

Oscar 2021

Formulary

(List of Covered Drugs)



oscar

What is the Oscar Formulary?

A formulary is a list of covered drugs selected by Oscar in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Oscar will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar network pharmacy, and other plan rules are followed. This Formulary was updated as of 04/01/2021.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BYSTOLIC) and generic drugs are listed in lower-case italics (e.g., carvedilol). There are two ways to find your drug within the formulary:

① Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.

② Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will 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.

What are generic drugs?

Oscar covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- Prior Authorization: Oscar requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Oscar before you fill your prescriptions. If you don't get approval, Oscar may not cover the drug.
- Quantity Limits: For certain drugs, Oscar limits the amount of the drug being filled. For example Oscar may limit a drug to only 48 pills in a 1-month timeframe. These amounts will be listed in the formulary below if they are applicable to your medication.
- Step Therapy: In some cases, Oscar requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Oscar may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Oscar will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

What if my drug is not on the Formulary?

If your drug is not included in this formulary , you should first contact Concierge and ask if your drug is covered.

If you learn that Oscar does not cover your drug, you can ask Concierge for similar drugs that are covered by Oscar. Discuss these alternatives with your doctor and ask him or her to prescribe one of the alternatives that are covered by Oscar.

How do I request an exception to the Oscar Formulary?

Your Doctor can ask Oscar to make an exception to our coverage rules.

Generally, Oscar will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but during the year Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. You can contact Concierge to find out if your drug is still covered, visit hioscar.com and log in to your plan specific account, or use the Oscar app drug search feature.

Changes that can affect you this year:

- New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. You can find information in the section above entitled "How do I request an exception to the Oscar Formulary?"

- Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

For more information

For more detailed information about your Oscar prescription drug coverage, please visit www.hioscar.com or call Concierge at 1-855-OSCAR-88. You can also find your plan specific information on our Oscar app available through iTunes or Google Play.

Formulary Terminology

The formulary that begins on page 1 provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

The information in the Requirements/Limits column tells you if Oscar has any special requirements for coverage of your drug.

Abbreviation	Term	Description
PA	Prior Authorization	Your Physician must get approval from Oscar to cover this medication
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time
ST	Step Therapy	For some drugs you must first try certain drugs to treat your medical condition before we will cover another drug for that condition
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your Physician
PA**	Prior Authorization if Step Therapy is not met	A Prior authorization will be needed if you do not meet the step therapy

¹to be covered at the pharmacy a prescription from your doctor is required

Learn more at hioscar.com

EXCH_CVSC CA 4T STND eff 04/01/2021

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat</i> TABS 40mg, 80mg	1	ST; PA**
<i>probenecid</i> TABS 500mg	1	
NON-OPIOID ANALGESICS\$		
<i>butalbital-acetaminophen tab 50-325 mg</i> (Tencon)	1	QL (48 tabs / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
NSAIDS, COMBINATIONS\$		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
NSAIDS\$ - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>diclofenac potassium</i> TABS 50mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>fenoprofen calcium</i> TABS 600mg	3	
<i>flurbiprofen</i> TABS 50mg, 100mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS 50mg, 75mg	1	
<i>ketorolac tromethamine</i> SOLN 15mg/ml, 30mg/ml	1	
<i>ketorolac tromethamine</i> TABS 10mg	1	QL (20 tabs / 25 days)
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 AGONIST/ANTAGONISTS

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

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

acetaminophen w/ codeine soln 120-12 mg/5ml	1	ST, QL (2700 ml / 25 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	1	ST, QL (400 tabs / 25 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-60 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (48 caps / 25 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	1	
butorphanol tartrate SOLN 10mg/ml	1	QL (2 bottles / 25 days)
codeine sulfate TABS 30mg	1	ST, QL (42 tabs / 25 days); Subject to initial 7-day limit
CODEINE SULFATE TABS 60mg	3	ST, QL (42 tabs / 25 days); Subject to initial 7-day limit
fentanyl PT72 12mcg/hr, 25mcg/hr	1	ST, QL (10 patches / 25 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 / 25 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	ST, QL (2700 ml / 25 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit
hydromorphone hcl SOLN 2mg/ml	1	
HYDROMORPHONE HCL SUPP 3mg	3	ST, QL (120 suppositories / 25 days); Subject to initial 7-day limit
hydromorphone hcl TABS 2mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
hydromorphone hcl TABS 4mg	1	ST, QL (150 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl TABS 8mg	1	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit
hydromorphone hcl TB24 8mg, 12mg, 16mg	1	ST, QL (30 tabs / 25 days)
hydromorphone hcl TB24 32mg	1	ST, PA; High Strength Requires PA
methadone hcl CONC 10mg/ml	1	QL (30 ml / 25 days); (indicated for opioid addiction)
methadone hcl CONC 10mg/ml (Methadone Hcl Intensol)	1	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain)
methadone hcl SOLN 5mg/5ml	1	ST, QL (450 ml / 25 days)
methadone hcl SOLN 10mg/5ml	1	ST, QL (300 mL / 25 days)
methadone hcl TABS 5mg	1	ST, QL (90 tabs / 25 days)
methadone hcl TABS 10mg	1	ST, QL (60 tabs / 25 days)
methadone hcl TBSO 40mg	1	QL (9 tabs / 25 days)
methadone hcl TBSO 40mg (Methadose)	1	QL (9 tabs / 25 days)
morphine sulfate CP24 10mg, 20mg, 30mg	1	ST, QL (60 caps / 25 days)
morphine sulfate CP24 50mg, 60mg, 80mg	1	ST, QL (30 caps / 25 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 / 25 days); Subject to initial 7-day limit
morphine sulfate SOLN 20mg/5ml	1	ST, QL (675 mL / 25 days); Subject to initial 7-day limit
morphine sulfate SOLN 100mg/5ml	1	ST, QL (135 mL / 25 days); Subject to initial 7-day limit
morphine sulfate SUPP 5mg, 10mg	1	ST, QL (180 suppositories / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate SUPP 20mg	1	ST, QL (120 supp / 25 days); Subject to initial 7-day limit
morphine sulfate SUPP 30mg	1	ST, QL (90 supp / 25 days); Subject to initial 7-day limit
morphine sulfate TABS 15mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
morphine sulfate TABS 30mg	1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
morphine sulfate TBCR 15mg, 30mg	1	ST, QL (90 tabs / 25 days)
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg	1	ST, QL (30 caps / 25 days)
morphine sulfate beads CP24 120mg	1	ST, PA; High Strength Requires PA
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	1	
NUCYNTA TABS 50mg (tapentadol hcl)	2	ST, QL (120 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TABS 75mg (tapentadol hcl)	2	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TABS 100mg (tapentadol hcl)	2	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA ER TB12 50mg, 100mg (tapentadol hcl)	3	ST, QL (60 tabs / 25 days)
NUCYNTA ER TB12 150mg, 200mg, 250mg (tapentadol hcl)	3	ST, PA; High Strength Requires PA
oxycodone hcl CAPS 5mg	1	ST, QL (180 caps / 25 days); Subject to initial 7-day limit
oxycodone hcl CONC 100mg/5ml	1	ST, QL (90 mL / 25 days); Subject to initial 7-day limit
oxycodone hcl SOLN 5mg/5ml	1	ST, QL (900 ml / 25 days); Subject to initial 7-day limit
oxycodone hcl T12A 10mg, 15mg, 20mg, 30mg	1	ST, QL (60 tabs / 25 days)
oxycodone hcl T12A 40mg, 60mg, 80mg	1	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl TABS 5mg, 10mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl TABS 15mg	1	ST, QL (120 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl TABS 20mg	1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl TABS 30mg	1	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone-aspirin tab 4.8355-325 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone-ibuprofen tab 5-400 mg	1	ST, QL (28 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl TABS 5mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit

Drug Name		Drug Tier	Requirements/Limits
oxymorphone hcl TABS 10mg		1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg		1	ST, QL (60 tabs / 25 days)
oxymorphone hcl TB12 20mg, 30mg, 40mg		1	ST, PA; High Strength Requires PA
tramadol hcl TABS 50mg		1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
tramadol hcl TB24 100mg		1	ST, QL (30 tabs / 25 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 / 25 days); Subject to initial 7-day limit
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg (oxycodone)		2	ST, QL (60 caps / 25 days)
XTAMPZA ER C12A 36mg (oxycodone)		2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS§			
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg (buprenorphine hcl)		2	ST, QL (60 films / 25 days)
BELBUCA FILM 600mcg, 750mcg, 900mcg (buprenorphine hcl)		2	ST, PA; High Strength Requires Prior Auth
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr		1	ST, QL (4 patches / 25 days)
buprenorphine PTWK 15mcg/hr, 20mcg/hr		1	ST, PA; High Strength Requires Prior Auth
buprenorphine hcl SOLN .3mg/ml		1	
buprenorphine hcl SUBL 2mg, 8mg	PV		QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml (buprenorphine)		4	
SALICYLATES			
aspirin CHEW 81mg (Goodsense Aspirin)	PV		QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
aspirin TBEC 81mg (Aspirin Enteric Coated Ad)	PV	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	

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS - DRUGS FOR NUMBING

lidocaine hcl (local anesth.) SOLN .5%, 1%	1
lidocaine hcl (local anesth.) SOLN .5%, 2%	

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1
fosfomycin tromethamine PACK 3gm	1
gentamicin sulfate SOLN 40mg/ml	1
MONUROL PACK 5.631gm (fosfomycin tromethamine)	3
neomycin sulfate TABS 500mg	1
paromomycin sulfate CAPS 250mg	1
SULFADIAZINE TABS 500mg	3
tinidazole TABS 250mg, 500mg	1
tobramycin NEBU 300mg/4ml	4 PA, QL (224 mL / 28 days)
tobramycin NEBU 300mg/5ml	4 PA, QL (280 mL / 28 days)
tobramycin sulfate SOLN 40mg/ml, 80mg/2ml; SOLR 1.2gm	1

ANTI-INFECTIVES - MISCELLANEOUS

ALINIA SUSR 100mg/5ml (nitazoxanide)	3	QL (540mL / 25 days)
ALINIA TABS 500mg (nitazoxanide)	3	QL (20 tabs / 25 days)
atovaquone SUSP 750mg/5ml	1	
aztreonam SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg (aztreonam lysine)	4	PA, QL (84 vials / 28 days)
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	
DARAPRIM TABS 25mg (pyrimethamine)	3	PA

Drug Name	Drug Tier	Requirements/Limits
EMVERM CHEW 100mg (mebendazole)	3	QL (12 tabs / 365 days)
ertapenem sodium SOLR 1gm	1	
ivermectin TABS 3mg	1	
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, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole CAPS 375mg; TABS 250mg, 500mg	1	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	1	
nitazoxanide TABS 500mg	1	QL (20 tabs / 25 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	
praziquantel TABS 600mg	1	QL (24 tabs / 365 days)
PRIMSOL SOLN 50mg/5ml (trimethoprim hcl)	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg, 250mg	1	QL (80 caps / 10 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
XIFAXAN TABS 200mg (rifaximin)	2	QL (9 tabs / 25 days)
XIFAXAN TABS 550mg (rifaximin)	2	PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b SOLR 50mg	1	

Drug Name		Drug Tier	Requirements/Limits
BIO-STATIN CAPS 500000unit, 1000000unit (nystatin)		2	
CRESEMBA CAPS 186mg (isavuconazonium sulfate)		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 (posaconazole)		2	PA
nystatin TABS 500000unit		1	
* nystatin oral powder* (Bio-statin)		1	
posaconazole TBEC 100mg		3	PA
terbinafine hcl TABS 250mg		1	
voriconazole SUSR 40mg/ml; TABS 50mg, 200mg		2	PA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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 (artemether- lumefantrine)		3	
mefloquine hcl TABS 250mg		1	
primaquine phosphate TABS 26.3mg		1	
quinine sulfate CAPS 324mg		1	

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS

INFECTION

abacavir sulfate SOLN 20mg/ml	1	QL (900 mL / 30 days)
abacavir sulfate TABS 300mg	1	QL (60 tabs / 30 days)
APTIVUS CAPS 250mg (tipranavir)	2	QL (120 caps / 30 days)
APTIVUS SOLN 100mg/ml (tipranavir)	2	QL (285 mL / 28 days)
atazanavir sulfate CAPS 150mg, 300mg	1	QL (30 caps / 30 days)
atazanavir sulfate CAPS 200mg	1	QL (60 caps / 30 days)
CRIXIVAN CAPS 200mg (indinavir sulfate)	2	QL (450 caps / 30 days)
CRIXIVAN CAPS 400mg (indinavir sulfate)	2	QL (180 caps / 30 days)
didanosine CPDR 200mg, 250mg, 400mg	1	QL (30 caps / 30 days)
EDURANT TABS 25mg (rilpivirine hcl)	2	QL (60 tabs / 30 days)

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA
 Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
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 CAPS 200mg (emtricitabine)	2	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml (emtricitabine)	2	QL (680 ml / 28 days)
fosamprenavir calcium TABS 700mg	1	QL (120 tabs / 30 days)
FUZEON SOLR 90mg (enfuvirtide)	4	PA, QL (60 vials / 30 days)
INTELENCE TABS 25mg, 100mg (etravirine)	2	QL (120 tabs / 30 days)
INTELENCE TABS 200mg (etravirine)	2	QL (60 tabs / 30 days)
INVIRASE TABS 500mg (saquinavir mesylate)	2	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg, 100mg (raltegravir potassium)	2	QL (180 tabs / 30 days)
ISENTRESS PACK 100mg (raltegravir potassium)	2	QL (60 packets / 30 days)
ISENTRESS TABS 400mg (raltegravir potassium)	2	QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg (raltegravir potassium)	2	QL (60 tabs / 30 days)
lamivudine SOLN 10mg/ml	1	QL (900 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 (fosamprenavir calcium)	2	QL (1575 mL / 28 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 (ritonavir)	2	QL (360 packets / 30 days)
NORVIR SOLN 80mg/ml (ritonavir)	2	QL (480 mL / 30 days)
PREZISTA SUSP 100mg/ml (darunavir ethanolate)	2	QL (400 ml / 30 days)
PREZISTA TABS 75mg (darunavir ethanolate)	2	QL (300 tabs / 30 days)
PREZISTA TABS 150mg (darunavir ethanolate)	2	QL (180 tabs / 30 days)
PREZISTA TABS 600mg (darunavir ethanolate)	2	QL (60 tabs / 30 days)
PREZISTA TABS 800mg (darunavir ethanolate)	2	QL (30 tabs / 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml (zidovudine)	2	

