

METROPLUSHEALTH MARKETPLACE FORMULARY



| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| ANALGESICS | | |
| COX-2 INHIBITORS | | |
| <i>celecoxib caps 50mg, 100mg, 200mg</i> | 1 | |
| GOUT | | |
| <i>allopurinol tabs 100mg, 300mg</i> | 1 | |
| <i>colchicine tabs .6mg</i> | 1 | |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 | |
| <i>febuxostat tabs 40mg, 80mg</i> | 1 | ST; PA** |
| <i>probenecid tabs 500mg</i> | 1 | |
| NSAIDS, COMBINATIONS§ | | |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 1 | |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 1 | |
| NSAIDS§ | | |
| <i>diclofenac potassium tabs 50mg</i> | 1 | |
| <i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i> | 1 | |
| <i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i> | 1 | |
| <i>fenoprofen calcium tabs 600mg</i> | 3 | |
| <i>flurbiprofen tabs 50mg, 100mg</i> | 1 | |
| <i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i> | 1 | |
| <i>ketorolac tromethamine soln 15mg/ml, 30mg/ml</i> | 1 | |
| <i>ketorolac tromethamine tabs 10mg</i> | 1 | QL (20 tabs every 30 days) |
| <i>meclofenamate sodium caps 50mg, 100mg</i> | 1 | |
| <i>mefenamic acid caps 250mg</i> | 1 | |
| <i>meloxicam tabs 7.5mg, 15mg</i> | 1 | |
| <i>nabumetone tabs 500mg, 750mg</i> | 1 | |
| <i>naproxen tabs 250mg, 375mg, 500mg</i> | 1 | |
| <i>oxaprozin tabs 600mg</i> | 1 | |
| <i>piroxicam caps 10mg, 20mg</i> | 1 | |
| <i>sulindac tabs 150mg, 200mg</i> | 1 | |
| <i>tolmetin sodium caps 400mg; tabs 600mg</i> | 1 | |
| OPIOID ANALGESICS§ | | |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 1 | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy **M** -
 Medical Benefit

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 1 | ST, QL (400 tabs every 30 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> | 1 | ST, QL (300 caps every 30 days); Subject to initial 7-day limit |
| <i>butorphanol tartrate soln 10mg/ml</i> | 1 | QL (2 bottles every 30 days) |
| <i>codeine sulfate tabs 30mg</i> | 1 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| CODEINE SULFATE TABS 60MG | 3 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| <i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr</i> | 1 | ST, QL (10 patches every 30 days) |
| <i>fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i> | 1 | ST, PA; High Strength Requires PA |
| <i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i> | 1 | PA, QL (120 lozenges every 30 days) |
| <i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i> | 1 | ST, QL (30 tabs every 30 days) |
| <i>hydrocodone bitartrate t24a 100mg, 120mg</i> | 1 | ST, PA; High Strength Requires PA |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 1 | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>hydrocodone-ibuprofen tab 10-200 mg</i> | 1 | ST, QL (50 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl tabs 2mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl tabs 4mg</i> | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl tabs 8mg</i> | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i> | 1 | ST, QL (30 tabs every 30 days) |
| <i>hydromorphone hcl tb24 32mg</i> | 1 | ST, PA; High Strength Requires PA |
| <i>methadone hcl conc 10mg/ml</i> | 1 | QL (30 mL every 30 days); (indicated for opioid addiction) |
| <i>methadone hcl soln 5mg/5ml</i> | 1 | ST, QL (450 mL every 30 days) |
| <i>methadone hcl soln 10mg/5ml</i> | 1 | ST, QL (225 mL every 30 days) |
| <i>methadone hcl tabs 5mg</i> | 1 | ST, QL (90 tabs every 30 days) |
| <i>methadone hcl tabs 10mg</i> | 1 | ST, QL (30 tabs every 30 days) |
| <i>methadone hcl tbso 40mg</i> | 1 | QL (9 tabs every 30 days) |
| <i>methadone hydrochloride i conc 10mg/ml</i> | 1 | ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain) |
| <i>methadose tbso 40mg</i> | 1 | QL (9 tabs every 30 days) |
| <i>morphine sulfate cp24 10mg, 20mg, 30mg</i> | 1 | ST, QL (60 caps every 30 days) |
| <i>morphine sulfate cp24 50mg, 60mg, 80mg</i> | 1 | ST, QL (30 caps every 30 days) |
| <i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i> | 1 | ST, PA; High Strength Requires PA |
| <i>morphine sulfate soln 10mg/5ml</i> | 1 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>morphine sulfate soln 20mg/5ml</i> | 1 | ST, QL (675 mL every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate soln 100mg/5ml</i> | 1 | ST, QL (135 mL every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate tabs 15mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate tabs 30mg</i> | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate tbcr 15mg, 30mg</i> | 1 | ST, QL (90 tabs every 30 days) |
| <i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i> | 1 | ST, QL (30 caps every 30 days) |
| <i>morphine sulfate beads cp24 120mg</i> | 1 | ST, PA; High Strength Requires PA |
| <i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i> | 1 | |
| NUCYNTA TABS 50MG | 2 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA TABS 75MG | 2 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA TABS 100MG | 2 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA ER TB12 50MG, 100MG | 3 | ST, QL (60 tabs every 30 days) |
| NUCYNTA ER TB12 150MG, 200MG, 250MG | 3 | ST, PA; High Strength Requires PA |
| <i>oxycodone hcl caps 5mg</i> | 1 | ST, QL (180 caps every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl conc 100mg/5ml</i> | 1 | ST, QL (90 mL every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl soln 5mg/5ml</i> | 1 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl t12a 10mg, 20mg</i> | 1 | ST, QL (60 tabs every 30 days) |

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|--|------------------|---|
| <i>oxycodone hcl t12a 40mg, 80mg</i> | 1 | ST, PA; High Strength Requires PA |
| <i>oxycodone hcl tabs 5mg, 10mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tabs 15mg</i> | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tabs 20mg</i> | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tabs 30mg</i> | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl tabs 5mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl tabs 10mg</i> | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i> | 1 | ST, QL (60 tabs every 30 days) |
| <i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i> | 1 | ST, PA; High Strength Requires PA |
| <i>tramadol hcl tabs 50mg</i> | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>tramadol hcl tb24 100mg</i> | 1 | ST, QL (30 tabs every 30 days) |
| <i>tramadol hcl tb24 200mg, 300mg</i> | 1 | ST, PA; High Strength Requires PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 1 | ST, QL (40 tabs every 30 days); Subject to initial 7-day limit |
| XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG | 2 | ST, QL (60 caps every 30 days) |
| XTAMPZA ER C12A 36MG | 2 | ST, PA; High Strength Requires Prior Auth |
| OPIOID PARTIAL AGONISTS§ | | |
| BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG | 2 | ST, QL (60 films every 30 days) |
| BELBUCA FILM 600MCG, 750MCG, 900MCG | 2 | ST, PA; High Strength Requires Prior Auth |
| <i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i> | 1 | ST, QL (4 patches every 30 days) |
| <i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i> | 1 | ST, PA; High Strength Requires Prior Auth |
| SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML | 3 | |
| SALICYLATES | | |
| <i>aspirin enteric coated ad tbec 81mg</i> | 0 | QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered |
| <i>diflunisal tabs 500mg</i> | 1 | |
| <i>goodsense aspirin chew 81mg</i> | 0 | QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered |
| ANTI-INFECTIVES | | |
| ANTHELMINTICS | | |
| EMVERM CHEW 100MG | 3 | QL (12 tabs every 365 days) |
| <i>ivermectin tabs 3mg</i> | 1 | |
| <i>praziquantel tabs 600mg</i> | 1 | QL (24 tabs every 365 days) |
| ANTI-BACTERIALS - MISCELLANEOUS | | |
| <i>fosfomycin tromethamine pack 3gm</i> | 1 | |
| <i>neomycin sulfate tabs 500mg</i> | 1 | |
| <i>sulfadiazine tabs 500mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 1 | |
| <i>tinidazole tabs 250mg, 500mg</i> | 1 | |
| ANTIFUNGALS | | |
| <i>amphotericin b solr 50mg</i> | 1 | QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days |
| CRESEMBA CAPS 74.5MG, 186MG | 3 | |
| <i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i> | 1 | |
| <i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i> | 1 | |
| <i>griseofulvin ultramicrosize tabs 125mg, 250mg</i> | 1 | |
| <i>itraconazole caps 100mg; soln 10mg/ml</i> | 1 | PA |
| <i>nystatin tabs 500000unit</i> | 1 | |
| <i>posaconazole susp 40mg/ml</i> | 1 | PA |
| <i>posaconazole tbec 100mg</i> | 3 | PA |
| <i>terbinafine hcl tabs 250mg</i> | 1 | |
| <i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i> | 3 | PA |
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 1 | |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 1 | |
| <i>chloroquine phosphate tabs 250mg, 500mg</i> | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| <i>mefloquine hcl tabs 250mg</i> | 1 | |
| <i>primaquine phosphate tabs 26.3mg</i> | 1 | |
| <i>quinine sulfate caps 324mg</i> | 1 | |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate soln 20mg/ml</i> | 1 | QL (900 mL every 30 days) |
| <i>abacavir sulfate tabs 300mg</i> | 1 | QL (60 tabs every 30 days) |
| APRETUDE SUER 600MG/3ML | 3 | QL (2 vials every 90 days) |
| APTIVUS CAPS 250MG | 2 | QL (120 caps every 30 days) |
| <i>atazanavir sulfate caps 150mg, 300mg</i> | 1 | QL (30 caps every 30 days) |
| <i>atazanavir sulfate caps 200mg</i> | 1 | QL (60 caps every 30 days) |
| <i>darunavir tabs 600mg</i> | 1 | QL (60 tabs every 30 days) |

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|---|------------------|--------------------------------------|
| <i>darunavir tabs 800mg</i> | 1 | QL (30 tabs every 30 days) |
| EDURANT TABS 25MG | 2 | QL (60 tabs every 30 days) |
| <i>efavirenz caps 50mg, 200mg</i> | 1 | QL (90 caps every 30 days) |
| <i>efavirenz tabs 600mg</i> | 1 | QL (30 tabs every 30 days) |
| <i>emtricitabine caps 200mg</i> | 1 | QL (30 caps every 30 days) |
| EMTRIVA SOLN 10MG/ML | 2 | QL (680 ml every 28 days) |
| <i>etravirine tabs 100mg</i> | 1 | QL (120 tabs every 30 days) |
| <i>etravirine tabs 200mg</i> | 1 | QL (60 tabs every 30 days) |
| <i>fosamprenavir calcium tabs 700mg</i> | 1 | QL (120 tabs every 30 days) |
| FUZEON SOLR 90MG | 3 | SGM, PA, QL (60 vials every 30 days) |
| INTELENCE TABS 25MG | 2 | QL (120 tabs every 30 days) |
| ISENTRESS CHEW 25MG, 100MG | 2 | QL (180 tabs every 30 days) |
| ISENTRESS PACK 100MG | 2 | QL (60 packets every 30 days) |
| ISENTRESS TABS 400MG | 2 | QL (120 tabs every 30 days) |
| ISENTRESS HD TABS 600MG | 2 | QL (60 tabs every 30 days) |
| <i>lamivudine soln 10mg/ml</i> | 1 | QL (960 ml every 30 days) |
| <i>lamivudine tabs 150mg</i> | 1 | QL (60 tabs every 30 days) |
| <i>lamivudine tabs 300mg</i> | 1 | QL (30 tabs every 30 days) |
| LEXIVA SUSP 50MG/ML | 2 | QL (1575 mL every 28 days) |
| <i>maraviroc tabs 150mg</i> | 1 | QL (60 tabs every 30 days) |
| <i>maraviroc tabs 300mg</i> | 1 | QL (120 tabs every 30 days) |
| <i>nevirapine susp 50mg/5ml</i> | 1 | QL (1200 mL every 30 days) |
| <i>nevirapine tabs 200mg</i> | 1 | QL (60 tabs every 30 days) |
| <i>nevirapine tb24 100mg</i> | 1 | QL (90 tabs every 30 days) |
| <i>nevirapine tb24 400mg</i> | 1 | QL (30 tabs every 30 days) |
| NORVIR PACK 100MG | 2 | QL (360 packets every 30 days) |
| PREZISTA SUSP 100MG/ML | 2 | QL (400 ml every 30 days) |
| PREZISTA TABS 75MG | 2 | QL (300 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| PREZISTA TABS 150MG | 2 | QL (180 tabs every 30 days) |
| REYATAZ PACK 50MG | 2 | QL (180 packets every 30 days) |
| <i>ritonavir tabs 100mg</i> | 1 | QL (360 tabs every 30 days) |
| SELZENTRY SOLN 20MG/ML | 2 | QL (1840 mL every 30 days) |
| SELZENTRY TABS 25MG | 2 | QL (240 tabs every 30 days) |
| SELZENTRY TABS 75MG | 2 | QL (60 tabs every 30 days) |
| <i>stavudine caps 15mg, 20mg, 30mg, 40mg</i> | 1 | QL (60 caps every 30 days) |
| <i>tenofovir disoproxil fumarate tabs 300mg</i> | 1 | QL (30 tabs every 30 days) |
| TIVICAY TABS 10MG | 2 | QL (240 tabs every 30 days) |
| TIVICAY TABS 25MG, 50MG | 2 | QL (60 tabs every 30 days) |
| TIVICAY PD TBSO 5MG | 2 | QL (360 tabs every 30 days) |
| TROGARZO SOLN 200MG/1.33ML | 3 | M |
| TYBOST TABS 150MG | 2 | QL (30 tabs every 30 days) |
| VIRACEPT TABS 250MG | 2 | QL (300 tabs every 30 days) |
| VIRACEPT TABS 625MG | 2 | QL (120 tabs every 30 days) |
| VIREAD POWD 40MG/GM | 2 | QL (240 gm every 30 days) |
| VIREAD TABS 150MG, 200MG, 250MG | 2 | QL (30 tabs every 30 days) |
| <i>zidovudine caps 100mg</i> | 1 | QL (180 caps every 30 days) |
| <i>zidovudine syrp 50mg/5ml</i> | 1 | QL (1920 ml every 30 days) |
| <i>zidovudine tabs 300mg</i> | 1 | QL (60 tabs every 30 days) |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 1 | QL (30 tabs every 30 days) |
| BIKTARVY TAB | 2 | QL (30 tabs every 30 days) |
| CABENUVA SUS 400-600 | 3 | SGM, PA, QL (1 kit every 30 days) |
| CABENUVA SUS 600-900 | 3 | SGM, PA, QL (1 kit every 30 days) |
| CIMDUO TAB 300-300 | 2 | QL (30 tabs every 30 days) |
| DESCOVY TAB 120-15MG | 2 | QL (30 tabs every 30 days) |

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|---|------------------|---|
| DESCOVY TAB 200/25MG | 2 | QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis |
| DOVATO TAB 50-300MG | 2 | QL (30 tabs every 30 days) |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 1 | QL (30 tabs every 30 days) |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 1 | QL (30 tabs every 30 days) |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 1 | QL (30 tabs every 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 1 | QL (30 tabs every 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 1 | QL (30 tabs every 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 1 | QL (30 tabs every 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 1 | QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis |
| EVOTAZ TAB 300-150 | 2 | QL (30 tabs every 30 days) |
| GENVOYA TAB | 2 | QL (30 tabs every 30 days) |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 1 | QL (60 tabs every 30 days) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 1 | QL (480 ml every 30 days) |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 1 | QL (300 tabs every 30 days) |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 1 | QL (120 tabs every 30 days) |
| ODEFSEY TAB | 2 | QL (30 tabs every 30 days) |
| PREZCOBIX TAB 800-150 | 2 | QL (30 tabs every 30 days) |
| TRIUMEQ PD TAB | 3 | QL (180 tabs every 30 days) |
| TRIUMEQ TAB | 3 | QL (30 tabs every 30 days) |
| ANTITUBERCULAR AGENTS | | |
| <i>cycloserine caps 250mg</i> | 1 | |
| <i>ethambutol hcl tabs 100mg, 400mg</i> | 1 | |
| <i>isoniazid syrup 50mg/5ml; tabs 100mg, 300mg</i> | 1 | |
| PRETOMANID TABS 200MG | 3 | PA |
| PRIFTIN TABS 150MG | 2 | |

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|---|------------------|--|
| <i>pyrazinamide tabs 500mg</i> | 1 | |
| <i>rifabutin caps 150mg</i> | 1 | |
| <i>rifampin caps 150mg, 300mg</i> | 1 | |
| SIRTURO TABS 20MG, 100MG | 3 | PA |
| TRECTOR TABS 250MG | 2 | |
| ANTIVIRALS§ | | |
| <i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i> | 1 | |
| <i>famciclovir tabs 125mg, 250mg, 500mg</i> | 1 | |
| <i>oseltamivir phosphate caps 30mg</i> | 1 | QL (40 caps every 90 days) |
| <i>oseltamivir phosphate caps 45mg, 75mg</i> | 1 | QL (20 caps every 90 days) |
| <i>oseltamivir phosphate susr 6mg/ml</i> | 1 | QL (360 mL every 90 days) |
| PAXLOVID TAB 150-100 | 3 | QL (40 tabs every 30 days) |
| PAXLOVID TAB 300-100 | 3 | QL (60 tabs every 30 days) |
| RELENZA DISKHALER AEPB 5MG/BLISTER | 2 | QL (2 inhalers every 90 days) |
| <i>rimantadine hydrochloride tabs 100mg</i> | 1 | |
| <i>valacyclovir hcl tabs 500mg, 1000mg</i> | 1 | |
| <i>valganciclovir hcl solr 50mg/ml</i> | 3 | PA, QL (1000 mL every 30 days) |
| <i>valganciclovir hcl tabs 450mg</i> | 3 | PA, QL (120 tabs every 30 days) |
| CEPHALOSPORINS | | |
| <i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i> | 1 | |
| <i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i> | 1 | |
| <i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i> | 1 | |
| <i>cefepime hcl solr 1gm, 2gm</i> | 1 | |
| <i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i> | 1 | |
| <i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i> | 1 | |
| <i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i> | 1 | |
| <i>ceftazidime solr 2gm</i> | 1 | |
| <i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i> | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy **M** - Medical Benefit

