

CareFirst Formulary 1

2019

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit carefirst.com/rxgroup.

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of four drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**. If the brand drug has a generic drug option available, it is listed under the brand-name drug.

You may search the formulary for a drug by pressing “CTRL” and “F” at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization

(PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at carefirst.com/myaccount and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: \$0 Drugs	<ul style="list-style-type: none"> ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none"> ■ Preferred brand drugs are brand-name drugs that may not be available in generic form. ■ They are chosen for their cost-effectiveness compared to alternatives. ■ Your cost-share will be more than generic drugs but less than non-preferred brand drugs. ■ If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand tier.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none"> ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Self-Injectible Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Self-injectible drugs (excluding insulin) are drugs that do not require professional administration. Insulin is covered at the generic, preferred brand or non-preferred brand drug tier.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS		
(DNRIS)		

SUNOSI TAB 75MG	2
SUNOSI TAB 150MG	2

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-II INHIBITORS		
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TAB 0.6MG	2	
DUZALLO TAB 200-200	3	
DUZALLO TAB 200-300	3	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG	3	
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	
ULORIC TAB 80MG	2	
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
NON-OPIOID ANALGESICS		
ALLZITAL TAB 25-325MG	3	
BUPAP TAB 50-300MG	3	
BUT/ASA/CAF TAB	3	
<i>butal/apap cap 50-300mg</i>	1	
BUTAL/APAP CAP 50-300MG	3	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
EQUAGESIC TAB 200-325	3	
ESGIC TAB	2	
FIORICET CAP	3	
FIORINAL CAP	3	
LEVACET TAB	3	
VANATOL LQ SOL	3	
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANAPROX DS TAB 550MG	2	
ANAPROX TAB 275MG	2	
<i>choline & magnesium salicylates tab 1000 mg</i>	1	
DAYPRO TAB 600MG	2	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diflunisal tab 500 mg</i>	1	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fenoprofen calcium cap 200 mg</i>	1	
<i>fenoprofen calcium cap 400 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	1	
FENORTHO CAP 200MG	3	
FENORTHO CAP 400MG	3	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
KETOPROFEN CAP 25 MG	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
LODINE TAB 400MG	3	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
MOBIC SUS 7.5/5ML	2	
MOBIC TAB 7.5MG	2	
MOBIC TAB 15MG	2	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPRELAN TAB 375MG CR	3	
NAPRELAN TAB 500MG CR	3	
NAPRELAN TAB 750MG CR	3	
NAPROSYN TAB 250MG	2	
NAPROSYN TAB 375MG	2	
NAPROSYN TAB 500MG	2	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
PONSTEL CAP 250MG	3	
QMIIZ ODT TAB 7.5MG	3	
QMIIZ ODT TAB 15 MG	3	
RELAFEN DS TAB 1000MG	3	
SPRIX SPR 15.75MG	3	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
TIVORBEX CAP 20MG	3	
TIVORBEX CAP 40MG	3	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIVLODEX CAP 5MG	3	
VIVLODEX CAP 10MG	3	
ZIPSOR CAP 25MG	3	
ZORVOLEX CAP 18MG	3	
ZORVOLEX CAP 35MG	3	
NSAIDS, COMBINATIONS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
<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	
DUEXIS TAB 800-26.6	3	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
NSAIDS, TOPICAL		
<i>diclofenac sodium gel 1%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium soln 1.5%</i>	1	QL (150 ml per 21 days), PA
DICLOVIX KIT	3	
PENNSAID SOL 2%	3	QL (112 grams per 21 days), PA
VOLTAREN GEL 1%	3	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
ABSTRAL SUB 100MCG	2	
ABSTRAL SUB 200MCG	2	
ABSTRAL SUB 300MCG	2	
ABSTRAL SUB 400MCG	2	
ABSTRAL SUB 600MCG	2	
ABSTRAL SUB 800MCG	2	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL per month)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs per month)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs per month)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs per month)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL (300 caps per month)
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
APADAZ TAB 4.08-325	3	QL (168 tabs per month)
APADAZ TAB 6.12-325	3	QL (168 tabs per month)
APADAZ TAB 8.16-325	3	QL (168 tabs per month)
ARYMO ER TAB 15MG	3	QL (90 tabs per month)
ARYMO ER TAB 30MG	3	QL (90 tabs per month)
ARYMO ER TAB 60MG	3	
<i>aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg</i>	1	QL (300 caps per month)
BELBUCA MIS 75MCG	2	QL (60 films per month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 150MCG	2	QL (60 films per month)
BELBUCA MIS 300MCG	2	QL (60 films per month)
BELBUCA MIS 450MCG	2	QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	QL (4 patches per month)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	QL (4 patches per month)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	QL (4 patches per month)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 inhalers per month)
BUTRANS DIS 5MCG/HR	2	QL (4 patches per month)
BUTRANS DIS 7.5/HR	2	QL (4 patches per month)
BUTRANS DIS 10MCG/HR	2	QL (4 patches per month)
BUTRANS DIS 15MCG/HR	2	PA
BUTRANS DIS 20MCG/HR	2	PA
CAPITAL/COD SUS 120-12/5	3	QL (2700 mL per month)
<i>codeine sulfate tab 15 mg</i>	1	QL (42 tabs per month)
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs per month)
<i>codeine sulfate tab 60 mg</i>	1	QL (42 tabs per month)
CONZIP CAP 100MG	3	QL (30 tabs per month)
CONZIP CAP 200MG	3	PA
CONZIP CAP 300MG	3	PA
DILAUDID LIQ 1MG/ML	3	QL (600 mL per month)
DILAUDID TAB 2MG	3	QL (180 tabs per month)