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50mg (atazanavir sulfate)	2	QL (180 packets / 30 days)
ritonavir TABS 100mg	1	QL (360 tabs / 30 days)
SELZENTRY SOLN 20mg/ml (maraviroc)	2	QL (1840 mL / 30 days)
SELZENTRY TABS 25mg (maraviroc)	2	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg, 150mg (maraviroc)	2	QL (60 tabs / 30 days)
SELZENTRY TABS 300mg (maraviroc)	2	QL (120 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 (dolutegravir sodium)	2	QL (240 tabs / 30 days)
TIVICAY TABS 25mg, 50mg (dolutegravir sodium)	2	QL (60 tabs / 30 days)
TIVICAY PD TBSO 5mg (dolutegravir sodium)	2	QL (360 tabs / 30 days)
TROGARZO SOLN 200mg/1.33ml (ibalizumab-uiyk)	4	
TYBOST TABS 150mg (cobicistat)	2	QL (30 tabs / 30 days)
VIDEX EC CPDR 125mg (didanosine)	2	QL (30 caps / 30 days)
VIDEX PEDIATRIC SOLR 2gm (didanosine)	2	QL (1200 ml / 30 days)
VIRACEPT TABS 250mg (nelfinavir mesylate)	2	QL (300 tabs / 30 days)
VIRACEPT TABS 625mg (nelfinavir mesylate)	2	QL (120 tabs / 30 days)
VIREAD POWD 40mg/gm (tenofovir disoproxil fumarate)	2	QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg (tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days)
zidovudine CAPS 100mg	1	QL (180 caps / 30 days)
zidovudine SYRP 50mg/5ml	1	QL (1800 ml / 30 days)
zidovudine TABS 300mg	1	QL (60 tabs / 30 days)

ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

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 (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DESCOVI TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)	2	QL (30 tabs / 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)	2	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 (atazanavir sulfate-cobicistat)	2	QL (30 tabs / 30 days)
GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (lopinavir-ritonavir)	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG (lopinavir-ritonavir)	2	QL (120 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 (390 mL / 30 days)
ODEFSEY TAB (emtricitabine-rilpivirine-tenofovir alafenamide fumarate)	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 (darunavir-cobicistat)	2	QL (30 tabs / 30 days)
SYMFI LO TAB (efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days)
SYMFI TAB (efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days)
TRIUMEQ TAB (abacavir-dolutegravir-lamivudine)	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 (emtricitabine-tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days)

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA
 Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 133-200 (emtricitabine-tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 (emtricitabine-tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 (emtricitabine-tenofovir disoproxil fumarate)	2	QL (30 tabs / 30 days); \$0 copay for pre-exposure prophylaxis

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

cycloserine CAPS 250mg	1	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SOLN 100mg/ml; SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PASER PACK 4gm (aminosalicylic acid)	3	
PRIFTIN TABS 150mg (rifapentine)	2	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
RIFAMATE CAP (isoniazid & rifampin)	2	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
RIFATER TAB (isoniazid-rifampin w/ pyrazinamide)	2	
SIRTURO TABS 20mg, 100mg (bedaquiline fumarate)	4	PA
TRECATOR TABS 250mg (ethionamide)	2	

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
adefovir dipivoxil TABS 10mg	4	
BARACLUDE SOLN .05mg/ml (entecavir)	3	
cidofovir SOLN 75mg/ml	1	
entecavir TABS .5mg, 1mg	4	
EPIVIR HBV SOLN 5mg/ml (lamivudine (hbv))	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 (zanamivir)	2	QL (2 inhalers / 90 days)
ribavirin SOLR 6gm	1	
rimantadine hydrochloride TABS 100mg	1	
valacyclovir hcl TABS 500mg, 1000mg	1	

Drug Name	Drug Tier	Requirements/Limits
valganciclovir hcl SOLR 50mg/ml	4	PA, QL (1000 mL / 30 days)
valganciclovir hcl TABS 450mg	4	PA, QL (102 tabs / 30 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

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
cefditoren pivoxil TABS 200mg, 400mg	1
cefeprizine 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
ceftazidime SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1
ceftazidime SOLR 1gm (Tazicef)	1
ceftazidime SOLR 2gm	1
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1
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 (cefixime)	2

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

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 (fidaxomicin)	2	PA
erythromycin base CPEP 250mg; TABS 250mg, 500mg	1	
erythromycin base TBEC 250mg, 333mg, 500mg (Ery-tab)	1	
erythromycin ethylsuccinate SUSR 200mg/5ml, 400mg/5ml; TABS 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate TABS 400mg (E.e.s. 400)	1	
erythromycin stearate TABS 250mg (Erythrocin Stearate)	1	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml (ciprofloxacin)	3	
ciprofloxacin hcl TABS 100mg, 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
moxifloxacin hcl TABS 400mg	1	
ofloxacin TABS 300mg, 400mg	1	
HEPATITIS C		
EPCLUSA TAB 200-50MG (sofosbuvir-velpatasvir)	4	PA, QL (28 tabs / 28 days)
EPCLUSA TAB 400-100 (sofosbuvir-velpatasvir)	4	PA, QL (28 tabs / 28 days)
HARVONI PAK (ledipasvir-sofosbuvir)	4	PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG (ledipasvir-sofosbuvir)	4	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG (ledipasvir-sofosbuvir)	4	PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG (ledipasvir-sofosbuvir)	4	PA, QL (28 tabs / 28 days)
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml (peginterferon alfa-2a)	4	PA
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	PA
SOVALDI PACK 150mg, 200mg (sofosbuvir)	4	ST, PA, QL (28 pellets / 28 days)
SOVALDI TABS 200mg, 400mg (sofosbuvir)	4	ST, PA, QL (28 tabs / 28 days)
VOSEVI TAB (sofosbuvir-velpatasvir-voxilaprevir)	4	PA, QL (28 tabs / 28 days)
PENICILLINS - DRUGS TO TREAT INFECTIONS		
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	

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Drug Name	Drug Tier	Requirements/Limits
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 20mu (Pfizerpen)	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	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
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 - DRUGS TO TREAT INFECTIONS

demeclacycline hcl TABS 150mg, 300mg	1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 150mg	1	
doxycycline (monohydrate) TABS 100mg (Avidoxy)	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg; TBEC 75mg, 100mg, 150mg	1	
doxycycline hyclate CAPS 100mg (Morgidox 1x100mg)	1	

Drug Name		Drug Tier Requirements/Limits
doxycycline hyclate SOLR 100mg (Doxycycline 100)		1
minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg		1
tetracycline hcl CAPS 250mg, 500mg VIBRAMYCIN SYRP 50mg/5ml		1
(doxycycline calcium)		3

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS - CHEMOTHERAPY DRUGS

busulfan SOLN 6mg/ml		1
carmustine SOLR 100mg		1
cyclophosphamide CAPS 25mg, 50mg	1	OAC
cyclophosphamide SOLR 1gm, 2gm, 500mg	4	
dacarbazine SOLR 100mg, 200mg EMCYT CAPS 140mg (estramustine phosphate sodium)	1	
GLEOSTINE CAPS 10mg, 40mg, 100mg (lomustine)	4	OAC
GLIADEL WAF 7.7MG (carmustine in polifeprosan)	2	
ifosfamide SOLN 1gm/20ml, 3gm/60ml; SOLR 1gm	1	
LEUKERAN TABS 2mg (chlorambucil)	2	OAC
melphalan TABS 2mg	1	OAC
melphalan hcl SOLR 50mg	1	
TEMODAR SOLR 100mg (temozolomide)	4	PA
temozolomide CAPS 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	PA; OAC

ANTHRACYCLINES

daunorubicin hcl SOLN 20mg/4ml		1
doxorubicin hcl SOLN 2mg/ml		1
doxorubicin hcl SOLR 10mg, 50mg (Adriamycin)		1
doxorubicin hcl liposomal INJ 2mg/ml		1
epirubicin hcl SOLN 50mg/25ml, 200mg/100ml		1
idarubicin hcl SOLN 5mg/5ml, 10mg/10ml, 20mg/20ml		1

ANTIBIOTICS

bleomycin sulfate SOLR 15unit, 30unit		1
mitomycin SOLR 5mg, 20mg, 40mg		1

ANTIMETABOLITES - CHEMOTHERAPY DRUGS

ALIMTA SOLR 100mg, 500mg (pemetrexed disodium)		4
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OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA
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Drug Name	Drug Tier	Requirements/Limits
azacitidine SUSR 100mg	4	PA
capecitabine TABS 150mg	4	PA, QL (120 tabs / 30 days); OAC
capecitabine TABS 500mg	4	PA, QL (300 tabs / 30 days); OAC
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	
fluorouracil SOLN 500mg/10ml (Adrucil)	1	
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	
mercaptopurine TABS 50mg	1	OAC
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	
NIPENT SOLR 10mg (pentostatin)	2	
TABLOID TABS 40mg (thioguanine)	2	OAC
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG (paclitaxel protein-bound particles)	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	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate SOLN 1mg/ml	1	
vincristine sulfate SOLN 1mg/ml	1	
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100mg/50ml, 200mg/100ml (cetuximab)	4	PA
ERIVEDGE CAPS 150mg (vismodegib)	4	PA, QL (30 caps / 30 days); OAC
FARYDAK CAPS 10mg, 15mg, 20mg (panobinostat lactate)	4	PA, QL (6 caps / 21 days); OAC
GAZYVA SOLN 1000mg/40ml (obinutuzumab)	4	PA

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg (palbociclib)	4	PA, QL (21 caps / 28 days); OAC
IBRANCE TABS 75mg, 100mg, 125mg (palbociclib)	4	PA, QL (21 tabs / 28 days); OAC
KADCYLA SOLR 100mg, 160mg (ado-trastuzumab emtansine)	4	PA
KEYTRUDA SOLN 100mg/4ml (pembrolizumab)	4	PA
KISQALI TBPK 200mg (ribociclib succinate)	4	PA, QL (21 tabs / 28 days); 200 mg dose; OAC
KISQALI TBPK 200mg (ribociclib succinate)	4	PA, QL (42 tabs / 28 days); 400 mg dose; OAC
KISQALI TBPK 200mg (ribociclib succinate)	4	PA, QL (63 tabs / 28 days); 600 mg dose; OAC
LYNPARZA TABS 100mg, 150mg (olaparib)	4	PA, QL (120 tabs / 30 days); OAC
RYDAPT CAPS 25mg (midostaurin)	4	PA, QL (224 caps / 28 days); OAC
ZEJULA CAPS 100mg (niraparib tosylate)	4	PA, QL (90 caps / 30 days); OAC
ZOLINZA CAPS 100mg (vorinostat)	4	PA, QL (120 caps / 30 days); OAC

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone acetate TABS 250mg	4	PA, QL (120 tabs / 30 days); OAC
abiraterone acetate TABS 500mg	4	PA, QL (60 tabs / 30 days); OAC
anastrozole TABS 1mg	1	OAC; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide TABS 50mg	1	OAC
DEPO-PROVERA SUSP 400mg/ml (medroxyprogesterone acetate (antineoplastic))	3	
ELIGARD KIT 7.5mg (leuprolide acetate)	4	PA
ELIGARD KIT 22.5mg (leuprolide acetate (3 month))	4	PA
ELIGARD KIT 30mg (leuprolide acetate (4 month))	4	PA

Drug Name	Drug Tier	Requirements/Limits
ELIGARD KIT 45mg (leuprolide acetate (6 month))	4	PA
ERLEADA TABS 60mg (apalutamide)	4	PA, QL (120 tabs / 30 days); OAC
exemestane TABS 25mg	1	OAC; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
flutamide CAPS 125mg	1	OAC
fulvestrant SOLN 250mg/5ml	4	PA
letrozole TABS 2.5mg	1	OAC
leuprolide acetate KIT 1mg/0.2ml	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg (leuprolide acetate (cpp)))	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg (leuprolide acetate (cpp) (3 month)))	4	PA
LYSODREN TABS 500mg (mitotane)	2	OAC
megestrol acetate SUSP 40mg/ml; TABS 20mg, 40mg	1	OAC
megestrol acetate (appetite) SUSP 625mg/5ml	1	OAC
nilutamide TABS 150mg	1	OAC
NUBEQA TABS 300mg (darolutamide)	4	PA, QL (120 tabs / 30 days); OAC
tamoxifen citrate TABS 10mg, 20mg	1	OAC; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate TABS 60mg	1	OAC
XTANDI CAPS 40mg (enzalutamide)	4	PA, QL (120 caps / 30 days); OAC
YONSA TABS 125mg (abiraterone acetate)	4	PA, QL (120 tabs / 30 days); OAC
ZYTIGA TABS 500mg (abiraterone acetate)	4	PA, QL (60 tabs / 30 days); OAC

KINASE INHIBITORS

AFINITOR TABS 10mg (everolimus)	4	PA, QL (30 tabs / 30 days); OAC
AFINITOR DISPERZ TBSO 2mg, 5mg (everolimus)	4	PA, QL (60 tabs / 30 days); OAC
AFINITOR DISPERZ TBSO 3mg (everolimus)	4	PA, QL (90 tabs / 30 days); OAC

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Drug Name		Drug Tier	Requirements/Limits
ALECENSA CAPS 150mg (alectinib hcl)		4	PA, QL (240 caps / 30 days); OAC
BOSULIF TABS 100mg (bosutinib)		4	PA, QL (90 tabs / 30 days); OAC
BOSULIF TABS 400mg, 500mg (bosutinib)		4	PA, QL (30 tabs / 30 days); OAC
CALQUENCE CAPS 100mg (acalabrutinib)		4	PA, QL (60 caps / 30 days); OAC
CAPRELSA TABS 100mg (vandetanib)		4	PA, QL (60 tabs / 30 days); OAC
CAPRELSA TABS 300mg (vandetanib)		4	PA, QL (30 tabs / 30 days); OAC
COMETRIQ KIT 20mg (cabozantinib s-malate)		4	PA, QL (1 kit / 28 days); OAC
COMETRIQ KIT 100MG (cabozantinib s-malate)		4	PA, QL (1 kit / 28 days); OAC
COMETRIQ KIT 140MG (cabozantinib s-malate)		4	PA, QL (1 kit / 28 days); OAC
erlotinib hcl TABS 25mg		4	PA, QL (60 tabs / 30 days); OAC
erlotinib hcl TABS 100mg, 150mg		4	PA, QL (30 tabs / 30 days); OAC
everolimus TABS 2.5mg, 5mg, 7.5mg		4	PA, QL (30 tabs / 30 days); OAC
ICLUSIG TABS 15mg (ponatinib hcl)		4	PA, QL (60 tabs / 30 days); OAC
ICLUSIG TABS 45mg (ponatinib hcl)		4	PA, QL (30 tabs / 30 days); OAC
IDHIFA TABS 50mg, 100mg (enasidenib mesylate)		4	PA, QL (30 tabs / 30 days); OAC
imatinib mesylate TABS 100mg		4	PA, QL (90 tabs / 30 days); OAC
imatinib mesylate TABS 400mg		4	PA, QL (60 tabs / 30 days); OAC
IMBRUVICA CAPS 70mg (ibrutinib)		4	PA, QL (30 caps / 30 days); OAC
IMBRUVICA CAPS 140mg (ibrutinib)		4	PA, QL (90 caps / 30 days); OAC
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg (ibrutinib)		4	PA, QL (30 tabs / 30 days); OAC
INLYTA TABS 1mg (axitinib)		4	PA, QL (240 tabs / 30 days); OAC
INLYTA TABS 5mg (axitinib)		4	PA, QL (120 tabs / 30 days); OAC
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg (ruxolitinib phosphate)		4	PA, QL (60 tabs / 30 days); OAC