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>ceftriaxone sodium solr 10gm</i> | 1 | QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days |
| <i>cefuroxime axetil tabs 250mg, 500mg</i> | 1 | |
| <i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i> | 1 | |
| SUPRAX CHEW 100MG, 200MG; SUSR 500MG/5ML | 2 | |
| <i>tazicef solr 1gm</i> | 1 | |
| ERYTHROMYCINS/MACROLIDES | | |
| <i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i> | 1 | |
| <i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i> | 1 | |
| DIFICID SUSR 40MG/ML; TABS 200MG | 2 | PA |
| <i>ery-tab tbec 250mg, 333mg, 500mg</i> | 1 | |
| <i>erythrocin stearate tabs 250mg</i> | 1 | |
| <i>erythromycin base cpep 250mg; tabs 250mg, 500mg</i> | 1 | |
| <i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i> | 1 | |
| FLUOROQUINOLONES | | |
| BAXDELA TABS 450MG | 3 | |
| CIPRO SUSR 500MG/5ML | 3 | |
| <i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i> | 1 | |
| <i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i> | 1 | |
| <i>moxifloxacin hcl tabs 400mg</i> | 1 | |
| <i>ofloxacin tabs 300mg, 400mg</i> | 1 | |
| HEPATITIS B | | |
| <i>adefovir dipivoxil tabs 10mg</i> | 3 | |
| BARACLUDE SOLN .05MG/ML | 3 | PA, QL (630 mL every 30 days) |
| <i>entecavir tabs .5mg, 1mg</i> | 3 | PA, QL (30 tabs every 30 days) |
| <i>lamivudine (hbv) tabs 100mg</i> | 1 | |
| VEMLIDY TABS 25MG | 3 | PA, QL (30 tabs every 30 days) |
| HEPATITIS C | | |
| EPCLUSA PAK 150-37.5 | 3 | SGM, PA, QL (28 pellets every 28 days) |

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Medical Benefit

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| EPCLUSA PAK 200-50MG | 3 | SGM, PA, QL (56 pellets every 28 days) |
| EPCLUSA TAB 200-50MG | 3 | SGM, PA, QL (28 tabs every 28 days) |
| EPCLUSA TAB 400-100 | 3 | SGM, PA, QL (28 tabs every 28 days) |
| HARVONI PAK | 3 | SGM, PA, QL (28 pellets every 28 days) |
| HARVONI PAK 45-200MG | 3 | SGM, PA, QL (56 pellets every 28 days) |
| HARVONI TAB 45-200MG | 3 | SGM, PA, QL (28 tabs every 28 days) |
| HARVONI TAB 90-400MG | 3 | SGM, PA, QL (28 tabs every 28 days) |
| PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML | 3 | SGM, PA |
| <i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i> | 1 | SGM, PA |
| SOVALDI PACK 150MG | 3 | SGM, ST, PA, QL (28 pellets every 28 days) |
| SOVALDI PACK 200MG | 3 | SGM, ST, PA, QL (56 pellets every 28 days) |
| SOVALDI TABS 200MG, 400MG | 3 | SGM, ST, PA, QL (28 tabs every 28 days) |
| VOSEVI TAB | 3 | SGM, PA, QL (28 tabs every 28 days) |
| ZEPATIER TAB 50-100MG | 3 | SGM, ST, PA, QL (28 tabs every 28 days) |
| MISCELLANEOUS | | |
| ALINIA SUSR 100MG/5ML | 3 | QL (540 mL every 30 days) |
| <i>atovaquone susp 750mg/5ml</i> | 1 | |
| <i>aztreonam solr 1gm, 2gm</i> | 1 | |
| <i>clindamycin hcl caps 75mg, 150mg, 300mg</i> | 1 | |
| <i>clindamycin palmitate hydrochloride solr 75mg/5ml</i> | 1 | |
| <i>dapsone tabs 25mg, 100mg</i> | 1 | |
| <i>ertapenem sodium solr 1gm</i> | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| <i>linezolid susr 100mg/5ml; tabs 600mg</i> | 1 | |
| <i>methenamine hippurate tabs 1gm</i> | 1 | |
| <i>metronidazole caps 375mg; tabs 250mg, 500mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>nitazoxanide tabs 500mg</i> | 1 | QL (20 tabs every 30 days) |
| <i>nitrofurantoin susp 25mg/5ml</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin monohyd macro caps 100mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>pentamidine isethionate solr 300mg</i> | 1 | |
| <i>pyrimethamine tabs 25mg</i> | 3 | PA |
| <i>trimethoprim tabs 100mg</i> | 1 | |
| <i>vancomycin hcl caps 125mg, 250mg</i> | 1 | QL (80 caps every 10 days) |

PENICILLINS

| | | |
|---|---|--|
| <i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i> | 1 | |
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 1 | |
| <i>ampicillin caps 500mg</i> | 1 | |
| <i>dicloxacillin sodium caps 250mg, 500mg</i> | 1 | |
| <i>penicillin g potassium solr 5000000unit, 20000000unit</i> | 1 | |
| <i>penicillin g sodium solr 5000000unit</i> | 1 | |
| <i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i> | 1 | |
| <i>pfizerpen solr 20000000unit</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| TETRACYCLINES | | |
| <i>avidoxy tabs 100mg</i> | 1 | |
| <i>demeclocycline hcl tabs 150mg, 300mg</i> | 1 | |
| <i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i> | 1 | |
| <i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i> | 1 | |
| <i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i> | 1 | |
| <i>tetracycline hcl caps 250mg, 500mg</i> | 1 | QL (120 caps every 30 days) |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| <i>busulfan soln 6mg/ml</i> | 1 | |
| <i>carmustine solr 100mg</i> | 1 | |
| <i>cyclophosphamide caps 25mg, 50mg</i> | 1 | |
| <i>cyclophosphamide solr 1gm, 2gm, 500mg</i> | 3 | |
| <i>dacarbazine solr 100mg, 200mg</i> | 1 | |
| EMCYT CAPS 140MG | 3 | |
| GLEOSTINE CAPS 10MG, 40MG, 100MG | 3 | |
| GLIADEL WAF 7.7MG | 2 | |
| <i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i> | 1 | |
| LEUKERAN TABS 2MG | 2 | |
| MATULANE CAPS 50MG | 2 | |
| <i>melphalan tabs 2mg</i> | 1 | |
| TEMODAR SOLR 100MG | 3 | SGM, PA |
| <i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i> | 3 | SGM, PA |
| ANTIBIOTICS | | |
| <i>adriamycin solr 50mg</i> | 1 | |
| <i>bleomycin sulfate solr 15unit, 30unit</i> | 1 | |
| <i>daunorubicin hcl soln 20mg/4ml</i> | 1 | |
| <i>doxorubicin hcl soln 2mg/ml; solr 10mg</i> | 1 | |
| <i>doxorubicin hcl liposomal inj 2mg/ml</i> | 1 | |
| <i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i> | 1 | |
| <i>mitomycin solr 5mg, 20mg, 40mg</i> | 1 | |
| <i>mitoxantrone hcl conc 2mg/ml</i> | 3 | |
| ANTIMETABOLITES | | |
| <i>azacitidine susr 100mg</i> | 3 | SGM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| <i>capecitabine tabs 150mg, 500mg</i> | 3 | SGM, PA |
| <i>cladribine soln 10mg/10ml</i> | 1 | |
| <i>clofarabine soln 1mg/ml</i> | 1 | |
| <i>cytarabine soln 20mg/ml, 100mg/ml</i> | 1 | |
| <i>decitabine solr 50mg</i> | 3 | SGM, PA |
| <i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i> | 1 | |
| <i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i> | 1 | |
| <i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i> | 3 | |
| <i>mercaptopurine tabs 50mg</i> | 1 | |
| <i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i> | 1 | |
| <i>pemetrexed disodium solr 100mg, 500mg</i> | 3 | |
| TABLOID TABS 40MG | 2 | |
| ANTIMITOTIC, TAXOIDS | | |
| <i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i> | 1 | |
| <i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i> | 1 | |
| ANTIMITOTIC, VINCA ALKALOIDS | | |
| <i>vinblastine sulfate soln 1mg/ml</i> | 1 | |
| <i>vincristine sulfate soln 1mg/ml</i> | 1 | |
| <i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i> | 1 | |
| ANTINEOPLASTIC, BCL-2 INHIBITORS | | |
| VENCLEXTA TABS 10MG, 50MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| VENCLEXTA TABS 100MG | 3 | SGM, PA, QL (180 tabs every 30 days) |
| VENCLEXTA TAB START PK | 3 | SGM, PA, QL (1 pack every 28 days) |
| BIOLOGIC RESPONSE MODIFIERS | | |
| ERBITUX SOLN 100MG/50ML, 200MG/100ML | 3 | SGM, PA |
| ERIVEDGE CAPS 150MG | 3 | SGM, PA, QL (30 caps every 30 days) |
| GAZYVA SOLN 1000MG/40ML | 3 | SGM, PA |
| KADCYLA SOLR 100MG, 160MG | 3 | SGM, PA |
| KEYTRUDA SOLN 100MG/4ML | 3 | SGM, PA |
| PADCEV SOLR 20MG | 3 | SGM, PA, QL (21 vials every 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| PADCEV SOLR 30MG | 3 | SGM, PA, QL (15 vials every 28 days) |
| POLIVY SOLR 30MG, 140MG | 3 | SGM, PA |
| POMALYST CAPS 1MG, 2MG, 3MG, 4MG | 3 | SGM, PA, QL (21 caps every 28 days) |
| REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG | 3 | SGM, PA, QL (28 caps every 28 days) |
| REVLIMID CAPS 20MG, 25MG | 3 | SGM, PA, QL (21 caps every 28 days) |
| THALOMID CAPS 50MG, 100MG | 3 | SGM, PA, QL (28 caps every 28 days) |
| THALOMID CAPS 150MG, 200MG | 3 | SGM, PA, QL (56 caps every 28 days) |
| TICE BCG SUSR 50MG | 2 | |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate tabs 250mg</i> | 3 | SGM, PA, QL (120 tabs every 30 days) |
| <i>abiraterone acetate tabs 500mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| <i>anastrozole tabs 1mg</i> | 1 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>bicalutamide tabs 50mg</i> | 1 | |
| ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG | 3 | SGM, PA |
| ERLEADA TABS 60MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| ERLEADA TABS 240MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| <i>exemestane tabs 25mg</i> | 1 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>fulvestrant sosy 250mg/5ml</i> | 3 | SGM, PA |
| <i>letrozole tabs 2.5mg</i> | 1 | |
| <i>leuprolide acetate kit 1mg/0.2ml</i> | 3 | SGM, PA |
| LYSODREN TABS 500MG | 2 | |
| <i>megestrol acetate tabs 20mg, 40mg</i> | 1 | |
| <i>nilutamide tabs 150mg</i> | 1 | |
| NUBEQA TABS 300MG | 3 | SGM, PA, QL (120 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>tamoxifen citrate tabs 10mg, 20mg</i> | 1 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>toremifene citrate tabs 60mg</i> | 1 | |
| XTANDI CAPS 40MG | 3 | SGM, PA, QL (120 caps every 30 days) |
| XTANDI TABS 40MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| XTANDI TABS 80MG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| YONSA TABS 125MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| KINASE INHIBITORS | | |
| ALECENSA CAPS 150MG | 3 | SGM, PA, QL (240 caps every 30 days) |
| CABOMETYX TABS 20MG, 40MG, 60MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| CALQUENCE TABS 100MG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| CAPRELSA TABS 100MG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| CAPRELSA TABS 300MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| COMETRIQ KIT 20MG | 3 | SGM, PA, QL (1 kit every 28 days) |
| COMETRIQ KIT 100MG | 3 | SGM, PA, QL (1 kit every 28 days) |
| COMETRIQ KIT 140MG | 3 | SGM, PA, QL (1 kit every 28 days) |
| <i>erlotinib hcl tabs 25mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| <i>erlotinib hcl tabs 100mg, 150mg</i> | 3 | SGM, PA, QL (30 tabs every 30 days) |
| <i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i> | 3 | SGM, PA, QL (30 tabs every 30 days) |
| <i>everolimus tbso 2mg, 5mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| <i>everolimus tbso 3mg</i> | 3 | SGM, PA, QL (90 tabs every 30 days) |
| <i>imatinib mesylate tabs 100mg</i> | 3 | SGM, PA, QL (120 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>imatinib mesylate tabs 400mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| IMBRUVICA CAPS 70MG | 3 | SGM, PA, QL (30 caps every 30 days) |
| IMBRUVICA CAPS 140MG | 3 | SGM, PA, QL (90 caps every 30 days) |
| IMBRUVICA SUSP 70MG/ML | 3 | SGM, PA, QL (216 ml every 36 days) |
| IMBRUVICA TABS 140MG, 280MG, 420MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| INLYTA TABS 1MG | 3 | SGM, PA, QL (240 tabs every 30 days) |
| INLYTA TABS 5MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| KISQALI TBPK 200MG | 3 | SGM, PA, QL (21 tabs every 28 days); 200 mg dose |
| KISQALI TBPK 200MG | 3 | SGM, PA, QL (42 tabs every 28 days); 400 mg dose |
| KISQALI TBPK 200MG | 3 | SGM, PA, QL (63 tabs every 28 days); 600 mg dose |
| <i>lapatinib ditosylate tabs 250mg</i> | 3 | SGM, PA, QL (180 tabs every 30 days) |
| LENVIMA 4 MG DAILY DOSE CPPK 4MG | 3 | SGM, PA, QL (30 caps every 30 days) |
| LENVIMA 8 MG DAILY DOSE CPPK 4MG | 3 | SGM, PA, QL (60 caps every 30 days) |
| LENVIMA 10 MG DAILY DOSE CPPK 10MG | 3 | SGM, PA, QL (30 caps every 30 days) |
| LENVIMA 12MG DAILY DOSE CPPK 4MG | 3 | SGM, PA, QL (90 caps every 30 days) |
| LENVIMA 20 MG DAILY DOSE CPPK 10MG | 3 | SGM, PA, QL (60 caps every 30 days) |
| LENVIMA CAP 14 MG | 3 | SGM, PA, QL (60 caps every 30 days) |
| LENVIMA CAP 18 MG | 3 | SGM, PA, QL (90 caps every 30 days) |
| LENVIMA CAP 24 MG | 3 | SGM, PA, QL (90 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| LORBRENA TABS 25MG | 3 | SGM, PA, QL (90 tabs every 30 days) |
| LORBRENA TABS 100MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| MEKINIST SOLR .05MG/ML | 3 | SGM, PA, QL (12 bottles every 28 days) |
| MEKINIST TABS 2MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| MEKINIST TABS .5MG | 3 | SGM, PA, QL (90 tabs every 30 days) |
| <i>pazopanib hcl tabs 200mg</i> | 3 | SGM, PA, QL (120 tabs every 30 days) |
| RYDAPT CAPS 25MG | 3 | SGM, PA, QL (224 caps every 28 days) |
| <i>sorafenib tosylate tabs 200mg</i> | 3 | SGM, PA, QL (120 tabs every 30 days) |
| SPRYCEL TABS 20MG | 3 | SGM, PA, QL (90 tabs every 30 days) |
| SPRYCEL TABS 50MG, 70MG, 80MG, 100MG, 140MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| STIVARGA TABS 40MG | 3 | SGM, PA, QL (84 tabs every 28 days) |
| <i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i> | 3 | SGM, PA, QL (30 caps every 30 days) |
| TAFINLAR CAPS 50MG, 75MG | 3 | SGM, PA, QL (120 caps every 30 days) |
| TAFINLAR TBSO 10MG | 3 | SGM, PA, QL (4 bottles every 28 days) |
| TUKYSA TABS 50MG, 150MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| VERZENIO TABS 50MG, 100MG, 150MG, 200MG | 3 | SGM, PA, QL (56 tabs every 28 days) |
| VITRAKVI CAPS 25MG | 3 | SGM, PA, QL (180 caps every 30 days) |
| VITRAKVI CAPS 100MG | 3 | SGM, PA, QL (60 caps every 30 days) |
| VITRAKVI SOLN 20MG/ML | 3 | SGM, PA, QL (300 mL every 30 days) |
| VOTRIENT TABS 200MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| XALKORI CAPS 200MG, 250MG | 3 | SGM, PA, QL (120 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| XALKORI CPSP 20MG, 50MG | 3 | SGM, PA, QL (120 pellets every 30 days) |
| XALKORI CPSP 150MG | 3 | SGM, PA, QL (180 pellets every 30 days) |
| ZELBORAF TABS 240MG | 3 | SGM, PA, QL (240 tabs every 30 days) |
| ZYDELIG TABS 100MG, 150MG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| ZYKADIA TABS 150MG | 3 | SGM, PA, QL (90 tabs every 30 days) |
| MISCELLANEOUS | | |
| <i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i> | 1 | |
| <i>bexarotene caps 75mg</i> | 3 | SGM, PA |
| <i>hydroxyurea caps 500mg</i> | 1 | |
| IDHIFA TABS 50MG, 100MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| LYNPARZA TABS 100MG, 150MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| NIPENT SOLR 10MG | 2 | |
| ODOMZO CAPS 200MG | 3 | SGM, PA, QL (30 caps every 30 days) |
| ONCASPAR SOLN 750UNIT/ML | 3 | SGM, PA |
| PHOTOFRIN SOLR 75MG | 2 | |
| <i>tretinoin (chemotherapy) caps 10mg</i> | 1 | |
| VISTOGARD PACK 10GM | 3 | QL (20 packets every 5 days) |
| ZEJULA CAPS 100MG | 3 | SGM, PA, QL (90 caps every 30 days) |
| ZEJULA TABS 100MG, 200MG, 300MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| ZOLINZA CAPS 100MG | 3 | SGM, PA, QL (120 caps every 30 days) |
| PLATINUM-BASED AGENTS | | |
| <i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i> | 1 | |
| <i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i> | 1 | |
| <i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i> | 3 | |
| <i>paraplatin soln 1000mg/100ml</i> | 1 | |
| PROTECTIVE AGENTS | | |
| <i>dexrazoxane hcl solr 250mg, 500mg</i> | 1 | |