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Drug Name	Drug Tier	Requirements/Limits
DILAUDID TAB 4MG	3	QL (150 tabs per month)
DILAUDID TAB 8MG	3	QL (60 tabs per month)
DOLOPHINE TAB 5MG	3	QL (90 tabs per month)
DOLOPHINE TAB 10MG	3	QL (60 Tabs / 25 days)
DURAGESIC DIS 12MCG/HR	3	QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	QL (10 patches per month)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
EMBEDA CAP 20-0.8MG	2	QL (60 caps per month)
EMBEDA CAP 30-1.2MG	2	QL (60 caps per month)
EMBEDA CAP 50-2MG	2	QL (30 caps per month)
EMBEDA CAP 60-2.4MG	2	QL (30 caps per month)
EMBEDA CAP 80-3.2MG	2	QL (30 caps per month)
EMBEDA CAP 100-4MG	2	PA
EXALGO TAB 8MG	3	QL (30 tabs per month)
EXALGO TAB 12MG	3	QL (30 tabs per month)
EXALGO TAB 16MG	3	QL (30 tabs per month)
EXALGO TAB 32MG	3	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
FENTANYL DIS 37.5MCG	3	QL (10 patches per month)
FENTANYL DIS 62.5MCG	3	PA
FENTANYL DIS 87.5MCG	3	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches per month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches per month), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
FIORICET CAP CODEINE	3	
FIORINAL/COD CAP 30MG	3	
HYCET SOL 7.5-325	3	QL (2700 mL per month)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL per month)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL (2700 mL per month)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs per month)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (240 tabs per month)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs per month)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL (50 tabs per month)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (50 tabs per month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (50 tabs per month)
HYDROMORPHON SUP 3MG	3	QL (120 supps per month)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 mL per month)
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 4 mg</i>	1	QL (150 tabs per month)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 30 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 40 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 60 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 80 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
IONSYS PAD 40MCG/AC	3	
KADIAN CAP 10MG ER	3	QL (60 caps per month)
KADIAN CAP 20MG ER	3	QL (60 caps per month)
KADIAN CAP 30MG ER	3	QL (60 caps per month)
KADIAN CAP 40MG ER	3	QL (60 caps per month)
KADIAN CAP 50MG ER	3	QL (30 caps per month)
KADIAN CAP 60MG ER	3	QL (30 caps per month)
KADIAN CAP 80MG ER	3	QL (30 caps per month)
KADIAN CAP 100MG ER	3	PA
KADIAN CAP 200MG ER	3	PA
LAZANDA SPR 100MCG	3	PA
LAZANDA SPR 300MCG	3	PA
LAZANDA SPR 400MCG	3	PA
<i>levorphanol tartrate tab 2 mg</i>	1	QL (120 tabs per month)
<i>levorphanol tartrate tab 3 mg</i>	1	QL (60 tabs per month)
LORTAB ELX 10-300MG	3	QL (2025 mL per month)
<i>methadone hcl conc 10 mg/ml</i>	1	QL (60 mL per month)
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (450 mL per month)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (300 mL per month)
<i>methadone hcl tab 5 mg</i>	1	QL (90 tabs per month)
<i>methadone hcl tab 10 mg</i>	1	QL (60 Tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	QL (60 mL per month)
METHADOSE TAB 40MG	3	
MORPHABOND TAB 15MG ER	3	QL (90 tabs per month)
MORPHABOND TAB 30MG ER	3	QL (90 tabs per month)
MORPHABOND TAB 60MG ER	3	PA
MORPHABOND TAB 100MG ER	3	PA
MORPHINE SUL SUP 30MG	3	QL (90 supps per month)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (900 mL per month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (675 mL per month)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (135 mL per month)
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 supps per month)
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 supps per month)
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supps per month)
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs per month)
<i>morphine sulfate tab 30 mg</i>	1	QL (90 tabs per month)
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tabs per month)
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tabs per month)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	QL (90 tabs per month)
MS CONTIN TAB 30MG ER	3	QL (90 tabs per month)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NALOCET TAB 2.5-300	3	
NORCO TAB 5-325MG	3	QL (240 tabs per month)
NORCO TAB 7.5-325	3	QL (180 tabs per month)
NORCO TAB 10-325MG	3	QL (180 tabs per month)
NUCYNTA ER TAB 50MG	2	QL (60 tabs per month)
NUCYNTA ER TAB 100MG	2	QL (60 tabs per month)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	QL (120 tabs per month)
NUCYNTA TAB 75MG	2	QL (90 tabs per month)
NUCYNTA TAB 100MG	2	QL (60 tabs per month)
OPANA ER TAB 5MG	3	QL (60 tabs per month)
OPANA ER TAB 7.5MG	3	QL (60 tabs per month)
OPANA ER TAB 10MG	3	QL (60 tabs per month)
OPANA ER TAB 15MG	3	QL (60 tabs per month)
OPANA ER TAB 20MG	3	PA
OPANA ER TAB 30MG	3	PA
OPANA ER TAB 40MG	3	PA
OPANA TAB 5MG	3	QL (180 tabs per month)
OPANA TAB 10MG	3	QL (90 tabs per month)
OXAYDO TAB 5MG	3	QL (180 tabs per month)
OXAYDO TAB 7.5MG	3	QL (180 tabs per month)
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps per month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (90 mL per month)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 mL per month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs per month)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs per month)
<i>oxycodone hcl tab 15 mg</i>	1	QL (120 tabs per month)
<i>oxycodone hcl tab 20 mg</i>	1	QL (90 tabs per month)
<i>oxycodone hcl tab 30 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	QL (120 tabs per month), PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	QL (60 tabs per month), PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	QL (60 tabs per month), PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 mL per month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs per month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs per month)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs per month)
OXYCONTIN TAB 10MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 15MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 20MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 30MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 40MG CR	2	QL (120 tabs per month), PA
OXYCONTIN TAB 60MG CR	2	QL (60 tabs per month), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 80MG CR	2	QL (60 tabs per month), PA
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tabs per month)
<i>oxymorphone hcl tab 10 mg</i>	1	QL (90 tabs per month)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA
PERCOCET TAB 2.5-325	3	QL (360 tabs per month)
PERCOCET TAB 5-325MG	3	QL (360 tabs per month)
PERCOCET TAB 7.5-325	3	QL (240 tabs per month)
PERCOCET TAB 10-325MG	3	QL (180 tabs per month)
PERCODAN TAB	3	QL (360 tabs per month)
PRIMLEV TAB 5-300MG	3	QL (360 tabs per month)
PRIMLEV TAB 7.5-300	3	QL (240 tabs per month)
PRIMLEV TAB 10-300MG	3	QL (180 tabs per month)
REPREXAIN TAB 5-200MG	3	QL (50 tabs per month)
ROXICET SOL 5-325/5	2	QL (1800 mL per month)
ROXICODONE TAB 5MG	3	QL (180 tabs per month)
ROXICODONE TAB 15MG	3	QL (120 tabs per month)
ROXICODONE TAB 30MG	3	QL (60 tabs per month)
ROXYBOND TAB 5MG	3	QL (180 ea / 25 days), PA
ROXYBOND TAB 15MG	3	QL (120 ea / 25 days), PA
ROXYBOND TAB 30MG	3	QL (60 ea / 25 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
SYNALGOS-DC CAP	3	QL (300 caps per month)
TRAMADOL HCL CAP 150MG ER	1	QL (30 tabs per month)
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	1	QL (30 tabs per month)
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	1	PA
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs per month)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (30 tabs per month)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	QL (30 tabs per month)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (40 tabs per month)
TREZIX CAP	3	QL (300 caps per month)
TYLENOL/COD TAB #3	3	QL (360 tabs per month)
TYLENOL/COD TAB #4	3	QL (180 tabs per month)
ULTRACET TAB 37.5-325	3	QL (40 tabs per month)
ULTRAM ER TAB 100MG	3	QL (30 tabs per month)
ULTRAM ER TAB 200MG	3	PA
ULTRAM ER TAB 300MG	3	PA
ULTRAM TAB 50MG	2	QL (180 tabs per month)

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Drug Name	Drug Tier	Requirements/Limits
VERDROCET TAB 2.5-325	3	QL (360 tabs per month)
VICOPROFEN TAB 7.5-200	3	QL (50 tabs per month)
XARTEMIS XR TAB 7.5-325	3	QL (120 tabs per month)
XODOL TAB 5-300MG	3	QL (240 tabs per month)
XODOL TAB 7.5-300	3	QL (180 tabs per month)
XODOL TAB 10-300MG	3	QL (180 tabs per month)
XTAMPZA ER CAP 9MG	3	QL (60 caps per month)
XTAMPZA ER CAP 13.5MG	3	QL (60 caps per month)
XTAMPZA ER CAP 18MG	3	QL (60 caps per month)
XTAMPZA ER CAP 27MG	3	QL (60 caps per month)
XTAMPZA ER CAP 36MG	3	QL (60 caps per month), PA
ZOHYDRO ER CAP 10MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 15MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 20MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 30MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 40MG	3	QL (60 caps per month)
ZOHYDRO ER CAP 50MG	3	PA

