg	2	PA, QL (30 tabs / 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (3 units / day)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (3 units / day)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (3 units / day)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (2 units / day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	QL (3 tabs / day); $0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	QL (3 tabs / day); $0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (3 units / day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 units / day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 units / day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 units / day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 units / day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 unit / day)
OPIOID ANTAGONIST		
naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	1	
naltrexone hcl tabs 50mg	0	$0 copay
VIVITROL SUSR 380mg	4	PA, QL (1 vial / 28 days)
OPIOID PARTIAL AGONISTS§		
buprenorphine hcl subl 2mg, 8mg	0	QL (90 tabs / 30 days); $0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	3	QL (120 tabs / 30 days); QL applies to members age 65 and older
chlordiazepoxide-amitriptyline tab 10-25 mg	3	QL (60 tabs / 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
perphenazine-amitriptyline tab 2-10 mg	3	QL (150 units / 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 2-25 mg	3	QL (60 units / 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-10 mg	3	QL (120 units / 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-25 mg	3	QL (60 units / 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-50 mg	3	QL (30 units / 30 days); QL applies to members age 65 and older
pimozide tabs 1mg, 2mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) 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
CHANTIX PAK 0.5& 1MG	0	$0 limited to 2 treatment cycles/year
goodsense nicotine polacr gum 4mg; lozg 4mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2mg, 4mg; lozg 2mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine step 3 pt24 7mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	0	QL (max 168 days / 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
sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
varenicline tartrate tabs .5mg, 1mg	0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	0	$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC		
ACROMEGALY		
octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA, QL (90 ml / 30 days)
octreotide acetate soln 200mcg/ml	4	PA, QL (225 ml / 30 days)
octreotide acetate soln 1000mcg/ml	4	PA, QL (45 ml / 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)
ANDROGENS		
ANADROL-50 TABS 50mg	3	PA
INTRAROSA INST 6.5mg	3	
methyltestosterone caps 10mg	1	PA
oxandrolone tabs 2.5mg, 10mg	1	PA
testosterone gel 10mg/act, 25mg/2.5gm	1	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	PA
testosterone enanthate soln 200mg/ml	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	1	
miglitol 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		
metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg	1	
metformin hcl tabs 850mg	1	$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	1	ST; PA**
JANUVIA TABS 25mg, 50mg, 100mg	2	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8mg	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	1	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	1	ST; PA**
JANUMET TAB 50-500MG	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, 4mg/3ml	2	ST, QL (3 mL / 28 days); PA**
OZEMPIC INJ 8MG/3ML	2	ST, QL (3 mL / 28 days); PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	ST, QL (4 pens / 28 days); PA**
VICTOZA SOPN 18mg/3ml	2	ST, QL (3 pens / 30 days); 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
NOVOLIN N SUSP 100unit/ml	2	OTC; RELION not covered

Drug Name	Drug Tier	Requirements/Limits
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 INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tabs 15mg, 30mg, 45mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tabs 60mg, 120mg	1	
repaglinide tabs .5mg, 1mg, 2mg	1	
ANTIDIABETICS, SODIUM-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-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS		
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**

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 5-1000MG	2	ST; PA**
XIGDUO XR TAB 10-500MG	2	ST; PA**
XIGDUO XR TAB 10-1000	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS		
FARXIGA TABS 5mg, 10mg	2	ST; PA**
JARDIANCE TABS 10mg, 25mg	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tabs 1mg, 2mg, 4mg	1	
glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg	1	
BISPHOSPHONATES		
alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
ibandronate sodium soln 3mg/3ml; tabs 150mg	1	
pamidronate disodium soln 30mg/10ml	1	
risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg	1	
zoledronic acid conc 4mg/5ml; soln 5mg/100ml	4	PA
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tabs 30mg, 60mg	4	PA, QL (60 tabs / 30 days)
cinacalcet hcl tabs 90mg	4	PA, QL (120 tabs / 30 days)
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
deferiprone tabs 500mg, 1000mg	4	PA
FERRIPROX SOLN 100mg/ml	4	PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	PA
penicillamine tabs 250mg	4	PA
sps susp 15gm/60ml	1	
CONTRACEPTIVES		
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	
amethyst	0	
ANNOVERA MIS	0	QL (1 / 300 days)
apri	0	
aranelle	0	
ashlyna	0	

Drug Name	Drug Tier	Requirements/Limits
aviane	0	
azurette	0	
BALCOLTRA TAB 0.1-20	0	
camila tabs .35mg	0	
CAYA DPR	0	QL (1 / 300 days)
caziant	0	
chateal	0	
cryselle-28	0	
cyclafem 1/35	0	
cyclafem 7/7/7	0	
dasetta 1/35	0	
dasetta 7/7/7	0	
delyla	0	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	0	QL (4 inj / 300 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
elinest	0	
ELLA TABS 30mg	0	
emoquette	0	
enpresse-28	0	
enskyce	0	
errin tabs .35mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	0	QL (13 / 300 days)
falmina	0	
fayosim	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms / 30 days), 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)
gemmily	0	
heather tabs .35mg	0	
introvale	0	
jolessa	0	
junel 1.5/30	0	
junel 1/20	0	