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA
 Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

Drug Name		Drug Tier	Requirements/Limits
lapatinib ditosylate TABS 250mg		4	PA, QL (180 tabs / 30 days); OAC
LENVIMA 4 MG DAILY DOSE CPPK 4mg (lenvatinib mesylate)		4	PA, QL (30 caps / 30 days); OAC
LENVIMA 8 MG DAILY DOSE CPPK 4mg (lenvatinib mesylate)		4	PA, QL (60 caps / 30 days); OAC
LENVIMA 10 MG DAILY DOSE CPPK 10mg (lenvatinib mesylate)		4	PA, QL (30 caps / 30 days); OAC
LENVIMA 12MG DAILY DOSE CPPK 4mg (lenvatinib mesylate)		4	PA, QL (90 caps / 30 days); OAC
LENVIMA 20 MG DAILY DOSE CPPK 10mg (lenvatinib mesylate)		4	PA, QL (60 caps / 30 days); OAC
LENVIMA CAP 14 MG (lenvatinib mesylate)		4	PA, QL (60 caps / 30 days); OAC
LENVIMA CAP 18 MG (lenvatinib mesylate)		4	PA, QL (90 caps / 30 days); OAC
LENVIMA CAP 24 MG (lenvatinib mesylate)		4	PA, QL (90 caps / 30 days); OAC
LORBRENA TABS 25mg (lorlatinib)		4	PA, QL (90 tabs / 30 days); OAC
LORBRENA TABS 100mg (lorlatinib)		4	PA, QL (30 tabs / 30 days); OAC
MEKINIST TABS 2mg (trametinib dimethyl sulfoxide)		4	PA, QL (30 tabs / 30 days); OAC
MEKINIST TABS .5mg (trametinib dimethyl sulfoxide)		4	PA, QL (90 tabs / 30 days); OAC
NEXAVAR TABS 200mg (sorafenib tosylate)		4	PA, QL (120 tabs / 30 days); OAC
SPRYCEL TABS 20mg (dasatinib)		4	PA, QL (90 tabs / 30 days); OAC
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg (dasatinib)		4	PA, QL (30 tabs / 30 days); OAC
STIVARGA TABS 40mg (regorafenib)		4	PA, QL (84 tabs / 28 days); OAC
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg (sunitinib malate)		4	PA, QL (30 caps / 30 days); OAC
TAFINLAR CAPS 50mg, 75mg (dabrafenib mesylate)		4	PA, QL (120 caps / 30 days); OAC
TUKYSA TABS 50mg, 150mg (tucatinib)		4	PA, QL (120 tabs / 30 days); OAC
TYKERB TABS 250mg (lapatinib ditosylate)		4	PA, QL (180 tabs / 30 days); OAC
VITRAKVI CAPS 25mg (larotrectinib sulfate)		4	PA, QL (180 caps / 30 days); OAC
VITRAKVI CAPS 100mg (larotrectinib sulfate)		4	PA, QL (60 caps / 30 days); OAC

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA
 Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20mg/ml (larotrectinib sulfate)	4	PA, QL (300 mL / 30 days); OAC
VOTRIENT TABS 200mg (pazopanib hcl)	4	PA, QL (120 tabs / 30 days); OAC
XALKORI CAPS 200mg, 250mg (crizotinib)	4	PA, QL (60 caps / 30 days); OAC
ZELBORAF TABS 240mg (vemurafenib)	4	PA, QL (240 tabs / 30 days); OAC
ZYDELIG TABS 100mg, 150mg (idelalisib)	4	PA, QL (60 tabs / 30 days); OAC
ZYKADIA TABS 150mg (ceritinib)	4	PA, QL (90 tabs / 30 days); OAC

MISCELLANEOUS

arsenic trioxide SOLN 10mg/10ml, 12mg/6ml	1	
bexarotene CAPS 75mg	4	PA; OAC
DROXIA CAPS 200mg, 300mg, 400mg (hydroxyurea (sickle cell anemia))	2	
hydroxyurea CAPS 500mg	1	OAC
MATULANE CAPS 50mg (procarbazine hcl)	2	OAC
mitoxantrone hcl CONC 2mg/ml	4	PA
ODOMZO CAPS 200mg (sonidegib phosphate)	4	PA, QL (30 caps / 30 days); OAC
ONCASPAR SOLN 750unit/ml (pegaspargase)	4	PA
PHOTOFRIN SOLR 75mg (porfimer sodium)	2	
QUADRAMET SOLN 1850mbq/ml (samarium sm 153 lexidronam)	2	
TICE BCG SUSR 50mg (bcg live intravesical)	2	
tretinoin (chemotherapy) CAPS 10mg	1	OAC
VISTOGARD PACK 10gm (uridine triacetate (emergency treatment))	4	QL (20 packets / 5 days)

PLATINUM-BASED AGENTS

carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	
carboplatin SOLN 1000mg/100ml (Paraplatin)	1	
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml; SOLR 50mg, 100mg	4	

PROTECTIVE AGENTS

dexrazoxane hcl SOLR 250mg, 500mg	1	
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Drug Name		Drug Tier	Requirements/Limits
<i>leucovorin calcium</i> SOLR 50mg, 100mg, 200mg, 350mg, 500mg		1	
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg		1	OAC
<i>mesna</i> SOLN 100mg/ml		1	
MESNEX TABS 400mg (<i>mesna</i>)		4	OAC
TOPOISOMERASE INHIBITORS			
CAMPTOSAR SOLN 300mg/15ml		2	
(irinotecan hcl)			
<i>etoposide</i> CAPS 50mg		1	OAC
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml (Toposar)		1	
<i>etoposide</i> SOLN 100mg/5ml		1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 500mg/25ml		4	
<i>irinotecan hcl</i> SOLN 300mg/15ml		1	
TENIPOSIDE SOLN 10mg/ml		2	
<i>topotecan hcl</i> SOLR 4mg		1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES			
ANTINEOPLASTIC, BCL-2 INHIBITORS			
VENCLEXTA TABS 10mg, 50mg (venetoclax)		4	PA, QL (120 tabs / 30 days); OAC
VENCLEXTA TABS 100mg (venetoclax)		4	PA, QL (180 tabs / 30 days); OAC
VENCLEXTA TAB START PK (venetoclax)		4	PA, QL (1 pack / 28 days); OAC
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS			
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE			
<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>		1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i>		1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i>		1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>		1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>		1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>		1	
<i>benazepril & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>		1	

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20- 25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1- 240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2- 180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2- 240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4- 240 mg</i>	1	
<i>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captoril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone</i> TABS 25mg, 50mg	1
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ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1

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

Drug Name	Drug Tier	Requirements/Limits
telmisartanamlodipine tab 80-5 mg	1	
telmisartanamlodipine tab 80-10 mg	1	
telmisartanhydrochlorothiazide tab 40-12.5 mg	1	
telmisartanhydrochlorothiazide tab 80-12.5 mg	1	
telmisartanhydrochlorothiazide tab 80-25 mg	1	
valsartanhydrochlorothiazide tab 80-12.5 mg	1	
valsartanhydrochlorothiazide tab 160-12.5 mg	1	
valsartanhydrochlorothiazide tab 160-25 mg	1	
valsartanhydrochlorothiazide tab 320-12.5 mg	1	
valsartanhydrochlorothiazide tab 320-25 mg	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg	1	
eprosartan mesylate TABS 600mg	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 - DRUGS TO CONTROL HEART RHYTHM

amiodarone hcl TABS 100mg, 200mg (Pacerone)	1	
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	

Drug Name		Drug Tier	Requirements/Limits
MULTAQ TABS 400mg (dronedarone hcl)		3	PA
NORPACE CR CP12 100mg, 150mg (disopyramide phosphate)		2	
procainamide hcl SOLN 100mg/ml		1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg		1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg		1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg (Sorine)		1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg		1	
ANTILOPHEMICS, BILE ACID RESINS			
cholestyramine PACK 4gm; POWD 4gm/dose		1	
cholestyramine light PACK 4gm; POWD 4gm/dose		1	
cholestyramine light POWD 4gm/dose (Prevalite)		1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm		1	
ANTILOPHEMICS, CHOLESTEROL ABSORPTION INHIBITOR			
ezetimibe TABS 10mg		1	
ANTILOPHEMICS, FIBRATES			
choline fenofibrate CPDR 45mg, 135mg		1	
fenofibrate CAPS 50mg, 150mg; TABS 48mg, 54mg, 145mg, 160mg		1	
fenofibrate micronized CAPS 43mg, 67mg, 130mg, 134mg, 200mg		1	
gemfibrozil TABS 600mg		1	
ANTILOPHEMICS, 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	
ANTILOPHEMICS, 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	

Drug Name		Drug Tier	Requirements/Limits
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**

ANTILOPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1
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ANTILOPEMICS, OMEGA-3 FATTY ACIDS

omega-3-acid ethyl esters cap 1 gm	1
VASCEPA CAPS .5gm, 1gm (icosapent ethyl)	2

ANTILOPEMICS, PCSK9 INHIBITORS

PRALUENT SOAJ 75mg/ml, 150mg/ml (alirocumab)	4	PA, QL (2 pens / 28 days)
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BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

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 - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

acebutolol hcl CAPS 200mg, 400mg	1
atenolol TABS 25mg, 50mg, 100mg	1

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg (<i>nebivolol hcl</i>)	3	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> CP24 10mg, 20mg, 40mg, 80mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKER/ANTI-LIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 2.5-10 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 2.5-20 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 2.5-40 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 5-10 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 5-20 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 5-40 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 5-80 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 10-10 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 10-20 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 10-40 mg</i>		
<i>amlodipine besylate-atorvastatin</i>	1	
<i>calcium tab 10-80 mg</i>		

Drug Name	Drug Tier Requirements/Limits
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
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amlodipine besylate TABS 2.5mg, 5mg, 10mg	1
CARDIZEM LA TB24 120mg (diltiazem hcl coated beads)	3
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1
diltiazem hcl CP24 120mg, 180mg, 240mg (Dilt-xr)	1
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg (Cartia Xt)	1
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	1
diltiazem hcl coated beads TB24 180mg, 240mg, 300mg, 360mg, 420mg (Matzim La)	1
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg (Taztia Xt)	1
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
felodipine TB24 2.5mg, 5mg, 10mg	1
isradipine CAPS 2.5mg, 5mg	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
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1
<hr/>	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS	
<hr/>	
digoxin SOLN .05mg/ml; TABS 125mcg, 250mcg	1
digoxin TABS 125mcg, 250mcg (Digox)	1
LANOXIN TABS 62.5mcg (digoxin)	2
<hr/>	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS	
<hr/>	
aliskiren fumarate TABS 150mg, 300mg	1

Drug Name	Drug Tier Requirements/Limits
<i>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</i>	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1
<i>ALDACTAZIDE TAB 50/50</i>	2
<i>(spironolactone & hydrochlorothiazide)</i>	
<i>amiloride & hydrochlorothiazide tab 5- 50 mg</i>	1
<i>amiloride hcl</i> TABS 5mg	1
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	1
<i>chlorothiazide</i> TABS 250mg, 500mg	1
<i>chlorthalidone</i> TABS 25mg, 50mg	1
DIURIL SUSP 250mg/5ml <i>(chlorothiazide)</i>	3
<i>ethacrynic acid</i> TABS 25mg	3
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1
<i>indapamide</i> TABS 1.25mg, 2.5mg	1
<i>methazolamide</i> TABS 25mg, 50mg	1
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1
<i>triamterene</i> CAPS 50mg, 100mg	1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1
<i>MISCELLANEOUS</i>	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1
ENTRESTO TAB 24-26MG (<i>sacubitril- valsartan</i>)	2
ENTRESTO TAB 49-51MG (<i>sacubitril- valsartan</i>)	2
ENTRESTO TAB 97-103MG (<i>sacubitril- valsartan</i>)	2

Drug Name	Drug Tier	Requirements/Limits
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 / 25 days)
ranolazine TB12 500mg, 1000mg	1	ST; PA**

NITRATES - DRUGS TO TREAT HEART CONDITIONS

DILATRATE SR CPCR 40mg (isosorbide dinitrate)	3	
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2% (nitroglycerin)	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr (nitroglycerin)	2	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr (Minitran)	1	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg (riociguat)	4	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)
OPSUMIT TABS 10mg (macitentan)	4	PA, QL (30 tabs / 30 days)
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg (treprostinil diolamine)	4	PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml (treprostinil)	4	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	4	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TBSO 32mg (bosentan)	4	PA, QL (112 tabs / 28 days)
TYVASO STARTER SOLN .6mg/ml (treprostинil)	4	PA, QL (28 ampules / 28 days)
UPTRAVI TABS 200mcg (selexipag)	4	PA, QL (140 tabs / 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg (selexipag)	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 200/800 (selexipag)	4	PA, QL (1 pack / 28 days)
VENTAVIS SOLN 10mcg/ml, 20mcg/ml (iloност)	4	PA, QL (270 ampules / 30 days)

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY\$ - DRUGS TO TREAT ANXIETY

alprazolam TABS .25mg, .5mg, 1mg, 2mg; TBDP .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 25 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml (alprazolam)	2	QL (300 mL / 25 days)
lorazepam CONC 2mg/ml	1	QL (150 mL / 25 days)
lorazepam TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 25 days)
meprobamate TABS 200mg, 400mg	1	
oxazepam CAPS 10mg, 15mg, 30mg	1	QL (120 caps / 25 days)