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS**AMINOGLYCOSIDES**

ARIKAYCE SUS	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	

ANTIBACTERIALS, CEPHALOSPORINS, First Generation

<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DAXBIA CAP 333MG	2	
KEFLEX CAP 250MG	3	
KEFLEX CAP 500MG	3	
KEFLEX CAP 750MG	3	
ANTIBACTERIALS, CEPHALOSPORINS, Second Generation		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
CEFTIN SUS 125/5ML	3	
CEFTIN SUS 250/5ML	3	
CEFTIN TAB 250MG	3	
CEFTIN TAB 500MG	3	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
ANTIBACTERIALS, CEPHALOSPORINS, Third Generation		
CEDAX CAP 400MG	3	
CEDAX SUS 90MG/5ML	3	
CEDAX SUS 180/5ML	3	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>ceftibuten cap 400 mg</i>	1	
<i>ceftibuten for susp 180 mg/5ml</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
BIAXIN SUS 250/5ML	3	
BIAXIN TAB 250MG	3	
BIAXIN TAB 500MG	3	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	
E.E.S. GRAN SUS 200/5ML	3	
ERYPED SUS 200/5ML	3	
ERYPED SUS 400/5ML	3	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TAB 600MG	3	
ZMAX SUS 2GM	3	
ANTIBACTERIALS, FLUOROQUINOLONES		
AVELOX TAB 400MG	3	
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
CIPRO XR TAB 500MG	3	
CIPRO XR TAB 1000MG	3	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
FACTIVE TAB 320MG	3	
LEVAQUIN TAB 250MG	3	
LEVAQUIN TAB 500MG	3	
LEVAQUIN TAB 750MG	3	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
ANTIBACTERIALS, PENICILLINS		
<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	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>amoxicillin (trihydrate) tab er 24hr 775 mg</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
AUGMENTIN TAB 875MG	3	
AUGMENTIN XR TAB 12HR	3	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
MOXATAG TAB 775MG	3	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
ANTIBACTERIALS, SULFONAMIDES		
BACTRIM DS TAB 800-160	2	
BACTRIM TAB 400-80MG	2	
SULFADIAZINE TAB 500MG	3	
<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	
ANTIBACTERIALS, TETRACYCLINES		
ACTICLATE TAB 75MG	3	
ACTICLATE TAB 150MG	3	
ADOXA CAP 150MG	3	
ADOXA PAK 1/ TAB 100MG	3	
ADOXA PAK 1/ TAB 150MG	3	
ADOXA TAB 50MG	3	
ADOXA TAB 75MG	3	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
DORYX TAB 50MG	3	
DORYX TAB 200MG	3	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline hyclate tab delayed release 200 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
DOXYCYCLINE TAB HYCL ER	3	
MINOCIN CAP 50MG	3	
MINOCIN CAP 75MG	3	
MINOCIN CAP 100MG	3	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr 45 mg</i>	1	
<i>minocycline hcl tab er 24hr 55 mg</i>	1	
<i>minocycline hcl tab er 24hr 65 mg</i>	1	
<i>minocycline hcl tab er 24hr 80 mg</i>	1	
<i>minocycline hcl tab er 24hr 90 mg</i>	1	
<i>minocycline hcl tab er 24hr 105 mg</i>	1	
<i>minocycline hcl tab er 24hr 115 mg</i>	1	
<i>minocycline hcl tab er 24hr 135 mg</i>	1	
MINOLIRA TAB 105MG	3	
MINOLIRA TAB 135MG	3	
MONODOX CAP 75MG	3	
MONODOX CAP 100MG	3	
NUZYRA TAB 150MG	3	
SEYSARA TAB 60MG	3	
SEYSARA TAB 100MG	3	
SEYSARA TAB 150MG	3	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
TARGADOX TAB 50MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	
XIMINO CAP 45MG ER	3	
XIMINO CAP 90MG ER	3	
XIMINO CAP 135MG ER	3	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
<i>clotrimazole troche 10 mg</i>	1	
CRESEMBA CAP 186 MG	3	
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
GRIS-PEG TAB 125MG	2	
GRIS-PEG TAB 250MG	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
LAMISIL GRA 125MG	3	
LAMISIL GRA 187.5MG	3	
LAMISIL TAB 250MG	3	
NOXAFIL SUS 40MG/ML	3	
NOXAFIL TAB 100MG	3	
<i>*nystatin oral powder*</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin tab 500000 unit</i>	1	
ONMEL TAB 200MG	3	
ORAVIG TAB 50MG	3	
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
<i>terbinafine hcl tab 250 mg</i>	1	
TOLSURA CAP 65MG	3	
VFEND SUS 40MG/ML	2	
VFEND TAB 50MG	2	
VFEND TAB 200MG	2	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA TAB 100MG	3	
ARALEN TAB 500MG	2	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TAB 150MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	3	
ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS		
TYBOST TAB 150MG	3	
ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	
ATRIPLA TAB	2	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMBIVIR TAB 150-300	3	
COMPLERA TAB	2	
DELSTRIGO TAB	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>descovy tab 200/25</i>	2	
DOVATO TAB 50-300MG	3	
EPZICOM TAB 600-300	3	
EVOTAZ TAB 300-150	2	
GENVOYA TAB	2	
JULUCA TAB 50-25MG	3	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
STRIBILD TAB	2	
SYMFI LO TAB	2	
SYMFI TAB	2	
SYMTUZA TAB	3	
TEMIXYS TAB 300-300	3	
TRIUMEQ TAB	2	
TRIZIVIR TAB	3	
TRUVADA TAB 100-150	2	
TRUVADA TAB 133-200	2	
TRUVADA TAB 167-250	2	
TRUVADA TAB 200-300	2	
ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS		
SELZENTRY TAB 25MG	3	
SELZENTRY TAB 75MG	3	
SELZENTRY TAB 150MG	3	
SELZENTRY TAB 300MG	3	
ANTIRETROVIRALS, FUSION INHIBITORS		
FUZEON INJ 90MG	2	PA
ANTIRETROVIRALS, INTEGRASE INHIBITORS		
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
VITEKTA TAB 85MG	3	
VITEKTA TAB 150MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRALS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT TAB 25MG	2	
<i>efavirenz cap 50 mg</i>	1	
<i>efavirenz cap 200 mg</i>	1	
<i>efavirenz tab 600 mg</i>	1	
INTELENCE TAB 25MG	2	
INTELENCE TAB 100MG	2	
INTELENCE TAB 200MG	2	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 100 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
SUSTIVA CAP 50MG	3	
SUSTIVA CAP 200MG	3	
SUSTIVA TAB 600MG	3	
VIRAMUNE SUS 50MG/5ML	3	
VIRAMUNE TAB 200MG	3	
VIRAMUNE XR TAB 400MG	3	
ANTIRETROVIRALS, NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
<i>didanosine delayed release capsule 125 mg</i>	1	
<i>didanosine delayed release capsule 200 mg</i>	1	
<i>didanosine delayed release capsule 250 mg</i>	1	
<i>didanosine delayed release capsule 400 mg</i>	1	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	3	
EPIVIR TAB 150MG	3	
EPIVIR TAB 300MG	3	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
RETROVIR CAP 100MG	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR SYP 50MG/5ML	2	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
<i>stavudine for oral soln 1 mg/ml</i>	1	
VIDEX EC CAP 125MG	2	
VIDEX EC CAP 200MG	2	
VIDEX EC CAP 250MG	2	
VIDEX EC CAP 400MG	2	
VIDEX SOL 2GM	3	
VIDEX SOL 4GM	3	
ZERIT CAP 15MG	2	
ZERIT CAP 20MG	2	
ZERIT CAP 30MG	2	
ZERIT CAP 40MG	2	
ZERIT SOL 1MG/ML	2	
ZIAGEN SOL 20MG/ML	3	
ZIAGEN TAB 300MG	3	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	

ANTIRETROVIRALS, NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VIREAD TAB 300MG	2	

ANTIRETROVIRALS, PROTEASE INHIBITORS

APTIVUS CAP 250MG	3	
APTIVUS SOL	3	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	
INVIRASE CAP 200MG	3	
INVIRASE TAB 500MG	3	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
NORVIR CAP 100MG	2	
NORVIR POW 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
REYATAZ POW 50MG	2	
VIRACEPT TAB 250MG	3	
VIRACEPT TAB 625MG	3	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 100MG	2	
MYAMBUTOL TAB 400MG	2	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
RIFADIN CAP 150MG	2	
RIFADIN CAP 300MG	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
RIFAMATE CAP	3	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
RIFATER TAB	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	
ANTIVIRALS, CYTOMEGALOVIRUS AGENTS		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	3	
VALCYTE TAB 450MG	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
ANTIVIRALS, HEPATITIS AGENTS, Hepatitis B		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	2	
BARACLUDE TAB 0.5MG	3	
BARACLUDE TAB 1MG	3	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
EPIVIR HBV SOL 5MG/ML	3	
EPIVIR HBV TAB 100MG	3	
HEPSERA TAB 10MG	3	
<i>lamivudine tab 100 mg (hbv)</i>	1	
TYZEKA TAB 600MG	3	
VEMLIDY TAB 25MG	3	
ANTIVIRALS, HEPATITIS AGENTS, Hepatitis C		
DAKLINZA TAB 30MG	3	PA
DAKLINZA TAB 60MG	3	PA
DAKLINZA TAB 90MG	3	PA
EPCLUSA TAB 400-100	2	PA; Genotypes 1, 2, 3, 4, 5, 6
HARVONI TAB 45-200MG	2	PA
HARVONI TAB 90-400MG	2	PA; Genotypes 1, 4, 5 ,6
MAVYRET TAB 100-40MG	3	PA
MODERIBA PAK 800/DAY	3	PA
MODERIBA PAK 1200/DAY	3	PA
MODERIBA TAB 600/DAY	3	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
MODERIBA TAB 1000/DAY	3	PA
OLYSIO CAP 150MG	3	PA; MNPA
REBETOL CAP 200MG	3	PA
REBETOL SOL 40MG/ML	2	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
<i>ribavirin tab 400 mg</i>	1	PA
<i>ribavirin tab 600 mg</i>	1	PA
SOVALDI TAB 200MG	3	PA
SOVALDI TAB 400MG	3	PA; MNPA
VIEKIRA PAK TAB	3	PA; MNPA
VIEKIRA XR TAB	3	PA; MNPA
VOSEVI TAB	2	PA; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
ZEPATIER TAB 50-100MG	3	PA
ANTIVIRALS, HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
FAMVIR TAB 125MG	3	
FAMVIR TAB 250MG	3	
FAMVIR TAB 500MG	3	
SITAVIG TAB 50MG	3	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALTREX TAB 1GM	3	
VALTREX TAB 500MG	3	
ZOVIRAX CAP 200MG	3	
ZOVIRAX SUS 200/5ML	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TAB 400MG	3	
ZOVIRAX TAB 800MG	3	
ANTIVIRALS, INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (3 bottles / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (3 bottles / 90 days)
XOFLUZA TAB 20MG	3	
XOFLUZA TAB 40MG	3	
MISCELLANEOUS		
AEMCOLO TAB 194MG	3	
ALBENZA TAB 200MG	3	QL (336 tabs per year)
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs per year)
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
DARAPRIM TAB 25MG	3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
EMVERM CHW 100MG	2	QL (12 tabs per year)
FIRVANQ SOL 25MG/ML	3	
FIRVANQ SOL 50MG/ML	3	
FLAGYL CAP 375MG	3	
FLAGYL ER TAB 750MG	3	
FLAGYL TAB 250MG	3	
FLAGYL TAB 500MG	3	
FURADANTIN SUS 25MG/5ML	3	
HIPREX TAB 1GM	3	
<i>impavido cap 50mg</i>	3	
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
MACROBID CAP 100MG	2	
MACRODANTIN CAP 25MG	3	
MACRODANTIN CAP 50MG	3	
MACRODANTIN CAP 100MG	3	
MEPRON SUS	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
MYCOBUTIN CAP 150MG	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs per year)
PRIMSOL SOL 50MG/5ML	3	
<i>rifabutin cap 150 mg</i>	1	
SIVEXTRO TAB 200MG	3	
SOLOSEC GRA 2GM	3	
STROMECTOL TAB 3MG	3	
TINDAMAX TAB 250MG	2	
TINDAMAX TAB 500MG	2	
<i>tinidazole tab 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
VANCOGIN CAP 250MG	2	
VANCOGIN HCL CAP 125MG	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	
ZYVOX TAB 600MG	3	

ANTIDIABETICS**INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

BYDUREON BC INJ 2/0.85ML	3	QL (4 pens per month)
TANZEUM INJ 30MG	3	
TANZEUM INJ 50MG	3	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER**ALKYLATING AGENTS**