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QL - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy **M** - Medical Benefit

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i> | 1 | |
| <i>mesna soln 100mg/ml</i> | 1 | |
| MESNEX TABS 400MG | 3 | |
| TOPOISOMERASE INHIBITORS | | |
| <i>etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i> | 1 | |
| <i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i> | 3 | |
| <i>irinotecan hcl soln 300mg/15ml</i> | 1 | |
| <i>topotecan hcl solr 4mg</i> | 1 | |
| CARDIOVASCULAR | | |
| ACE INHIBITOR COMBINATIONS | | |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>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 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy **M** - Medical Benefit

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 1 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i> | 1 | |
| <i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i> | 1 | |
| <i>fosinopril sodium tabs 10mg, 20mg, 40mg</i> | 1 | |
| <i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 1 | |
| <i>moexipril hcl tabs 7.5mg, 15mg</i> | 1 | |
| <i>perindopril erbumine tabs 2mg, 4mg, 8mg</i> | 1 | |
| <i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>trandolapril tabs 1mg, 2mg, 4mg</i> | 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone tabs 25mg, 50mg</i> | 1 | |
| <i>spironolactone tabs 25mg, 50mg, 100mg</i> | 1 | |
| ALPHA BLOCKERS | | |
| <i>prazosin hcl caps 1mg, 2mg, 5mg</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <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 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 1 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> | 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | 1 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> | 1 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | 1 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 1 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 1 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 1 | |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 1 | |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 1 | |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 1 | |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i> | 1 | |
| <i>irbesartan tabs 75mg, 150mg, 300mg</i> | 1 | |

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QL - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy **M** - Medical Benefit

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>losartan potassium tabs 25mg, 50mg, 100mg</i> | 1 | |
| <i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i> | 1 | |
| <i>telmisartan tabs 20mg, 40mg, 80mg</i> | 1 | |
| <i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i> | 1 | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl tabs 200mg, 400mg</i> | 1 | |
| <i>disopyramide phosphate caps 100mg, 150mg</i> | 1 | |
| <i>dofetilide caps 125mcg, 250mcg, 500mcg</i> | 1 | SGM, PA |
| <i>flecainide acetate tabs 50mg, 100mg, 150mg</i> | 1 | |
| MULTAQ TABS 400MG | 3 | PA |
| NORPACE CR CP12 100MG, 150MG | 2 | |
| <i>pacerone tabs 100mg, 200mg</i> | 1 | |
| <i>procainamide hcl soln 100mg/ml</i> | 1 | |
| <i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i> | 1 | |
| <i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i> | 1 | |
| <i>sotalol hcl (afib/afI) tabs 80mg, 120mg, 160mg</i> | 1 | |
| ANTILIPEMICS, BILE ACID RESINS | | |
| <i>cholestyramine pack 4gm; powd 4gm/dose</i> | 1 | |
| <i>cholestyramine light pack 4gm; powd 4gm/dose</i> | 1 | |
| <i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i> | 1 | |
| <i>prevalite powd 4gm/dose</i> | 1 | |
| ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR | | |
| <i>ezetimibe tabs 10mg</i> | 1 | |
| ANTILIPEMICS, FIBRATES | | |
| <i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i> | 1 | |
| <i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i> | 1 | |
| <i>gemfibrozil tabs 600mg</i> | 1 | |
| ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium tabs 10mg, 20mg</i> | 1 | \$0 copay for members age 40 through 75 |
| <i>atorvastatin calcium tabs 40mg, 80mg</i> | 1 | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i> | 1 | \$0 copay for members age 40 through 75 |
| <i>lovastatin tabs 10mg, 20mg, 40mg</i> | 1 | \$0 copay for members age 40 through 75 |
| <i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i> | 1 | \$0 copay for members age 40 through 75 |
| <i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i> | 1 | \$0 copay for members age 40 through 75 |
| <i>rosuvastatin calcium tabs 5mg, 10mg</i> | 1 | \$0 copay for members age 40 through 75 |
| <i>rosuvastatin calcium tabs 20mg, 40mg</i> | 1 | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| <i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i> | 1 | \$0 copay for members age 40 through 75 |
| <i>simvastatin tabs 80mg</i> | 1 | ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS | | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 1 | |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i> | 1 | |
| ANTILIPEMICS, OMEGA-3 FATTY ACIDS | | |
| <i>icosapent ethyl caps 1gm</i> | 1 | Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia |
| <i>icosapent ethyl caps .5gm</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 1 | |
| ANTILIPEMICS, PCSK9 INHIBITORS | | |
| REPATHA SOSY 140MG/ML | 2 | QL (3 syringes every 28 days) |
| REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML | 2 | QL (1 injection every 28 days) |
| REPATHA SURECLICK SOAJ 140MG/ML | 2 | QL (3 pens every 28 days) |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 1 | |
| BETA-BLOCKERS | | |
| <i>acebutolol hcl caps 200mg, 400mg</i> | 1 | |
| <i>atenolol tabs 25mg, 50mg, 100mg</i> | 1 | |
| <i>betaxolol hcl tabs 10mg, 20mg</i> | 1 | |
| <i>bisoprolol fumarate tabs 5mg, 10mg</i> | 1 | |
| <i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i> | 1 | |
| <i>labetalol hcl tabs 100mg, 200mg, 300mg</i> | 1 | |
| <i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i> | 1 | |
| <i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i> | 1 | |
| <i>nadolol tabs 20mg, 40mg, 80mg</i> | 1 | |
| <i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i> | 1 | |
| <i>pindolol tabs 5mg, 10mg</i> | 1 | |
| <i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i> | 1 | |
| <i>timolol maleate tabs 5mg, 10mg, 20mg</i> | 1 | |
| CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS | | |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> | 1 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> | 1 | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i> | 1 | |
| <i>dilt-xr cp24 120mg, 180mg, 240mg</i> | 1 | |
| <i>diltiazem hcl cp12 60mg, 90mg, 120mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg</i> | 1 | |
| <i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i> | 1 | |
| <i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i> | 1 | |
| <i>felodipine tb24 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>isradipine caps 2.5mg, 5mg</i> | 1 | |
| <i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i> | 1 | |
| <i>nicardipine hcl caps 20mg, 30mg</i> | 1 | |
| <i>nifedipine tb24 30mg, 60mg, 90mg</i> | 1 | |
| <i>nimodipine caps 30mg</i> | 1 | |
| <i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i> | 1 | |
| <i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg | 1 | |
| DIGITALIS GLYCOSIDES | | |
| digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg | 1 | |
| DIRECT RENIN INHIBITORS/COMBINATIONS | | |
| aliskiren fumarate tabs 150mg, 300mg | 1 | |
| DIURETICS | | |
| acetazolamide cp12 500mg; tabs 125mg, 250mg | 1 | |
| amiloride & hydrochlorothiazide tab 5-50 mg | 1 | |
| amiloride hcl tabs 5mg | 1 | |
| bumetanide tabs .5mg, 1mg, 2mg | 1 | |
| chlorthalidone tabs 25mg, 50mg | 1 | |
| DIURIL SUSP 250MG/5ML | 3 | |
| ethacrynic acid tabs 25mg | 3 | |
| furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg | 1 | |
| hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg | 1 | |
| indapamide tabs 1.25mg, 2.5mg | 1 | |
| mannitol soln 20%, 25% | 1 | |
| methazolamide tabs 25mg, 50mg | 1 | |
| metolazone tabs 2.5mg, 5mg, 10mg | 1 | |
| osmitrol viaflex soln 10% | 1 | |
| spironolactone & hydrochlorothiazide tab 25-25 mg | 1 | |
| toremide tabs 5mg, 10mg, 20mg, 100mg | 1 | |
| triamterene caps 50mg, 100mg | 1 | |
| triamterene & hydrochlorothiazide cap 37.5-25 mg | 1 | |
| triamterene & hydrochlorothiazide tab 37.5-25 mg | 1 | |
| triamterene & hydrochlorothiazide tab 75-50 mg | 1 | |
| HEART FAILURE | | |
| ENTRESTO TAB 24-26MG | 2 | |
| ENTRESTO TAB 49-51MG | 2 | |
| ENTRESTO TAB 97-103MG | 2 | |
| isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| MISCELLANEOUS | | |
| <i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i> | 1 | |
| <i>clonidine hcl tabs .1mg, .2mg, .3mg</i> | 1 | |
| <i>guanfacine hcl tabs 1mg, 2mg</i> | 1 | |
| <i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i> | 1 | |
| <i>methyldopa tabs 250mg, 500mg</i> | 1 | |
| <i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>minoxidil tabs 2.5mg, 10mg</i> | 1 | |
| <i>phenoxybenzamine hcl caps 10mg</i> | 3 | PA, QL (360 caps every 30 days) |
| <i>ranolazine tb12 500mg, 1000mg</i> | 1 | ST; PA** |
| NITRATES | | |
| <i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i> | 1 | |
| <i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i> | 1 | |
| <i>NITRO-DUR PT24 .3MG/HR, .8MG/HR</i> | 2 | |
| <i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i> | 1 | |
| PULMONARY ARTERIAL HYPERTENSION | | |
| <i>ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG</i> | 3 | SGM, PA, QL (90 tabs every 30 days) |
| <i>ambisentan tabs 5mg, 10mg</i> | 3 | SGM, PA, QL (30 tabs every 30 days) |
| <i>bosentan tabs 62.5mg, 125mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| <i>OPSUMIT TABS 10MG</i> | 3 | SGM, PA, QL (30 tabs every 30 days) |
| <i>ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG</i> | 3 | SGM, PA |
| <i>ORENITRAM TAB MONTH 1</i> | 3 | SGM, PA |
| <i>ORENITRAM TAB MONTH 2</i> | 3 | SGM, PA |
| <i>ORENITRAM TAB MONTH 3</i> | 3 | SGM, PA |
| <i>REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML</i> | 3 | SGM, PA |
| <i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i> | 3 | SGM, PA |
| <i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i> | 3 | SGM, PA, QL (360 tabs every 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>tadalafil (pulmonary hypertension) tabs 20mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| TYVASO SOLN .6MG/ML | 3 | SGM, PA, QL (28 ampules every 28 days) |
| TYVASO REFILL SOLN .6MG/ML | 3 | SGM, PA, QL (28 ampules every 28 days) |
| TYVASO STARTER SOLN .6MG/ML | 3 | SGM, PA, QL (28 ampules every 28 days) |
| UPTRAVI SOLR 1800MCG | 3 | SGM, PA |
| UPTRAVI TABS 200MCG | 3 | SGM, PA, QL (140 tabs every 28 days) |
| UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| UPTRAVI PACK TAB 200/800 | 3 | SGM, PA, QL (1 pack every 28 days) |
| VENTAVIS SOLN 10MCG/ML, 20MCG/ML | 3 | SGM, PA, QL (270 ampules every 30 days) |

CENTRAL NERVOUS SYSTEM**ALCOHOL DETERRENTS**

| | | |
|--------------------------------------|---|--|
| <i>acamprosate calcium tbc 333mg</i> | 1 | |
| <i>disulfiram tabs 250mg, 500mg</i> | 1 | |