ANTICONVULSANTS\$ - DRUGS TO TREAT SEIZURES

APTIOM TABS 200mg, 400mg, 600mg, 800mg (eslicarbazepine acetate)	3	PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
carbamazepine TABS 200mg (Epitol)	1	
CELONTIN CAPS 300mg (methsuximide)	3	
clobazam SUSP 2.5mg/ml; TABS 10mg, 20mg	1	PA
clonazepam TABS .5mg, 1mg, 2mg	1	
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 25 days)
diazepam CONC 5mg/ml (Diazepam Intensol)	1	QL (240 mL / 25 days)
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 25 days)
diazepam SOLN 5mg/ml	1	
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 25 days)
DILANTIN CAPS 30mg (phenytoin sodium extended)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
<i>fosphenytoin sodium</i> SOLN 100mgpe/2ml, 500mgpe/10ml	1	
<i>FYCOMPA</i> SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
<i>(perampanel)</i>		
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	1	
<i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>oxcarbazepine</i> SUSP 60mg/ml; TABS 150mg, 300mg, 600mg	1	
<i>PEGANONE</i> TABS 250mg (<i>ethotoxin</i>)	3	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
primidone TABS 50mg, 250mg	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)
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	3	
(lacosamide)		
zonisamide CAPS 25mg, 50mg, 100mg	1	

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

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 (memantine hcl)	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 - DRUGS TO TREAT DEPRESSION

amitriptyline hcl TABS 10mg	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl TABS 25mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl TABS 50mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older

Drug Name		Drug Tier	Requirements/Limits
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 / 25 days); QL applies to members age 65 and older
amoxapine TABS 150mg		1	QL (60 tabs / 25 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 / 25 days); QL applies to members age 65 and older
desipramine hcl TABS 75mg		1	QL (60 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl TABS 100mg, 150mg		1	QL (30 tabs / 25 days); QL applies to members age 65 and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg		1	ST, QL (30 tabs / 25 days); (generic of Pristiq) PA**
doxepin hcl CAPS 10mg, 25mg, 50mg		1	QL (90 caps / 25 days); QL applies to members age 65 and older
doxepin hcl CAPS 75mg		1	QL (60 caps / 25 days); QL applies to members age 65 and older
doxepin hcl CAPS 100mg, 150mg		1	QL (30 caps / 25 days); QL applies to members age 65 and older
doxepin hcl CONC 10mg/ml		1	QL (450 mL / 25 days); QL applies to members age 65 and older
duloxetine hcl CPEP 20mg, 30mg, 60mg		1	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr (selegiline)		3	PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg		1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg (levomilnacipran hcl)		3	ST, QL (30 caps / 25 days); PA**
FETZIMA CAP TITRATIO (levomilnacipran hcl)		3	ST, QL (30 caps / 25 days); PA**

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA
 Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
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 / 25 days); QL applies to members age 65 and older
imipramine hcl TABS 50mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
imipramine pamoate CAPS 75mg, 100mg	1	QL (30 caps / 25 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 (isocarboxazid)	3	
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 / 25 days); QL applies to members age 65 and older
nortriptyline hcl CAPS 25mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl CAPS 50mg	1	QL (30 caps / 25 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 / 25 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 / 25 days); QL applies to members age 65 and older

Drug Name		Drug Tier	Requirements/Limits
protriptyline hcl TABS 10mg		1	QL (60 tabs / 25 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 / 25 days); QL applies to members age 65 and older
trimipramine maleate CAPS 100mg		1	QL (30 caps / 25 days); QL applies to members age 65 and older
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	ST; PA**
(vilazodone hcl)			
VIIBRYD KIT STARTER (vilazodone hcl)		3	ST; PA**

**ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS
DISEASE**

amantadine hcl CAPS 100mg; SYRP 50mg/5ml; TABS 100mg		1	
APOKYN SOCT 30mg/3ml (apomorphine hydrochloride)		4	PA
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	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr (<i>rotigotine</i>)	2	
<i>pramipexole dihydrochloride TABS</i>	1	
.125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg		
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>tolcapone TABS 100mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1	

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

<i>ariPIPRAZOLE</i> 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 (<i>ariPIPRAZOLE lauroxil</i>)	2
ARISTADA INITIO PRSY 675mg/2.4ml (<i>ariPIPRAZOLE lauroxil</i>)	2
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1
<i>clozapine</i> TABS 25mg, 50mg, 100mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	1
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1

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

**ATTENTION DEFICIT HYPERACTIVITY DISORDERS - DRUGS TO
TREAT ADHD**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)

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Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step
Therapy

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 25 days)
atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1	
dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 25 days)
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate CP24 5mg, 10mg	1	QL (120 caps / 25 days)
dextroamphetamine sulfate CP24 15mg	1	QL (60 caps / 25 days)
dextroamphetamine sulfate SOLN 5mg/5ml	1	QL (1,200 mL / 25 days)
dextroamphetamine sulfate TABS 2.5mg, 7.5mg (Zeneddi)	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate TABS 5mg, 10mg	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate TABS 15mg, 20mg (Zeneddi)	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate TABS 30mg (Zeneddi)	1	QL (30 tabs / 25 days)
guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg	1	
methamphetamine hcl TABS 5mg	1	QL (150 tabs / 25 days)

Drug Name		Drug Tier	Requirements/Limits
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg		1	QL (180 chew tabs / 25 days)
methylphenidate hcl CP24 20mg, 30mg; CPCR 10mg, 20mg, 30mg		1	QL (60 caps / 25 days)
methylphenidate hcl CP24 40mg, 60mg; CPCR 40mg, 50mg, 60mg		1	QL (30 caps / 25 days)
methylphenidate hcl SOLN 5mg/5ml		1	QL (1800 mL / 25 days)
methylphenidate hcl SOLN 10mg/5ml		1	QL (900 mL / 25 days)
methylphenidate hcl TABS 5mg, 10mg		1	QL (180 tabs / 25 days)
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg		1	QL (90 tabs / 25 days)
methylphenidate hcl TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg		1	QL (60 tabs / 25 days)
methylphenidate hcl TB24 54mg; TBCR 54mg		1	QL (30 tabs / 25 days)
VYVANSE CAPS 10mg, 20mg, 30mg (lisdexamfetamine dimesylate)		2	QL (60 caps / 25 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg (lisdexamfetamine dimesylate)		2	QL (30 caps / 25 days)
VYVANSE CHEW 10mg, 20mg, 30mg (lisdexamfetamine dimesylate)		2	QL (60 tabs / 25 days)
VYVANSE CHEW 40mg, 50mg, 60mg (lisdexamfetamine dimesylate)		2	QL (30 tabs / 25 days)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg (suvorexant)		2	ST; PA**
doxylamine succinate (sleep) TABS 25mg (Cvs Sleep-aid Nighttime)		1	OTC
eszopiclone TABS 1mg, 2mg, 3mg		1	QL (15 tabs / 25 days)
HETLIOZ CAPS 20mg (tasimelteon)		4	PA, QL (30 caps / 30 days)
ramelteon TABS 8mg		1	QL (15 tabs / 25 days)
temazepam CAPS 7.5mg, 15mg, 22.5mg, 30mg		1	QL (15 caps / 25 days)
zaleplon CAPS 5mg, 10mg		1	QL (15 caps / 25 days)
zolpidem tartrate TABS 5mg, 10mg; TBCR 6.25mg, 12.5mg		1	QL (15 tabs / 25 days)

MIGRAINES - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG SOAJ 70mg/ml (erenumab-aooe)		2	ST, QL (2 injections / 25 days); PA**
AIMOVIG SOAJ 140mg/ml (erenumab-aooe)		2	ST, QL (1 injection / 25 days); PA**
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml (fremanezumab-vfrm)		2	ST, QL (3 injections / 75 days); PA**
almotriptan malate TABS 6.25mg, 12.5mg		1	QL (12 tabs / 25 days)

Drug Name		Drug Tier	Requirements/Limits
dihydroergotamine mesylate SOLN 1mg/ml		1	
eletriptan hydrobromide TABS 20mg, 40mg	1	QL (12 tabs / 25 days)	
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml (galcanezumab-gnlm)	2	ST, QL (2 injections / 25 days); PA**	
EMGALITY SOSY 100mg/ml (galcanezumab-gnlm)	2	ST, QL (3 injections / 25 days); PA**	
ergotamine w/ caffeine tab 1-100 mg	3		
frovatriptan succinate TABS 2.5mg	1	QL (18 tabs / 25 days)	
naratriptan hcl TABS 1mg, 2.5mg	1	QL (12 tabs / 25 days)	
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 25 days)	
sumatriptan SOLN 5mg/act	1	QL (24 sprays / 25 days)	
sumatriptan SOLN 20mg/act	1	QL (12 sprays / 25 days)	
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 syringes / 25 days)	
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOSY 6mg/0.5ml	1	QL (12 units / 25 days)	
sumatriptan succinate SOLN 6mg/0.5ml	1	QL (12 vials / 25 days)	
sumatriptan succinate TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 25 days)	
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 25 days)	
ZOMIG SOLN 2.5mg, 5mg (zolmitriptan)	3	QL (12 sprays / 25 days)	

MISCELLANEOUS

buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
clomipramine hcl CAPS 25mg, 50mg	1	QL (150 caps / 25 days); QL applies to members age 65 and older
clomipramine hcl CAPS 75mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
EVRYSDI SOLR .75mg/ml (risdiplam)	4	PA, QL (2 bottles / 24 days)
fluvoxamine maleate CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
GUANIDINE HCL TABS 125mg	3	
LITHIUM SOLN 8meq/5ml	3	

Drug Name		Drug Tier	Requirements/Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg		1	
NUEDEXTA CAP 20-10MG (dextromethorphan hbr-quinidine sulfate)		2	PA
pimozide TABS 1mg, 2mg		1	
pyridostigmine bromide SOLN 60mg/5ml; TABS 60mg; TBCR 180mg		1	
riluzole TABS 50mg		1	
tetrabenazine TABS 12.5mg		4	PA, QL (120 tabs / 30 days)
tetrabenazine TABS 25mg		4	PA, QL (60 tabs / 30 days)

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AUBAGIO TABS 7mg, 14mg (teriflunomide)	4	PA, QL (30 tabs / 30 days)
AVONEX PSKT 30mcg/0.5ml (interferon beta-1a)	4	ST, PA, QL (4 injections / 28 days)
AVONEX PEN AJKT 30mcg/0.5ml (interferon beta-1a)	4	ST, PA, QL (4 injections / 28 days)
BETASERON KIT .3mg (interferon beta-1b)	4	PA, QL (14 injections / 28 days)
COPAXONE SOSY 20mg/ml (glatiramer acetate)	4	PA, QL (30 injections / 30 days)
COPAXONE SOSY 40mg/ml (glatiramer acetate)	4	PA, QL (12 syringes / 28 days)
dalfampridine TB12 10mg	4	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 (fingolimod hcl)	4	PA, QL (30 caps / 30 days)
glatiramer acetate SOSY 20mg/ml (Glatopa)	2	PA, QL (30 injections / 30 days)
glatiramer acetate SOSY 40mg/ml	2	PA, QL (12 syringes / 28 days)
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml (peginterferon beta-1a)	4	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ STARTER (peginterferon beta-1a)	4	ST, PA, QL (1 kit / 28 days)

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY PEN INJ STARTER (peginterferon beta-1a)	4	ST, PA, QL (1 pack / 28 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml (interferon beta-1a)	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN (interferon beta-1a)	4	PA, QL (1 box / 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml (interferon beta-1a)	4	PA, QL (12 syringes / 28 days)
REBIF TITRTN INJ PACK (interferon beta-1a)	4	PA, QL (1 box / 28 days)
TECFIDERA CPDR 120mg (dimethyl fumarate)	4	PA, QL (14 caps / 28 days)
TECFIDERA CPDR 240mg (dimethyl fumarate)	4	PA, QL (60 caps / 30 days)
TECFIDERA MIS STARTER (dimethyl fumarate)	4	PA, QL (1 kit / 30 days)
TYSABRI CONC 300mg/15ml (natalizumab)	4	PA, QL (1 vial / 28 days)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

baclofen TABS 5mg, 10mg, 20mg	1	
carisoprodol TABS 250mg, 350mg	1	PA; 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	

Drug Name	Drug Tier	Requirements/Limits
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 - DRUGS FOR SLEEP DISORDERS		
armodafinil TABS 50mg	1	PA, QL (60 tabs / 25 days)
armodafinil TABS 150mg, 200mg, 250mg	1	PA, QL (30 tabs / 25 days)
modafinil TABS 100mg, 200mg	1	PA, QL (60 tabs / 25 days)
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	PA
bupropion hcl (smoking deterrent) TB12 150mg	PV	\$0 limited to 2 treatment cycles/year
CHANTIX TABS .5mg, 1mg (varenicline tartrate)	PV	\$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH TABS 1mg (varenicline tartrate)	PV	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG (varenicline tartrate)	PV	\$0 limited to 2 treatment cycles/year
disulfiram TABS 250mg, 500mg	1	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
naltrexone hcl TABS 50mg	PV	\$0 copay
NARCAN LIQD 4mg/0.1ml (naloxone hcl)	2	
nicotine PT24 7mg/24hr (Nicotine Step 3)	PV	OTC; \$0 limited to 2 treatment cycles/year
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	PV	OTC; \$0 limited to 2 treatment cycles/year
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr (Sm Nicotine Transdermal S)	PV	OTC; \$0 limited to 2 treatment cycles/year
nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg	PV	OTC; \$0 limited to 2 treatment cycles/year
nicotine polacrilex GUM 4mg; LOZG 4mg (Goodsense Nicotine Polacr)	PV	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg (nicotine)	PV	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml (nicotine)	PV	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
VIVITROL SUSR 380mg (naltrexone)	4	PA, QL (1 vial / 28 days)

Drug Name	Drug Tier	Requirements/Limits	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES			

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

INTRAROSA INST 6.5mg (<i>prasterone vaginal</i>)	3		
methyltestosterone CAPS 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 <i>(pramlintide acetate)</i>	3	ST; PA**	
SYMLINPEN 120 SOPN 2700mcg/2.7ml <i>(pramlintide acetate)</i>	3	ST; PA**	

ANTIDIABETICS, BIGUANIDE

metformin hcl TABS 500mg, 850mg, 1000mg; TB24 500mg, 750mg	1		
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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 <i>(sitagliptin phosphate)</i>	2	ST; PA**	

ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS

CYCLOSET TABS .8mg (<i>bromocriptine mesylate (diabetes)</i>)	3		
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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 (<i>sitagliptin-metformin hcl</i>)	2	ST; PA**	