ALKERAN TAB 2MG	0	
CYCLOPHOSPH CAP 25MG	0	
CYCLOPHOSPH CAP 50MG	0	
EMCYT CAP 140MG	0	
GLEOSTINE CAP 5MG	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
HEXALEN CAP 50MG	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 5MG	0	PA
TEMODAR CAP 20MG	0	PA
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
VALCHLOR GEL 0.016%	3	PA
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	1	PA
<i>capecitabine tab 150 mg</i>	0	PA
<i>capecitabine tab 500 mg</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
PURIXAN SUS 20MG/ML	0	
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
VIDAZA INJ 100MG	3	PA
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA
XELODA TAB 500MG	0	PA
HORMONAL ANTINEOPLASTICS, ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	0	PA
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
ERLEADA TAB 60MG	0	
<i>flutamide cap 125 mg</i>	0	
NILANDRON TAB 150MG	0	
<i>nilutamide tab 150 mg</i>	1	
NUBEQA TAB 300MG	0	PA
XTANDI CAP 40MG	0	PA
YONSA TAB 125MG	0	PA
ZYTIGA TAB 250MG	0	PA
ZYTIGA TAB 500MG	0	PA
HORMONAL ANTINEOPLASTICS, ANTIESTROGENS		
FARESTON TAB 60MG	0	
SOLTAMOX SOL 10MG/5ML	0	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS		
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>exemestane tab 25 mg</i>	0	
FEMARA TAB 2.5MG	0	
<i>letrozole tab 2.5 mg</i>	0	
HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	PA
HORMONAL ANTINEOPLASTICS, PROGESTINS		
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA
POMALYST CAP 2MG	0	PA
POMALYST CAP 3MG	0	PA
POMALYST CAP 4MG	0	PA
REVLIMID CAP 2.5MG	0	PA
REVLIMID CAP 5MG	0	PA
REVLIMID CAP 10MG	0	PA
REVLIMID CAP 15MG	0	PA
REVLIMID CAP 20MG	0	PA
REVLIMID CAP 25MG	0	PA
THALOMID CAP 50MG	0	PA
THALOMID CAP 100MG	0	PA
THALOMID CAP 150MG	0	PA
THALOMID CAP 200MG	0	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>KINASE INHIBITORS</i>		
AFINITOR DIS TAB 2MG	0	PA
AFINITOR DIS TAB 3MG	0	PA
AFINITOR DIS TAB 5MG	0	PA
AFINITOR TAB 2.5MG	0	PA
AFINITOR TAB 5MG	0	PA
AFINITOR TAB 7.5MG	0	PA
AFINITOR TAB 10MG	0	PA
ALECENSA CAP 150MG	0	PA
ALUNBRIG PAK	0	PA
ALUNBRIG TAB 30MG	0	PA
ALUNBRIG TAB 90MG	0	PA
ALUNBRIG TAB 180MG	0	PA
BALVERSA TAB 3MG	0	PA
BALVERSA TAB 4MG	0	PA
BALVERSA TAB 5MG	0	PA
BOSULIF TAB 100MG	0	PA
BOSULIF TAB 400MG	0	PA
BOSULIF TAB 500MG	0	PA
BRAFTOVI CAP 50MG	0	PA
BRAFTOVI CAP 75MG	0	PA
<i>cabometyx tab 20mg</i>	0	PA
<i>cabometyx tab 40mg</i>	0	PA
<i>cabometyx tab 60mg</i>	0	PA
CALQUENCE CAP 100MG	0	PA
CAPRELSA TAB 100MG	0	PA
CAPRELSA TAB 300MG	0	PA
COMETRIQ KIT 60MG	0	PA
COMETRIQ KIT 100MG	0	PA
COMETRIQ KIT 140MG	0	PA
COPIKTRA CAP 15MG	0	PA
COPIKTRA CAP 25MG	0	PA
COTELLIC TAB 20MG	0	PA
GILOTRIF TAB 20MG	0	PA
GILOTRIF TAB 30MG	0	PA
GILOTRIF TAB 40MG	0	PA
GLEEVEC TAB 100MG	0	
GLEEVEC TAB 400MG	0	
IBRANCE CAP 75MG	0	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAP 100MG	0	PA
IBRANCE CAP 125MG	0	PA
ICLUSIG TAB 15MG	0	PA
ICLUSIG TAB 45MG	0	PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA
IMBRUVICA CAP 70MG	0	PA
IMBRUVICA CAP 140MG	0	PA
IMBRUVICA TAB 280MG	0	PA
IMBRUVICA TAB 420MG	0	PA
IMBRUVICA TAB 560MG	0	PA
INLYTA TAB 1MG	0	PA
INLYTA TAB 5MG	0	PA
IRESSA TAB 250MG	0	PA
JAKAFI TAB 5MG	0	PA
JAKAFI TAB 10MG	0	PA
JAKAFI TAB 15MG	0	PA
JAKAFI TAB 20MG	0	PA
JAKAFI TAB 25MG	0	PA
KISQALI 200 PAK FEMARA	0	PA
KISQALI 400 PAK FEMARA	0	PA
KISQALI 600 PAK FEMARA	0	PA
KISQALI TAB 200DOSE	0	PA
LENVIMA CAP 4MG	0	PA
LENVIMA CAP 10 MG	0	PA
LENVIMA CAP 12MG	0	PA
LENVIMA CAP 14 MG	0	PA
LENVIMA CAP 20 MG	0	PA
LENVIMA CAP 24 MG	0	PA
LORBRENA TAB 25MG	0	PA
LORBRENA TAB 100MG	0	PA
MEKINIST TAB 0.5MG	0	PA
MEKINIST TAB 2MG	0	PA
MEKTOVI TAB 15MG	0	PA
NERLYNX TAB 40MG	0	PA
NEXAVAR TAB 200MG	0	PA
RYDAPT CAP 25MG	0	PA
SPRYCEL TAB 20MG	0	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 50MG	0	PA
SPRYCEL TAB 70MG	0	PA
SPRYCEL TAB 80MG	0	PA
SPRYCEL TAB 100MG	0	PA
SPRYCEL TAB 140MG	0	PA
STIVARGA TAB 40MG	0	PA
SUTENT CAP 12.5MG	0	PA
SUTENT CAP 25MG	0	PA
SUTENT CAP 37.5MG	0	PA
SUTENT CAP 50MG	0	PA
TAFINLAR CAP 50MG	0	PA
TAFINLAR CAP 75MG	0	PA
TAGRISSE TAB 40MG	0	PA
TAGRISSE TAB 80MG	0	PA
TARCEVA TAB 25MG	0	PA
TARCEVA TAB 100MG	0	PA
TARCEVA TAB 150MG	0	PA
TASIGNA CAP 50MG	0	PA
TASIGNA CAP 150MG	0	PA
TASIGNA CAP 200MG	0	PA
TURALIO CAP 200MG	0	PA
TYKERB TAB 250MG	0	PA
VERZENIO TAB 50MG	0	PA
VERZENIO TAB 100MG	0	PA
VERZENIO TAB 150MG	0	PA
VERZENIO TAB 200MG	0	PA
VITRAKVI CAP 25MG	0	PA
VITRAKVI CAP 100MG	0	PA
VITRAKVI SOL 20MG/ML	0	PA
VIZIMPRO TAB 15MG	0	PA
VIZIMPRO TAB 30MG	0	PA
VIZIMPRO TAB 45MG	0	PA
VOTRIENT TAB 200MG	0	PA
XALKORI CAP 200MG	0	PA
XALKORI CAP 250MG	0	PA
XOSPATA TAB 40MG	0	PA
ZELBORAF TAB 240MG	0	PA
ZYDELIG TAB 100MG	0	PA
ZYDELIG TAB 150MG	0	PA
ZYKADIA CAP 150MG	0	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TAB 150MG	0	PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	0	PA
DAURISMO TAB 25MG	0	
DAURISMO TAB 100MG	0	
DROXIA CAP 200MG	0	
DROXIA CAP 300MG	0	
DROXIA CAP 400MG	0	
ERIVEDGE CAP 150MG	0	PA
FARYDAK CAP 10MG	0	PA
FARYDAK CAP 15MG	0	PA
FARYDAK CAP 20MG	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
IDHIFA TAB 50MG	0	PA
IDHIFA TAB 100MG	0	PA
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
LONSURF TAB 15-6.14	0	PA
LONSURF TAB 20-8.19	0	PA
LYNPARZA CAP 50MG	0	PA
LYSODREN TAB 500MG	0	
MATULANE CAP 50MG	0	
MESNEX TAB 400MG	0	
NINLARO CAP 2.3MG	0	PA
NINLARO CAP 3MG	0	PA
NINLARO CAP 4MG	0	PA
ODOMZO CAP 200MG	0	PA
RUBRACA TAB 200MG	0	PA
RUBRACA TAB 250MG	0	PA
RUBRACA TAB 300MG	0	PA
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	
TALZENNA CAP 0.25MG	0	PA
TALZENNA CAP 1MG	0	PA
TARGRETIN CAP 75MG	0	PA
TARGRETIN GEL 1%	3	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TIBSOVO TAB 250MG	0	PA
<i>tretinoin cap 10 mg</i>	0	
VENCLEXTA TAB 10MG	0	PA
VENCLEXTA TAB 50MG	0	PA
VENCLEXTA TAB 100MG	0	PA
VENCLEXTA TAB START PK	0	PA
VISTOGARD PAK 10GM	2	
XPOVIO PAK 60MG	0	PA
XPOVIO PAK 80MG	0	PA
XPOVIO PAK 100MG	0	PA
ZEJULA CAP 100MG	0	PA
ZOLINZA CAP 100MG	0	PA
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER 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	
LOTREL CAP 2.5-10MG	2	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
PRESTALIA TAB 3.5-2.5	3	
PRESTALIA TAB 7-5MG	3	
PRESTALIA TAB 14-10MG	3	
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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Drug Name	Drug Tier	Requirements/Limits
TARKA TAB 1-240 CR	2	
TARKA TAB 2-180 CR	2	
TARKA TAB 2-240 CR	2	
TARKA TAB 4-240 CR	2	
<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 INHIBITOR/DIURETIC COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<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	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ACEON TAB 4MG	3	
ACEON TAB 8MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
MAVIK TAB 1MG	3	
MAVIK TAB 2MG	3	
MAVIK TAB 4MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
PRINIVIL TAB 5MG	3	
PRINIVIL TAB 10MG	3	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
ADRENOLYTICS, CENTRAL		
CATAPRES TAB 0.1MG	2	
CATAPRES TAB 0.2MG	2	
CATAPRES TAB 0.3MG	2	
CATAPRES-TTS DIS 0.1/24HR	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
TENEX TAB 1MG	2	
TENEX TAB 2MG	2	
ADRENOLYTICS, CENTRAL/DIURETIC COMBINATIONS		
<i>clonidine & chlorthalidone tab 0.1-15 mg</i>	1	
<i>clonidine & chlorthalidone tab 0.2-15 mg</i>	1	
<i>clonidine & chlorthalidone tab 0.3-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
CAROSPIR SUS 25MG/5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPRA TAB 25MG	2	
INSPRA TAB 50MG	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER 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	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	3	
EXFORGE TAB 5-160MG	3	
EXFORGE TAB 5-320MG	3	
EXFORGE TAB 10-160MG	3	
EXFORGE TAB 10-320MG	3	
<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	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
EXFORGE HCT TAB 5-160-12.5	3	
EXFORGE HCT TAB 5-160-25	3	
EXFORGE HCT TAB 10-160-12.5	3	
EXFORGE HCT TAB 10-160-25	3	
EXFORGE HCT TAB 10-320-25	3	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	

ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS

ATACAND HCT TAB 16-12.5	3	
ATACAND HCT TAB 32-12.5	3	
ATACAND HCT TAB 32-25MG	3	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
BENICAR HCT TAB 20-12.5	3	
BENICAR HCT TAB 40-12.5	3	
BENICAR HCT TAB 40-25MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
DIOVAN HCT TAB 80/12.5	3	
DIOVAN HCT TAB 160-12.5	3	
DIOVAN HCT TAB 160-25MG	3	
DIOVAN HCT TAB 320-12.5	3	
DIOVAN HCT TAB 320-25MG	3	
EDARBYCLOR TAB 40-12.5	3	
EDARBYCLOR TAB 40-25MG	3	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
<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>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	
TEVETEN HCT TAB 600-12.5	3	
TEVETEN HCT TAB 600-25MG	3	
<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 - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND TAB 4MG	3	
ATACAND TAB 8MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ATACAND TAB 16MG	3	
ATACAND TAB 32MG	3	
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	
BENICAR TAB 20MG	3	
BENICAR TAB 40MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
COZAAR TAB 25MG	3	
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
DIOVAN TAB 40MG	3	
DIOVAN TAB 80MG	3	
DIOVAN TAB 160MG	3	
DIOVAN TAB 320MG	3	
EDARBI TAB 40MG	3	
EDARBI TAB 80MG	3	
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
MICARDIS TAB 20MG	3	
MICARDIS TAB 40MG	3	
MICARDIS TAB 80MG	3	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
TEVETEN TAB 600MG	3	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
BETAPACE AF TAB 80MG	3	
BETAPACE AF TAB 120MG	3	
BETAPACE AF TAB 160MG	3	
BETAPACE TAB 80MG	3	
BETAPACE TAB 120MG	3	
BETAPACE TAB 160MG	3	
CORDARONE TAB 200MG	2	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
MULTAQ TAB 400MG	2	
NORPACE CAP 100MG	2	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG	2	
NORPACE CAP 150MG CR	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	
RYTHMOL TAB 150MG	2	
RYTHMOL TAB 225MG	2	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afI) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
TIKOSYN CAP 125MCG	2	PA
TIKOSYN CAP 250MCG	2	PA
TIKOSYN CAP 500MCG	2	PA
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	
ANTILIPEMICS, FIBRATES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 40 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 120 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FENOGLIDE TAB 120MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOFIBRA CAP 67MG	3	
LOFIBRA CAP 134MG	3	
LOFIBRA CAP 200MG	3	
LOFIBRA TAB 54MG	3	
LOFIBRA TAB 160MG	3	
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	
TRICOR TAB 145MG	3	
TRIGLIDE TAB 160MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ALTOPREV TAB 20MG ER	3	
ALTOPREV TAB 40MG ER	3	
ALTOPREV TAB 60MG ER	3	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
CRESTOR TAB 5MG	3	
CRESTOR TAB 10MG	3	
CRESTOR TAB 20MG	3	
CRESTOR TAB 40MG	3	
EZALLOR SPR CAP 5MG	3	
EZALLOR SPR CAP 10MG	3	
EZALLOR SPR CAP 20MG	3	
EZALLOR SPR CAP 40MG	3	
<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	
FLOLIPID SUS 20MG/5ML	3	
FLOLIPID SUS 40MG/5ML	3	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
LESCOL XL TAB 80MG	3	
LIPITOR TAB 10MG	3	
LIPITOR TAB 20MG	3	
LIPITOR TAB 40MG	3	
LIPITOR TAB 80MG	3	
LIVALO TAB 1MG	3	
LIVALO TAB 2MG	3	
LIVALO TAB 4MG	3	
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
MEVACOR TAB 40MG	3	
PRAVACHOL TAB 20MG	3	
PRAVACHOL TAB 40MG	3	

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Drug Name	Drug Tier	Requirements/Limits
PRAVACHOL TAB 80MG	3	
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ZOCOR TAB 5MG	3	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
ZYPITAMAG TAB 1MG	3	
ZYPITAMAG TAB 2MG	3	
ZYPITAMAG TAB 4MG	3	
ANTILIPEMICS, MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS		
JUXTAPID CAP 5MG	3	PA
JUXTAPID CAP 10MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAP 20MG	3	PA
JUXTAPID CAP 30MG	3	PA
JUXTAPID CAP 40MG	3	PA
JUXTAPID CAP 60MG	3	PA
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
KYNAMRO INJ 200MG/ML	3	PA
ANTILIPEMICS, NIACINS		
<i>niacin (antihyperlipidemic) tab 500 mg</i>	1	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
LOVAZA CAP 1GM	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA
PRALUENT INJ 150MG/ML	2	PA
REPATHA INJ 140MG/ML	2	PA
REPATHA SURE INJ 140MG/ML	2	PA
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<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	
CORZIDE TAB 40-5MG	3	
CORZIDE TAB 80-5MG	3	
DUTOPROL TAB 25-12.5	3	
DUTOPROL TAB 50-12.5	3	

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Drug Name	Drug Tier	Requirements/Limits
DUTOPROL TAB 100-12.5	3	
LOPRESS HCT TAB 50-25MG	2	
LOPRESS HCT TAB 100-25MG	2	
<i>metopro/hctz tab 25-12.5</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
ZIAC TAB 2.5/6.25	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	
INDERAL LA CAP 80MG	3	
INDERAL LA CAP 120MG	3	
INDERAL LA CAP 160MG	3	
KAPSPARGO CAP 25MG	3	
KAPSPARGO CAP 50MG	3	
KAPSPARGO CAP 100MG	3	
KAPSPARGO CAP 200MG	3	
KERLONE TAB 10MG	3	
KERLONE TAB 20MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
LEVATOL TAB 20MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
SECTRAL CAP 200MG	3	
SECTRAL CAP 400MG	3	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
TOPROL XL TAB 25MG	3	
TOPROL XL TAB 50MG	3	
TOPROL XL TAB 100MG	3	
TOPROL XL TAB 200MG	3	
ZEBETA TAB 5MG	3	
ZEBETA TAB 10MG	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
CADUET TAB 2.5-10MG	3	
CADUET TAB 2.5-20MG	3	
CADUET TAB 2.5-40MG	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES		
ADALAT CC TAB 30MG ER	3	
ADALAT CC TAB 60MG ER	3	
ADALAT CC TAB 90MG ER	3	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>isradipine cap 5 mg</i>	1	
KATERZIA SUS 1MG/ML	3	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NORVASC TAB 2.5MG	3	
NORVASC TAB 5MG	3	
NORVASC TAB 10MG	3	
NYMALIZE SOL 60/20ML	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	
CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES		
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
CALAN TAB 80MG	3	
CALAN TAB 120MG	3	
CARDIZEM CD CAP 120MG/24	3	
CARDIZEM CD CAP 180MG/24	3	
CARDIZEM CD CAP 240MG/24	3	