Drug Name	Drug Tier	Requirements/Limits
junel fe 1.5/30	0	
junel fe 1/20	0	
junel fe 24	0	
kariva	0	
kelnor 1/35	0	
kurvelo	0	
KYLEENA IUD 19.5mg	0	QL (1 / 300 days)
larin 1.5/30	0	
leena	0	
lessina	0	
levonest	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levora 0.15/30-28	0	
LILETTA IUD 20.1mcg/day	0	QL (1 / 300 days)
LO LOESTRIN TAB 1-10-10	0	
loryna	0	
low-ogestrel	0	
lutera	0	
marlissa	0	
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	0	QL (4 inj / 300 days)
microgestin 1.5/30	0	
MIRENA IUD 20mcg/day	0	QL (1 / 300 days)
mono-linyah	0	
NATAZIA TAB	0	
necon 0.5/35-28	0	
NEXPLANON IMPL 68mg	0	QL (1 / 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
nikki	0	
nora-be tabs .35mg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone (contraceptive) tabs .35mg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
nortrel 0.5/35 (28)	0	
nortrel 1/35	0	
nortrel 7/7/7	0	
nylia 1/35	0	
ocella	0	
OMNIFLEX DPR	0	QL (1 / 300 days)
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
pirmella 1/35	0	
pirmella 7/7/7	0	
portia-28	0	
previfem	0	
reclipsen	0	
rivelsa	0	
SKYLA IUD 13.5mg	0	QL (1 / 300 days)
SLYND TABS 4mg	0	
sprintec 28	0	
sronyx	0	
syeda	0	
take action tabs 1.5mg	0	OTC
tilia fe	0	
tri-linyah	0	
tri-sprintec	0	
trivora-28	0	
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
velivet	0	
viorele	0	
vyfemla	0	
wera	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 / 300 days)
xulane	0	
zovia 1/35	0	
DIABETIC SUPPLIES		
ACCU-CHECK KIT GUIDE ME	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (204 Test Strips / 30 days), OTC
ALCOHOL PREP PAD	2	OTC
AUTOLET PLAT MIS 1.8MM	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
NOVOFINE PEN NEEDLES	2	OTC
OMNIPOD 5 G6 KIT INTRO	2	
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD PDM KIT CLASSIC	2	
SHARPS CONTAINER	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
ENDOMETRIOSIS		
danazol caps 50mg, 100mg, 200mg	1	
LUPANETA KIT 3.75-5	5	PA
LUPANETA KIT 11.25-5	5	PA
ORILISSA TABS 150mg, 200mg	2	
ENZYME REPLACEMENTS		
betaine anhy pow	4	PA
carglumic acid tbso 200mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
CERDELGA CAPS 84mg	4	PA, QL (56 caps / 28 days)
CYSTAGON CAPS 50mg, 150mg	4	PA
MYALEPT SOLR 11.3mg	4	PA, QL (30 vials / 30 days)
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	4	PA
sodium phenylbutyrate powd 3gm/tsp	4	PA, QL (750g / 30 days)
sodium phenylbutyrate tabs 500mg	4	PA, QL (1200 tabs / 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
estradiol 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
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal crea .1mg/gm	1	
estradiol valerate 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
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	2	
IMVEXXY STARTER PACK INST 4mcg, 10mcg	2	
jinteli	1	

Drug Name	Drug Tier	Requirements/Limits
MENEST TABS .3mg, .625mg, 1.25mg	3	PA; High Risk Medications require PA for members age 70 and older
mimvey	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	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
yuvafem tabs 10mcg	1	
GLUCOCORTICOIDS		
DEPO-MEDROL SUSP 20mg/ml	3	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	2	
dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
EMFLAZA SUSP 22.75mg/ml	5	PA, QL (52 mL / 30 days)
EMFLAZA TABS 6mg	5	PA, QL (60 tabs / 30 days)
EMFLAZA TABS 18mg, 30mg, 36mg	5	PA, QL (30 tabs / 30 days)
fludrocortisone acetate tabs .1mg	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
MEDROL TABS 2mg	2	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	
methylprednisolone acetate susp 40mg/ml, 80mg/ml	1	
methylprednisolone sod succ solr 125mg, 1000mg	1	
prednisolone soln 15mg/5ml	1	
prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	1	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm	3	
GLUCOSE ELEVATING AGENTS		
glucagon (rdna) kit 1mg	1	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
nitisinone caps 2mg, 5mg, 10mg	4	PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	4	PA
HUMAN GROWTH HORMONES		
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL SOLN 2mg/ml	5	PA
TRIPTODUR SRER 22.5mg	4	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	3	PA
MISCELLANEOUS		
cabergoline tabs .5mg	1	
calcitonin (salmon) soln 200unit/act	1	
CHORIONIC GONADOTROPIN SOLR 10000unit	4	PA
INCRELEX SOLN 40mg/4ml	4	PA
OSPHENA TABS 60mg	3	PA
PROLIA SOSY 60mg/ml	4	PA, QL (60mg / 24 weeks)
raloxifene hcl tabs 60mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	PA, QL (60 ampules / 30 days)
SUPPRELIN LA KIT 50mg	4	PA
tolvaptan tabs 15mg, 30mg	4	PA
TYMLOS SOPN 3120mcg/1.56ml	4	PA, QL (1 pen / 30 days)
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	
FOSRENOL PACK 750mg, 1000mg	3	
PHOSLYRA SOLN 667mg/5ml	2	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	1	