ANTI-ANXIETY

| | | |
|--|---|---|
| <i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i> | 1 | QL (150 tabs every 30 days) |
| ALPRAZOLAM INTENSOL CONC 1MG/ML | 2 | QL (300 mL every 30 days) |
| <i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i> | 1 | |
| <i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i> | 1 | QL (360 caps every 30 days) |
| <i>clomipramine hcl caps 25mg, 50mg</i> | 1 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| <i>clomipramine hcl caps 75mg</i> | 1 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| <i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i> | 1 | |
| <i>lorazepam conc 2mg/ml</i> | 1 | QL (150 mL every 30 days) |
| <i>lorazepam tabs .5mg, 1mg, 2mg</i> | 1 | QL (150 tabs every 30 days) |
| <i>meprobamate tabs 200mg, 400mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>oxazepam caps 10mg, 15mg, 30mg</i> | 1 | QL (120 caps every 30 days) |
| ANTIDEMENTIA | | |
| <i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i> | 1 | |
| <i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i> | 1 | |
| <i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i> | 1 | |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 1 | |
| <i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i> | 1 | |
| <i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i> | 1 | |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl tabs 10mg</i> | 1 | QL (150 tabs every 30 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tabs 25mg</i> | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tabs 50mg</i> | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i> | 1 | PA; High strength requires PA for members age 65 and older |
| <i>amoxapine tabs 25mg, 50mg, 100mg</i> | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| <i>amoxapine tabs 150mg</i> | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| <i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i> | 1 | |
| <i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i> | 1 | |
| <i>desipramine hcl tabs 10mg, 25mg, 50mg</i> | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>imipramine pamoate caps 125mg, 150mg</i> | 1 | PA; High strength requires PA for members age 65 and older |
| MARPLAN TABS 10MG | 3 | |
| <i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i> | 1 | |
| <i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i> | 1 | |
| <i>nortriptyline hcl caps 10mg</i> | 1 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl caps 25mg</i> | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl caps 50mg</i> | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl caps 75mg</i> | 1 | PA; High strength requires PA for members age 65 and older |
| <i>nortriptyline hcl soln 10mg/5ml</i> | 1 | QL (750 mL every 30 days); QL applies to members age 65 and older |
| <i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i> | 1 | |
| <i>phenelzine sulfate tabs 15mg</i> | 1 | |
| <i>protriptyline hcl tabs 5mg</i> | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| <i>protriptyline hcl tabs 10mg</i> | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| <i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i> | 1 | |
| <i>tranylcypromine sulfate tabs 10mg</i> | 1 | |
| <i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i> | 1 | |
| <i>trimipramine maleate caps 25mg, 50mg</i> | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| <i>trimipramine maleate caps 100mg</i> | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| TRINTELLIX TABS 5MG, 10MG, 20MG | 3 | ST; PA** |
| <i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i> | 1 | |
| VIIBRYD KIT STARTER | 3 | |
| <i>vilazodone hcl tabs 10mg, 20mg, 40mg</i> | 1 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i> | 1 | |
| APOKYN SOCT 30MG/3ML | 3 | SGM, PA, QL (20 cartridges every 30 days) |
| <i>benztropine mesylate tabs .5mg, 1mg, 2mg</i> | 1 | |
| <i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i> | 1 | |
| <i>carbidopa tabs 25mg</i> | 1 | |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 1 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150- 200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200- 200 mg</i> | 1 | |
| <i>entacapone tabs 200mg</i> | 1 | |
| INBRIJA CAPS 42MG | 3 | SGM, PA, QL (300 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR | 2 | |
| ONGENTYS CAPS 25MG, 50MG | 3 | PA |
| <i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i> | 1 | |
| <i>rasagiline mesylate tabs .5mg, 1mg</i> | 1 | |
| <i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i> | 1 | |
| <i>selegiline hcl caps 5mg; tabs 5mg</i> | 1 | |
| <i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i> | 1 | |
| ANTIPSYCHOTICS | | |
| <i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i> | 1 | |
| ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML | 2 | |
| ARISTADA INITIO PRSY 675MG/2.4ML | 2 | |
| <i>asenapine maleate subl 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i> | 1 | |
| <i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i> | 1 | |
| <i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i> | 1 | |
| <i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i> | 1 | |
| <i>haloperidol lactate conc 2mg/ml</i> | 1 | |
| <i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i> | 1 | |
| <i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i> | 1 | |
| <i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i> | 1 | |
| <i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i> | 1 | |
| <i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i> | 1 | |
| <i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i> | 1 | |
| <i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i> | 1 | |
| <i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i> | 1 | |
| <i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i> | 1 | |
| VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG | 2 | ST; PA** |
| VRAYLAR CAP 1.5-3MG | 2 | ST; PA** |
| <i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i> | 1 | |
| ANTISEIZURE AGENTS§ | | |
| <i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i> | 1 | |
| <i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i> | 1 | |
| <i>clonazepam tabs .5mg, 1mg, 2mg</i> | 1 | |
| <i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i> | 1 | QL (180 tabs every 30 days) |
| <i>diazepam soln 5mg/5ml</i> | 1 | QL (1200 mL every 30 days) |
| <i>diazepam soln 5mg/ml</i> | 1 | |
| <i>diazepam tabs 2mg, 5mg, 10mg</i> | 1 | QL (120 tabs every 30 days) |
| <i>diazepam intensol conc 5mg/ml</i> | 1 | QL (240 mL every 30 days) |
| <i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i> | 1 | |
| <i>epitol tabs 200mg</i> | 1 | |
| <i>ethosuximide caps 250mg; soln 250mg/5ml</i> | 1 | |
| <i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i> | 1 | |
| <i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i> | 1 | |
| FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG | 3 | |
| <i>gabapentin caps 100mg, 300mg, 400mg</i> | 1 | QL (6 caps every day) |
| <i>gabapentin soln 250mg/5ml</i> | 1 | QL (72 mL every day) |
| <i>gabapentin tabs 600mg</i> | 1 | QL (6 tabs every day) |
| <i>gabapentin tabs 800mg</i> | 1 | QL (4 tabs every day) |
| <i>lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i> | 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 soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i> | 1 | |
| <i>methsuximide caps 300mg</i> | 1 | |
| NAYZILAM SOLN 5MG/0.1ML | 2 | QL (10 units every 30 days) |
| <i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i> | 1 | |
| <i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i> | 1 | |
| <i>phenytoin susp 125mg/5ml</i> | 1 | |
| <i>phenytoin infatabs chew 50mg</i> | 1 | |
| <i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i> | 1 | |
| <i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i> | 1 | ST; PA** |
| <i>primidone tabs 50mg, 250mg</i> | 1 | |
| <i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i> | 1 | |
| <i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i> | 1 | |
| <i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i> | 1 | |
| <i>valproate sodium soln 250mg/5ml</i> | 1 | |
| <i>valproic acid caps 250mg</i> | 1 | |
| <i>vigabatrin pack 500mg</i> | 3 | SGM, PA, QL (180 packets every 30 days) |
| <i>vigabatrin tabs 500mg</i> | 3 | SGM, PA, QL (180 tabs every 30 days) |
| XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG | 2 | |
| XCOPRI PAK 12.5-25 | 2 | |
| XCOPRI PAK 50-100MG | 2 | |
| XCOPRI PAK 100-150 | 2 | |
| XCOPRI PAK 150-200 | 2 | |
| <i>zonisamide caps 25mg, 50mg, 100mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| ATTENTION DEFICIT HYPERACTIVITY DISORDERS | | |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> | 1 | QL (90 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 1 | QL (90 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 1 | QL (30 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 1 | QL (30 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 1 | QL (30 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 1 | QL (30 caps every 30 days) |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 1 | QL (90 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 1 | QL (90 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 1 | QL (90 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 1 | QL (90 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 1 | QL (60 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 1 | QL (60 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 1 | QL (30 tabs every 30 days) |
| <i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i> | 1 | |
| AZSTARYS CAP 26.1-5.2 | 2 | QL (30 caps every 30 days) |
| AZSTARYS CAP 39.2-7.8 | 2 | QL (30 caps every 30 days) |
| AZSTARYS CAP 52.3-10. | 2 | QL (30 caps every 30 days) |
| <i>dexamethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i> | 1 | QL (60 caps every 30 days) |
| <i>dexamethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i> | 1 | QL (30 caps every 30 days) |
| <i>dexamethylphenidate hcl tabs 2.5mg, 5mg</i> | 1 | QL (120 tabs every 30 days) |
| <i>dexamethylphenidate hcl tabs 10mg</i> | 1 | QL (60 tabs every 30 days) |
| <i>dextroamphetamine sulfate cp24 5mg, 10mg</i> | 1 | QL (120 caps every 30 days) |
| <i>dextroamphetamine sulfate cp24 15mg</i> | 1 | QL (60 caps every 30 days) |
| <i>dextroamphetamine sulfate soln 5mg/5ml</i> | 1 | QL (1,200 mL every 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>doxepin hcl (sleep) tabs 3mg, 6mg</i> | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| <i>estazolam tabs 1mg, 2mg</i> | 3 | QL (15 tabs every 30 days) |
| <i>eszopiclone tabs 1mg, 2mg, 3mg</i> | 1 | QL (15 tabs every 30 days) |
| <i>ramelteon tabs 8mg</i> | 1 | QL (15 tabs every 30 days) |
| <i>tasimelteon caps 20mg</i> | 3 | SGM, PA, QL (30 caps every 30 days) |
| <i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i> | 1 | QL (15 caps every 30 days) |
| <i>triazolam tabs .125mg, .25mg</i> | 3 | QL (10 tabs every 30 days) |
| <i>zaleplon caps 5mg, 10mg</i> | 1 | QL (15 caps every 30 days) |
| <i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i> | 1 | QL (15 tabs every 30 days) |
| MIGRAINES | | |
| AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML | 2 | ST, QL (3 injections every 90 days); PA** |
| <i>almotriptan malate tabs 6.25mg, 12.5mg</i> | 1 | QL (12 tabs every 30 days) |
| <i>dihydroergotamine mesylate soln 1mg/ml</i> | 1 | |
| <i>eletriptan hydrobromide tabs 20mg, 40mg</i> | 1 | QL (12 tabs every 30 days) |
| EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML | 2 | ST, QL (2 injections every 30 days); PA** |
| EMGALITY SOSY 100MG/ML | 2 | ST, QL (3 injections every 30 days); PA** |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 3 | |
| <i>frovatriptan succinate tabs 2.5mg</i> | 1 | QL (18 tabs every 30 days) |
| <i>naratriptan hcl tabs 1mg, 2.5mg</i> | 1 | QL (12 tabs every 30 days) |
| QULIPTA TABS 10MG, 30MG, 60MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| <i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i> | 1 | QL (18 tabs every 30 days) |
| <i>sumatriptan soln 5mg/act</i> | 1 | QL (24 sprays every 30 days) |
| <i>sumatriptan soln 20mg/act</i> | 1 | QL (12 sprays every 30 days) |
| <i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i> | 1 | QL (18 syringes every 30 days) |
| <i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml</i> | 1 | QL (12 units every 30 days) |
| <i>sumatriptan succinate soln 6mg/0.5ml</i> | 1 | QL (12 vials every 30 days) |
| <i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i> | 1 | QL (12 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>sumatriptan-naproxen sodium tab 85-500 mg</i> | 3 | ST, QL (9 tabs every 30 days); PA** |
| UBRELVY TABS 50MG, 100MG | 2 | ST, QL (16 tabs every 30 days); PA** |
| <i>zolmitriptan soln 5mg</i> | 1 | QL (12 sprays every 30 days) |
| <i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i> | 1 | QL (12 tabs every 30 days) |
| MISCELLANEOUS | | |
| EVRYSDI SOLR .75MG/ML | 3 | SGM, PA, QL (2 bottles every 24 days) |
| <i>lithium soln 8meq/5ml</i> | 1 | |
| <i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i> | 1 | |
| <i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg</i> | 1 | |
| <i>riluzole tabs 50mg</i> | 1 | |
| MOVEMENT DISORDERS | | |
| <i>tetrabenazine tabs 12.5mg</i> | 3 | SGM, PA, QL (120 tabs every 30 days) |
| <i>tetrabenazine tabs 25mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| MULTIPLE SCLEROSIS AGENTS | | |
| BETASERON KIT .3MG | 3 | SGM, PA, QL (14 injections every 28 days) |
| COPAXONE SOSY 40MG/ML | 3 | SGM, PA, QL (12 syringes every 28 days) |
| <i>dalfampridine tb12 10mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| <i>dimethyl fumarate cpdr 120mg</i> | 3 | SGM, PA, QL (14 caps every 28 days) |
| <i>dimethyl fumarate cpdr 240mg</i> | 3 | SGM, PA, QL (60 caps every 30 days) |
| <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> | 3 | SGM, PA, QL (1 kit every 30 days) |
| <i>fingolimod hcl caps .5mg</i> | 3 | SGM, PA, QL (30 caps every 30 days) |
| <i>glatiramer acetate sosy 40mg/ml</i> | 2 | SGM, PA, QL (12 syringes every 28 days) |
| <i>glatopa sosy 20mg/ml</i> | 2 | SGM, PA, QL (30 injections every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>teriflunomide tabs 7mg, 14mg</i> | 3 | SGM, PA, QL (30 tabs every 30 days) |
| TYSABRI CONC 300MG/15ML | 3 | SGM, PA, QL (1 vial every 28 days) |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen tabs 5mg, 10mg, 20mg</i> | 1 | |
| <i>carisoprodol tabs 350mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>chlorzoxazone tabs 500mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyclobenzaprine hcl tabs 5mg, 10mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dantrolene sodium caps 25mg, 50mg, 100mg</i> | 1 | |
| <i>metaxalone tabs 800mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>methocarbamol tabs 500mg, 750mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>norgesic</i> | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>orphenadrine citrate soln 60mg/2ml</i> | 1 | |
| <i>orphenadrine citrate tb12 100mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>tizanidine hcl tabs 2mg, 4mg</i> | 1 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil tabs 50mg</i> | 1 | PA, QL (60 tabs every 30 days) |
| <i>armodafinil tabs 150mg, 200mg, 250mg</i> | 1 | PA, QL (30 tabs every 30 days) |
| <i>modafinil tabs 100mg, 200mg</i> | 1 | PA, QL (60 tabs every 30 days) |
| SODIUM OXYBATE SOLN 500MG/ML | 3 | SGM, PA, QL (540mL every 30 days) |
| SUNOSI TABS 75MG, 150MG | 2 | PA, QL (30 tabs every 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>perphenazine-amitriptyline tab 2-25 mg</i> | 3 | QL (60 units every 30 days); QL applies to members age 65 and older |
| <i>perphenazine-amitriptyline tab 4-10 mg</i> | 3 | QL (120 units every 30 days); QL applies to members age 65 and older |
| <i>perphenazine-amitriptyline tab 4-25 mg</i> | 3 | QL (60 units every 30 days); QL applies to members age 65 and older |
| <i>perphenazine-amitriptyline tab 4-50 mg</i> | 3 | QL (30 units every 30 days); QL applies to members age 65 and older |
| <i>pimozide tabs 1mg, 2mg</i> | 1 | |
| SMOKING DETERRENTS | | |
| <i>bupropion hcl (smoking deterrent) tb12 150mg</i> | 0 | \$0 limited to 2 treatment cycles/year |
| <i>goodsense nicotine polacr gum 4mg; lozg 4mg</i> | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i> | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg</i> | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine step 3 pt24 7mg/24hr</i> | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| NICOTROL INHALER INHA 10MG | 0 | QL (max 168 days every year); \$0 limited to 2 treatment cycles/year |
| NICOTROL NS SOLN 10MG/ML | 0 | QL (max 168 days every year); \$0 limited to 2 treatment cycles/year |
| <i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i> | 0 | OTC; \$0 limited to 2 treatment cycles/year |
| <i>varenicline tartrate tabs .5mg, 1mg</i> | 0 | \$0 limited to 2 treatment cycles/year |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | 0 | \$0 limited to 2 treatment cycles/year |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC TESTS | | |
| FREESTYLE BLOOD GLUCOSE TEST STRIPS | 2 | QL (150 Test Strips every 30 days), OTC |
| PRECISION TES XTRA | 2 | QL (150 Test Strips every 30 days), OTC |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| JANUMET XR TAB 50-1000 | 2 | ST; PA** |
| JANUMET XR TAB 100-1000 | 2 | ST; PA** |
| JENTADUETO TAB XR | 3 | ST; PA** |
| ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS^ | | |
| <i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i> | 1 | ST; PA** |
| JANUVIA TABS 25MG, 50MG, 100MG | 2 | ST; PA** |
| ANTIDIABETICS, INCRETIN MIMETIC AGENTS^ | | |
| MOUNJARO SOPN 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML | 2 | ST, QL (4 pens every 28 days); PA** |
| OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML | 2 | ST, QL (3 mL every 28 days); PA** |
| TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | 2 | ST, QL (4 pens every 28 days); PA** |
| VICTOZA SOPN 18MG/3ML | 2 | ST, QL (3 pens every 30 days); PA** |
| ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS^ | | |
| SOLIQUA INJ 100/33 | 2 | ST; PA** |
| XULTOPHY INJ 100/3.6 | 2 | ST; PA** |
| ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION^ | | |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 1 | |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 1 | |
| ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION^ | | |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i> | 1 | |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i> | 1 | |
| ANTIDIABETICS, INSULIN SENSITIZER^ | | |
| <i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i> | 1 | |
| ANTIDIABETICS, INSULIN^ | | |
| BASAGLAR KWIKPEN SOPN 100UNIT/ML | 2 | |
| BASAGLAR TEMPO PEN SOPN 100UNIT/ML | 2 | |
| FIASP SOLN 100UNIT/ML | 2 | |
| FIASP FLEXTOUCH SOPN 100UNIT/ML | 2 | |
| FIASP PENFILL SOCT 100UNIT/ML | 2 | |
| HUMULIN INJ 70/30 | 3 | OTC |
| HUMULIN INJ 70/30KWP | 3 | OTC |
| HUMULIN N SUSP 100UNIT/ML | 3 | OTC |
| HUMULIN N KWIKPEN SUPN 100UNIT/ML | 3 | OTC |
| HUMULIN R SOLN 100UNIT/ML | 3 | OTC |
| HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML | 2 | |
| LEVEMIR SOLN 100UNIT/ML | 2 | |
| LEVEMIR FLEXPEN SOPN 100UNIT/ML | 2 | |
| NOVOLIN INJ 70/30 | 2 | OTC; RELION not covered |
| NOVOLIN INJ 70/30 FP | 2 | OTC; RELION not covered |
| NOVOLIN N SUSP 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN N FLEXPEN SUPN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN R SOLN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN R FLEXPEN SOPN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLOG SOLN 100UNIT/ML | 2 | |
| NOVOLOG FLEXPEN SOPN 100UNIT/ML | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| NOVOLOG PENFILL SOCT 100UNIT/ML | 2 | |
| TRESIBA SOLN 100UNIT/ML | 2 | |
| TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML | 2 | |
| ANTIDIABETICS, MEGLITINIDE^ | | |
| <i>nateglinide tabs 60mg, 120mg</i> | 1 | |
| <i>repaglinide tabs .5mg, 1mg, 2mg</i> | 1 | |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS^ | | |
| SYNJARDY TAB | 2 | ST; PA** |
| SYNJARDY TAB 5-500MG | 2 | ST; PA** |
| SYNJARDY TAB 5-1000MG | 2 | ST; PA** |
| SYNJARDY TAB 12.5-500 | 2 | ST; PA** |
| SYNJARDY XR TAB | 2 | ST; PA** |
| SYNJARDY XR TAB 5-1000MG | 2 | ST; PA** |
| SYNJARDY XR TAB 10-1000 | 2 | ST; PA** |
| SYNJARDY XR TAB 25-1000 | 2 | ST; PA** |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS^ | | |
| GLYXAMBI TAB 10-5 MG | 2 | ST; PA** |
| GLYXAMBI TAB 25-5 MG | 2 | ST; PA** |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS^ | | |