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Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CAP 300MG/24	3	
CARDIZEM CD CAP 360MG/24	3	
CARDIZEM LA TAB 120MG	3	
CARDIZEM LA TAB 180MG	3	
CARDIZEM LA TAB 240MG	3	
CARDIZEM LA TAB 300MG/24	3	
CARDIZEM LA TAB 360MG	3	
CARDIZEM LA TAB 420MG/24	3	
CARDIZEM TAB 30MG	3	
CARDIZEM TAB 60MG	3	
CARDIZEM TAB 120MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digoxin oral soln 0.05 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.25MG	3	
LANOXIN TAB 0.125MG	3	
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
<i>DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS</i>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
TEKTURNA TAB 150MG	2	
TEKTURNA TAB 300MG	2	
<i>DIURETICS, CARBONIC ANHYDRASE INHIBITORS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
DIAMOX SEQUE CAP 500MG CR	2	
KEVEYIS TAB 50MG	3	PA
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
NEPTAZANE TAB 25MG	3	
NEPTAZANE TAB 50MG	3	
<i>DIURETICS, DIURETIC COMBINATIONS</i>		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
DYAZIDE CAP 37.5-25	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
DIURETICS, LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
DEMADEX TAB 5MG	3	
DEMADEX TAB 10MG	3	
DEMADEX TAB 20MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
FUROSEMIDE SOL 8MG/ML	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
DIURETICS, POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
DIURETICS, THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
MICROZIDE CAP 12.5MG	3	
HEART FAILURE		
BIDIL TAB	2	
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
MISCELLANEOUS		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
NORTHERA CAP 100MG	3	PA
NORTHERA CAP 200MG	3	PA
NORTHERA CAP 300MG	3	PA
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
<i>reserpine tab 0.1 mg</i>	1	
<i>reserpine tab 0.25 mg</i>	1	
NITRATES, ORAL		
DILATRATE SR CAP 40MG	3	
ISORDIL TAB 5MG	2	
ISORDIL TAB 40MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab er 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRATES, SUBLINGUAL/TRANSLINGUAL		
<i>nitroglycerin lingual aerosol 400 mcg/spray</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR PUMPSRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
NITRATES, TRANSDERMAL		
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB 5MG	2	PA
LETAIRIS TAB 10MG	2	PA
OPSUMIT TAB 10MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits
TRACLEER TAB 32MG	2	PA
TRACLEER TAB 62.5MG	2	PA
TRACLEER TAB 125MG	2	PA

PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITORS

ADCIRCA TAB 20MG	3	PA
REVATIO SUS 10MG/ML	3	PA
REVATIO TAB 20MG	3	PA
<i>sildenafil citrate tab 20 mg</i>	1	PA

PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONISTS

UPTRAVI TAB 200/800	2	PA
UPTRAVI TAB 200MCG	2	PA
UPTRAVI TAB 400MCG	2	PA
UPTRAVI TAB 600MCG	2	PA
UPTRAVI TAB 800MCG	2	PA
UPTRAVI TAB 1000MCG	2	PA
UPTRAVI TAB 1200MCG	2	PA
UPTRAVI TAB 1400MCG	2	PA
UPTRAVI TAB 1600MCG	2	PA

PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
TYVASO START SOL 0.6MG/ML	3	PA
VENTAVIS SOL 10MCG/ML	3	PA
VENTAVIS SOL 20MCG/ML	3	PA

PULMONARY ARTERIAL HYPERTENSION, SOLUBLE GUANYLATE CYCLASE STIMULATORS

ADEMPAS TAB 0.5MG	2	PA
ADEMPAS TAB 1.5MG	2	PA
ADEMPAS TAB 1MG	2	PA
ADEMPAS TAB 2.5MG	2	PA
ADEMPAS TAB 2MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
TRANSTHYRETIN STABILIZERS		
VYNDAQEL CAP 20MG	3	PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	3	PA
ANTIANSIETY, BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
ATIVAN TAB 0.5MG	2	
ATIVAN TAB 1MG	2	
ATIVAN TAB 2MG	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
NIRAVAM TAB 0.25MG	3	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 3.75MG	3	
TRANXENE T TAB 7.5MG	3	
TRANXENE T TAB 15MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	
VALIUM TAB 10MG	2	
XANAX TAB 0.5MG	3	
XANAX TAB 0.25MG	3	
XANAX TAB 1MG	3	
XANAX TAB 2MG	3	
XANAX XR TAB 0.5MG	3	
XANAX XR TAB 1MG	3	
XANAX XR TAB 2MG	3	
XANAX XR TAB 3MG	3	
ANTI-ANXIETY, MISCELLANEOUS		
ANAFRANIL CAP 25MG	2	

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Drug Name	Drug Tier	Requirements/Limits
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
ANTICONSULSANTS - DRUGS TO TREAT SEIZURES		
APTIOG TAB 200MG	3	
APTIOG TAB 400MG	3	
APTIOG TAB 600MG	3	
APTIOG TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
CELONTIN CAP 300MG	3	
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
DEPAKENE CAP 250MG	3	
DEPAKENE SOL 250/5ML	3	
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
DIACOMIT CAP 250MG	3	PA
DIACOMIT CAP 500MG	3	PA
DIACOMIT PAK 250MG	3	PA
DIACOMIT PAK 500MG	3	PA
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
EPIDIOLEX SOL 100MG/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
LAMICTAL CHW 2MG	3	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (35) starter kit</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 25 mg (84) & 100 mg (14) starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NAYZILAM SPR 5MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>primidone tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
SABRIL POW 500MG	3	PA
SABRIL TAB 500MG	3	PA
SPRITAM TAB 250MG	3	
SPRITAM TAB 500MG	3	
SPRITAM TAB 750MG	3	
SPRITAM TAB 1000MG	3	
STAVZOR CAP 125MG	3	
STAVZOR CAP 250MG	3	
STAVZOR CAP 500MG	3	
SYMPAZAN MIS 5MG	3	
SYMPAZAN MIS 10MG	3	
SYMPAZAN MIS 20MG	3	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA
<i>vigabatrin tab 500 mg</i>	1	PA
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
ZONEGRAN CAP 25MG	3	
ZONEGRAN CAP 100MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
EXELON CAP 1.5MG	3	
EXELON CAP 3MG	3	
EXELON CAP 4.5MG	3	
EXELON CAP 6MG	3	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
NAMENDA SOL 10MG/5ML	3	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMENDA XR CAP TITRATIO	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
RAZADYNE TAB 4MG	3	
RAZADYNE TAB 8MG	3	
RAZADYNE TAB 12MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
ANTIDEPRESSANTS, MISCELLANEOUS		
ALENZIN TAB 174MG	3	
ALENZIN TAB 348MG	3	
ALENZIN TAB 522MG	3	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
FORFIVO XL TAB 450MG	3	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
OLEPTRO TAB 24HR150	3	
OLEPTRO TAB 24HR300	3	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
REMERON TAB 45MG	3	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
WELLBUTRIN TAB 75MG	3	
WELLBUTRIN TAB 100MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
ANTIDEPRESSANTS, MONOAMINE OXIDASE INHIBITORS (MAOIs)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	2	
PARNATE TAB 10MG	2	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl (pmdd) cap 10 mg</i>	1	
<i>fluoxetine hcl (pmdd) cap 20 mg</i>	1	
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	1	
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	1	
FLUOXETINE TAB 60MG	3	
LEXAPRO SOL 5MG/5ML	3	
LEXAPRO TAB 5MG	3	
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PEXEVA TAB 10MG	3	
PEXEVA TAB 20MG	3	
PEXEVA TAB 30MG	3	
PEXEVA TAB 40MG	3	
PROZAC CAP 10MG	3	
PROZAC CAP 20MG	3	
PROZAC CAP 40MG	3	
PROZAC WEEKL CAP 90MG	3	
SARAFEM TAB 10MG	3	
SARAFEM TAB 20MG	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	
ANTIDEPRESSANTS, SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)		
CYMBALTA CAP 20MG	3	
CYMBALTA CAP 30MG	3	
CYMBALTA CAP 60MG	3	
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>desvenlafaxine tab er 24hr 50 mg</i>	1	
<i>desvenlafaxine tab er 24hr 100 mg</i>	1	
DRIZALMA CAP 20MG DR	3	
DRIZALMA CAP 30MG DR	3	
DRIZALMA CAP 40MG DR	3	
DRIZALMA CAP 60MG DR	3	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EFFEXOR XR CAP 37.5MG	3	
EFFEXOR XR CAP 75MG	3	
EFFEXOR XR CAP 150MG	3	
FETZIMA CAP 20MG	2	
FETZIMA CAP 40MG	2	
FETZIMA CAP 80MG	2	
FETZIMA CAP 120MG	2	
FETZIMA CAP TITRATIO	2	
KHEDEZLA TAB 50MG ER	3	
KHEDEZLA TAB 100MG ER	3	
PRISTIQ TAB 25MG	3	
PRISTIQ TAB 50MG	3	
PRISTIQ TAB 100MG	3	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
VENLAFAXINE TAB 37.5 ER	3	
VENLAFAXINE TAB 75MG ER	3	
VENLAFAXINE TAB 150MG ER	3	
VENLAFAXINE TAB 225MG ER	3	
ANTIDEPRESSANTS, TRICYCLIC ANTIDEPRESSANTS (TCAs)		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
NORPRAMIN TAB 50MG	2	
NORPRAMIN TAB 75MG	2	
NORPRAMIN TAB 100MG	2	
NORPRAMIN TAB 150MG	2	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
SURMONTIL CAP 25MG	3	
SURMONTIL CAP 50MG	3	
SURMONTIL CAP 100MG	3	
TOFRANIL TAB 10MG	2	
TOFRANIL TAB 25MG	2	
TOFRANIL TAB 50MG	2	
TOFRANIL-PM CAP 75MG	3	
TOFRANIL-PM CAP 100MG	3	
TOFRANIL-PM CAP 125MG	3	
TOFRANIL-PM CAP 150MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	3	PA
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</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 tab 25 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
COMTAN TAB 200MG	3	
ELDEPRYL CAP 5MG	3	
<i>entacapone tab 200 mg</i>	1	
GOCOVRI CAP 68.5MG	3	
GOCOVRI CAP 137MG	3	
INBRIJA CAP 42MG	3	PA
LODOSYN TAB 25MG	3	
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.25MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1.5MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
NOURIANZ TAB 20MG	3	
NOURIANZ TAB 40MG	3	
OSMOLEX ER TAB 129MG	3	
OSMOLEX ER TAB 193MG	3	
OSMOLEX ER TAB 258MG	3	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
REQUIP TAB 0.5MG	3	
REQUIP TAB 0.25MG	3	
REQUIP TAB 1MG	3	
REQUIP TAB 2MG	3	
REQUIP TAB 3MG	3	
REQUIP TAB 4MG	3	
REQUIP TAB 5MG	3	
REQUIP XL TAB 2MG	3	
REQUIP XL TAB 4MG	3	
REQUIP XL TAB 6MG	3	
REQUIP XL TAB 8MG	3	
REQUIP XL TAB 12MG	3	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
SINEMET CR TAB 25-100MG	3	
SINEMET CR TAB 50-200MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
SINEMET TAB 25-250MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
XADAGO TAB 50MG	3	
XADAGO TAB 100MG	3	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS, ATYPICALS		
ABILIFY MYCI TAB 2MG	3	
ABILIFY MYCI TAB 5MG	3	
ABILIFY MYCI TAB 10MG	3	
ABILIFY MYCI TAB 15MG	3	
ABILIFY MYCI TAB 20MG	3	
ABILIFY MYCI TAB 30MG	3	
ABILIFY TAB 2MG	3	
ABILIFY TAB 5MG	3	
ABILIFY TAB 10MG	3	
ABILIFY TAB 15MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY TAB 20MG	3	
ABILIFY TAB 30MG	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
ARIPIPRAZOLE TAB 10MG ODT	1	
<i>aripiprazole tab 15 mg</i>	1	
ARIPIPRAZOLE TAB 15MG ODT	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 100MG	3	
FANAPT PAK	3	
FANAPT TAB 1MG	3	
FANAPT TAB 2MG	3	
FANAPT TAB 4MG	3	
FANAPT TAB 6MG	3	
FANAPT TAB 8MG	3	
FANAPT TAB 10MG	3	
FANAPT TAB 12MG	3	
FAZACLO TAB 12.5 ODT	3	
FAZACLO TAB 25MG ODT	3	
FAZACLO TAB 100 ODT	3	
FAZACLO TAB 150 ODT	3	
FAZACLO TAB 200 ODT	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	