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHEW 500mg	3	
PROGESTINS		
CRINONE GEL 4%, 8%	2	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	1	
megestrol acetate (appetite) susp 625mg/5ml	1	
norethindrone acetate tabs 5mg	1	
progesterone caps 100mg, 200mg	1	
THYROID AGENTS		
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	1	
methimazole tabs 5mg, 10mg	1	
propylthiouracil tabs 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	1	
VASOPRESSINS		
desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg	1	
desmopressin acetate spray soln .01%	1	
desmopressin acetate spray refrigerated soln .01%	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate sosy .25mg/5ml, 1mg/10ml	1	
dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg	1	
glycopyrrolate soln 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg	1	
methscopolamine bromide tabs 2.5mg, 5mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEALS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl caps 2mg	1	
MOTOFEN TAB 1-0.025	3	
ANTIEMETICS§		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 28 days)
aprepitant caps 40mg	1	QL (3 caps / 180 days)
aprepitant caps 80mg	1	QL (4 caps / 28 days)
aprepitant caps 125mg	1	QL (2 caps / 28 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (2 packs / 28 days)
compro supp 25mg	1	
dronabinol caps 2.5mg, 5mg, 10mg	1	QL (60 caps / 30 days)
granisetron hcl soln 1mg/ml	1	QL (2 mL / 28 days)
granisetron hcl tabs 1mg	1	QL (12 tabs / 28 days)
meclizine hcl tabs 12.5mg, 25mg	1	
metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
ondansetron tbdp 4mg, 8mg	1	QL (18 tabs / 28 days)
ondansetron hcl soln 4mg/2ml, 40mg/20ml; sosy 4mg/2ml	1	QL (20 mL / 28 days)
ondansetron hcl soln 4mg/5ml	1	QL (200 mL / 28 days)
ondansetron hcl tabs 4mg, 8mg	1	QL (18 tabs / 28 days)
ondansetron hcl tabs 24mg	1	QL (2 tabs / 28 days)
prochlorperazine supp 25mg	1	
prochlorperazine maleate tabs 5mg, 10mg	1	
promethazine hcl soln 25mg/ml, 50mg/ml; supp 12.5mg, 25mg	1	
promethazine hcl syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg	1	PA; High Risk Medications require PA for members age 70 and older
promethegan supp 12.5mg, 25mg, 50mg	1	
SANCUSO PTCH 3.1mg/24hr	2	QL (2 patches / 28 days)
scopolamine pt72 1mg/3days	1	
trimethobenzamide hcl caps 300mg	1	
VARUBI TBPK 90mg	2	
H2-RECEPTOR ANTAGONISTS		
cimetidine tabs 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl soln 300mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
famotidine soln 20mg/2ml; susr 40mg/5ml; tabs 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine caps 150mg, 300mg; soln 15mg/ml	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium caps 750mg	1	
budesonide cpep 3mg; tb24 9mg	1	
DIPENTUM CAPS 250mg	3	PA
hydrocortisone (intrarectal) enem 100mg/60ml	1	
mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg	1	
mesalamine w/ cleanser kit 4gm	1	
sulfasalazine tabs 500mg; tbec 500mg	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
lubiprostone caps 8mcg, 24mcg	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tabs .5mg, 1mg	1	PA
LAXATIVES		
CLENPIQ SOL	0	$0 copay for members age 45 through 75, Tier 2 for all others
enulose soln 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac soln 10gm/15ml	1	
lactulose soln 10gm/15ml	1	
OSMOPREP TAB 1.5GM	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	0	$0 copay for members age 45 through 75, otherwise not covered
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	0	$0 copay for members age 45 through 75, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
polyethylene glycol 3350 powd 17gm/scoop	1	OTC
SUPREP BOWEL SOL PREP KIT	0	$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	0	$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	1	
misoprostol tabs 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	
SUCRAID SOLN 8500unit/ml	3	PA, QL (354 mL / 30 days)
sucralfate tabs 1gm	1	
ursodiol 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 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
PROTON PUMP INHIBITORS§		
dexlansoprazole cpdr 30mg, 60mg	1	QL (90 caps / 365 days)
esomeprazole magnesium cpdr 20mg, 40mg	1	QL (90 caps / 365 days)
esomeprazole magnesium pack 10mg	1	QL (90 packets / 365 days); Covered for age less than 1 year only
lansoprazole cpdr 15mg, 30mg	1	QL (90 caps / 365 days)
NEXIUM PACK 2.5mg, 5mg	3	QL (90 packets / 365 days); Covered for age less than 1 year only
omeprazole cpdr 10mg, 20mg, 40mg	1	QL (90 caps / 365 days)
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	3	QL (90 packets / 365 days)

Drug Name	Drug Tier	Requirements/Limits
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	3	QL (90 packets / 365 days)
pantoprazole sodium tbec 20mg, 40mg	1	QL (90 tabs / 365 days)
rabeprazole sodium tbec 20mg	1	QL (90 tabs / 365 days)
RECTAL,CORTICOSTEROIDS		
hydrocortisone (rectal) crea 2.5%	1	
procto-pak crea 1%	1	
proctozone-hc crea 2.5%	1	
ULCER THERAPY COMBINATIONS		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tb24 10mg	1	
CARDURA XL TB24 4mg, 8mg	3	ST; PA**
dutasteride caps .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tabs 5mg	1	
silodosin caps 4mg, 8mg	1	
tadalafil tabs 2.5mg, 5mg	1	PA, QL (30 tabs / 30 days)
tamsulosin hcl caps .4mg	1	
CONTRACEPTIVES		
ENCARE SUPP 100mg	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
PHEXXI GEL	0	
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MISC 1000mg	0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	0	OTC
MISCELLANEOUS		
ELMIRON CAPS 100mg	3	
phenazopyridine tab 95mg tabs 95mg	1	OTC
potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	1	
darifenacin hydrobromide tb24 7.5mg, 15mg	1	
fesoterodine fumarate tb24 4mg, 8mg	1	
flavoxate hcl tabs 100mg	1	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	2	

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	1	
solifenacin succinate tabs 5mg, 10mg	1	
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	1	
TOVIAZ TB24 4mg, 8mg	2	
trospium chloride cp24 60mg; tabs 20mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	2	
clindamycin phosphate vaginal crea 2%	1	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal gel .75%	1	
miconazole 3 supp 200mg	1	
terconazole vaginal crea .4%, .8%; supp 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 110mg, 150mg	3	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	

Drug Name	Drug Tier	Requirements/Limits
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	4	PA
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, 20000unit/ml, 40000unit/ml	4	PA
ZIEXTENZO SOSY 6mg/0.6ml	4	PA, QL (2 injections / 28 days)
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	5	PA
HEREDITARY ANGIOEDEMA		
icatibant acetate soln 30mg/3ml	4	PA, QL (45 syringes / 90 days)
MISCELLANEOUS		
anagrelide hcl caps .5mg, 1mg	1	
cilostazol tabs 50mg, 100mg	1	
DROXIA CAPS 200mg, 300mg, 400mg	2	
pentoxifylline tbcr 400mg	1	
tranexamic acid soln 1000mg/10ml; tabs 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
clopidogrel bisulfate tabs 75mg, 300mg	1	
dipyridamole tabs 25mg, 50mg, 75mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
prasugrel hcl tabs 5mg, 10mg	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TABS 2.08mg	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