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-1000 (sitagliptin-metformin hcl)	2	ST; PA**
JANUMET XR TAB 50-500MG (sitagliptin-metformin hcl)	2	ST; PA**
JANUMET XR TAB 50-1000 (sitagliptin-metformin hcl)	2	ST; PA**
JANUMET XR TAB 100-1000 (sitagliptin-metformin hcl)	2	ST; PA**
JENTADUETO XR TAB 2.5-1000MG (linagliptin-metformin hcl)	3	ST; PA**
JENTADUETO XR TAB 5-1000MG (linagliptin-metformin hcl)	3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/1.5ml (semaglutide)	2	ST; PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml (dulaglutide)	2	ST; PA**
VICTOZA SOPN 18mg/3ml (liraglutide)	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33 (insulin glargine-lixisenatide)	2	ST; PA**
XULTOPHY INJ 100/3.6 (insulin degludec-liraglutide)	2	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100unit/ml (insulin glargine)	2	
FIASP FLEX INJ TOUCH (insulin aspart (with niacinamide))	2	
FIASP INJ 100/ML (insulin aspart (with niacinamide))	2	
FIASP PENFIL INJ U-100 (insulin aspart (with niacinamide))	2	
HUMULIN INJ 70/30 (insulin nph isophane & reg (human))	3	OTC
HUMULIN INJ 70/30KWP (insulin nph isophane & reg (human))	3	OTC
HUMULIN N SUSP 100unit/ml (insulin nph (human) (isophane))	3	OTC
HUMULIN N KWIKPEN SUPN 100unit/ml (insulin nph (human) (isophane))	3	OTC
HUMULIN R SOLN 100unit/ml (insulin regular (human))	3	OTC
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml (insulin regular (human))	2	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml (insulin regular (human))	2	
LEVEMIR SOLN 100unit/ml (insulin detemir)	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml (insulin detemir)	2	
NOVOLIN INJ 70/30 (insulin nph isophane & reg (human))	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP (insulin nph isophane & reg (human))	2	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml (insulin nph (human) (isophane))	2	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml (insulin nph (human) (isophane))	2	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml (insulin regular (human))	2	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100unit/ml (insulin regular (human))	2	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml (insulin aspart)	2	
NOVOLOG FLEXPEN SOPN 100unit/ml (insulin aspart)	2	
NOVOLOG MIX 70/30 FLEXPEN (insulin aspart protamine & aspart (human))	2	
NOVOLOG MIX INJ 70/30 (insulin aspart protamine & aspart (human))	2	
NOVOLOG PENFILL SOCT 100unit/ml (insulin aspart)	2	
TRESIBA SOLN 100unit/ml (insulin degludec)	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml (insulin degludec)	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	

Drug Name	Drug Tier	Requirements/Limits
<u>ANTIDIABETICS, MEGLITINIDE</u>		
<i>nateglinide</i> TABS 60mg, 120mg	1	
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1	
<u>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO</u>		
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	2	ST; PA**
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	ST; PA**
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	2	ST; PA**
SYNJARDY TAB 12.5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	ST; PA**
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	ST; PA**
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	2	ST; PA**
SYNJARDY XR TAB 12.5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	ST; PA**
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	2	ST; PA**
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin-metformin hcl</i>)	2	ST; PA**
XIGDUO XR TAB 5-500MG (<i>dapagliflozin-metformin hcl</i>)	2	ST; PA**
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin-metformin hcl</i>)	2	ST; PA**
XIGDUO XR TAB 10-500MG (<i>dapagliflozin-metformin hcl</i>)	2	ST; PA**
XIGDUO XR TAB 10-1000 (<i>dapagliflozin-metformin hcl</i>)	2	ST; PA**
<u>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS</u>		
GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST; PA**
GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST; PA**
<u>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB</u>		
FARXIGA TABS 5mg, 10mg (<i>dapagliflozin propanediol</i>)	2	ST; PA**
JARDIANCE TABS 10mg, 25mg (<i>empagliflozin</i>)	2	ST; PA**
<u>ANTIDIABETICS, SULFONYLUREA</u>		
<i>glimepiride</i> TABS 1mg, 2mg, 4mg	1	

Drug Name		Drug Tier	Requirements/Limits
glipizide TABS 5mg, 10mg; TB24 2.5mg, 5mg, 10mg		1	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS			
alendronate sodium SOLN 70mg/75ml; TABS 5mg, 10mg, 35mg, 70mg		1	
FOSAMAX + D TAB 70-2800 (alendronate sodium-cholecalciferol)	3	ST; PA**	
FOSAMAX + D TAB 70-5600 (alendronate sodium-cholecalciferol)	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 (succimer)	3		
defeprinone TABS 500mg	4	PA	
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg (defeprinone)	4	PA	
FERRIPROX TWICE-A-DAY TABS 1000mg (defeprinone)	4	PA	
penicillamine TABS 250mg	1	PA	
sodium polystyrene sulfonate SUSP 15gm/60ml (Kionex)	1		
sodium polystyrene sulfonate SUSP 15gm/60ml, 30gm/120ml	1		
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL			
ANNOVERA MIS (segesterone acetate-ethynodiol estradiol)	PV	QL (1 / 300 days)	
BALCOLTRA TAB 0.1-20 (levonorgestrel-ethynodiol-ferrous bisglycinate)	PV		
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml (medroxyprogesterone acetate (contraceptive))	PV	QL (4 inj / 300 days)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	PV		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	PV		

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA
 Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	PV	
desogest-ethin est tab 0.1- 0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	PV	
desogest-ethin est tab 0.1- 0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	PV	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Aprि)	PV	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	PV	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	PV	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	PV	
drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg	PV	
drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg	PV	
drospirenone-ethinyl estradiol tab 3- 0.02 mg (Gianvi)	PV	
drospirenone-ethinyl estradiol tab 3- 0.02 mg (Loryna)	PV	
drospirenone-ethinyl estradiol tab 3- 0.02 mg (Nikki)	PV	
drospirenone-ethinyl estradiol tab 3- 0.03 mg	PV	
drospirenone-ethinyl estradiol tab 3- 0.03 mg (Ocella)	PV	
drospirenone-ethinyl estradiol tab 3- 0.03 mg (Syeda)	PV	
drospirenone-ethinyl estradiol tab 3- 0.03 mg (Zarah)	PV	
ELLA TABS 30mg (<i>ulipristal acetate</i>)	PV	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	PV	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e)	PV	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	PV	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	PV	QL (13 / 300 days)
KYLEENA IUD 19.5mg (<i>levonorgestrel</i> (iud))	PV	QL (1 / 300 days)

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA
 Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>levonor-eth est tab 0.15-0.025/0.03 mg & eth est 0.01 mg</i> (Fayosim)	PV	
<i>levonor-eth est tab 0.15-0.025/0.03 mg & eth est 0.01 mg</i> (Rivelsa)	PV	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	PV	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (Amethia)	PV	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (Ashlyna)	PV	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	PV	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (Introvale)	PV	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (Jolessa)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (Aviane)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (Delyla)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (Falmina)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (Lessina)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (Lutera)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (Orsythia)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (Sronyx)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Altavera)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Chateal)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Kurvelo)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Levora 0.15/30-28)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Marlissa)	PV	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Portia-28)	PV	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel (emergency oc)</i> TABS 1.5mg (Take Action)	PV	OTC
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i> (Enpresse-28)	PV	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i> (Levonest)	PV	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i> (Trivora-28)	PV	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> (Amethyst)	PV	
LILETTA IUD 19.5mcg/day <i>(levonorgestrel (iud))</i>	PV	QL (1 / 300 days)
LO LOESTRIN TAB 1-10-10 <i>(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</i>	PV	
<i>medroxyprogesterone acetate (contraceptive)</i> SUSP 150mg/ml; SUSY 150mg/ml	PV	QL (4 inj / 300 days)
MIRENA IUD 20mcg/24hr <i>(levonorgestrel (iud))</i>	PV	QL (1 / 300 days)
NATAZIA TAB <i>(estradiol valerate- dienogest)</i>	PV	
NEXPLANON IMPL 68mg <i>(etonogestrel)</i>	PV	QL (1 / 300 days)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	PV	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (Vyfemla)	PV	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (Necon 0.5/35-28)	PV	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (Nortrel 0.5/35 (28))	PV	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (Wera)	PV	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Alyacen 1/35)	PV	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Cyclafem 1/35)	PV	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Dasetta 1/35)	PV	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Nortrel 1/35)	PV	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Pirmella 1/35)	PV	

Drug Name	Drug Tier Requirements/Limits
norethindrone & ethynodiol-fe chew tab 0.4 mg-35 mcg	PV
norethindrone & ethynodiol-fe chew tab 0.8 mg-25 mcg	PV
norethindrone (contraceptive) TABS .35mg	PV
norethindrone (contraceptive) TABS .35mg (Camila)	PV
norethindrone (contraceptive) TABS .35mg (Errin)	PV
norethindrone (contraceptive) TABS .35mg (Heather)	PV
norethindrone (contraceptive) TABS .35mg (Nora-be)	PV
norethindrone ac-ethynodiol fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	PV
norethindrone ace & ethynodiol tab 1 mg-20 mcg	PV
norethindrone ace & ethynodiol tab 1 mg-20 mcg (Junel 1/20)	PV
norethindrone ace & ethynodiol tab 1.5 mg-30 mcg (Junel 1.5/30)	PV
norethindrone ace & ethynodiol tab 1.5 mg-30 mcg (Larin 1.5/30)	PV
norethindrone ace & ethynodiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)	PV
norethindrone ace & ethynodiol- fe tab 1 mg-20 mcg (Junel Fe 1/20)	PV
norethindrone ace & ethynodiol- fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	PV
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	PV
norethindrone ace-ethynodiol-fe cap 1 mg-20 mcg (24)	PV
norethindrone ace-ethynodiol-fe cap 1 mg-20 mcg (24) (Gemmily)	PV
norethindrone ace-ethynodiol-fe tab 1 mg-20 mcg (24)	PV
norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	PV
norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)	PV

Drug Name	Drug Tier	Requirements/Limits
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	PV	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	PV	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	PV	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)	PV	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	PV	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	PV	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-linyah)	PV	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	PV	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	PV	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	PV	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	PV	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Trilinyah)	PV	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-sprintec)	PV	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	PV	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	PV	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	PV	
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	PV	
PARAGARD IUD T380A (copper (iud))	PV	QL (1 unit / 300 days)
SKYLA IUD 13.5mg (levonorgestrel (iud))	PV	QL (1 / 300 days)
SLYND TABS 4mg (drospirenone)	PV	
TAYTULLA CAP 1MG/20MC (norethin acet & estrad-fe)	PV	
TWIRLA DIS 120-30 (levonorgestrel-ethinyl estradiol)	PV	

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA** - PA**
 Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

Drug Name		Drug Tier	Requirements/Limits
TYBLUME TAB 0.1-0.02 (levonorgestrel & eth estradiol)		PV	
ENDOMETRIOSIS			
danazol CAPS 50mg, 100mg, 200mg	1		
ORILISSA TABS 150mg, 200mg (elagolix sodium)	2		
SYNAREL SOLN 2mg/ml (nafarelin acetate)	4	PA	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES			
CARBAGLU TABS 200mg (carglumic acid)	4	PA	
CERDELGA CAPS 84mg (eliglustat tartrate)	4	PA, QL (60 caps / 30 days)	
CYSTADANE POW (betaine)	4	PA	
CYSTAGON CAPS 50mg, 150mg (cysteamine bitartrate)	4	PA	
KUVAN PACK 100mg, 500mg; TBSO 100mg (sapropterin dihydrochloride)	4	PA	
nitisinone CAPS 2mg, 5mg, 10mg	4	PA	
ORFADIN CAPS 20mg; SUSP 4mg/ml (nitisinone)	4	PA	
sapropterin dihydrochloride PACK 100mg, 500mg; TBSO 100mg	4	PA	
sodium phenylbutyrate POWD 3gm/tsp	4	PA, QL (600g / 30 days)	
sodium phenylbutyrate TABS 500mg	4	PA, QL (1200 tabs / 30 days)	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES			
CLIMARA PRO DIS WEEKLY (estradiol-levonorgestrel)	2		
DEPO-ESTRADIOL OIL 5mg/ml (estradiol cypionate)	3		
DIVIGEL GEL .25mg/.25gm, .5mg/.5gm, .75mg/.75gm, 1mg/gm, 1.25mg/1.25gm (estradiol)	3	PA; High Risk Medications require PA for members age 70 and older	
DUAVEE TAB 0.45-20 (conjugated estrogens-bazedoxifene)	2		
ELESTRIN GEL .06% (estradiol)	3	PA; High Risk Medications require PA for members age 70 and older	

Drug Name	Drug Tier	Requirements/Limits
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 & norethindrone acetate tab 1-0.5 mg (Mimvey)	1	
estradiol vaginal CREA .1mg/gm	1	
estradiol vaginal TABS 10mcg (Yuvafem)	1	
estradiol valerate OIL 20mg/ml, 40mg/ml	1	
ESTROGEL GEL .06% (estradiol)	3	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SOLN 1.53mg/spray (estradiol)	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TABS .3mg, .625mg, 1.25mg (esterified estrogens)	3	PA; High Risk Medications require PA for members age 70 and older
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	1	
PREMARIN CREA .625mg/gm (estrogens, conjugated vaginal)	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg (estrogens, conjugated)	3	PA; High Risk Medications require PA for members age 70 and older
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate TABS 25mg	1	
DEPO-MEDROL SUSP 20mg/ml (methylprednisolone acetate)	3	
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml (dexamethasone)	2	
dexamethasone sodium phosphate	1	
SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml		
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
MEDROL TABS 2mg (methylprednisolone)	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 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/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 (prednisone)	2	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg (hydrocortisone sod succinate)	3	
SOLU-MEDROL SOLR 2gm (methylprednisolone sod succ)	3	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGON EMERGENCY KIT KIT 1mg	2	
INSTA-GLUCOSE GEL 77.4% (dextrose (diabetic use))	2	OTC
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
HUMATROPE SOLR 6mg, 12mg, 24mg (somatropin)	4	PA
HUMATROPE COMBO PACK SOLR 5mg (somatropin)	4	PA
MISCELLANEOUS		
cabergoline TABS .5mg	1	
calcitonin (salmon) SOLN 200unit/act	1	

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SOLN 40mg/4ml (mecasermin)	4	PA
octreotide acetate SOLN 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)
OSPHENA TABS 60mg (ospemifene)	2	
PROLIA SOSY 60mg/ml (denosumab)	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
SAMSCA TABS 15mg (tolvaptan)	4	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml (pasireotide diaspartate)	4	PA, QL (60 ampules / 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml (lanreotide acetate)	4	PA, QL (1 injection / 28 days)
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg (pegvisomant)	4	PA, QL (30 vials / 30 days)
tolvaptan TABS 15mg, 30mg	4	PA
TYMLOS SOPN 3120mcg/1.56ml (abaloparatide)	4	PA, QL (1 pen / 30 days)