| JARDIANCE TABS 10MG, 25MG | 2 | ST; PA** |
| ANTIDIABETICS, SULFONYLUREA^ | | |
| <i>glimepiride tabs 1mg, 2mg, 4mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| <i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i> | 1 | |
| CALCIUM RECEPTOR AGONISTS | | |
| <i>cinacalcet hcl tabs 30mg, 60mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| <i>cinacalcet hcl tabs 90mg</i> | 3 | SGM, PA, QL (120 tabs every 30 days) |
| CALCIUM REGULATORS, BISPHOSPHONATES | | |
| <i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i> | 1 | |
| FOSAMAX + D TAB 70-2800 | 3 | ST; PA** |
| FOSAMAX + D TAB 70-5600 | 3 | ST; PA** |
| <i>ibandronate sodium tabs 150mg</i> | 1 | |
| <i>pamidronate disodium soln 30mg/10ml</i> | 1 | |
| <i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i> | 1 | |
| <i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i> | 3 | SGM, PA |
| CALCIUM REGULATORS, MISCELLANEOUS | | |
| <i>calcitonin (salmon) soln 200unit/act</i> | 1 | |
| PROLIA SOSY 60MG/ML | 3 | SGM, PA, QL (60mg every 24 weeks) |
| CALCIUM REGULATORS, PARATHYROID HORMONES | | |
| TYMLOS SOPN 3120MCG/1.56ML | 3 | SGM, PA, QL (1 pen every 30 days) |
| CHELATING AGENTS | | |
| CHEMET CAPS 100MG | 3 | |
| <i>deferiprone tabs 500mg, 1000mg</i> | 3 | SGM, PA |
| FERRIPROX SOLN 100MG/ML | 3 | SGM, PA |
| FERRIPROX TWICE-A-DAY TABS 1000MG | 3 | SGM, PA |
| <i>penicillamine tabs 250mg</i> | 3 | PA |
| CONTRACEPTIVES | | |
| In accordance with the Comprehensive Contraception Coverage Act (CCCA), contraceptives may be dispensed as a 12-month supply at one time | | |
| <i>altavera</i> | 0 | |
| <i>alyacen 1/35</i> | 0 | |
| <i>alyacen 7/7/7</i> | 0 | |
| <i>amethyst</i> | 0 | |
| ANNOVERA MIS | 0 | QL (1 every 300 days) |
| <i>apri</i> | 0 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|
| <i>aranelle</i> | 0 | |
| <i>ashlyna</i> | 0 | |
| <i>aviane</i> | 0 | |
| <i>azurette</i> | 0 | |
| <i>camila tabs .35mg</i> | 0 | |
| <i>camrese</i> | 0 | |
| CAYA DPR | 0 | QL (1 every 300 days) |
| <i>chateal eq</i> | 0 | |
| CONDOMS MIS | 0 | QL (12 condoms every 30 days), OTC |
| <i>cryselle-28</i> | 0 | |
| <i>dasetta 1/35</i> | 0 | |
| <i>dasetta 7/7/7</i> | 0 | |
| <i>delyla</i> | 0 | |
| DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML | 0 | QL (4 inj every 300 days) |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> | 0 | |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> | 0 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 0 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 0 | |
| DUREX MIS REALFEEL | 0 | QL (12 condoms every 30 days), OTC |
| <i>elinest</i> | 0 | |
| ELLA TABS 30MG | 0 | |
| <i>enpresse-28</i> | 0 | |
| <i>enskyce</i> | 0 | |
| <i>errin tabs .35mg</i> | 0 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 0 | |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> | 0 | QL (13 every 300 days) |
| <i>falmina</i> | 0 | |
| FC2 FEMALE MIS CONDOM | 0 | QL (12 condoms every 30 days), OTC |
| FEMCAP MIS 22MM | 0 | QL (1 every 300 days) |
| FEMCAP MIS 26MM | 0 | QL (1 every 300 days) |
| FEMCAP MIS 30MM | 0 | QL (1 every 300 days) |
| <i>gemmily</i> | 0 | |
| <i>heather tabs .35mg</i> | 0 | |
| <i>introvale</i> | 0 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>jolessa</i> | 0 | |
| <i>junel 1.5/30</i> | 0 | |
| <i>junel 1/20</i> | 0 | |
| <i>junel fe 1.5/30</i> | 0 | |
| <i>junel fe 1/20</i> | 0 | |
| <i>junel fe 24</i> | 0 | |
| <i>kariva</i> | 0 | |
| <i>kelnor 1/35</i> | 0 | |
| <i>kurvelo</i> | 0 | |
| KYLEENA IUD 19.5MG | 0 | QL (1 every 300 days) |
| <i>larin 1.5/30</i> | 0 | |
| <i>leena</i> | 0 | |
| <i>lessina</i> | 0 | |
| <i>levonest</i> | 0 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 0 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 0 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 0 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 0 | |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> | 0 | |
| <i>levora 0.15/30-28</i> | 0 | |
| LILETTA IUD 20.1MCG/DAY | 0 | QL (1 every 300 days) |
| LO LOESTRIN TAB 1-10-10 | 0 | |
| <i>loryna</i> | 0 | |
| <i>low-ogestrel</i> | 0 | |
| <i>lutra</i> | 0 | |
| <i>marlissa</i> | 0 | |
| <i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i> | 0 | QL (4 inj every 300 days) |
| <i>microgestin 1.5/30</i> | 0 | |
| MIRENA IUD 20MCG/DAY | 0 | QL (1 every 300 days) |
| <i>mono-lynyah</i> | 0 | |
| NATAZIA TAB | 0 | |
| <i>necon 0.5/35-28</i> | 0 | |
| NEXPLANON IMPL 68MG | 0 | QL (1 every 300 days) |
| NEXTSTELLIS TAB 3-14.2MG | 0 | |
| <i>nikki</i> | 0 | |
| <i>nora-be tabs .35mg</i> | 0 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 0 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 0 | |
| <i>norethindrone (contraceptive) tabs .35mg</i> | 0 | |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 0 | |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> | 0 | |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> | 0 | |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 0 | |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 0 | |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 0 | |
| <i>nortrel 0.5/35 (28)</i> | 0 | |
| <i>nortrel 1/35</i> | 0 | |
| <i>nortrel 7/7/7</i> | 0 | |
| <i>nylia 1/35</i> | 0 | |
| <i>ocella</i> | 0 | |
| OMNIFLEX DPR | 0 | QL (1 every 300 days) |
| OPILL TABS .075MG | 0 | OTC |
| PARAGARD IUD T380A | 0 | QL (1 unit every 300 days) |
| <i>portia-28</i> | 0 | |
| <i>reclipsen</i> | 0 | |
| <i>rivelsa</i> | 0 | |
| SKYLA IUD 13.5MG | 0 | QL (1 every 300 days) |
| SLYND TABS 4MG | 0 | |
| <i>sprintec 28</i> | 0 | |
| <i>sronyx</i> | 0 | |
| <i>syeda</i> | 0 | |
| <i>take action tabs 1.5mg</i> | 0 | OTC |
| <i>tilia fe</i> | 0 | |
| <i>tri-linyah</i> | 0 | |
| <i>tri-sprintec</i> | 0 | |
| <i>trivora-28</i> | 0 | |
| TRUSTEX/RIA MIS NON-LUB | 0 | QL (12 condoms every 30 days), OTC |
| TRUSTX NON-9 MIS RIB/STUD | 0 | QL (12 condoms every 30 days), OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|------------------------------|
| TWIRLA DIS 120-30 | 0 | |
| TYBLUME CHW 0.1-0.02 | 0 | |
| <i>velivet</i> | 0 | |
| <i>viorele</i> | 0 | |
| <i>vyfemla</i> | 0 | |
| <i>wera</i> | 0 | |
| WIDE-SEAL SILICONE DIAPHR DPRH 2% | 0 | QL (1 every 300 days) |
| <i>xulane</i> | 0 | |
| <i>zovia 1/35</i> | 0 | |
| DIABETIC SUPPLIES^ | | |
| ALCOHOL PREP PAD | 2 | OTC |
| AUTOLET PLAT MIS 1.8MM | 2 | OTC |
| BLOOD GLUCOSE CALIBRATION SOLUTION | 2 | OTC |
| DEXCOM G5 MIS RECEIVER | 2 | |
| DEXCOM G5 MIS TRANSMIT | 2 | |
| DEXCOM G6 MIS RECEIVER | 2 | |
| DEXCOM G6 MIS SENSOR | 2 | QL (3 sensors every 30 days) |
| DEXCOM G6 MIS TRANSMIT | 2 | |
| DEXCOM G7 MIS RECEIVER | 2 | |
| DEXCOM G7 MIS SENSOR | 2 | QL (3 sensors every 30 days) |
| GLUCOSE URINE TEST STRIPS | 2 | OTC |
| INSULIN PEN NEEDLES | 2 | OTC |
| INSULIN PEN NEEDLES/SYRINGES | 2 | OTC |
| KETONE URINE TEST STRIPS | 2 | OTC |
| LANCETS | 2 | OTC |
| LANCING DEVICE | 2 | OTC |
| NOVOFINE PEN NEEDLES | 2 | OTC |
| OMNIPOD 5 G6 KIT INTRO | 2 | |
| OMNIPOD 5 G6 MIS PODS | 2 | |
| OMNIPOD 5 G7 KIT INTRO | 2 | |
| OMNIPOD 5 G7 MIS PODS | 2 | |
| OMNIPOD DASH KIT INTRO | 2 | |
| OMNIPOD DASH KIT PDM | 2 | |
| OMNIPOD DASH MIS PODS | 2 | |
| OMNIPOD MIS CLASSIC | 2 | |
| OMNIPOD PDM KIT CLASSIC | 2 | |
| SHARPS CONTAINER | 2 | OTC |
| URINE GLUCOSE MONITORING SUPPLIES | 2 | OTC |
| URINE TEST STRIPS | 2 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| V-GO 20 KIT | 2 | |
| V-GO 30 KIT | 2 | |
| V-GO 40 KIT | 2 | |
| ENDOMETRIOSIS | | |
| <i>danazol caps 50mg, 100mg, 200mg</i> | 1 | |
| ORILISSA TABS 150MG, 200MG | 2 | |
| ENZYME REPLACEMENTS | | |
| <i>betaine anhy pow</i> | 3 | SGM, PA |
| CERDELGA CAPS 84MG | 3 | SGM, PA, QL (56 caps every 28 days) |
| <i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i> | 3 | SGM, PA |
| ESTROGENS | | |
| CLIMARA PRO DIS WEEKLY | 2 | |
| DUAVEE TAB 0.45-20 | 2 | |
| <i>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</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 1 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 1 | |
| <i>estradiol vaginal crea .1mg/gm</i> | 1 | |
| IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG | 2 | |
| IMVEXXY STARTER PACK INST 4MCG, 10MCG | 2 | |
| <i>jinteli</i> | 1 | |
| MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>mimvey</i> | 1 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 1 | |
| PREMARIN CREA .625MG/GM | 3 | |
| PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>yuvaferm tabs 10mcg</i> | 1 | |
| FERTILITY REGULATORS | | |
| CHORIONIC GONADOTROPIN SOLR 10000UNIT | 3 | SGM, PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>clomid tabs 50mg</i> | 1 | |
| GANIRELIX ACETATE SOSY 250MCG/0.5ML | 3 | SGM, PA |
| GONAL-F SOLR 450UNIT | 3 | SGM, PA, QL (10 vials every 28 days) |
| GONAL-F SOLR 1050UNIT | 3 | SGM, PA, QL (6 vials every 28 days) |
| GONAL-F RFF SOLR 75UNIT | 3 | SGM, PA, QL (60 vials every 28 days) |
| GONAL-F RFF REDIJECT SOPN 300UNIT/0.5ML | 3 | SGM, PA, QL (15 cartridges every 28 days) |
| GONAL-F RFF REDIJECT SOPN 450UNT/0.75ML | 3 | SGM, PA, QL (10 cartridges every 28 days) |
| GONAL-F RFF REDIJECT SOPN 900UNIT/1.5ML | 3 | SGM, PA, QL (7 cartridges every 28 days) |
| OVIDREL INJ 250MCG/0.5ML | 3 | SGM, PA |
| GLUCOCORTICOIDS | | |
| <i>deflazacort tabs 6mg</i> | 3 | SGM, PA, QL (60 tabs every 30 days) |
| <i>deflazacort tabs 18mg, 30mg, 36mg</i> | 3 | SGM, PA, QL (30 tabs every 30 days) |
| <i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i> | 1 | |
| DEXAMETHASONE INTENSOL CONC 1MG/ML | 2 | |
| EMFLAZA SUSP 22.75MG/ML | 3 | SGM, PA, QL (52 mL every 30 days) |
| EMFLAZA TABS 6MG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| EMFLAZA TABS 18MG, 30MG, 36MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| <i>fludrocortisone acetate tabs .1mg</i> | 1 | |
| <i>hydrocortisone tabs 5mg, 10mg, 20mg</i> | 1 | |
| MEDROL TABS 2MG | 2 | |
| <i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i> | 1 | |
| <i>prednisolone soln 15mg/5ml</i> | 1 | |
| <i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i> | 1 | |
| <i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i> | 1 | |
| PREDNISONE INTENSOL CONC 5MG/ML | 2 | |
| GLUCOSE ELEVATING AGENTS^ | | |
| <i>glucagon (rdna) kit 1mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML | 2 | |
| GVOKE KIT SOLN 1MG/0.2ML | 2 | |
| GVOKE PFS SOSY .5MG/0.1ML, 1MG/0.2ML | 2 | |
| INSTA-GLUCOSE GEL 77.4% | 2 | OTC |
| HEREDITARY TYROSINEMIA TYPE 1 AGENTS | | |
| <i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i> | 3 | SGM, PA |
| ORFADIN CAPS 20MG; SUSP 4MG/ML | 3 | SGM, PA |
| HUMAN GROWTH HORMONES | | |
| GENOTROPIN CART 5MG, 12MG | 3 | SGM, PA |
| GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG | 3 | SGM, PA |
| NORDIPEN 5 MIS DEVICE | 2 | |
| NORDIPEN DEL MIS SYSTEM | 2 | OTC |
| NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML | 3 | SGM, PA |
| LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS | | |
| SYNAREL SOLN 2MG/ML | 3 | PA |
| TRIPTODUR SRER 22.5MG | 3 | SGM, PA |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA TABS 10MG, 20MG | 3 | PA |
| MISCELLANEOUS | | |
| <i>cabergoline tabs .5mg</i> | 1 | |
| CYSTAGON CAPS 50MG, 150MG | 3 | SGM, PA |
| INCRELEX SOLN 40MG/4ML | 3 | SGM, PA |
| INTRAROSA INST 6.5MG | 3 | |
| <i>mifepristone tabs 200mg</i> | 1 | |
| OSPHENA TABS 60MG | 3 | PA |
| <i>raloxifene hcl tabs 60mg</i> | 1 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| SUPPRELIN LA KIT 50MG | 3 | SGM, PA |
| <i>tolvaptan tabs 15mg, 30mg</i> | 3 | SGM, PA |
| PHOSPHATE BINDER AGENTS | | |
| <i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i> | 1 | |
| <i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg | 1 | |
| VELPHORO CHEW 500MG | 2 | |
| POTASSIUM-REMOVING AGENTS | | |
| sps susp 15gm/60ml | 1 | |
| PROGESTINS | | |
| CRINONE GEL 4%, 8% | 2 | |
| medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg | 1 | |
| megestrol acetate susp 40mg/ml | 1 | |
| norethindrone acetate tabs 5mg | 1 | |
| progesterone caps 100mg, 200mg | 1 | |
| THYROID AGENTS | | |
| levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| liothyronine sodium tabs 5mcg, 25mcg, 50mcg | 1 | |
| methimazole tabs 5mg, 10mg | 1 | |
| propylthiouracil tabs 50mg | 1 | |
| SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG | 2 | |
| unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg | 1 | |
| VASOPRESSINS | | |
| desmopressin acetate tabs .1mg, .2mg | 1 | |
| desmopressin acetate spray soln .01% | 1 | |
| desmopressin acetate spray refrigerated soln .01% | 1 | |
| GASTROINTESTINAL | | |
| ANTICHOLINERGICS | | |
| dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg | 1 | |
| glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg | 1 | |
| methscopolamine bromide tabs 2.5mg, 5mg | 1 | PA; High Risk Medications require PA for members age 70 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ANTIDIARRHEALS | | |
| <i>cvs anti-diarrheal tabs 2mg</i> | 1 | OTC |
| <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 caps 2mg</i> | 1 | |
| MOTOFEN TAB 1-0.025 | 3 | |
| ANTIEMETICS§ | | |
| AKYNZEO CAP 300-0.5 | 3 | QL (2 caps every 28 days) |
| <i>aprepitant caps 40mg</i> | 1 | QL (3 caps every 180 days) |
| <i>aprepitant caps 80mg</i> | 1 | QL (4 caps every 28 days) |
| <i>aprepitant caps 125mg</i> | 1 | QL (2 caps every 28 days) |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 1 | QL (2 packs every 28 days) |
| <i>compro supp 25mg</i> | 1 | |
| <i>dronabinol caps 2.5mg, 5mg, 10mg</i> | 1 | QL (60 caps every 30 days) |
| <i>granisetron hcl tabs 1mg</i> | 1 | QL (12 tabs every 28 days) |
| <i>meclizine hcl tabs 12.5mg, 25mg</i> | 1 | |
| <i>metoclopramide hcl soln 10mg/10ml; tabs 5mg, 10mg</i> | 1 | |
| <i>ondansetron tbdp 4mg, 8mg</i> | 1 | QL (18 tabs every 28 days) |
| <i>ondansetron hcl soln 4mg/5ml</i> | 1 | QL (200 mL every 28 days) |
| <i>ondansetron hcl tabs 4mg, 8mg</i> | 1 | QL (18 tabs every 28 days) |
| <i>ondansetron hcl tabs 24mg</i> | 1 | QL (2 tabs every 28 days) |
| <i>prochlorperazine supp 25mg</i> | 1 | |
| <i>prochlorperazine maleate tabs 5mg, 10mg</i> | 1 | |
| <i>promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethazine hcl supp 12.5mg, 25mg</i> | 1 | |
| <i>promethegan supp 12.5mg, 25mg, 50mg</i> | 1 | |
| SANCUSO PTCH 3.1MG/24HR | 2 | QL (2 patches every 28 days) |
| <i>scopolamine pt72 1mg/3days</i> | 1 | |
| <i>trimethobenzamide hcl caps 300mg</i> | 1 | |
| VARUBI TBPk 90MG | 2 | |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i> | 1 | |
| <i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i> | 1 | |
| <i>nizatidine caps 150mg, 300mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium caps 750mg</i> | 1 | |
| <i>budesonide cpep 3mg; tb24 9mg</i> | 1 | |
| DIPENTUM CAPS 250MG | 3 | PA |
| <i>hydrocortisone (intrarectal) enem 100mg/60ml</i> | 1 | |
| <i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i> | 1 | |
| <i>mesalamine w/ cleanser kit 4gm</i> | 1 | |
| <i>sulfasalazine tabs 500mg; tbec 500mg</i> | 1 | |
| IRRITABLE BOWEL SYNDROME WITH CONSTIPATION | | |
| LINZESS CAPS 72MCG, 145MCG, 290MCG | 2 | |
| <i>lubiprostone caps 8mcg, 24mcg</i> | 1 | |
| IRRITABLE BOWEL SYNDROME WITH DIARRHEA | | |
| <i>alosectron hcl tabs .5mg, 1mg</i> | 1 | PA |
| VIBERZI TABS 75MG, 100MG | 2 | PA |
| LAXATIVES | | |
| CLENPIQ SOL | 0 | \$0 copay for members age 45 through 75, Tier 2 for all others |
| <i>enulose soln 10gm/15ml</i> | 1 | |
| <i>gavilyte-c</i> | 1 | |
| <i>gavilyte-g</i> | 1 | |
| <i>generlac soln 10gm/15ml</i> | 1 | |
| <i>lactulose soln 10gm/15ml</i> | 1 | |
| OSMOPREP TAB 1.5GM | 3 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 1 | |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 1 | |
| PEG-PREP KIT | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| PLENVU SOL | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| <i>polyethylene glycol 3350 powd 17gm/scoop</i> | 1 | OTC |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 0 | \$0 copay for members age 45 through 75, otherwise not covered |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| SUFLAVE SOL | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| SUTAB TAB | 0 | \$0 copay for members age 45 through 75, otherwise not covered |
| MISCELLANEOUS | | |
| <i>misoprostol tabs 100mcg, 200mcg</i> | 1 | |
| MOVANTIK TABS 12.5MG, 25MG | 2 | |
| SUCRAID SOLN 8500UNIT/ML | 3 | PA, QL (354 mL every 30 days) |
| <i>sucralfate tabs 1gm</i> | 1 | |
| <i>ursodiol caps 300mg; tabs 250mg, 500mg</i> | 1 | |
| PANCREATIC ENZYMES | | |
| CREON CAP 3000UNIT | 2 | PA |
| CREON CAP 6000UNIT | 2 | PA |
| CREON CAP 12000UNIT | 2 | PA |
| CREON CAP 24000UNIT | 2 | PA |
| CREON CAP 36000UNIT | 2 | PA |
| VIOKACE TAB 10440 | 2 | PA |
| VIOKACE TAB 20880 | 2 | PA |
| ZENPEP CAP 3000UNIT | 2 | PA |
| ZENPEP CAP 5000UNIT | 2 | PA |
| ZENPEP CAP 10000UNIT | 2 | PA |
| ZENPEP CAP 15000UNIT | 2 | PA |
| ZENPEP CAP 20000UNIT | 2 | PA |
| ZENPEP CAP 25000UNIT | 2 | PA |
| ZENPEP CAP 40000UNIT | 2 | PA |
| ZENPEP CAP 60000UNIT | 2 | PA |
| PROTON PUMP INHIBITORS§ | | |
| <i>cvs omeprazole/sodium bic</i> | 1 | QL (90 caps every 365 days), OTC |
| <i>esomeprazole magnesium cpdr 20mg, 40mg</i> | 1 | QL (90 caps every 365 days) |
| <i>esomeprazole magnesium pack 10mg</i> | 1 | QL (90 packets every 365 days); Covered for age less than 1 year only |
| <i>esomeprazole magnesium tbec 20mg</i> | 1 | QL (90 tabs every 365 days), OTC |
| <i>goodsense lansoprazole cpdr 15mg</i> | 1 | QL (90 caps every 365 days), OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>kls esomeprazole magnesi</i> cpdr 20mg | 1 | QL (90 caps every 365 days), OTC |
| <i>lansoprazole</i> cpdr 15mg, 30mg | 1 | QL (90 caps every 365 days) |
| NEXIUM PACK 2.5MG, 5MG | 3 | QL (90 packets every 365 days); Covered for age less than 1 year only |
| NEXIUM 24HR CPDR 20MG | 1 | QL (90 caps every 365 days), OTC |
| <i>omeprazole</i> cpdr 10mg, 20mg, 40mg | 1 | QL (90 caps every 365 days) |
| <i>omeprazole tbec</i> 20mg | 1 | QL (90 tabs every 365 days), OTC |
| <i>omeprazole magnesium</i> cpdr 20.6mg | 1 | QL (90 caps every 365 days), OTC |
| <i>pantoprazole sodium tbec</i> 20mg, 40mg | 1 | QL (90 tabs every 365 days) |
| <i>rabeprazole sodium tbec</i> 20mg | 1 | QL (90 tabs every 365 days) |
| RECTAL, CORTICOSTEROIDS | | |
| <i>hydrocortisone (rectal) crea</i> 1%, 2.5% | 1 | |
| ULCER THERAPY COMBINATIONS | | |
| <i>amoxicil cap & clarithro tab & lansopraz cap dr</i> 500 & 500 & 30mg | 1 | |
| HELIDAC MIS THERAPY | 3 | |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl tb24</i> 10mg | 1 | |
| CARDURA XL TB24 4MG, 8MG | 3 | ST; PA** |
| <i>doxazosin mesylate tabs</i> 1mg, 2mg, 4mg, 8mg | 1 | |
| <i>dutasteride caps</i> .5mg | 1 | |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | 1 | |
| <i>finasteride tabs</i> 5mg | 1 | |
| <i>silodosin caps</i> 4mg, 8mg | 1 | |
| <i>tadalafil tabs</i> 2.5mg, 5mg | 1 | PA, QL (30 tabs every 30 days) |
| <i>tamsulosin hcl caps</i> .4mg | 1 | |
| <i>terazosin hcl caps</i> 1mg, 2mg, 5mg, 10mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| CONTRACEPTIVES | | |
| In accordance with the Comprehensive Contraception Coverage Act (CCCA), contraceptives may be dispensed as a 12-month supply at one time | | |
| ENCARE SUPP 100MG | 0 | OTC |
| OPTIONS GYNOL II VAGINAL GEL 3% | 0 | OTC |
| PHEXXI GEL | 0 | |
| TODAY SPONGE MISC 1000MG | 0 | OTC |
| VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4% | 0 | OTC |
| MISCELLANEOUS | | |
| <i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i> | 1 | |
| ELMIRON CAPS 100MG | 3 | |
| <i>phenazopyridine tab 95mg tabs 95mg</i> | 1 | OTC |
| <i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i> | 1 | |
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide tb24 7.5mg, 15mg</i> | 1 | |
| <i>fesoterodine fumarate tb24 4mg, 8mg</i> | 1 | |
| GEMTESA TABS 75MG | 3 | |
| MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG | 2 | |
| <i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i> | 1 | |
| <i>solifenacin succinate tabs 5mg, 10mg</i> | 1 | |
| <i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i> | 1 | |
| <i>trospium chloride cp24 60mg; tabs 20mg</i> | 1 | |
| VAGINAL ANTI-INFECTIVES | | |
| CLEOCIN SUPP 100MG | 2 | |
| <i>clindamycin phosphate vaginal crea 2%</i> | 1 | |
| <i>cvs miconazole 1 combinat</i> | 1 | OTC |
| <i>cvs miconazole 3 combinat</i> | 1 | OTC |
| GYNAZOLE-1 CREA 2% | 3 | |
| <i>metronidazole vaginal gel .75%</i> | 1 | |
| <i>miconazole 3 supp 200mg</i> | 1 | |
| <i>miconazole 7 crea 2%</i> | 1 | OTC |
| <i>sm miconazole 3</i> | 1 | OTC |
| <i>terconazole vaginal crea .4%, .8%; supp 80mg</i> | 1 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy **M** -
 Medical Benefit