ACTEMRA SOLN 80mg/4ml	5	ST, PA, QL (10 vials / 14 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)
SIMPONI ARIA SOLN 50mg/4ml	5	PA, QL (200 mg / 8 weeks)
SKYRIZI SOLN 600mg/10ml	4	PA, QL (3 vials / 56 days)

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

ACTEMRA SOSY 162mg/0.9ml	5	ST, PA, QL (4 syringes / 28 days)
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	4	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SOSY 150mg/ml	4	PA, QL (300 mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	PA, QL (1 pen / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	PA, QL (300 mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	4	PA, QL (4 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 25mg/0.5ml, 50mg/ml	4	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	4	PA, QL (4 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml	4	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	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)
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)

Drug Name	Drug Tier	Requirements/Limits
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
RINVOQ TB24 15mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
RINVOQ TB24 30mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Atopic Dermatitis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 45mg	4	PA, QL (56 tabs / 56 days); Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only.
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	5	ST, PA, QL (1 injection / 28 days)
SKYRIZI PSKT 75mg/0.83ml	4	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOCT 360mg/2.4ml	4	PA, QL (1 cartridge / 56 days)
SKYRIZI SOSY 150mg/ml	4	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150mg/ml	4	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN 45mg/0.5ml	4	PA, QL (1 vial / 84 days); Preferred agent for Crohn's Disease and Psoriasis
STELARA SOSY 45mg/0.5ml	4	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease and Psoriasis
STELARA SOSY 90mg/ml	4	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease 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 SOLN 1mg/ml	4	PA, QL (240 mL / 24 days)
XELJANZ TABS 5mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
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. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 22mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tabs 200mg	1	
leflunomide tabs 10mg, 20mg	1	
methotrexate sodium tabs 2.5mg	1	
HEREDITARY ANGIOEDEMA		
HAEGARDA SOLR 2000unit, 3000unit	5	PA, QL (20 vials / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	5	PA
ARCALYST SOLR 220mg	4	PA, QL (8 vials / 28 days)
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 10000000unit, 18000000unit, 50000000unit	4	PA
IMMUNOSUPPRESSANTS		
azathioprine tabs 50mg, 75mg, 100mg	1	
cyclosporine caps 25mg, 100mg; soln 50mg/ml	1	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	1	
gengraf caps 25mg, 100mg; soln 100mg/ml	1	
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	
mycophenolate mofetil hcl solr 500mg	1	
mycophenolate sodium tbec 180mg, 360mg	1	
PROGRAF SOLN 5mg/ml	3	
SANDIMMUNE SOLN 100mg/ml	3	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
tacrolimus caps .5mg, 1mg, 5mg	1	
VACCINES		
ACTHIB INJ	0	$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	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

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	0	
FLUMIST	0	
GARDASIL 9 INJ	0	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	0	
HEPLISAV-B SOSY 20mcg/0.5ml	0	
HIBERIX SOLR 10mcg	0	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	0	
IPOL INJ INACTIVE	0	$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO INJ	0	
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	
PREVNAR 20 INJ	0	
PROQUAD INJ	0	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	0	

Drug Name	Drug Tier	Requirements/Limits
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	
VAXELIS INJ	0	$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	0	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

effer-k tbef 25meq	1	
fluoritab soln .125mg/drop	0	$0 applies for ages 5 and under, otherwise not covered
klor-con 8 tbcr 8meq	1	
klor-con 10 tbcr 10meq	1	
klor-con m15 tbcr 15meq	1	
magnesium sulfate soln 2gm/50ml, 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
monoject sodium chloride soln .9%	1	
nafrinse chew 2.2mg	1	
nafrinse drops soln .125mg/drop	0	$0 applies for ages 5 and under, otherwise not covered
potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq	1	
potassium chloride microencapsulated crystals er tbcr 10meq, 20meq	1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride soln 2.5meq/ml	1	
sodium fluoride chew 1mg; tabs 1mg	1	
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	0	$0 applies for ages 5 and under, otherwise not covered
IV REPLACEMENT SOLUTIONS		
potassium chloride soln 2meq/ml	1	
sodium chloride soln .45%, .9%, 3%, 5%	1	
PRENATAL VITAMINS		
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	
elite-ob	1	
prenatabs rx	1	
VITAMINS		
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	
cholecalciferol caps 50000unit	1	OTC
cyanocobalamin soln 1000mcg/ml	1	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	
ergocalciferol caps 50000unit	1	
folic acid caps 800mcg	0	QL (100 caps / 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tabs 1mg	1	
folic acid tabs 400mcg, 800mcg	0	QL (100 tabs / 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
multi-vitamin/fluoride dr	1	
multi-vitamin/fluoride/ir	1	
multivitamin/fluoride	1	
paricalcitol caps 1mcg, 2mcg, 4mcg	1	
phytonadione tabs 5mg	1	
pyridoxine hcl tabs 25mg, 50mg	1	OTC

Drug Name	Drug Tier	Requirements/Limits
tri-vite/fluoride	1	
vitamins a/c/d/fluoride	1	
westab max	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED-G SUS OP	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOLN 1%	2	
bacitracin (ophthalmic) oint 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	3	
ciprofloxacin hcl (ophth) soln .3%	1	
erythromycin (ophth) oint 5mg/gm	1	
gatifloxacin (ophth) soln .5%	1	
gentak oint .3%	1	
gentamicin sulfate (ophth) soln .3%	1	QL (20 mL / 30 days)
levofloxacin (ophth) soln .5%	1	
moxifloxacin hcl (ophth) soln .5%	1	
NATACYN SUSP 5%	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) soln .3%	1	
polycin	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) oint 10%; soln 10%	1	