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg	1
FOSRENOL PACK 750mg, 1000mg (lanthanum carbonate)	3
PHOSLYRA SOLN 667mg/5ml (calcium acetate (phosphate binder))	2
sevelamer carbonate PACK .8gm, 2.4gm; TABS 800mg	1
VELPHORO CHEW 500mg (sucroferric oxyhydroxide)	3

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

CRINONE GEL 4%, 8% (progesterone (vaginal))	2
LUPANETA KIT 3.75-5 (leuprolide acetate & norethindrone acetate)	4 PA
LUPANETA KIT 11.25-5 (leuprolide acetate & norethindrone acetate)	4 PA

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone micronized</i> CAPS 100mg, 200mg	1	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg (Levoxyl)	1
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg (Unithroid)	1
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1
<i>methimazole</i> TABS 5mg, 10mg	1
<i>propylthiouracil</i> TABS 50mg	1
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg (<i>levothyroxine sodium</i>)	2

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1
<i>desmopressin acetate spray</i> SOLN .01%	1
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTICHOLINERGICS

<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	1
CUVPOSA SOLN 1mg/5ml	2
<i>(glycopyrrolate)</i>	
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml, 10mg/ml; TABS 20mg	1
<i>glycopyrrolate</i> SOLN 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	1
<i>hyoscyamine sulfate</i> SUBL .125mg (Symax-sl)	1

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate SUBL .125mg; TABS .125mg (Oscimin)	1	
hyoscyamine sulfate SUBL .125mg; TABS .125mg; TB12 .375mg; TBDP .125mg	1	
hyoscyamine sulfate TB12 .375mg (Oscimin Sr)	1	
hyoscyamine sulfate TBDP .125mg (Ed- spaz)	1	
hyoscyamine sulfate TBDP .125mg (Nulev)	1	
methscopolamine bromide TABS 2.5mg, 5mg	1	PA; High Risk Medications require PA for members age 70 and older

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

AKYNZEON CAP 300-0.5 (<i>netupitant-palonosetron</i>)	3	QL (2 caps / 21 days)
aprepitant CAPS 40mg	1	QL (3 caps / 180 days)
aprepitant CAPS 80mg	1	QL (4 caps / 21 days)
aprepitant CAPS 125mg	1	QL (2 caps / 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (2 packs / 21 days)
dronabinol CAPS 2.5mg, 5mg, 10mg	1	QL (60 caps / 25 days)
granisetron hcl SOLN 1mg/ml	1	QL (2 mL / 21 days)
granisetron hcl TABS 1mg	1	QL (12 tabs / 21 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 / 21 days)
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	1	QL (20 mL / 21 days)
ondansetron hcl SOLN 4mg/5ml	1	QL (200 mL / 21 days)
ondansetron hcl TABS 4mg, 8mg	1	QL (18 tabs / 21 days)
ondansetron hcl TABS 24mg	1	QL (2 tabs / 21 days)
prochlorperazine SUPP 25mg	1	
prochlorperazine SUPP 25mg (Compro)	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SUPP 12.5mg, 25mg	1	
promethazine hcl SUPP 12.5mg, 25mg, 50mg (Promethegan)	1	
promethazine hcl SUPP 25mg (Phenadoz)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; High Risk Medications require PA for members age 70 and older
SANCUSO PTCH 3.1mg/24hr (granisetron)	2	QL (2 patches / 21 days)
scopolamine PT72 1mg/3days	1	
trimethobenzamide hcl CAPS 300mg	1	
VARUBI TBPK 90mg (rolapitant hcl)	2	

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

cimetidine TABS 200mg, 300mg, 400mg, 800mg	1
cimetidine hcl SOLN 300mg/5ml	1
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
ranitidine hcl SOLN 50mg/2ml	1

INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS

balsalazide disodium CAPS 750mg	1
budesonide CPEP 3mg	1
DIPENTUM CAPS 250mg (olsalazine sodium)	3 PA
hydrocortisone (intrarectal) ENEM 100mg/60ml (Colocort)	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

AMITIZA CAPS 8mcg, 24mcg (lubiprostone)	2
LINZESS CAPS 72mcg, 145mcg, 290mcg (linaclootide)	2
lubiprostone CAPS 8mcg, 24mcg	1

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

alosetron hcl TABS .5mg, 1mg	1
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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES - DRUGS FOR CONSTIPATION		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (Gavilyte-h)	PV	\$0 copay for members age 50 through 74, otherwise not covered
CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid)	PV	\$0 copay for members age 50 through 74, otherwise not covered
GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	2	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml (Enulose)	1	
lactulose (encephalopathy) SOLN 10gm/15ml (Generlac)	1	
MOVIPREP SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	PV	\$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-g)	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Gavilyte-c)	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	PV	\$0 copay for members age 50 through 74; Tier 1 for all others
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-n/flavor Pack)	1	
PLENUV SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	PV	\$0 copay for members age 50 through 74, otherwise not covered
polyethylene glycol 3350 POWD 17gm/scoop	1	OTC
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	PV	\$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	PV	\$0 copay for members age 50 through 74; Tier 2 for all others
SUTAB TAB (sodium sulfate-magnesium sulfate-potassium chloride)	PV	\$0 copay for members age 50 through 74, otherwise not covered

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA
 Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis)</i>	1	
CONC 100mg/5ml		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOTOFEN TAB 1-0.025 (<i>difenoxin w/ atropine</i>)	3	
MOVANTIK TABS 12.5mg, 25mg <i>(naloxegol oxalate)</i>	2	
SUCRAID SOLN 8500unit/ml <i>(sacrosidase)</i>	3	PA, QL (354 mL / 25 days)
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
VIOKACE TAB 10440 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
VIOKACE TAB 20880 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	PA
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT CPDR 30mg, 60mg (<i>dexlansoprazole</i>)	3	ST, QL (90 caps / 365 days); PA**
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (90 caps / 365 days)
lansoprazole CPDR 15mg, 30mg	1	QL (90 caps / 365 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	QL (90 caps / 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 1% (Procto-pak)	1	
hydrocortisone (rectal) CREA 2.5% (Proctosol Hc)	1	
hydrocortisone (rectal) CREA 2.5% (Proctozone-hc)	1	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl TB24 10mg	1	
CARDURA XL TB24 4mg, 8mg (doxazosin mesylate (bph))	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 / 25 days)
tamsulosin hcl CAPS .4mg	1	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE SUPP 100mg (nonoxynol-9)	PV	OTC
OPTIONS GYNOL II VAGINAL GEL 3% (nonoxynol-9)	PV	OTC
SHUR-SEAL GEL 2% (nonoxynol-9)	PV	OTC
TODAY SPONGE MISC 1000mg (nonoxynol-9)	PV	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4% (nonoxynol-9)	PV	OTC

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg (pentosan polysulfate sodium)	3	
flavoxate hcl TABS 100mg	1	
phenazopyridine hcl TABS 95mg (Urinary Pain Relief)	1	OTC
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

darifenacin hydrobromide TB24 7.5mg, 15mg	1
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1
solifenacina succinate TABS 5mg, 10mg	1
tolterodine tartrate CP24 2mg, 4mg; TABS 1mg, 2mg	1
TOVIAZ TB24 4mg, 8mg (fesoterodine fumarate)	2
trospium chloride CP24 60mg; TABS 20mg	1

VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS

CLEOCIN SUPP 100mg (clindamycin phosphate vaginal)	2
clindamycin phosphate vaginal CREA 2%	1
GYNAZOLE-1 CREA 2% (butoconazole nitrate (one dose))	3
metronidazole vaginal GEL .75%	1
metronidazole vaginal GEL .75% (Vandazole)	1
miconazole nitrate vaginal SUPP 200mg (Miconazole 3)	1
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

ELIQUIS TABS 2.5mg, 5mg (apixaban)	2
ELIQUIS STARTER PACK TBPK 5mg (apixaban)	2

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml (<i>dalteparin sodium</i>)	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
PRADAXA CAPS 75mg, 110mg, 150mg (dabigatran etexilate mesylate)	3	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg (Jantoven)	1	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg (<i>rivaroxaban</i>)	2	
XARELTO STAR TAB 15/20MG (rivaroxaban)	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml (darbepoetin alfa)	4	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml (<i>methoxy polyethylene glycol-epoetin beta</i>)	4	PA
NEULASTA SOSY 6mg/0.6ml (pegfilgrastim)	4	PA, QL (2 injections / 28 days)
NEULASTA ONPRO KIT PSKT 6mg/0.6ml (pegfilgrastim)	4	PA, QL (2 injections / 28 days)

Drug Name		Drug Tier	Requirements/Limits
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml (filgrastim-aafi)		4	PA
PROMACTA TABS 12.5mg, 25mg (eltrombopag olamine)		4	PA, QL (30 tabs / 30 days)
PROMACTA TABS 50mg, 75mg (eltrombopag olamine)		4	PA, QL (60 tabs / 30 days)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml (epoetin alfa-epbx)		4	PA
UDENYCA SOSY 6mg/0.6ml (pegfilgrastim-cbqv)		4	PA, QL (2 injections / 28 days)
MISCELLANEOUS			
anagrelide hcl CAPS .5mg, 1mg		1	
cilostazol TABS 50mg, 100mg		1	
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml (emicizumab-kxwh)		4	PA
icatibant acetate SOLN 30mg/3ml		4	PA, QL (45 syringes / 90 days)
pentoxifylline TBCR 400mg		1	
tranexamic acid SOLN 1000mg/10ml; TABS 650mg		1	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS			
aspirin-dipyridamole cap er 12hr 25-200 mg		1	
BRILINTA TABS 60mg, 90mg (ticagrelor)		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
prasugrel hcl TABS 5mg, 10mg		1	
ZONTIVITY TABS 2.08mg (vorapaxar sulfate)		2	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM			
BIOLOGIC DISEASE-MODIFYING AGENTS			
ACTEMRA SOLN 80mg/4ml (tocilizumab)		4	ST, PA, QL (5 vials / 28 days)
ACTEMRA SOLN 200mg/10ml (tocilizumab)		4	ST, PA, QL (4 vials / 14 days)

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOLN 400mg/20ml (tocilizumab)	4	ST, PA, QL (2 vials / 14 days)
ACTEMRA SOSY 162mg/0.9ml (tocilizumab)	4	ST, PA, QL (4 syringes / 28 days)
ENBREL SOLN 25mg/0.5ml (etanercept)	4	PA, QL (8 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml (etanercept)	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml (etanercept)	4	PA, QL (8 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml (etanercept)	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml (adalimumab)	4	PA, QL (2 injections / 28 days)
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml (adalimumab)	4	PA, QL (4 injections / 28 days)
HUMIRA PEDIA INJ CROHNS (adalimumab)	4	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml (adalimumab)	4	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40mg/0.4ml (adalimumab)	4	PA, QL (4 injections / 28 days)
HUMIRA PEN KIT PS/UV (adalimumab)	4	PA, QL (1 kit / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml (adalimumab)	4	PA, QL (6 pens / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml (adalimumab)	4	PA, QL (1 kit / 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml (adalimumab)	4	PA, QL (4 pens / 28 days)

Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml (sarilumab)	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 (sarilumab)	4	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TB24 15mg (upadacitinib)	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml (golimumab)	4	ST, PA, QL (1 injection / 28 days)
SIMPONI ARIA SOLN 50mg/4ml (golimumab)	4	PA, QL (200 mg / 8 weeks)
SKYRIZI PSKT 75mg/0.83ml (risankizumab-rzaa)	4	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis
STELARA SOSY 45mg/0.5ml (ustekinumab)	4	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA SOSY 90mg/ml (ustekinumab)	4	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml (ixekizumab)	4	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml (guselkumab)	4	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis
XELJANZ TABS 5mg (tofacitinib citrate)	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TABS 10mg (tofacitinib citrate)	4	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg (tofacitinib citrate)	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 22mg (tofacitinib citrate)	4	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

hydroxychloroquine sulfate TABS 200mg	1	
leflunomide TABS 10mg, 20mg	1	
methotrexate sodium TABS 2.5mg	1	OAC
OTEZLA TABS 30mg (apremilast)	4	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30 (apremilast)	4	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200 (immune globulin (human)-hyaluronidase (human recombinant))	4	PA
HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))	4	PA
HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))	4	PA
HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))	4	PA
HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))	4	PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml (interferon gamma-1b)	4	PA
ARCALYST SOLR 220mg (rilonacept)	4	PA, QL (4 vials / 28 days)
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu (interferon alfa-2b)	4	PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg (pomalidomide)	4	PA, QL (21 caps / 28 days); OAC
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg (lenalidomide)	4	PA, QL (28 caps / 28 days); OAC

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA
 Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPS 20mg, 25mg (lenalidomide)	4	PA, QL (21 caps / 28 days); OAC
THALOMID CAPS 50mg, 100mg (thalidomide)	4	PA, QL (28 caps / 28 days); OAC
THALOMID CAPS 150mg, 200mg (thalidomide)	4	PA, QL (56 caps / 28 days); OAC
IMMUNOSUPPRESSANTS		
AZASAN TABS 75mg, 100mg (azathioprine)	3	
azathioprine TABS 50mg	1	
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	1	
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	
cyclosporine modified (for microemulsion) CAPS 25mg, 100mg; SOLN 100mg/ml (Gengraf)	1	
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	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 (tacrolimus)	3	
SANDIMMUNE SOLN 100mg/ml (cyclosporine)	3	
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	
tacrolimus CAPS .5mg, 1mg, 5mg	1	
ZORTRESS TABS 1mg (everolimus (immunosuppressant))	2	
VACCINES		
ACTHIB INJ (haemophilus b polysac conj vac)	PV	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	PV	
AFLURIA QUAD INJ 2020-21 (influenza virus vaccine split quadrivalent)	PV	
BEXZERO INJ (meningococcal vac group b (recombant omv adjuvanted))	PV	