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Drug Name	Drug Tier	Requirements/Limits
GEODON CAP 80MG	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	3	
NUPLAZID TAB 10MG	3	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	

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Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
RISPERDAL M TAB 0.5MG	3	
RISPERDAL M TAB 1MG	3	
RISPERDAL M TAB 2MG	3	
RISPERDAL M TAB 3MG	3	
RISPERDAL M TAB 4MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 0.25MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	
SEROQUEL XR TAB 150MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR TAB 200MG	3	
SEROQUEL XR TAB 300MG	3	
SEROQUEL XR TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE INH 10MG	3	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
ORAP TAB 1MG	3	
ORAP TAB 2MG	3	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name **Drug Tier** **Requirements/Limits**
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT
ADHD

ADDERALL TAB 5MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 7.5MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 10MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 12.5MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 15MG	3	QL (60 tabs / 25 days)
ADDERALL TAB 20MG	3	QL (60 tabs / 25 days)
ADDERALL TAB 30MG	3	QL (30 tabs / 25 days)
ADDERALL XR CAP 5MG	3	QL (90 caps / 25 days)
ADDERALL XR CAP 10MG	3	QL (90 caps / 25 days)
ADDERALL XR CAP 15MG	3	QL (30 caps / 25 days)
ADDERALL XR CAP 20MG	3	QL (30 caps / 25 days)
ADDERALL XR CAP 25MG	3	QL (30 caps / 25 days)
ADDERALL XR CAP 30MG	3	QL (30 caps / 25 days)
ADZENYS XR TAB 3.1MG	3	QL (60 ea / 25 days)
ADZENYS XR TAB 6.3MG	3	QL (60 ea / 25 days)
ADZENYS XR TAB 9.4MG	3	QL (60 ea / 25 days)
ADZENYS XR TAB 12.5MG	3	QL (30 ea / 25 days)
ADZENYS XR TAB 15.7 MG	3	QL (30 ea / 25 days)
ADZENYS XR TAB 18.8MG	3	QL (30 ea / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 25 days)
APTENSIO XR CAP 10MG	3	QL (60 caps / 25 days)
APTENSIO XR CAP 15MG	3	QL (60 caps / 25 days)
APTENSIO XR CAP 20MG	3	QL (60 caps / 25 days)
APTENSIO XR CAP 30MG	3	QL (60 caps / 25 days)
APTENSIO XR CAP 40MG	3	QL (30 caps / 25 days)
APTENSIO XR CAP 50MG	3	QL (30 caps / 25 days)
APTENSIO XR CAP 60MG	3	QL (30 caps / 25 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (120 caps / 25 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (120 caps / 25 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (120 caps / 25 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps / 25 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps / 25 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps / 25 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps / 25 days)
CONCERTA TAB 18MG	3	QL (60 tabs / 25 days)
CONCERTA TAB 27MG	3	QL (60 tabs / 25 days)
CONCERTA TAB 36MG	3	QL (60 tabs / 25 days)
CONCERTA TAB 54MG	3	QL (30 tabs / 25 days)
COTEMPLA TAB 8.6MG	3	QL (60 ea / 25 days)
COTEMPLA TAB 17.3MG	3	QL (60 ea / 25 days)
COTEMPLA TAB 25.9MG	3	QL (60 ea / 25 days)
DAYTRANA DIS 10MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 15MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 20MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 30MG/9HR	3	QL (30 patches / 25 days)
DESOXYN TAB 5MG	3	QL (150 tabs / 25 days)
DEXEDRINE CAP 5MG CR	3	QL (120 caps / 25 days)
DEXEDRINE CAP 10MG CR	3	QL (120 caps / 25 days)
DEXEDRINE CAP 15MG CR	3	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / 25 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1200 mL / 25 days)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs / 25 days)
DYANAVEL XR SUS 2.5MG/ML	3	QL (240 mL / 25 days)
EVEKEO TAB 5MG	3	QL (120 tabs / 25 days)
EVEKEO TAB 10MG	3	QL (120 tabs / 25 days)
FOCALIN TAB 2.5MG	3	QL (120 tabs / 25 days)
FOCALIN TAB 5MG	3	QL (120 tabs / 25 days)
FOCALIN TAB 10MG	3	QL (60 tabs / 25 days)
FOCALIN XR CAP 5MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 10MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 15MG	3	QL (60 caps / 25 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
FOCALIN XR CAP 20MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 25MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 30MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 35MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 40MG	3	QL (30 caps / 25 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
INTUNIV TAB 1MG	3	
INTUNIV TAB 2MG	3	
INTUNIV TAB 3MG	3	
INTUNIV TAB 4MG	3	
JORNAY PM CAP 20MG ER	3	QL (60 caps / 25 days)
JORNAY PM CAP 40MG ER	3	QL (60 caps / 25 days)
JORNAY PM CAP 60MG ER	3	QL (30 caps / 25 days)
JORNAY PM CAP 80MG ER	3	QL (30 caps / 25 days)
JORNAY PM CAP 100MG ER	3	QL (30 caps / 25 days)
METADATE CD CAP 10MG	3	QL (60 caps / 25 days)
METADATE CD CAP 20MG	3	QL (60 caps / 25 days)
METADATE CD CAP 30MG	3	QL (60 caps / 25 days)
METADATE CD CAP 40MG	3	QL (30 caps / 25 days)
METADATE CD CAP 50MG	3	QL (30 caps / 25 days)
METADATE CD CAP 60MG	3	QL (30 caps / 25 days)
METHYLIN CHW 2.5MG	2	QL (180 tabs / 25 days)
METHYLIN CHW 5MG	2	QL (180 tabs / 25 days)
METHYLIN CHW 10MG	2	QL (180 tabs / 25 days)
METHYLIN SOL 5MG/5ML	3	QL (1800 mL / 25 days)
METHYLIN SOL 10MG/5ML	3	QL (900 mL / 25 days)
<i>methylphenid tab 72mg er</i>	3	QL (30 tabs / 25 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (900 tabs / 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs / 25 days)
MYDAYIS CAP 12.5MG	2	QL (60 caps / 25 days)
MYDAYIS CAP 25MG	2	QL (60 caps / 25 days)
MYDAYIS CAP 37.5MG	2	QL (30 caps / 25 days)
MYDAYIS CAP 50MG	2	QL (30 caps / 25 days)
PROCENTRA SOL 5MG/5ML	3	QL (1200 mL / 25 days)
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / 25 days)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / 25 days)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / 25 days)
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL / 25 days)
RELEXXII TAB 72MG	3	QL (30 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
RITALIN LA CAP 10MG	3	QL (60 caps / 25 days)
RITALIN LA CAP 20MG	3	QL (60 caps / 25 days)
RITALIN LA CAP 30MG	3	QL (60 caps / 25 days)
RITALIN LA CAP 40MG	3	QL (30 caps / 25 days)
RITALIN LA CAP 60MG	3	QL (30 caps / 25 days)
RITALIN TAB 5MG	3	QL (180 tabs / 25 days)
RITALIN TAB 10MG	3	QL (180 tabs / 25 days)
RITALIN TAB 20MG	3	QL (900 tabs / 25 days)
STRATTERA CAP 10MG	3	QL (120 caps / 25 days)
STRATTERA CAP 18MG	3	QL (120 caps / 25 days)
STRATTERA CAP 25MG	3	QL (120 caps / 25 days)
STRATTERA CAP 40MG	3	QL (60 caps / 25 days)
STRATTERA CAP 60MG	3	QL (30 caps / 25 days)
STRATTERA CAP 80MG	3	QL (30 caps / 25 days)
STRATTERA CAP 100MG	3	QL (30 caps / 25 days)
VYVANSE CAP 10MG	2	QL (60 caps / 25 days)
VYVANSE CAP 20MG	2	QL (60 caps / 25 days)
VYVANSE CAP 30MG	2	QL (60 caps / 25 days)
VYVANSE CAP 40MG	2	QL (30 caps / 25 days)
VYVANSE CAP 50MG	2	QL (30 caps / 25 days)
VYVANSE CAP 60MG	2	QL (30 caps / 25 days)
VYVANSE CAP 70MG	2	QL (30 caps / 25 days)
VYVANSE CHW 10MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 20MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 30MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 40MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 50MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 60MG	2	QL (30 tabs / 25 days)
DUCHENNE MUSCULAR DYSTROPHY		
EMFLAZA SUS 22.75/ML	3	
EMFLAZA TAB 6MG	3	
EMFLAZA TAB 18MG	3	
EMFLAZA TAB 30MG	3	
EMFLAZA TAB 36MG	3	
FIBROMYALGIA		
LYRICA CAP 25MG	2	
LYRICA CAP 50MG	2	
LYRICA CAP 75MG	2	
LYRICA CAP 100MG	2	