Drug Name	Drug Tier	Requirements/Limits
tobramycin (ophth) soln .3%	1	
trifluridine soln 1%	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	2	
bromfenac sodium (ophth) soln .09%	1	
dexamethasone sodium phosphate (ophth) soln .1%	1	
diclofenac sodium (ophth) soln .1%	1	
difluprednate emul .05%	1	
flurbiprofen sodium soln .03%	1	
FML OINT .1%	2	
ILEVRO SUSP .3%	2	
ketorolac tromethamine (ophth) soln .4%, .5%	1	
loteprednol etabonate susp .5%	1	
NEVANAC SUSP .1%	2	
prednisolone acetate (ophth) susp 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
azelastine hcl (ophth) soln .05%	1	
bepotastine besilate soln 1.5%	1	
cromolyn sodium (ophth) soln 4%	1	
epinastine hcl (ophth) soln .05%	1	
olopatadine hcl soln .1%, .2%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
apraclonidine hcl soln .5%	1	
betaxolol hcl (ophth) soln .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
brimonidine tartrate soln .15%, .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
brinzolamide susp 1%	1	
carteolol hcl (ophth) soln 1%	1	
dorzolamide hcl soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
IOPIDINE SOLN 1%	3	
latanoprost soln .005%	1	
levobunolol hcl soln .5%	1	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN SOLN .01%	2	ST; PA**
PHOSPHOLINE IODIDE SOLR .125%	3	
pilocarpine hcl soln 1%	1	
SIMBRINZA SUS 1-0.2%	2	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	1	
travoprost soln .004%	1	
ZIOPTAN SOLN .015mg/ml	3	ST; PA**
DRY EYE DISEASE		
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	2	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
atropine sulfate (ophthalmic) soln 1%	1	
CYSTARAN SOLN .44%	5	PA, QL (4 bottles / 28 days)
LACRISERT INST 5mg	3	
phenylephrine hcl (mydriatic) soln 2.5%, 10%	1	
proparacaine hcl soln .5%	1	
tropicamide soln .5%, 1%	1	
OTHER		
IRRIGATION SOLUTIONS		
physiolyte	1	
physiosol irrigation	1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml	1	QL (4 auto-injectors / 30 days)
epinephrine (anaphylaxis) soaj .15mg/0.15ml	1	QL (4 auto-injectors / 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (4 auto-injectors / 30 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (4 auto-injectors / 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
ANORO ELLIPT AER 62.5-25	2	QL (1 package / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 package / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE	2	QL (1 package / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (6 boxes / 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 package / 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§		
TRELEGY AER 100MCG	2	QL (1 package / 30 days)
TRELEGY AER 200MCG	2	QL (1 package / 30 days)
ANTICHOLINERGICS§		
ipratropium bromide soln .02%	1	QL (5 boxes / 30 days)
ipratropium bromide (nasal) soln .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (1 package / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 package / 30 days)
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package / 30 days)
ANTIHISTAMINES§		
azelastine hcl soln .1%, .15%	1	QL (2 bottles / 30 days)
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	1	
clemastine fumarate tabs 2.68mg	1	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	1	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	1	
diphenhydramine hcl elix 12.5mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
diphenhydramine hcl soln 50mg/ml	1	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	1	
olopatadine hcl (nasal) soln .6%	1	QL (1 container / 30 days)
ryclora soln 2mg/5ml	3	PA
BETA AGONISTS§		
albuterol sulfate aers 108mcg/act	1	QL (2 inhalers / 30 days)
albuterol sulfate nebu .5%	1	QL (60 mL / 30 days)
albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml	1	QL (5 boxes / 30 days)
albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg	1	
arformoterol tartrate nebu 15mcg/2ml	1	QL (60 vials / 30 days)
formoterol fumarate nebu 20mcg/2ml	1	QL (60 vials / 30 days)
levalbuterol hcl nebu 1.25mg/0.5ml	1	QL (45 mL / 30 days)
levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (300 mL / 30 days)
levalbuterol tartrate aero 45mcg/act	1	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (1 package / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 package / 30 days)
terbutaline sulfate tabs 2.5mg, 5mg	1	
COLD/COUGH		
benzonatate caps 100mg, 200mg	1	
guaifenesin-codeine soln 100-10 mg/5ml	1	QL (60 mL / day), OTC; Subject to initial 7-day limit
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL / day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (30 mL / day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (6 tabs / day); Subject to initial 7-day limit
hydromet	1	QL (30 mL / day); Subject to initial 7-day limit
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL / day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	QL (30 mL / day); Subject to initial 7-day limit
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUZISTRA XR SUS	3	QL (20 mL / day); Subject to initial 7-day limit
CYSTIC FIBROSIS		
CAYSTON SOLR 75mg	4	PA, QL (84 vials / 28 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)
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs / 28 days)
tobramycin nebu 300mg/4ml	4	PA, QL (224 mL / 28 days)
tobramycin nebu 300mg/5ml	4	PA, QL (280 mL / 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs / 28 days)
LEUKOTRIENE MODIFIERS		
zileuton tb12 600mg	3	PA
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	1	
zafirlukast tabs 10mg, 20mg	1	
MAST CELL STABILIZERS§		
cromolyn sodium nebu 20mg/2ml	1	QL (2 boxes / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
acetylcysteine soln 10%, 20%	1	
DALIRESP TABS 250mcg, 500mcg	3	PA
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	1	
NASAL STEROIDS§		
flunisolide (nasal) soln .025%	1	QL (3 containers / 30 days)
fluticasone propionate (nasal) susp 50mcg/act	1	QL (1 container / 30 days)
mometasone furoate (nasal) susp 50mcg/act	1	QL (2 packages / 30 days)
OMNARIS SUSP 50mcg/act	3	ST, QL (1 package / 30 days); PA**
triamcinolone acetonide (nasal) aero 55mcg/act	1	QL (1 package / 30 days), OTC
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS 267mg	4	PA, QL (270 caps / 30 days)
OFEV CAPS 100mg, 150mg	4	PA, QL (60 caps / 30 days)
pirfenidone tabs 267mg	4	PA, QL (270 tabs / 30 days)
pirfenidone tabs 801mg	4	PA, QL (90 tabs / 30 days)
RESPIRATORY THERAPY SUPPLIES		
ADULT RESPIRATORY MASK	2	
HOLD CHAMBER MIS MEDIUM	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC
SEVERE ASTHMA AGENTS		
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	4	PA, QL (3 injections / 28 days)
NUCALA SOSY 40mg/0.4ml	4	PA, QL (1 injection / 28 days)
XOLAIR SOLR 150mg	4	PA, QL (8 vials / 28 days)
XOLAIR SOSY 75mg/0.5ml	4	PA, QL (2 syringes / 28 days)
XOLAIR SOSY 150mg/ml	4	PA, QL (8 syringes / 28 days)
STEROID INHALANTS§		
ALVESCO AERS 80mcg/act	3	QL (3 packages / 30 days)
ALVESCO AERS 160mcg/act	3	QL (2 packages / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (1 package / 30 days)
budesonide (inhalation) susp 1mg/2ml	1	QL (1 box / 30 days)
budesonide (inhalation) susp .5mg/2ml	1	QL (2 boxes / 30 days)
budesonide (inhalation) susp .25mg/2ml	1	QL (3 boxes / 30 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	2	QL (2 packages / 30 days)
STEROID/BETA-AGONIST COMBINATIONS§		
ADVAIR DISKU AER 100/50	1	QL (1 package / 30 days)
ADVAIR DISKU AER 250/50	1	QL (1 package / 30 days)
ADVAIR DISKU AER 500/50	1	QL (1 package / 30 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 30 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 30 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 30 days)
SYMBICORT AER 80-4.5	2	QL (3 packages / 30 days)
SYMBICORT AER 160-4.5	2	QL (3 packages / 30 days)
XANTHINES		
aminophylline soln 25mg/ml	1	
ELIXOPHYLLIN ELIX 80mg/15ml	3	
theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg	1	
TOPICAL		
DERMATOLOGY, ACNE		
adapalene crea .1%; gel .1%, .3%	1	PA, QL (45g / 28 days); PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
avita crea .025%; gel .025%	1	PA; PA applies for members age 35 and older
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47g / 30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (45g / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical) foam 1%; swab 1%	1	
clindamycin phosphate (topical) gel 1%	1	QL (75g / 30 days)
clindamycin phosphate (topical) lotn 1%; soln 1%	1	QL (60 mL / 30 days)
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50g / 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (50g / 30 days)
ery pads 2%	1	
erythromycin (acne aid) gel 2%	1	QL (60g / 30 days)
erythromycin (acne aid) soln 2%	1	QL (60 mL / 30 days)
isotretinoin caps 10mg, 20mg, 30mg, 40mg	1	PA
sulfacetamide sodium (acne) lotn 10%	1	
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%	1	PA; PA applies for members age 35 and older
tretinoin microsphere gel .04%, .1%	1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil (topical) crea 5%; soln 2%, 5%	1	
imiquimod crea 5%	1	
PICATO GEL .015%, .05%	3	
DERMATOLOGY, ANTIBIOTICS		
CORTISPORIN OIN 1%	3	
gentamicin sulfate (topical) crea .1%; oint .1%	1	QL (120g / 30 days)
IV PREP WIPE PAD	2	OTC
mupirocin oint 2%	1	QL (30g / 30 days)
silver sulfadiazine crea 1%	1	
ssd crea 1%	1	
SULFAMYLON CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel .77%	1	QL (120g / 30 days)
ciclopirox sham 1%	1	QL (120 mL / 30 days)
ciclopirox soln 8%	1	
ciclopirox olamine crea .77%	1	QL (120g / 30 days)
ciclopirox olamine susp .77%	1	QL (120 mL / 30 days)
clotrimazole (topical) crea 1%	1	QL (120g / 30 days)
clotrimazole (topical) soln 1%	1	QL (120 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (60g / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (60 mL / 30 days)
econazole nitrate crea 1%	1	QL (60g / 30 days)
ERTACZO CREA 2%	3	QL (60g / 30 days)
JUBLIA SOLN 10%	3	PA, QL (4 mL / 28 days)
ketoconazole (topical) crea 2%	1	QL (120g / 30 days)
luliconazole crea 1%	3	QL (60g / 30 days)
MENTAX CREA 1%	3	QL (60g / 30 days)
naftifine hcl crea 1%, 2%	1	QL (60g / 30 days)
nyamyc powd 100000unit/gm	1	QL (120g / 30 days)
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	1	QL (120g / 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (60g / 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (60g / 30 days)
nystop powd 100000unit/gm	1	QL (120g / 30 days)
oxiconazole nitrate crea 1%	1	QL (60g / 30 days)
sulconazole nitrate crea 1%	1	QL (60g / 30 days)
sulconazole nitrate soln 1%	1	QL (60 mL / 30 days)
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl (antipruritic) crea 5%	3	ST, QL (45g / 30 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	1	
calcipotriene soln .005%	1	ST, QL (60 mL / 30 days); PA**
calcitriol (topical) oint 3mcg/gm	3	ST, QL (100g / 30 days); PA**
methoxsalen rapid caps 10mg	1	
tazarotene crea .1%	1	PA
TAZORAC CREA .05%; GEL .05%, .1%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) sham 2%	1	QL (120 mL / 30 days)
selenium sulfide lotn 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort crea 1%	1	QL (120g / 30 days)
alclometasone dipropionate crea .05%; oint .05%	1	QL (120g / 30 days)
amcinonide crea .1%	1	QL (120g / 30 days)
amcinonide lotn .1%	1	QL (120 mL / 30 days)
AMCINONIDE OINT .1%	2	QL (120g / 30 days)
betamethasone dipropionate (topical) crea .05%; oint .05%	1	QL (120g / 30 days)