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	PV	
DAPTACEL INJ (<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	PV	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10mcg/0.5ml, 20mcg/ml; SUSP 10mcg/0.5ml, 20mcg/ml (<i>hepatitis b vaccine (recomb)</i>)	PV	
FLUAD INJ 2020-21 (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	PV	
FLUAD QUADRIVALENT INFLUE PRSY .5ml (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	PV	
FLUARIX QUAD INJ 2020-21 (<i>influenza virus vaccine split quadrivalent</i>)	PV	
FLUBLOK QUAD INJ 2020-21 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	PV	
FLUCLVX QUAD INJ 2020-21 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	PV	
FLULALVAL QUA INJ 2020-21 (<i>influenza virus vaccine split quadrivalent</i>)	PV	
FLUMIST QUAD SUS 2020-21 (<i>influenza virus vaccine live quadrivalent</i>)	PV	
FLUZONE HD INJ PF 20-21 (<i>influenza virus vac split high-dose quad preservative free</i>)	PV	
FLUZONE QUAD INJ 2020-21 (<i>influenza virus vaccine split quadrivalent</i>)	PV	
GARDASIL 9 INJ (<i>human papillomavirus (hpv) 9-valent recombinant vaccine</i>)	PV	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml (<i>hepatitis a vaccine</i>)	PV	
HEPLISAV-B SOSY 20mcg/0.5ml (<i>hepatitis b vaccine recombinant adjuvanted</i>)	PV	
HIBERIX SOLR 10mcg (<i>haemophilus b polysac conj vac</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ (diphtheria, acellular pertussis & tetanus toxoids)	PV	\$0 copay for members age 18 and younger, otherwise not covered
IPOV INJ INACTIVE (poliovirus vaccine, ipv)	PV	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ (diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)	PV	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ (measles, mumps & rubella virus vaccines)	PV	
MENACTRA INJ (meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine)	PV	
MENVEO INJ (meningococcal (a,c,y&w-135) oligosaccharide conjugate vac)	PV	
PEDIARIX INJ 0.5ML (diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac)	PV	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5mcg/0.5ml (haemophilus b polysaccharide conj vac)	PV	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ (diph-ac pert-tet tox ad-polio ipv-haemophilus b poly vac)	PV	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml (pneumococcal vac polyvalent)	PV	
PREVNAR 13 INJ (pneumococcal 13-valent conjugate vaccine)	PV	
PROQUAD INJ (measles-mumps-rubella-varicella virus vaccines)	PV	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml (hepatitis b vaccine (recomb))	PV	
ROTARIX SUS (rotavirus vaccine, live oral)	PV	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL (rotavirus vaccine, live oral pentavalent)	PV	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml (zoster vaccine recombinant adjuvanted)	PV	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF (tetanus-diphtheria toxoids (td))	PV	\$0 copay for members age 19 and older, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ 5-2LF (tetanus-diphtheria toxoids (td))	PV	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ (meningococcal group b vaccine (recombinant))	PV	
TWINRIX INJ (hepatitis a (inactivated)-hepatitis b (recombinant) vaccines)	PV	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml (hepatitis a vaccine)	PV	
VARIVAX INJ 1350pfu/0.5ml (varicella virus vaccine live)	PV	
VAXELIS INJ (diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recom)	PV	\$0 copay for members age 18 and younger, otherwise not covered
ZOSTAVAX SUSR 19400unt/0.65ml (zoster vaccine live)	PV	\$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL

CAYA DPR (diaphragm arc-spring)	PV	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM (condoms - female)	PV	OTC
FEMCAP MIS 22MM (cervical caps)	PV	QL (1 / 300 days)
FEMCAP MIS 26MM (cervical caps)	PV	QL (1 / 300 days)
FEMCAP MIS 30MM (cervical caps)	PV	QL (1 / 300 days)
OMNIFLEX DPR (diaphragms)	PV	QL (1 / 300 days)
WIDE-SEAL SILICONE DIAPHR DPRH 2% (diaphragm wide seal)	PV	QL (1 / 300 days)

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS (blood glucose monitoring supplies)	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS (glucose blood)	2	QL (204 Test Strips / 25 days), OTC
ALCOHOL PREP PAD (alcohol swabs)	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION (blood glucose calibration)	2	OTC
DEXCOM G5 MIS RECEIVER (continuous blood glucose system receiver)	2	
DEXCOM G5 MIS TRANSMIT (continuous blood glucose system transmitter)	2	
DEXCOM G6 MIS RECEIVER (continuous blood glucose system receiver)	2	
DEXCOM G6 MIS SENSOR (continuous blood glucose system sensor)	2	

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS TRANSMIT (continuous blood glucose system transmitter)	2	
G4 PLAT PED MIS RVC/SHAR (continuous blood glucose system receiver)	2	
G4 PLATINUM MIS PEDIATRC (continuous blood glucose system receiver)	2	
G4 PLATINUM MIS RCV/SHAR (continuous blood glucose system receiver)	2	
G4 PLATINUM MIS RECEIVER (continuous blood glucose system receiver)	2	
G4 PLATINUM MIS TRANSMIT (continuous blood glucose system transmitter)	2	
G4 SENSOR MIS (continuous blood glucose system sensor)	2	
G5/G4 MIS SENSOR (continuous blood glucose system sensor)	2	
GLUCOSE URINE TEST STRIPS (glucose urine test-(glucose oxidase))	2	OTC
INSULIN PEN NEEDLES (insulin pen needle)	2	OTC
INSULIN PEN NEEDLES/SYRINGES (insulin syringe/needle u-100)	2	OTC
KETONE URINE TEST STRIPS (urine glucose-ketones test)	2	OTC
LANCETS (lancets)	2	OTC
LANCING DEVICE	2	OTC
NOVOFINE PEN NEEDLES (insulin pen needle)	2	OTC
OMNIPOD DASH (insulin infusion disposable pump)	2	
OMNIPOD KIT STARTER (insulin infusion disposable pump)	2	
OMNIPOD MIS 5 PACK (insulin infusion disposable pump)	2	
SHARPS CONTAINER (sharps container)	2	OTC
ULTRALANCE MIS 1.8MM (lancets misc.)	2	OTC
URINE GLUCOSE MONITORING SUPPLIES (urine glucose monitoring supplies)	2	OTC
URINE TEST STRIPS (multiple urine tests)	2	OTC
V-GO 20 KIT (insulin infusion disposable pump)	2	
V-GO 30 KIT (insulin infusion disposable pump)	2	

Drug Name	Drug Tier	Requirements/Limits
V-GO 40 KIT (<i>insulin infusion disposable pump</i>)	2	
MISCELLANEOUS		
ADULT RESPIRATORY MASK <i>(spacer/aerosol-holding chambers)</i>	2	
ADULT RESPIRATORY MASK <i>(spacer/aerosol-holding chambers)</i>	2	OTC
HUMATROPEN (<i>injection device</i>)	2	OTC
PEDIATRIC RESPIRATORY MASK <i>(spacer/aerosol-holding chamber supplies - masks)</i>	2	
PEDIATRIC RESPIRATORY MASK <i>(spacer/aerosol-holding chamber supplies - masks)</i>	2	OTC
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
FLUORABON SOLN .55mg/0.6ml (sodium fluoride)	PV	\$0 applies for ages 5 and under, otherwise not covered
magnesium sulfate SOLN 2gm/50ml, 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
potassium bicarbonate TBEF 25meq (Effer-k)	1	
potassium chloride CPCR 8meq, 10meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
potassium chloride TBCR 8meq (Klor-con 8)	1	
potassium chloride TBCR 10meq (Klor-con 10)	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 15meq (Klor-con M15)	1	
potassium chloride microencapsulated crystals er TBCR 20meq (Klor-con M20)	1	
sodium chloride SOLN 2.5meq/ml	1	
sodium chloride flush SOLN .9% (Monoject Sodium Chloride)	1	
sodium fluoride CHEW 1mg (Fluoritab)	1	
sodium fluoride CHEW 1mg (Ludent)	1	
sodium fluoride CHEW 1mg; TABS 1mg	1	
sodium fluoride CHEW 2.2mg (Nafrinse)	1	

Drug Name		Drug Tier	Requirements/Limits
sodium fluoride CHEW .25mg, .5mg (Ludent)		PV	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride CHEW .25mg, .5mg; SOLN .5mg/ml; TABS .5mg		PV	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride CHEW .25mg, .5mg; SOLN .125mg/drop (Floritab)		PV	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride SOLN .25mg/drop (Flura-drops)		PV	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride SOLN .125mg/drop (Nafrinse Drops)		PV	\$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

VITAMINS - VITAMINS AND SUPPLEMENTS

calcitriol CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1
cholecalciferol CAPS 50000unit CITRANATAL CAP HARMONY (<i>prenatal</i> <i>w/o vit a w/ fe fumarate-fe carbonyl-</i> <i>dss-fa-dha</i>)	1 OTC 2
CITRANATAL CAP MEDLEY (<i>prenatal w/o</i> <i>vit a w/ fe fumarate-fe carbonyl-fa-</i> <i>dha</i>)	2
CITRANATAL MIS (<i>prenatal w/o vit a w/</i> <i>fe carbonyl-fe gluconate-dss-fa-dha</i>)	2
CITRANATAL MIS 90 DHA (<i>prenatal w/o</i> <i>vit a w/ fe carbonyl-fe gluconate-dss-</i> <i>fa-dha</i>)	2
CITRANATAL MIS B-CALM (<i>prenatal w/o</i> <i>vit a w/ fe carbonyl-fe gluconate-fa &</i> <i>vit b6</i>)	2
CITRANATAL PAK ASSURE (<i>prenatal w/o</i> <i>vit a w/ fe carbonyl-fe gluconate-dss-</i> <i>fa-dha</i>)	2
CITRANATAL PAK DHA (<i>prenatal w/o vit</i> <i>a w/ fe carbonyl-fe gluconate-dss-fa-</i> <i>dha</i>)	2
CITRANATAL TAB BLOOM (<i>prenatal vit</i> <i>w/ docusate-fe carbonyl-fe gluconate-</i> <i>folic acid</i>)	2

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL TAB RX (prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa)	2	
cyanocobalamin SOLN 1000mcg/ml	1	
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	1	
ergocalciferol CAPS 50000unit	1	
folic acid CAPS 800mcg	PV	QL (100 caps / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
folic acid TABS 1mg	1	
folic acid TABS 400mcg, 800mcg	PV	QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg (Westab Max)	1	
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (Multi-vit/iron/fluoride)	1	
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (Multi-vitamin/fluoride/ir)	1	
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** (Multivitamin With Fluorid)	1	
*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg*** (Multivitamin With Fluorid)	1	
*pediatric multiple vitamins w/ fluoride chew tab 1 mg*** (Multivitamin With Fluorid)	1	
*pediatric multiple vitamins w/ fluoride chew tab 1 mg*** (Mvc-fluoride)	1	
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*** (Multi-vitamin/fluoride Dr)	1	
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml*** (Multi-vitamin/fluoride Dr)	1	
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml*** (Tri-vite/fluoride)	1	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA
 Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml*** (Tri-vite/fluoride)	1	
*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml*** (Vitamins A/c/d/fluoride)	1	
phytonadione TABS 5mg	1	
*prenatal vit w/ iron carbonyl-fa tab 29-1 mg*** (Prenatabs Rx)	1	
*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg*** (Elite-ob)	1	
pyridoxine hcl TABS 25mg, 50mg	1	OTC

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AZASITE SOLN 1% (azithromycin (ophth))	2
bacitracin (ophthalmic) OINT 500unit/gm	1
bacitracin-polymyxin b ophth oint	1
bacitracin-polymyxin b ophth oint (Polycin)	1
BESIVANCE SUSP .6% (besifloxacin hcl)	3
ciprofloxacin hcl (ophth) SOLN .3%	1
erythromycin (ophth) OINT 5mg/gm	1
gatifloxacin (ophth) SOLN .5%	1

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate (ophth) OINT .3% (Gentak)	1	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN .5%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	
NATACYN SUSP 5% (natamycin)	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) SOLN .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	1	
ZIRGAN GEL .15% (ganciclovir ophthalmic)	3	

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

ACUVAIL SOLN .45% (ketorolac tromethamine (ophth))	2	
bromfenac sodium (ophth) SOLN .09%	1	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
DUREZOL EMUL .05% (diluprednate)	2	
flurbiprofen sodium SOLN .03%	1	
FML OINT .1% (fluorometholone (ophth))	2	
FML FORTE SUSP .25% (fluorometholone (ophth))	2	
ILEVRO SUSP .3% (nepafenac)	2	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
loteprednol etabonate SUSP .5%	1	
MAXIDEX SUSP .1% (dexamethasone (ophth))	2	
NEVANAC SUSP .1% (nepafenac)	2	
PRED MILD SUSP .12% (prednisolone acetate (ophth))	2	
prednisolone acetate (ophth) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	

ANTIALLERGICS - DRUGS TO TREAT ALLERGIES

ALOCRIL SOLN 2% (nedocromil sodium (ophth))	3	
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Drug Name	Drug Tier	Requirements/Limits
ALOMIDE SOLN .1% (<i>Iodoxamide tromethamine</i>)	3	
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
BEPREVE SOLN 1.5% (<i>bepotastine besilate</i>)	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
LASTACAF T SOLN .25% (<i>alcaftadine</i>)	2	
<i>olopatadine hcl</i> SOLN .1%, .2%	1	
PAZEO SOLN .7% (<i>olopatadine hcl</i>)	2	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1% (<i>brimonidine tartrate</i>)	3	
<i>apraclonidine hcl</i> SOLN .5%	1	
AZOPT SUSP 1% (<i>brinzolamide</i>)	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5% (<i>timolol</i>)	3	
BETOPTIC-S SUSP .25% (<i>betaxolol hcl (ophth)</i>)	2	
<i>bimatoprost</i> SOLN .03%	3	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOLN 0.2/0.5% (<i>brimonidine tartrate-timolol maleate</i>)	2	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
IOPIDINE SOLN 1% (<i>apraclonidine hcl</i>)	3	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01% (<i>bimatoprost</i>)	2	ST; PA**
PHOSPHOLINE IODIDE SOLR .125% (<i>echothiophate iodide</i>)	3	
<i>pilocarpine hcl</i> SOLN 1%	1	
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	1	
ZIOPTAN SOLN .015mg/ml (<i>tafluprost</i>)	3	ST; PA**
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTARAN SOLN .44% (<i>cysteamine hcl</i>)	4	PA, QL (4 bottles / 28 days)

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA
 Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
LACRISERT INST 5mg (<i>artificial tear insert</i>)	3	
phenylephrine hcl (mydriatic) SOLN 2.5%, 10%	1	
proparacaine hcl SOLN .5%	1	
RESTASIS EMUL .05% (<i>cyclosporine (ophth)</i>)	2	
tropicamide SOLN .5%, 1%	1	

OTHER

IRRIGATION SOLUTIONS

* irrigation solution, physiological** (Physiolyte)	1	
* irrigation solution, physiological** (Physiosol Irrigation)	1	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANAPHYLAXIS TREATMENT AGENTS