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

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy **M** - Medical Benefit

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML | 3 | SGM, PA |
| NYVEPRIA SOSY 6MG/0.6ML | 3 | SGM, PA, QL (2 syringes every 28 days) |
| RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML | 3 | SGM, PA |
| HEMOPHILIA A AGENTS | | |
| HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML | 3 | SGM, PA |
| MISCELLANEOUS | | |
| <i>anagrelide hcl caps .5mg, 1mg</i> | 1 | |
| <i>cilostazol tabs 50mg, 100mg</i> | 1 | |
| DROXIA CAPS 200MG, 300MG, 400MG | 2 | |
| <i>pentoxifylline tbc 400mg</i> | 1 | |
| <i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i> | 1 | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 1 | |
| <i>clopidogrel bisulfate tabs 75mg, 300mg</i> | 1 | |
| <i>dipyridamole tabs 25mg, 50mg, 75mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>prasugrel hcl tabs 5mg, 10mg</i> | 1 | |
| YOSPRALA TAB 81-40MG | 3 | |
| YOSPRALA TAB 325-40MG | 3 | |
| THROMBOCYTOPENIA AGENTS | | |
| DOPTELET TABS 20MG | 3 | SGM, PA, QL (1 carton every 5 days) |
| DOPTELET TABS 20MG | 3 | SGM, PA, QL (2 cartons every 30 days) |
| IMMUNOLOGIC AGENTS | | |
| AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED) | | |
| ACTEMRA SOLN 80MG/4ML | 3 | SGM, ST, PA, QL (10 vials every 14 days) |
| ACTEMRA SOLN 200MG/10ML | 3 | SGM, ST, PA, QL (4 vials every 14 days) |
| ACTEMRA SOLN 400MG/20ML | 3 | SGM, ST, PA, QL (2 vials every 14 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| INFLIXIMAB SOLR 100MG | 3 | SGM, PA, QL (5 vials every 42 days) |
| SIMPONI ARIA SOLN 50MG/4ML | 3 | SGM, PA, QL (200 mg every 8 weeks) |
| SKYRIZI SOLN 600MG/10ML | 3 | SGM, PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease |
| AUTOIMMUNE AGENTS (SELF-ADMINISTERED) | | |
| ACTEMRA SOSY 162MG/0.9ML | 3 | SGM, ST, PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 3 | SGM, PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 40MG/0.4ML | 3 | SGM, PA, QL (4 syringes every 28 days) |
| COSENTYX SOSY 75MG/0.5ML, 150MG/ML | 3 | SGM, PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX SOSY 150MG/ML | 3 | SGM, PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML | 3 | SGM, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML | 3 | SGM, PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX UNOREADY SOAJ 300MG/2ML | 3 | SGM, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| ENBREL SOLN 25MG/0.5ML | 3 | SGM, PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ENBREL SOSY 25MG/0.5ML | 3 | SGM, PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SOSY 50MG/ML | 3 | SGM, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL MINI SOCT 50MG/ML | 3 | SGM, PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SURECLICK SOAJ 50MG/ML | 3 | SGM, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| HUMIRA PSKT 10MG/0.1ML | 3 | SGM, PA, QL (2 injections every 28 days) |
| HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | 3 | SGM, PA, QL (4 injections every 28 days) |
| HUMIRA PEDIA INJ CROHNS | 3 | SGM, PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit) |
| HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML | 3 | SGM, PA, QL (Starter pack - initial dose only); (80mg single strength kit) |
| HUMIRA PEN PNKT 40MG/0.4ML | 3 | SGM, PA, QL (4 injections every 28 days) |
| HUMIRA PEN PNKT 40MG/0.8ML | 3 | SGM, PA, QL (4 pens every 28 days) |
| HUMIRA PEN PNKT 80MG/0.8ML | 3 | SGM, PA, QL (2 pens every 28 days) |
| HUMIRA PEN KIT PS/UV | 3 | SGM, PA, QL (Starter pack - initial dose only) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML | 3 | SGM, PA, QL (4 auto-injectors every 28 days) |
| HYRIMOZ SOAJ 80MG/0.8ML | 3 | SGM, PA, QL (2 auto-injectors every 28 days) |
| HYRIMOZ SOSY 10MG/0.1ML | 3 | SGM, PA, QL (2 syringes every 28 days) |
| HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | 3 | SGM, PA, QL (4 syringes every 28 days) |
| HYRIMOZ CROHN'S DISEASE A SOAJ 80MG/0.8ML | 3 | SGM, PA, QL (Starter pack - initial dose only) |
| HYRIMOZ PEDIATRIC CROHNS SOSY 80MG/0.8ML | 3 | SGM, PA, QL (Starter pack - initial dose only) |
| HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML | 3 | SGM, PA, QL (2 auto-injectors every 28 days) |
| HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML | 3 | SGM, PA, QL (Starter pack - initial dose only) |
| HYRIMOZ-PED INJ CROHNS | 3 | SGM, PA, QL (Starter pack - initial dose only) |
| HYRIMOZ-PLAQ INJ PSORIASI | 3 | SGM, PA, QL (Starter pack - initial dose only) |
| KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML | 3 | SGM, PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis |
| KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML | 3 | SGM, PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis |
| OTEZLA TABS 30MG | 3 | SGM, PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| OTEZLA TAB 10/20/30 | 3 | SGM, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| RINVOQ TB24 15MG | 3 | SGM, PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis. |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| RINVOQ TB24 30MG | 3 | SGM, PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis. |
| RINVOQ TB24 45MG | 3 | SGM, PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis. |
| SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML | 3 | SGM, ST, PA, QL (1 injection every 28 days) |
| SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML | 3 | SGM, PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease |
| SKYRIZI SOSY 150MG/ML | 3 | SGM, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |
| SKYRIZI PEN SOAJ 150MG/ML | 3 | SGM, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |
| STELARA SOLN 45MG/0.5ML | 3 | SGM, PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| STELARA SOSY 45MG/0.5ML | 3 | SGM, PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| STELARA SOSY 90MG/ML | 3 | SGM, PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| TALTZ SOAJ 80MG/ML; SOSY 80MG/ML | 3 | SGM, PA, QL (1 injection every 28 days); Preferred agent for Psoriasis |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|------------------|---|
| TREMFYA SOPN 100MG/ML; SOSY 100MG/ML | 3 | SGM, PA, QL (1 injection every 56 days); Preferred agent for Psoriasis |
| XELJANZ SOLN 1MG/ML | 3 | SGM, PA, QL (240 mL every 24 days) |
| XELJANZ TABS 5MG | 3 | SGM, PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |
| XELJANZ TABS 10MG | 3 | SGM, PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis. |
| XELJANZ XR TB24 11MG | 3 | SGM, PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |
| XELJANZ XR TB24 22MG | 3 | SGM, PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis. |

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

| | | |
|--|---|--|
| <i>hydroxychloroquine sulfate tabs 200mg</i> | 1 | |
| <i>leflunomide tabs 10mg, 20mg</i> | 1 | |
| <i>methotrexate sodium tabs 2.5mg</i> | 1 | |

HEREDITARY ANGIOEDEMA

| | | |
|--|---|---|
| HAEGARDA SOLR 2000UNIT, 3000UNIT | 3 | SGM, PA, QL (20 vials every 30 days) |
| <i>icatibant acetate sosy 30mg/3ml</i> | 3 | SGM, PA, QL (45 syringes every 90 days) |

IMMUNOGLOBULIN

| | | |
|--|---|---------|
| CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML | 3 | SGM, PA |
|--|---|---------|

IMMUNOMODULATORS

| | | |
|-----------------------------|---|---------|
| ACTIMMUNE SOLN 100MCG/0.5ML | 3 | SGM, PA |
|-----------------------------|---|---------|

IMMUNOSUPPRESSANTS

| | | |
|--|---|--|
| ASTAGRAF XL CP24 .5MG, 1MG, 5MG | 3 | |
| <i>azathioprine tabs 50mg</i> | 1 | |
| CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG | 3 | |
| CELLCEPT INTRAVENOUS SOLR 500MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>cyclosporine caps 25mg, 100mg; soln 50mg/ml</i> | 1 | |
| <i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i> | 1 | |
| ENVARUSUS XR TB24 .75MG, 1MG, 4MG | 3 | |
| <i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i> | 1 | |
| <i>gengraf caps 25mg, 100mg; soln 100mg/ml</i> | 1 | |
| <i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i> | 1 | |
| <i>mycophenolate mofetil hcl solr 500mg</i> | 1 | |
| <i>mycophenolate sodium tbec 180mg, 360mg</i> | 1 | |
| MYFORTIC TBEC 180MG, 360MG | 3 | |
| NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML | 3 | |
| NULOJIX SOLR 250MG | 3 | |
| PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG; SOLN 5MG/ML | 3 | |
| RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG | 3 | |
| SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML | 3 | |
| <i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i> | 1 | |
| <i>tacrolimus caps .5mg, 1mg, 5mg</i> | 1 | |
| ZORTRESS TABS .25MG, .5MG, .75MG, 1MG | 3 | |
| MISCELLANEOUS | | |
| BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| VACCINES | | |
| ABRYSVO SOLR 120MCG/0.5ML | 0 | |
| ACTHIB INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ADACEL INJ | 0 | |
| AREXVY SUSR 120MCG/0.5ML | 0 | \$0 copay for members age 19 and older, otherwise not covered |
| BEXSERO INJ | 0 | |
| BOOSTRIX INJ | 0 | |
| COMIRNATY 2023-24 SUSP 30MCG/0.3ML; SUSY 30MCG/0.3ML | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| DAPTACEL INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| DENGVAXIA SUS | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML | 0 | |
| FLUMIST QUAD SUS 2023-24 | 0 | |
| FLUZONE QUAD INJ 2023-24 | 0 | |
| GARDASIL 9 INJ | 0 | |
| HAVRIX SUSP 720ELU/0.5ML, 1440ELU/ML | 0 | |
| HEPLISAV-B SOSY 20MCG/0.5ML | 0 | |
| HIBERIX SOLR 10MCG | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| INFANRIX INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| IPOL INJ INACTIVE | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| KINRIX INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| M-M-R II INJ | 0 | |
| MENACTRA INJ | 0 | |
| MENQUADFI INJ | 0 | |
| MENVEO INJ | 0 | |
| MENVEO SOL | 0 | |
| MODERNA COVID-19 VACCINE SUSP 25MCG/0.25ML | 0 | |
| NOVAVAX COVID-19 VACCINE/ SUSP 5MCG/0.5ML | 0 | |
| PEDIARIX INJ 0.5ML | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| PEDVAX HIB SUSP 7.5MCG/0.5ML | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| PENBRAYA INJ | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| PENTACEL INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML | 0 | |
| PNEUMOVAX 23/1 DOSE INJ 25MCG/0.5ML | 0 | |
| PREHEVBRIO SUSP 10MCG/ML | 0 | |
| PREVNAR 13 INJ | 0 | |
| PREVNAR 20 INJ | 0 | |
| PRIORIX INJ | 0 | |
| PROQUAD INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL INJ 0.5ML | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML | 0 | |
| ROTARIX SUS | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ROTATEQ SOL | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| SHINGRIX SUSR 50MCG/0.5ML | 0 | \$0 copay for members age 19 and older, otherwise not covered |
| SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML | 0 | |
| TDVAX INJ 2-2 LF | 0 | \$0 copay for members age 19 and older, otherwise not covered |
| TENIVAC INJ 5-2LF | 0 | \$0 copay for members age 19 and older, otherwise not covered |
| TRUMENBA INJ | 0 | |
| TWINRIX INJ | 0 | \$0 copay for members age 19 and older, otherwise not covered |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|---|
| VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML | 0 | |
| VARIVAX INJ 1350PFU/0.5ML | 0 | |
| VAXELIS INJ | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| VAXNEUVANCE INJ | 0 | |