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate (topical) lotn .05%	1	QL (120 mL / 30 days)
betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%	1	QL (120g / 30 days)
betamethasone dipropionate augmented lotn .05%	1	QL (120 mL / 30 days)
betamethasone valerate crea .1%; foam .12%; oint .1%	1	QL (120g / 30 days)
betamethasone valerate lotn .1%	1	QL (120 mL / 30 days)
BRYHALI LOTN .01%	2	QL (120 mL / 30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	3	ST, QL (60g / 30 days); PA**
clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%	1	QL (120g / 30 days)
clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%	1	QL (120 mL / 30 days)
clobetasol propionate emollient base crea .05%	1	QL (120g / 30 days)
clocortolone pivalate crea .1%	3	QL (120g / 30 days)
desonide crea .05%; oint .05%	1	QL (120g / 30 days)
desonide lotn .05%	1	QL (120 mL / 30 days)
desoximetasone crea .05%, .25%; gel .05%; oint .25%	1	QL (120g / 30 days)
desoximetasone liqd .25%	3	QL (120 mL / 30 days)
diflorasone diacetate crea .05%; oint .05%	3	QL (120g / 30 days)
fluocinolone acetonide crea .01%, .025%; oint .025%	1	QL (120g / 30 days)
fluocinolone acetonide oil .01%; soln .01%	1	QL (120 mL / 30 days)
fluocinonide crea .05%; gel .05%; oint .05%	1	QL (120g / 30 days)
fluocinonide soln .05%	1	QL (120 mL / 30 days)
fluticasone propionate crea .05%; oint .005%	1	QL (120g / 30 days)
fluticasone propionate lotn .05%	1	QL (120 mL / 30 days)
halobetasol propionate crea .05%; oint .05%	1	QL (120g / 30 days)
hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%	1	QL (120g / 30 days)
hydrocortisone (topical) lotn 2.5%	1	QL (120 mL / 30 days)
hydrocortisone butyrate crea .1%; oint .1%	1	QL (120g / 30 days)
hydrocortisone butyrate soln .1%	1	QL (120 mL / 30 days)
hydrocortisone valerate crea .2%; oint .2%	1	QL (120g / 30 days)
mometasone furoate crea .1%; oint .1%	1	QL (120g / 30 days)