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

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

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

ANTICHOLINERGICS - DRUGS TO TREAT PARKINSONS DISEASE

INCRUSE ELLIPTA AEPB 62.5mcg/inh <i>(umeclidinium bromide)</i>	2	QL (1 package / 25 days)
ipratropium bromide SOLN .02%	1	QL (5 boxes / 25 days)
ipratropium bromide (nasal) SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg <i>(tiotropium bromide monohydrate)</i>	2	QL (1 package / 25 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act (tiotropium bromide monohydrate)	2	QL (1 package / 25 days)
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package / 25 days)
ANTIHISTAMINES§ - DRUGS TO TREAT ALLERGIES		
azelastine hcl SOLN .1%, .15%	1	QL (2 bottles / 25 days)
brompheniramine tannate CHEW 12mg	1	
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
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	1	
olopatadine hcl (nasal) SOLN .6%	1	QL (1 container / 25 days)
BETA AGONISTS§ - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 25 days)
albuterol sulfate NEBU 2.5mg/0.5ml	1	QL (60 mL / 25 days)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml	1	QL (5 boxes / 25 days)
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg	1	
levalbuterol hcl NEBU 1.25mg/0.5ml	1	QL (45 mL / 25 days)

Drug Name		Drug Tier	Requirements/Limits
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml		1	QL (300 mL / 25 days)
levalbuterol tartrate AERO 45mcg/act		1	QL (2 inhalers / 25 days)
metaproterenol sulfate SYRP 10mg/5ml PERFOROMIST NEBU 20mcg/2ml		1 2	QL (2 boxes / 25 days)
(formoterol fumarate) STRIVERDI RESPIMAT AERS 2.5mcg/act		2	QL (1 package / 25 days)
(olodaterol hcl) terbutaline sulfate TABS 2.5mg, 5mg		1	

BIOLOGIC RESPONSE MODIFIERS

NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml (mepolizumab)	4	PA, QL (3 injections / 28 days)
XOLAIR SOLR 150mg (omalizumab)	4	PA, QL (6 vials / 28 days)
XOLAIR SOSY 75mg/0.5ml (omalizumab)	4	PA, QL (2 syringes / 28 days)
XOLAIR SOSY 150mg/ml (omalizumab)	4	PA, QL (4 syringes / 28 days)

COLD/COUGH

benzonatate CAPS 100mg, 200mg	1	
guaifenesin-codeine soln 100-10 mg/5ml (Guaiifenesin Ac)	1	OTC
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (Hydromet)	1	
hydrocodone w/ homatropine tab 5-1.5 mg	1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUZISTRA XR SUS (codeine polistirex-chlorpheniramine polistirex)	3	

LEUKOTRIENE MODIFIERS

zileuton TB12 600mg	2	
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Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium CHEW 4mg, 5mg; 1 PACK 4mg; TABS 10mg		
zafirlukast TABS 10mg, 20mg 1		
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium NEBU 20mg/2ml 1	1	QL (2 boxes / 25 days)
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20% 1		
DALIRESP TABS 250mcg, 500mcg 3 PA	3	PA
(roflumilast)		
ESBRIET CAPS 267mg (pirfenidone) 4 PA, QL (270 caps / 30 days)	4	PA, QL (270 caps / 30 days)
ESBRIET TABS 267mg (pirfenidone) 4 PA, QL (270 tabs / 30 days)	4	PA, QL (270 tabs / 30 days)
ESBRIET TABS 801mg (pirfenidone) 4 PA, QL (90 tabs / 30 days)	4	PA, QL (90 tabs / 30 days)
KALYDECO PACK 25mg, 50mg, 75mg 4 PA, QL (56 packets / 28 days) (ivacaftor)	4	PA, QL (56 packets / 28 days)
KALYDECO TABS 150mg (ivacaftor) 4 PA, QL (56 tabs / 28 days); carton consists of 56 tablets	4	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TABS 150mg (ivacaftor) 4 PA, QL (60 tabs / 30 days); packet consists of 60 tablets	4	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125 (lumacaftor-ivacaftor) 4 PA, QL (56 packets / 28 days)	4	PA, QL (56 packets / 28 days)
ORKAMBI GRA 150-188 (lumacaftor-ivacaftor) 4 PA, QL (56 packets / 28 days)	4	PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125 (lumacaftor-ivacaftor) 4 PA, QL (112 tabs / 28 days)	4	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125 (lumacaftor-ivacaftor) 4 PA, QL (112 tabs / 28 days)	4	PA, QL (112 tabs / 28 days)
PROLASTIN-C SOLN 1000mg/20mL; SOLR 1000mg (alpha1-proteinase inhibitor (human)) 4 PA	4	PA
sodium chloride (inhalant) NEBU .9%, 1 3%, 7%, 10%		
SYMDEKO TAB 50-75MG (tezacaftor-ivacaftor) 4 PA, QL (56 tabs / 28 days)	4	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150 (tezacaftor-ivacaftor) 4 PA, QL (56 tabs / 28 days)	4	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB (elexacaftor-tezacaftor-ivacaftor) 4 PA, QL (84 tabs / 28 days)	4	PA, QL (84 tabs / 28 days)

Drug Name		Drug Tier	Requirements/Limits
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES			
flunisolide (nasal) SOLN .025%	1	QL (3 containers / 25 days)	
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 container / 25 days)	
OMNARIS SUSP 50mcg/act (ciclesonide (nasal))	3	ST, QL (1 package / 25 days); PA**	
triamcinolone acetonide (nasal) AERO 55mcg/act	1	QL (1 package / 25 days), OTC	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA			
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act (fluticasone furoate (inhalation))	2	QL (1 package / 25 days)	
budesonide (inhalation) SUSP 1mg/2ml	1	QL (1 box / 25 days)	
budesonide (inhalation) SUSP .5mg/2ml	1	QL (2 boxes / 25 days)	
budesonide (inhalation) SUSP .25mg/2ml	1	QL (3 boxes / 25 days)	
QVAR REDIHALER AERB 40mcg/act, 80mcg/act (beclomethasone dipropionate hfa)	2	QL (2 packages / 25 days)	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD			
ADVAIR DISKU AER 100/50 (fluticasone-salmeterol)	1	QL (1 package / 25 days)	
ADVAIR DISKU AER 250/50 (fluticasone-salmeterol)	1	QL (1 package / 25 days)	
ADVAIR DISKU AER 500/50 (fluticasone-salmeterol)	1	QL (1 package / 25 days)	
ADVAIR HFA AER 45/21 (fluticasone-salmeterol)	2	QL (1 package / 25 days)	
ADVAIR HFA AER 115/21 (fluticasone-salmeterol)	2	QL (1 package / 25 days)	
ADVAIR HFA AER 230/21 (fluticasone-salmeterol)	2	QL (1 package / 25 days)	
BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)	2	QL (1 package / 25 days)	
BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)	2	QL (1 package / 25 days)	
SYMBICORT AER 80-4.5 (budesonide-formoterol fumarate dihydrate)	2	QL (1 package / 25 days)	
SYMBICORT AER 160-4.5 (budesonide-formoterol fumarate dihydrate)	2	QL (1 package / 25 days)	
XANTHINES - DRUGS TO TREAT COPD			
aminophylline SOLN 25mg/ml	1		

Drug Name	Drug Tier	Requirements/Limits
ELIXOPHYLLIN ELIX 80mg/15ml (theophylline)	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg (theophylline)	3	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

adapalene CREA .1%; GEL .1%, .3%	1	PA; PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
BENZIQ GEL 5.25% (benzoyl peroxide)	2	
BENZIQ LS GEL 2.75% (benzoyl peroxide)	2	
benzoyl peroxide LIQD 2.5% (Bp Wash)	1	
benzoyl peroxide LIQD 5.25% (Benziq Wash)	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate (topical) FOAM 1%; SWAB 1%	1	
clindamycin phosphate (topical) GEL 1% QL (75g / 25 days)	1	QL (75g / 25 days)
clindamycin phosphate (topical) LOTN 1% QL (60mL / 25 days)	1	QL (60mL / 25 days)
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
EPIDUO FORTE GEL 0.3-2.5% (adapalene-benzoyl peroxide)	3	
erythromycin (acne aid) GEL 2%	1	QL (60g / 25 days)
erythromycin (acne aid) PADS 2% (Ery)	1	
erythromycin (acne aid) SOLN 2%	1	QL (60mL / 25 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

Drug Name		Drug Tier	Requirements/Limits
tretinoin CREA .025%; GEL .025% (Avita)		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% PICATO GEL .015%, .05% (ingenol mebutate)		1 3	
DERMATOLOGY, ANTIBIOTICS			
gentamicin sulfate (topical) CREA .1%; OINT .1%		1	
IV PREP WIPE PAD		2	OTC
mupirocin OINT 2%		1	QL (30g / 25 days)
silver sulfadiazine CREA 1%		1	
silver sulfadiazine CREA 1% (Ssd) SULFAMYLYON CREA 85mg/gm (mafénide acetate)		1 3	
DERMATOLOGY, ANTIFUNGALS			
ciclopirox GEL .77%		1	QL (120g / 25 days)
ciclopirox SHAM 1%		1	QL (120mL / 25 days)
ciclopirox SOLN 8%		1	
ciclopirox olamine CREA .77%		1	QL (120g / 25 days)
ciclopirox olamine SUSP .77%		1	QL (120mL / 25 days)
clotrimazole (topical) CREA 1%		1	QL (120g / 25 days)
clotrimazole (topical) SOLN 1%		1	QL (120mL / 25 days)
clotrimazole w/ betamethasone cream 1-0.05%		1	QL (60g / 25 days)
clotrimazole w/ betamethasone lotion 1-0.05%		1	QL (60mL / 25 days)
econazole nitrate CREA 1%		1	QL (60g / 25 days)
ERTACZO CREA 2% (sertaconazole nitrate)		3	QL (60g / 25 days)
EXELDERM SOLN 1% (sulconazole nitrate)		3	ST, QL (60mL / 25 days); PA**
JUBLIA SOLN 10% (efinaconazole)		3	PA, QL (4mL / 21 days)
ketonconazole (topical) CREA 2%		1	QL (120g / 25 days)
MENTAX CREA 1% (butenafine hcl)		3	QL (60g / 25 days)
naftifine hcl CREA 1%, 2%		1	QL (60g / 25 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm		1	QL (120g / 25 days)

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA
 Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

Drug Name		Drug Tier	Requirements/Limits
nystatin (topical) POWD 100000unit/gm (Nyamyc)		1	QL (120g / 25 days)
nystatin (topical) POWD 100000unit/gm (Nystop)		1	QL (120g / 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%		1	QL (60g / 25 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%		1	QL (60g / 25 days)
oxiconazole nitrate CREA 1%		1	QL (60g / 25 days)
sulconazole nitrate CREA 1%		1	QL (60g / 25 days)
DERMATOLOGY, ANTIPRURITIC			
doxepin hcl (antipruritic) CREA 5%		3	ST, QL (90 grams / 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS			
acitretin CAPS 10mg, 17.5mg, 25mg		1	
calcipotriene SOLN .005%		1	
calcitriol (topical) OINT 3mcg/gm		3	
COSENTYX SOSY 150mg/ml (secukinumab)		4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml (secukinumab)		4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
methoxsalen rapid CAPS 10mg		1	
tazarotene CREA .1%		1	PA
TAZORAC CREA .05%; GEL .05%, .1% (tazarotene)		2	PA
DERMATOLOGY, ANTISEBORRHEICS			
ketoconazole (topical) SHAM 2%		1	
selenium sulfide LOTN 2.5%		1	
DERMATOLOGY, CORTICOSTEROIDS			
alclometasone dipropionate CREA .05%; OINT .05%		1	QL (120g / 25 days)
amcinonide CREA .1%		1	QL (120g / 25 days)
amcinonide LOTN .1%		1	QL (120mL / 25 days)
AMCINONIDE OINT .1%		2	QL (120g / 25 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%		1	QL (120g / 25 days)
betamethasone dipropionate (topical) LOTN .05%		1	QL (120mL / 25 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednicarbate</i> CREA .1%; OINT .1%	1	QL (120g / 25 days)
<i>triamcinolone acetonide (topical)</i> CREA .1% (Triderm)	1	QL (120g / 25 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; OINT .025%, .1%, .5%	1	QL (120g / 25 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	1	QL (120mL / 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> OINT 5%	1	QL (50gm / 25 days)
<i>lidocaine</i> PTCH 4% (Lidocaine Pain Relief Pat)	1	QL (30 patches / 25 days), OTC
<i>lidocaine</i> PTCH 5%	1	PA, QL (90 patches / 25 days)
<i>lidocaine hcl</i> GEL 2%; PRSY 2%	1	QL (60mL / 25 days)
<i>lidocaine hcl</i> SOLN 4%	1	QL (50mL / 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
SYNERA DIS 70-70MG (<i>lidocaine-tetracaine</i>)	3	QL (2 patches / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL .5% (<i>podofilox</i>)	3	
DENAVIR CREA 1% (<i>penciclovir</i>)	3	
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (300g / 25 days)
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (300g / 25 days), OTC
EUCRISA OINT 2% (<i>crisaborole</i>)	2	ST, QL (60 grams / 25 days); PA**
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 10%, 12%	1	
<i>podofilox</i> SOLN .5%	1	
RECTIV OINT .4% (<i>nitroglycerin (intra-anal)</i>)	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	
TARGRETIN GEL 1% (<i>bexarotene (topical)</i>)	4	PA
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	1	QL (300g / 25 days), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid</i> GEL 15%	1	
FINACEA FOAM 15% (<i>azelaic acid</i>)	2	
<i>metronidazole (topical)</i> CREA .75% (Rosadan)	1	

Drug Name	Drug Tier	Requirements/Limits
metronidazole (topical) CREA .75%; GEL .75%, 1%; LOTN .75%	1	
MIRVASO GEL .33% (brimonidine tartrate (topical))	3	PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotamiton LOTN 10% (Crotan)	1	
EURAX CREA 10% (crotamiton)	3	
ivermectin (pediculicide) LOTN .5%	1	ST; PA**
lindane SHAM 1%	1	
malathion LOTN .5%	1	
permethrin CREA 5%	1	
permethrin LIQD 1% (Sb Lice Treatment)	1	OTC
permethrin LOTN 1% (Lice Treatment)	1	OTC
SKLICE LOTN .5% (ivermectin (pediculicide))	3	ST; PA**
spinosad SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% (becaplermin)	3	PA, QL (30g / 25 days)
sodium chloride (gu irrigant) SOLN .9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
chlorhexidine gluconate (mouth-throat) SOLN .12% (Periogard)	1	
clotrimazole TROC 10mg	1	
lidocaine hcl (mouth-throat) SOLN 2%, 4%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
ORAVIG TABS 50mg (miconazole (mouth-throat))	3	QL (14 tabs / 25 days)
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) PSTE .1%	1	
triamcinolone acetonide (mouth) PSTE .1% (Oralone Dental Paste)	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid (otic) SOLN 2%	1	
CIPRODEX SUS 0.3-0.1% (ciprofloxacin-dexamethasone)	2	
ciprofloxacin hcl (otic) SOLN .2%	1	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	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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