MEDICAL DEVICES AND SUPPLIES**DIABETIC SUPPLIES**

| | | |
|---------------------------|---|-----|
| FREESTY LIBR KIT 2 SENSOR | 2 | |
| FREESTY LIBR MIS 2 READER | 2 | |
| FREESTYLE KIT FREEDOM | 2 | OTC |
| FREESTYLE KIT INSULINX | 2 | OTC |
| FREESTYLE KIT LITE | 2 | OTC |
| FREESTYLE KIT SENSOR | 2 | |
| FREESTYLE MIS READER | 2 | |
| PREC NEO SYS KIT FREESTYL | 2 | OTC |
| PRECISION MIS XTRA | 2 | OTC |

NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES**

| | | |
|---|---|---|
| <i>effer-k tbef 25meq</i> | 1 | |
| <i>fluoritab soln .125mg/drop</i> | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>klor-con 8 tbc 8meq</i> | 1 | |
| <i>klor-con 10 tbc 10meq</i> | 1 | |
| <i>klor-con m15 tbc 15meq</i> | 1 | |
| <i>monoject sodium chloride soln .9%</i> | 1 | |
| <i>nafrinse drops soln .125mg/drop</i> | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq</i> | 1 | |
| <i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i> | 1 | |
| <i>sodium chloride soln 2.5meq/ml</i> | 1 | |
| <i>sodium fluoride chew 1mg; tabs 1mg</i> | 1 | |
| <i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i> | 0 | \$0 applies for ages 5 and under, otherwise not covered |

IV REPLACEMENT SOLUTIONS

| | | |
|---|---|--|
| <i>sodium chloride soln .45%, .9%, 3%, 5%</i> | 1 | |
|---|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|--|
| PRENATAL VITAMINS | | |
| <i>elite-ob</i> | 1 | |
| <i>inatal gt</i> | 1 | |
| <i>pnv-dha</i> | 1 | |
| <i>pnv-select</i> | 1 | |
| <i>prenatal 19</i> | 1 | |
| <i>trinate</i> | 1 | |
| VITAMINS | | |
| <i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i> | 1 | |
| <i>cholecalciferol caps 50000unit</i> | 1 | OTC |
| <i>cyanocobalamin soln 1000mcg/ml</i> | 1 | |
| <i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i> | 1 | |
| <i>ergocalciferol caps 50000unit</i> | 1 | |
| <i>folic acid caps 800mcg</i> | 0 | QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| <i>folic acid tabs 1mg</i> | 1 | |
| <i>folic acid tabs 400mcg, 800mcg</i> | 0 | QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| <i>multi-vitamin/fluoride dr</i> | 1 | |
| <i>multi-vitamin/fluoride/ir</i> | 1 | |
| <i>multivitamin/fluoride</i> | 1 | |
| <i>paricalcitol caps 1mcg, 2mcg, 4mcg</i> | 1 | |
| <i>phytonadione tabs 5mg</i> | 1 | |
| <i>pyridoxine hcl tabs 25mg, 50mg</i> | 1 | OTC |
| <i>tri-vite/fluoride</i> | 1 | |
| <i>vitamins a/c/d/fluoride</i> | 1 | |
| <i>westab max</i> | 1 | |
| OPHTHALMIC | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 1 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 1 | |
| OTC - Over the counter | PA - Prior Authorization | PA** - PA Applies if Step is Not Met |
| QL - Quantity Limits | SGM - Specialty Guideline Management | ST - Step Therapy |
| M - Medical Benefit | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 2 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 1 | |
| ZYLET SUS 0.5-0.3% | 3 | |
| ANTI-INFECTIVES | | |
| AZASITE SOLN 1% | 2 | |
| <i>bacitracin (ophthalmic) oint 500unit/gm</i> | 1 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 1 | |
| BESIVANCE SUSP .6% | 3 | |
| <i>ciprofloxacin hcl (ophth) soln .3%</i> | 1 | |
| <i>erythromycin (ophth) oint 5mg/gm</i> | 1 | |
| <i>gatifloxacin (ophth) soln .5%</i> | 1 | |
| <i>gentamicin sulfate (ophth) soln .3%</i> | 1 | QL (20 mL every 30 days) |
| <i>moxifloxacin hcl (ophth) soln .5%</i> | 1 | |
| NATACYN SUSP 5% | 2 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1 | |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1 | |
| <i>ofloxacin (ophth) soln .3%</i> | 1 | |
| <i>polycin</i> | 1 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| <i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i> | 1 | |
| <i>tobramycin (ophth) soln .3%</i> | 1 | |
| <i>trifluridine soln 1%</i> | 1 | |
| ZIRGAN GEL .15% | 3 | |
| ANTI-INFLAMMATORIES | | |
| ACUVAIL SOLN .45% | 2 | |
| <i>bromfenac sodium (ophth) soln .09%</i> | 1 | |
| <i>dexamethasone sodium phosphate (ophth) soln .1%</i> | 1 | |
| <i>diclofenac sodium (ophth) soln .1%</i> | 1 | |
| <i>difluprednate emul .05%</i> | 1 | |
| <i>flurbiprofen sodium soln .03%</i> | 1 | |
| ILEVRO SUSP .3% | 2 | |
| <i>ketorolac tromethamine (ophth) soln .4%, .5%</i> | 1 | |
| <i>loteprednol etabonate susp .5%</i> | 1 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| NEVANAC SUSP .1% | 2 | |
| <i>prednisolone acetate (ophth) susp 1%</i> | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | |
| ANTIALLERGICS | | |
| ALOCRIOL SOLN 2% | 3 | |
| ALOMIDE SOLN .1% | 3 | |
| <i>azelastine hcl (ophth) soln .05%</i> | 1 | ST |
| <i>bepotastine besilate soln 1.5%</i> | 1 | ST |
| <i>cromolyn sodium (ophth) soln 4%</i> | 1 | |
| <i>epinastine hcl (ophth) soln .05%</i> | 1 | ST |
| <i>ketotifen fumarate (ophth) soln .035%</i> | 1 | OTC |
| <i>olopatadine hcl soln .1%, .2%</i> | 1 | ST |
| <i>sm eye itch relief soln .035%</i> | 1 | OTC |
| ZERVIATE SOLN .24% | 3 | ST |
| ANTIGLAUCOMA | | |
| <i>apraclonidine hcl soln .5%</i> | 1 | |
| <i>betaxolol hcl (ophth) soln .5%</i> | 1 | |
| BETIMOL SOLN .25%, .5% | 3 | |
| BETOPTIC-S SUSP .25% | 2 | |
| <i>brimonidine tartrate soln .15%, .2%</i> | 1 | |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> | 1 | |
| <i>brinzolamide susp 1%</i> | 1 | |
| <i>carteolol hcl (ophth) soln 1%</i> | 1 | |
| <i>dorzolamide hcl soln 2%</i> | 1 | |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> | 1 | |
| <i>latanoprost soln .005%</i> | 1 | |
| <i>levobunolol hcl soln .5%</i> | 1 | |
| LUMIGAN SOLN .01% | 2 | ST; PA** |
| PHOSPHOLINE IODIDE SOLR .125% | 3 | |
| <i>pilocarpine hcl soln 1%</i> | 1 | |
| SIMBRINZA SUS 1-0.2% | 2 | |
| <i>tafluprost soln .015mg/ml</i> | 1 | |
| <i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i> | 1 | |
| <i>travoprost soln .004%</i> | 1 | |
| DRY EYE DISEASE | | |
| RESTASIS EMUL .05% | 1 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | Multi-dose vial remains on preferred brand tier |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| MISCELLANEOUS | | |
| <i>atropine sulfat (ophthalmic) soln 1%</i> | 1 | |
| CYSTARAN SOLN .44% | 3 | SGM, PA, QL (4 bottles every 28 days) |
| <i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i> | 1 | |
| <i>tropicamide soln .5%, 1%</i> | 1 | |
| OTHER | | |
| IRRIGATION SOLUTIONS | | |
| <i>physiolyte</i> | 1 | |
| RESPIRATORY | | |
| ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS | | |
| PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG | 3 | SGM, PA |
| ANAPHYLAXIS TREATMENT AGENTS | | |
| <i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i> | 1 | QL (4 auto-injectors every 30 days) |
| <i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i> | 1 | QL (4 auto-injectors every 30 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK SOAJ .3MG/0.3ML | 2 | QL (4 auto-injectors every 30 days) |
| EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML | 2 | QL (4 auto-injectors every 30 days) |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§ | | |
| BEVESPI AER 9-4.8MCG | 2 | QL (1 package every 30 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 1 | QL (6 boxes every 30 days) |
| STIOLTO AER 2.5-2.5 | 2 | QL (1 package every 30 days) |
| ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§ | | |
| BREZTRI AERO AER SPHERE | 2 | QL (1 package every 30 days) |
| TRELEGY AER 100MCG | 2 | QL (1 package every 30 days) |
| TRELEGY AER 200MCG | 2 | QL (1 package every 30 days) |
| ANTICHOLINERGICS§ | | |
| <i>ipratropium bromide soln .02%</i> | 1 | QL (5 boxes every 30 days) |
| <i>ipratropium bromide (nasal) soln .03%, .06%</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| SPIRIVA HANDIHALER CAPS 18MCG | 2 | QL (1 package every 30 days) |
| SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT | 2 | QL (1 package every 30 days) |
| <i>tiotropium bromide monohydrate caps 18mcg</i> | 1 | QL (1 package every 30 days) |

ANTI-HISTAMINE COMBINATIONS

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

ANTI-HISTAMINES

| | | |
|--|---|---|
| <i>allergy relief caps 10mg</i> | 1 | OTC |
| <i>azelastine hcl soln .1%, .15%</i> | 1 | QL (2 bottles every 30 days) |
| <i>carbinoxamine maleate tabs 4mg</i> | 1 | |
| <i>cetirizine hcl chew 5mg, 10mg; tabs 5mg, 10mg</i> | 1 | OTC |
| <i>cetirizine hcl childrens soln 1mg/ml</i> | 1 | OTC |
| <i>clemastine fumarate tabs 2.68mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cvs allergy relief tbdp 10mg</i> | 1 | OTC |
| <i>cvs allergy relief childr susp 30mg/5ml</i> | 1 | OTC |
| <i>ciproheptadine hcl syrp 2mg/5ml; tabs 4mg</i> | 1 | |
| <i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i> | 1 | ST |
| <i>diphenhydramine hcl elix 12.5mg/5ml</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>diphenhydramine hcl soln 50mg/ml</i> | 1 | |
| <i>fexofenadine hcl tabs 180mg</i> | 1 | OTC |
| <i>gnp loratadine soln 5mg/5ml</i> | 1 | OTC |
| <i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i> | 1 | |
| <i>loratadine caps 10mg; tabs 10mg</i> | 1 | OTC |
| <i>olopatadine hcl (nasal) soln .6%</i> | 1 | QL (1 container every 30 days) |
| <i>sm fexofenadine hydrochlo tabs 60mg</i> | 1 | OTC |
| ZYRTEC ALLERGY CAPS 10MG | 1 | OTC |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| BETA AGONISTS§ | | |
| <i>albuterol sulfate aers 108mcg/act</i> | 1 | QL (2 inhalers every 30 days) |
| <i>albuterol sulfate nebu 2.5mg/0.5ml</i> | 1 | QL (120 vials every 30 days) |
| <i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i> | 1 | QL (5 boxes every 30 days) |
| <i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i> | 1 | |
| <i>formoterol fumarate nebu 20mcg/2ml</i> | 1 | QL (60 vials every 30 days) |
| <i>levalbuterol hcl nebu 1.25mg/0.5ml</i> | 1 | QL (45 mL every 30 days) |
| <i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i> | 1 | QL (300 mL every 30 days) |
| SEREVENT DISKUS AEPB 50MCG/DOSE | 2 | QL (1 package every 30 days) |
| STRIVERDI RESPIMAT AERS 2.5MCG/ACT | 2 | QL (1 package every 30 days) |
| <i>terbutaline sulfate tabs 2.5mg, 5mg</i> | 1 | |
| COLD/COUGH | | |
| <i>benzonatate caps 100mg, 200mg</i> | 1 | |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i> | 1 | QL (60 mL every day), OTC; Subject to initial 7-day limit |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> | 1 | QL (10 mL every day); Subject to initial 7-day limit |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> | 1 | QL (6 tabs every day); Subject to initial 7-day limit |
| <i>promethazine vc</i> | 1 | |
| <i>promethazine vc/codeine</i> | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | 1 | |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> | 1 | |
| TUZISTRA XR SUS | 3 | QL (20 mL every day); Subject to initial 7-day limit |
| CYSTIC FIBROSIS | | |
| CAYSTON SOLR 75MG | 3 | SGM, PA, QL (84 vials every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG | 3 | SGM, PA, QL (56 packets every 28 days) |
| KALYDECO TABS 150MG | 3 | SGM, PA, QL (56 tabs every 28 days); carton consists of 56 tablets |
| ORKAMBI GRA 75-94MG | 3 | SGM, PA, QL (56 packets every 28 days) |
| ORKAMBI GRA 100-125 | 3 | SGM, PA, QL (56 packets every 28 days) |
| ORKAMBI GRA 150-188 | 3 | SGM, PA, QL (56 packets every 28 days) |
| ORKAMBI TAB 100-125 | 3 | SGM, PA, QL (112 tabs every 28 days) |
| ORKAMBI TAB 200-125 | 3 | SGM, PA, QL (112 tabs every 28 days) |
| SYMDEKO TAB 50-75MG | 3 | SGM, PA, QL (56 tabs every 28 days) |
| SYMDEKO TAB 100-150 | 3 | SGM, PA, QL (56 tabs every 28 days) |
| <i>tobramycin nebu 300mg/4ml</i> | 3 | SGM, PA, QL (224 mL every 28 days) |
| <i>tobramycin nebu 300mg/5ml</i> | 3 | SGM, PA, QL (280 mL every 28 days) |
| TRIKAFTA PAK 59.5MG | 3 | SGM, PA, QL (56 packets every 28 days) |
| TRIKAFTA PAK 75MG | 3 | SGM, PA, QL (56 packets every 28 days) |
| TRIKAFTA TAB | 3 | SGM, PA, QL (84 tabs every 28 days) |
| LEUKOTRIENE MODIFIERS | | |
| <i>zileuton tb12 600mg</i> | 3 | PA |
| LEUKOTRIENE RECEPTOR ANTAGONISTS | | |
| <i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i> | 1 | |
| <i>zafirlukast tabs 10mg, 20mg</i> | 1 | |
| MAST CELL STABILIZERS§ | | |
| <i>cromolyn sodium nebu 20mg/2ml</i> | 1 | QL (2 boxes every 30 days) |
| MISCELLANEOUS | | |
| <i>acetylcysteine soln 10%, 20%</i> | 1 | |
| <i>roflumilast tabs 250mcg, 500mcg</i> | 1 | PA |
| <i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| NASAL STEROIDS§ | | |
| <i>budesonide (nasal) susp 32mcg/act</i> | 1 | QL (1 bottle every 30 days), OTC |
| <i>flunisolide (nasal) soln .025%</i> | 1 | QL (3 containers every 30 days) |
| <i>fluticasone propionate (nasal) susp 50mcg/act</i> | 1 | QL (1 container every 30 days) |
| <i>fluticasone propionate (nasal) susp 50mcg/act</i> | 1 | QL (1 container every 30 days), OTC |
| <i>mometasone furoate (nasal) susp 50mcg/act</i> | 1 | QL (2 packages every 30 days) |
| <i>triamcinolone acetonide (nasal) aero 55mcg/act</i> | 1 | QL (1 package every 30 days), OTC |
| PULMONARY FIBROSIS AGENTS | | |
| <i>pirfenidone caps 267mg</i> | 3 | SGM, PA, QL (270 caps every 30 days) |
| <i>pirfenidone tabs 267mg</i> | 3 | SGM, PA, QL (270 tabs every 30 days) |
| <i>pirfenidone tabs 801mg</i> | 3 | SGM, PA, QL (90 tabs every 30 days) |
| RESPIRATORY THERAPY SUPPLIES | | |
| ADULT RESPIRATORY MASK | 2 | |
| HOLD CHAMBER MIS MEDIUM | 2 | OTC |
| PEDIATRIC RESPIRATORY MASK | 2 | |
| PEDIATRIC RESPIRATORY MASK | 2 | OTC |
| SEVERE ASTHMA AGENTS | | |
| DUPIXENT SOSY 100MG/0.67ML | 3 | SGM, PA, QL (2 syringes every 28 days); Indicated for Asthma |
| FASENRA SOSY 30MG/ML | 3 | SGM, PA, QL (1 syringe every 56 days) |
| FASENRA PEN SOAJ 30MG/ML | 3 | SGM, PA, QL (1 syringe every 56 days) |
| XOLAIR SOAJ 75MG/0.5ML | 3 | SGM, PA, QL (2 pens every 28 days) |
| XOLAIR SOAJ 150MG/ML | 3 | SGM, PA, QL (8 pens every 28 days) |
| XOLAIR SOAJ 300MG/2ML | 3 | SGM, PA, QL (4 pens every 28 days) |
| XOLAIR SOLR 150MG | 3 | SGM, PA, QL (8 vials every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| XOLAIR SOSY 75MG/0.5ML | 3 | SGM, PA, QL (2 syringes every 28 days) |
| XOLAIR SOSY 150MG/ML | 3 | SGM, PA, QL (8 syringes every 28 days) |
| XOLAIR SOSY 300MG/2ML | 3 | SGM, PA, QL (4 syringes every 28 days) |
| STEROID INHALANTS§ | | |
| ALVESCO AERS 80MCG/ACT | 3 | QL (3 packages every 30 days) |
| ALVESCO AERS 160MCG/ACT | 3 | QL (2 packages every 30 days) |
| ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT | 2 | QL (1 package every 30 days) |
| <i>budesonide (inhalation) susp 1mg/2ml</i> | 1 | QL (1 box every 30 days) |
| <i>budesonide (inhalation) susp .5mg/2ml</i> | 1 | QL (2 boxes every 30 days) |
| <i>budesonide (inhalation) susp .25mg/2ml</i> | 1 | QL (3 boxes every 30 days) |
| QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT | 2 | QL (2 packages every 30 days) |
| STEROID/BETA-AGONIST COMBINATIONS§ | | |
| AIRSUPRA AER 90-80MCG | 2 | QL (3 packages every 30 days) |
| BREO ELLIPTA INH 50-25MCG | 2 | QL (1 package every 30 days) |
| BREO ELLIPTA INH 100-25 | 2 | QL (1 package every 30 days) |
| BREO ELLIPTA INH 200-25 | 2 | QL (1 package every 30 days) |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> | 1 | QL (3 packages every 30 days) |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | 1 | QL (3 packages every 30 days) |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 1 | QL (1 package every 30 days) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 1 | QL (1 package every 30 days) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 1 | QL (1 package every 30 days) |
| XANTHINES | | |
| <i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| TOPICAL | | |
| DERMATOLOGY, ACNE | | |
| <i>acne medication 5 gel 5%</i> | 1 | OTC |
| ACNE MEDICATION 5 LOTN 5% | 1 | OTC |
| ACNE MEDICATION 10 LOTN 10% | 1 | OTC |
| <i>adapalene crea .1%; gel .1%, .3%</i> | 1 | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> | 1 | ST |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> | 1 | ST |
| <i>benzoyl peroxide gel 2.5%, 5%, 10%</i> | 1 | OTC |
| <i>benzoyl peroxide topical liqd 10%</i> | 1 | OTC |
| <i>benzoyl peroxide wash liqd 5%</i> | 1 | OTC |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 1 | ST, QL (47g every 30 days) |
| <i>bp wash liqd 2.5%, 5%</i> | 1 | OTC |
| <i>clearskin crea 10%</i> | 1 | OTC |
| <i>clindacin etz pledgets swab 1%</i> | 1 | |
| CLINDACIN KIT ETZ 1% | 3 | |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 1 | QL (45g every 30 days) |
| <i>clindamycin phosphate (topical) foam 1%</i> | 1 | |
| <i>clindamycin phosphate (topical) gel 1%</i> | 1 | QL (75g every 30 days) |
| <i>clindamycin phosphate (topical) lotn 1%; soln 1%</i> | 1 | QL (60 mL every 30 days) |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> | 1 | QL (50g every 30 days) |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> | 1 | QL (50g every 30 days) |
| <i>cvs acne cleansing bar bar 10%</i> | 1 | OTC |
| <i>cvs creamy acne face wash liqd 4%</i> | 1 | OTC |
| <i>cvs targeted acne spot tr crea 2.5%</i> | 1 | OTC |
| <i>ery pads 2%</i> | 1 | |
| <i>erythromycin (acne aid) gel 2%</i> | 1 | QL (60g every 30 days) |
| <i>erythromycin (acne aid) soln 2%</i> | 1 | QL (60 mL every 30 days) |
| <i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i> | 1 | PA |
| NEUTROGENA CLEAR PORE CLE LIQD 3.5% | 1 | OTC |
| <i>sulfacetamide sodium (acne) lotn 10%</i> | 1 | |
| <i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i> | 1 | PA; PA applies for members age 35 and older |
| DERMATOLOGY, ACTINIC KERATOSIS | | |
| <i>fluorouracil (topical) crea 5%; soln 2%, 5%</i> | 1 | |
| <i>imiquimod crea 5%</i> | 1 | |