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate soln .1%	1	QL (120 mL / 30 days)
prednicarbate crea .1%; oint .1%	1	QL (120g / 30 days)
triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%	1	QL (120g / 30 days)
triamcinolone acetonide (topical) lotn .025%, .1%	1	QL (120 mL / 30 days)
triderm crea .1%	1	QL (120g / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine oint 5%	1	QL (50g / 30 days)
lidocaine ptch 5%	1	PA, QL (90 patches / 30 days)
lidocaine hcl gel 2%; prsy 2%	1	QL (60 mL / 30 days)
lidocaine hcl soln 4%	1	QL (50 mL / 30 days)
lidocaine pain relief pat ptch 4%	1	QL (30 patches / 30 days), OTC
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30g / 30 days)
SYNERA DIS 70-70MG	3	QL (2 patches / 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical crea 5%	3	
bexarotene (topical) gel 1%	4	PA
CONDYLOX GEL .5%	3	
DENAVIR CREA 1%	3	
diclofenac sodium (topical) gel 1%	1	QL (300g / 30 days)
diclofenac sodium (topical) gel 1%	1	QL (300g / 30 days), OTC
EUCRISA OINT 2%	2	ST, QL (60g / 30 days); PA**
lactic acid (ammonium lactate) crea 12%; lotn 12%	1	
podofilox soln .5%	1	
RECTIV OINT .4%	3	
tacrolimus (topical) oint .03%, .1%	1	
TARGRETIN GEL 1%	4	PA
VOLTAREN GEL 1%	1	QL (300g / 30 days), OTC
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
FINACEA FOAM 15%	2	
metronidazole (topical) crea .75%; gel .75%, 1%	1	QL (60g / 30 days)
metronidazole (topical) lotn .75%	1	QL (60 mL / 30 days)
MIRVASO GEL .33%	3	PA
rosadan crea .75%	1	QL (60g / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan lotn 10%	1	
cvs lice treatment liqd 1%	1	OTC
ivermectin (pediculicide) lotn .5%	1	ST; PA**
lice treatment lotn 1%	1	OTC
lindane sham 1%	1	
malathion lotn .5%	1	ST; PA**
permethrin crea 5%	1	
spinosad susp .9%	1	ST; PA**
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA, QL (30g / 30 days)
sodium chloride (gu irrigant) soln .9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl caps 30mg	1	
chlorhexidine gluconate (mouth-throat) soln .12%	1	
clotrimazole troc 10mg	1	QL (90 lozenges / 30 days)
lidocaine hcl (mouth-throat) soln 2%, 4%	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
oralone dental paste pste .1%	1	
ORAVIG TABS 50mg	3	QL (14 tabs / 30 days)
periogard soln .12%	1	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) pste .1%	1	
OTIC		
acetic acid (otic) soln 2%	1	
ciprofloxacin hcl (otic) soln .2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3	
CORTISPORIN SUS -TC OTIC	3	
fluocinolone acetonide (otic) oil .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) soln .3%	1	

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Disclaimer: This document is intended to display targeted step therapy products. Please refer to the actual criteria when reviewing coverage determination requests.

Step Therapy Criteria

Step Therapy Group	AMYLIN ANALOG 676-D
Drug Names	SYMLINPEN 120, SYMLINPEN 60
Step Therapy Criteria	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	ANTIPSYCHOTICS 657-D
Drug Names	LATUDA, REXULTI
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of generic aripiprazole, asenapine, olanzapine, paliperidone, quetiapine (regular or extended release), risperidone, or ziprasidone within the past 180 days.
Step Therapy Group	CGRP RECEPTOR ANTAGONIST CLUSTER HEADACHE 2761-E
Drug Names	EMGALITY
Step Therapy Criteria	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	CGRP RECEPTOR ANTAGONIST MIGRAINE 2761-E
Drug Names	AIMOVIG, AJOVY, EMGALITY
Step Therapy Criteria	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	DESVENLAFAXINE/FETZIMA 1888-E
Drug Names	DESVENLAFAXINE ER, FETZIMA, FETZIMA TITRATION PACK
Step Therapy Criteria	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	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 1009-D
Drug Names	ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, JANUMET, JANUMET XR, JANUVIA, JENTADUETO XR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days

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Step Therapy Group	DOXEPIN 1496-E
Drug Names	DOXEPIN HYDROCHLORIDE
Step Therapy Criteria	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.
Step Therapy Group	EUCRISA 3199-E
Drug Names	EUCRISA
Step Therapy Criteria	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.
Step Therapy Group	GLP-1 AGONIST 676-D
Drug Names	OZEMPIC, TRULICITY, VICTOZA
Step Therapy Criteria	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	GLP-1 AGONIST/LONG ACTING INSULIN COMBO 676-D
Drug Names	SOLIQUA 100/33, XULTOPHY 100/3.6
Step Therapy Criteria	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	LYRICA 656-D
Drug Names	PREGABALIN
Step Therapy Criteria	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)
Step Therapy Group	NATROBA 4830-D
Drug Names	SPINOSAD
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% or permethrin 5% within the past 60 days.
Step Therapy Group	OPIOID ER 2219-M
Drug Names	BELBUCA, BUPRENORPHINE, FENTANYL, HYDROCODONE BITARTRATE ER, HYDROMORPHONE HCL ER, HYDROMORPHONE HYDROCHLORI, METHADONE HCL, METHADONE HYDROCHLORIDE I, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, XTAMPZA ER
Step Therapy Criteria	Coverage will be provided if the member has filled a cumulative 8-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.

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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 8-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/CAFFEINE/DI, ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, 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 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.

Step Therapy Group	OVIDE 4831-D
Drug Names	MALATHION
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days.

Step Therapy Group	PDPD AUTOIMMUNE
Drug Names	ACTEMRA, SIMPONI
Step Therapy Criteria	For Ankylosing Spondylitis, must try Cosentyx, Enbrel, Humira. Targets: Simponi, Taltz, Xeljanz, Xeljanz XR For Crohn's Disease, must try Humira, Stelara. For Plaque Psoriasis, must try Humira, Otezla, Skyrizi, Stelara, Taltz, Tremfya. Targets: Cosentyx, Enbrel. For Psoriatic Arthritis, must try Cosentyx, Enbrel, Humira, Otezla, Rinvoq, Skyrizi. Targets: Simponi, Stelara, Taltz, Tremfya, Xeljanz, Xeljanz XR. For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara (after failure of two other preferred products), Rinvoq, Xeljanz, Xeljanz XR. Targets: Actemra, Simponi. For Ulcerative Colitis, must try Humira (primary preferred), Rinvoq (secondary preferred), Xeljanz (secondary preferred), Xeljanz XR (secondary preferred). Targets: Simponi, Stelara.

Disclaimer: This document is intended to display targeted step therapy products. Please refer to the actual criteria when reviewing coverage determination requests.

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, dimethyl fumarate, Aubagio.

Step Therapy Group	RANEXA 658-D
Drug Names	RANOLAZINE ER
Step Therapy Criteria	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)

Step Therapy Group	SAVELLA 2557-D
Drug Names	SAVELLA, SAVELLA TITRATION PACK
Step Therapy Criteria	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.

Step Therapy Group	SIMVA 80MG 981-D
Drug Names	SIMVASTATIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) or 10-80mg strength of ezetimibe-simvastatin (Vytorin) (at least a 290 day supply within the past 365 days)

Step Therapy Group	SKLICE 3744-D
Drug Names	IVERMECTIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days.

Step Therapy Group	SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2) AND SGLT2 COMBINATIONS 676-D
Drug Names	FARXIGA, GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
Step Therapy Criteria	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	TGST BISPHOSPHONATES 377-D
Drug Names	FOSAMAX PLUS D
Step Therapy Criteria	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)

Step Therapy Group	TGST BPH-ALPHA1 BLCK 606-D
Drug Names	CARDURA XL
Step Therapy Criteria	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)
Step Therapy Group	TGST NASAL STEROIDS 4591-D
Drug Names	OMNARIS
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid within the past 180 days.
Step Therapy Group	TGST PROSTAGL ANALOG 613-D
Drug Names	LUMIGAN, ZIOPTAN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (other than bimatoprost) (at least a 30 day supply within the past 365 days)
Step Therapy Group	TGST SLEEP AGENTS 382-D
Drug Names	BELSOMRA
Step Therapy Criteria	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)
Step Therapy Group	TGST SSRI 384-D
Drug Names	TRINTELLIX
Step Therapy Criteria	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)
Step Therapy Group	TREXIMET 3020-D
Drug Names	SUMATRIPTAN/NAPROXEN SODI
Step Therapy Criteria	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.
Step Therapy Group	ULORIC 540-D
Drug Names	FEBUXOSTAT
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30 day supply within the past 180 days)
Step Therapy Group	VITAMIN D ANALOGS TOPICAL 1381-E
Drug Names	CALCIPOTRIENE, CALCIPOTRIENE/BETAMETHASO, CALCITRIOL
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of a topical steroid within the past 180 days.