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| DERMATOLOGY, ANTIBIOTICS | | |
| <i>gentamicin sulfate (topical) crea .1%; oint .1%</i> | 1 | QL (120g every 30 days) |
| IV PREP WIPE PAD | 2 | OTC |
| <i>mupirocin oint 2%</i> | 1 | QL (30g every 30 days) |
| <i>qc bacitracin oint 500unit/gm</i> | 1 | OTC |
| <i>silver sulfadiazine crea 1%</i> | 1 | |
| <i>ssd crea 1%</i> | 1 | |
| SULFAMYLON CREA 85MG/GM | 3 | |
| <i>triple antibiotic</i> | 1 | OTC |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>antifungal crea 1%, 2%</i> | 1 | OTC |
| <i>butenafine hcl crea 1%</i> | 1 | OTC |
| <i>ciclopirox gel .77%</i> | 1 | ST, QL (120g every 30 days) |
| <i>ciclopirox sham 1%</i> | 1 | QL (120 mL every 30 days) |
| <i>ciclopirox soln 8%</i> | 1 | |
| <i>ciclopirox olamine crea .77%</i> | 1 | ST, QL (120g every 30 days) |
| <i>ciclopirox olamine susp .77%</i> | 1 | ST, QL (120 mL every 30 days) |
| <i>clotrimazole (topical) crea 1%</i> | 1 | ST, QL (120g every 30 days) |
| <i>clotrimazole (topical) crea 1%; soln 1%</i> | 1 | OTC |
| <i>clotrimazole (topical) soln 1%</i> | 1 | QL (120 mL every 30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 1 | QL (60g every 30 days) |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> | 1 | QL (60 mL every 30 days) |
| <i>cruex prescription streng aerp 2%</i> | 1 | OTC |
| <i>cvs athletes foot liquid aero 2%</i> | 1 | OTC |
| <i>econazole nitrate crea 1%</i> | 1 | ST, QL (60g every 30 days) |
| ERTACZO CREA 2% | 3 | QL (60g every 30 days) |
| <i>gnp miconazorb af powd 2%</i> | 1 | OTC |
| <i>gnp terbinafine hydrochlo crea 1%</i> | 1 | OTC |
| JUBLIA SOLN 10% | 3 | PA, QL (4 mL every 28 days) |
| <i>ketoconazole (topical) crea 2%</i> | 1 | ST, QL (120g every 30 days) |
| LOTRIMIN ANTIFUNGAL AERO 2% | 1 | OTC |
| LOTRIMIN ULTRA CREA 1% | 1 | OTC |
| <i>medicated anti-fungal soln 1%</i> | 1 | OTC |
| MENTAX CREA 1% | 3 | QL (60g every 30 days) |
| <i>naftifine hcl crea 1%, 2%</i> | 1 | ST, QL (60g every 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>nyamyc powd 100000unit/gm</i> | 1 | ST, QL (120g every 30 days) |
| <i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i> | 1 | ST, QL (120g every 30 days) |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 1 | QL (60g every 30 days) |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | 1 | QL (60g every 30 days) |
| <i>nystop powd 100000unit/gm</i> | 1 | ST, QL (120g every 30 days) |
| <i>oxiconazole nitrate crea 1%</i> | 1 | ST, QL (60g every 30 days) |
| <i>qc athletes foot relief aero 1%</i> | 1 | OTC |
| <i>sulconazole nitrate crea 1%</i> | 1 | QL (60g every 30 days) |
| <i>sulconazole nitrate soln 1%</i> | 1 | QL (60 mL every 30 days) |
| TINACTIN AERO 1% | 1 | OTC |
| <i>tolnaftate aerp 1%; powd 1%</i> | 1 | OTC |
| <i>triple paste af oint 2%</i> | 1 | OTC |
| DERMATOLOGY, ANTIPRURITIC | | |
| <i>doxepin hcl (antipruritic) crea 5%</i> | 3 | QL (45g every 30 days) |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin caps 10mg, 17.5mg, 25mg</i> | 1 | |
| <i>calcipotriene soln .005%</i> | 1 | ST, QL (60 mL every 30 days); PA** |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> | 3 | ST, QL (60g every 30 days); PA** |
| <i>calcitriol (topical) oint 3mcg/gm</i> | 3 | ST, QL (100g every 30 days); PA** |
| <i>methoxsalen rapid caps 10mg</i> | 1 | |
| <i>tazarotene crea .1%; gel .05%, .1%</i> | 1 | PA |
| TAZORAC CREA .05% | 2 | PA |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole (topical) sham 2%</i> | 1 | QL (120 mL every 30 days) |
| <i>selenium sulfide lotn 2.5%</i> | 1 | |
| DERMATOLOGY, ATOPIC DERMATITIS | | |
| DUPIXENT SOPN 200MG/1.14ML | 3 | SGM, PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis |
| DUPIXENT SOPN 300MG/2ML | 3 | SGM, PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| DUPIXENT SOSY 200MG/1.14ML | 3 | SGM, PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| DUPIXENT SOSY 300MG/2ML | 3 | SGM, PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| EUCRISA OINT 2% | 2 | ST, QL (60g every 30 days); PA** |
| <i>pimecrolimus crea 1%</i> | 3 | ST; PA** |
| <i>tacrolimus (topical) oint .03%, .1%</i> | 3 | ST; PA** |

DERMATOLOGY, CORTICOSTEROIDS

| | | |
|--|---|---------------------------|
| <i>alclometasone dipropionate crea .05%; oint .05%</i> | 1 | QL (120g every 30 days) |
| <i>amcinonide lotn .1%</i> | 1 | QL (120 mL every 30 days) |
| <i>amcinonide oint .1%</i> | 1 | QL (120g every 30 days) |
| <i>betamethasone dipropionate (topical) crea .05%</i> | 1 | QL (120g every 30 days) |
| <i>betamethasone dipropionate (topical) lotn .05%</i> | 1 | QL (120 mL every 30 days) |
| <i>betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%</i> | 1 | QL (120g every 30 days) |
| <i>betamethasone dipropionate augmented lotn .05%</i> | 1 | QL (120 mL every 30 days) |
| <i>betamethasone valerate crea .1%; foam .12%; oint .1%</i> | 1 | QL (120g every 30 days) |
| <i>betamethasone valerate lotn .1%</i> | 1 | QL (120 mL every 30 days) |
| <i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i> | 1 | QL (120g every 30 days) |
| <i>clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%</i> | 1 | QL (120 mL every 30 days) |
| <i>clobetasol propionate emo crea .05%</i> | 1 | QL (120g every 30 days) |
| <i>clocortolone pivalate crea .1%</i> | 3 | QL (120g every 30 days) |
| <i>desonide crea .05%; oint .05%</i> | 1 | QL (120g every 30 days) |
| <i>desonide lotn .05%</i> | 1 | QL (120 mL every 30 days) |
| <i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i> | 1 | QL (120g every 30 days) |
| <i>desoximetasone liqd .25%</i> | 3 | QL (120 mL every 30 days) |
| <i>diflorasone diacetate crea .05%; oint .05%</i> | 3 | QL (120g every 30 days) |
| <i>fluocinolone acetonide crea .01%, .025%; oint .025%</i> | 1 | QL (120g every 30 days) |

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

DERMATOLOGY, LOCAL ANESTHETICS

| | | |
|--|---|------------------------------------|
| <i>lidocaine hcl prsy 2%</i> | 1 | QL (60 mL every 30 days) |
| <i>lidocaine hcl soln 4%</i> | 1 | QL (50 mL every 30 days) |
| <i>lidocaine pain relief pat ptch 4%</i> | 1 | QL (30 patches every 30 days), OTC |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 1 | QL (30g every 30 days) |
| SYNERA DIS 70-70MG | 3 | QL (2 patches every 30 days) |

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

| | | |
|--|---|------------------------------|
| <i>acyclovir topical crea 5%</i> | 3 | |
| <i>bexarotene (topical) gel 1%</i> | 3 | SGM, PA |
| CONDYLOX GEL .5% | 3 | |
| <i>diclofenac sodium (topical) gel 1%</i> | 1 | QL (300g every 30 days) |
| <i>diclofenac sodium (topical) gel 1%</i> | 1 | QL (300g every 30 days), OTC |
| <i>docosanol crea 10%</i> | 1 | OTC |
| <i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i> | 1 | |
| <i>nitroglycerin (intra-anal) oint .4%</i> | 1 | |
| <i>penciclovir crea 1%</i> | 1 | ST |
| <i>podofilox gel .5%; soln .5%</i> | 1 | |
| RECTIV OINT .4% | 3 | |
| VOLTAREN ARTHRITIS PAIN GEL 1% | 1 | QL (300g every 30 days), OTC |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| DERMATOLOGY, ROSACEA | | |
| <i>azelaic acid gel 15%</i> | 1 | |
| <i>brimonidine tartrate (topical) gel .33%</i> | 1 | PA |
| FINACEA FOAM 15% | 2 | |
| <i>ivermectin (rosacea) crea 1%</i> | 1 | PA |
| <i>metronidazole (topical) crea .75%; gel .75%, 1%</i> | 1 | QL (60g every 30 days) |
| <i>metronidazole (topical) lotn .75%</i> | 1 | QL (60 mL every 30 days) |
| DERMATOLOGY, SCABICIDES AND PEDICULICIDES | | |
| <i>crotan lotn 10%</i> | 1 | |
| <i>cvs ivermectin lice treat lotn .5%</i> | 1 | OTC |
| <i>cvs lice treatment liqd 1%</i> | 1 | OTC |
| <i>lice treatment liqd 1%</i> | 1 | OTC |
| <i>malathion lotn .5%</i> | 1 | ST; PA** |
| <i>permethrin crea 5%</i> | 1 | |
| <i>sm lice treatment liqd 1%</i> | 1 | OTC |
| <i>spinosad susp .9%</i> | 1 | ST; PA** |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| REGANEX GEL .01% | 3 | PA, QL (30g every 30 days) |
| <i>sodium chloride (gu irrigant) soln .9%</i> | 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hcl caps 30mg</i> | 1 | |
| <i>chlorhexidine gluconate (mouth-throat) soln .12%</i> | 1 | |
| <i>clotrimazole troc 10mg</i> | 1 | QL (90 lozenges every 30 days) |
| <i>lidocaine hcl (mouth-throat) soln 2%, 4%</i> | 1 | |
| <i>nystatin (mouth-throat) susp 100000unit/ml</i> | 1 | |
| <i>oralone dental paste pste .1%</i> | 1 | |
| ORAVIG TABS 50MG | 3 | QL (14 tabs every 30 days) |
| <i>periogard soln .12%</i> | 1 | |
| <i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i> | 1 | |
| <i>triamcinolone acetonide (mouth) pste .1%</i> | 1 | |
| OTIC | | |
| <i>acetic acid (otic) soln 2%</i> | 1 | |
| <i>ciprofloxacin hcl (otic) soln .2%</i> | 1 | |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 1 | |
| <i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i> | 3 | |
| CORTISPORIN SUS -TC OTIC | 3 | |

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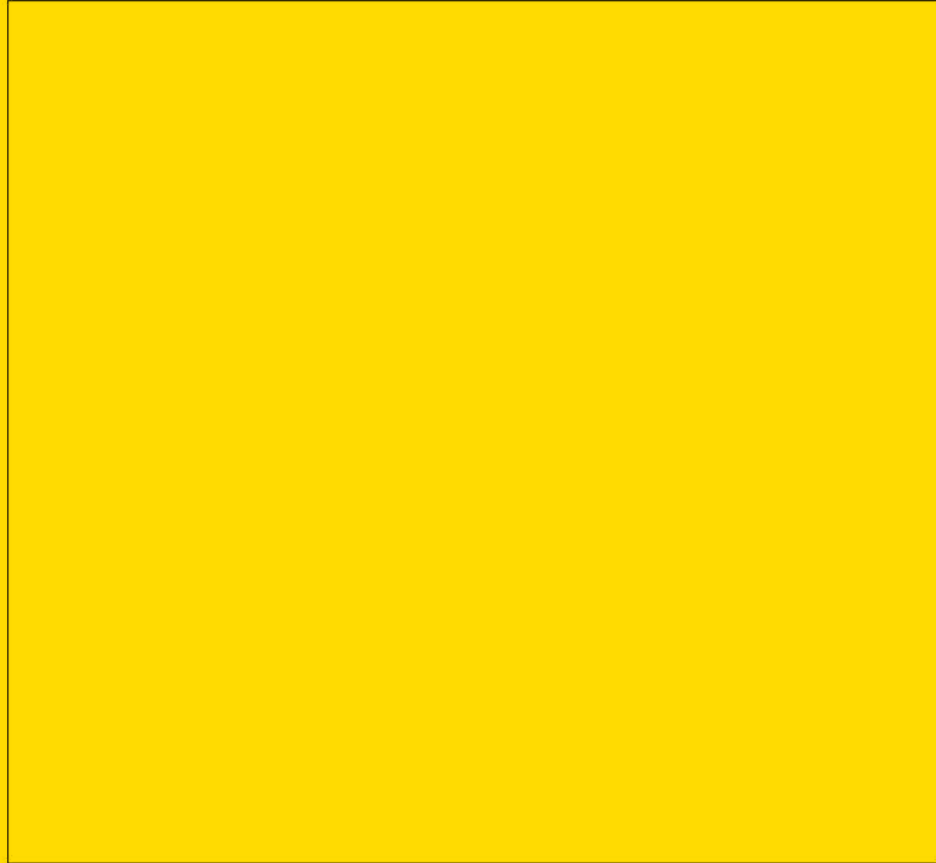
| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluocinolone acetonide (otic) oil .01%</i> | 1 | |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 1 | |
| <i>ofloxacin (otic) soln .3%</i> | 1 | |

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