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 150MG	2	
LYRICA CAP 200MG	2	
LYRICA CAP 225MG	2	
LYRICA CAP 300MG	2	
LYRICA SOL 20MG/ML	2	
<i>pregabalin cap 25 mg</i>	1	
<i>pregabalin cap 50 mg</i>	1	
<i>pregabalin cap 75 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	
<i>pregabalin cap 150 mg</i>	1	
<i>pregabalin cap 200 mg</i>	1	
<i>pregabalin cap 225 mg</i>	1	
<i>pregabalin cap 300 mg</i>	1	
SAVELLA MIS TITR PAK	2	
SAVELLA TAB 12.5MG	2	
SAVELLA TAB 25MG	2	
SAVELLA TAB 50MG	2	
SAVELLA TAB 100MG	2	
HUNTINGTON'S DISEASE AGENTS		
AUSTEDO TAB 6MG	2	PA
AUSTEDO TAB 9MG	2	PA
AUSTEDO TAB 12MG	2	PA
INGREZZA CAP 40-80MG	3	PA
<i>tetrabenazine tab 12.5 mg</i>	1	PA
<i>tetrabenazine tab 25 mg</i>	1	PA
XENAZINE TAB 12.5MG	3	
XENAZINE TAB 25MG	3	
HYPNOTICS, BENZODIAZEPINES		
DORAL TAB 15MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
HALCION TAB 0.25MG	3	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
HYPNOTICS, NON-BENZODIAZEPINES		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
BUTISOL SOD TAB 30MG	3	
BUTISOL SOD TAB 50MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
HETLIOZ CAP 20MG	3	PA
INTERMEZZO SUB 1.75MG	3	
INTERMEZZO SUB 3.5MG	3	
LUNESTA TAB 1MG	3	
LUNESTA TAB 2MG	3	
LUNESTA TAB 3MG	3	
<i>ramelteon tab 8 mg</i>	1	
ROZEREM TAB 8MG	3	
SONATA CAP 5MG	3	
SONATA CAP 10MG	3	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ZOLPIMIST SPR 5MG	3	
HYPNOTICS, TRICYCLICS		
SILENOR TAB 3MG	2	
SILENOR TAB 6MG	2	
MIGRAINE, ERGOTAMINE DERIVATIVES		
CAFERGOT TAB 1-100MG	3	
D.H.E. 45 INJ 1MG/ML	2	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	QL (8 per month)
ERGOMAR SUB 2MG	3	
<i>ergotamine w/ caffeine suppos 2-100 mg</i>	1	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
MIGRANAL SPR 4MG/ML	3	QL (8 per month)
MIGRAINE, MISCELLANEOUS		
CAMBIA POW 50MG	3	
MIGRAINE, MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	2	ST
AIMOVIG INJ 140MG/ML	2	ST
AJOVY INJ 225/1.5	2	ST
EMGALITY INJ 120MG/ML	2	ST
MIGRAINE, SELECTIVE SEROTONIN AGONIST/NSAID COMBINATIONS		
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	QL (9 tabs per month)
TREXIMET TAB 10-60MG	2	QL (9 tablets / 25 days)
TREXIMET TAB 85-500MG	2	QL (9 tabs per month)
MIGRAINE, SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs per month)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs per month)
ALSUMA INJ 6MG/0.5	3	QL (12 inj per month)
AMERGE TAB 1MG	3	QL (12 tabs per month)
AMERGE TAB 2.5MG	3	QL (12 tabs per month)
AXERT TAB 6.25MG	3	QL (12 tabs per month)
AXERT TAB 12.5MG	3	QL (12 tabs per month)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs per month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs per month)

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Drug Name	Drug Tier	Requirements/Limits
FROVA TAB 2.5MG	3	QL (18 tabs per month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs per month)
IMITREX INJ 4MG/0.5	3	QL (12 inj per month)
IMITREX INJ 6MG/0.5	3	QL (12 inj per month)
IMITREX SPR 5MG/ACT	3	QL (24 per month)
IMITREX SPR 20MG/ACT	3	QL (12 per month)
IMITREX TAB 25MG	3	QL (12 tabs per month)
IMITREX TAB 50MG	3	QL (12 tabs per month)
IMITREX TAB 100MG	3	QL (12 tabs per month)
MAXALT TAB 5MG	3	QL (18 tabs per month)
MAXALT TAB 10MG	3	QL (18 tabs per month)
MAXALT-MLT TAB 5MG	3	QL (18 ea per month)
MAXALT-MLT TAB 10MG	3	QL (18 ea per month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs per month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs per month)
<i>onzetra xsai mis 11mg</i>	2	QL (1 kit per month)
RELPAK TAB 20MG	3	QL (12 tabs per month)
RELPAK TAB 40MG	3	QL (12 tabs per month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 ea per month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 ea per month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs per month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs per month)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 per month)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 per month)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs per month)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs per month)
SUMAVEL DOSE INJ 4MG/0.5	3	QL (12 per month)
SUMAVEL DOSE INJ 6MG/0.5	3	QL (12 per month)
TOSYMRA SOL 10MG	3	
<i>zembrace sym inj 3/0.5ml</i>	2	QL (24 inj per month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 ea per month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 ea per month)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs per month)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs per month)
ZOMIG SPR 2.5MG	2	QL (12 units per month)
ZOMIG SPR 5MG	2	QL (12 units per month)
ZOMIG TAB 2.5MG	3	QL (12 tabs per month)
ZOMIG TAB 5MG	3	QL (12 tabs per month)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 ea per month)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 ea per month)
MISCELLANEOUS		
FIRDAPSE TAB 10MG	3	PA
GUANIDINE TAB 125MG	3	
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
MOOD STABILIZERS		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	3	
MULTIPLE SCLEROSIS		
AMPYRA TAB 10MG	3	PA
AUBAGIO TAB 7MG	2	PA
AUBAGIO TAB 14MG	2	PA
AVONEX KIT 30MCG	3	MNPA

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Drug Name	Drug Tier	Requirements/Limits
AVONEX PEN KIT 30MCG	3	MNPA
AVONEX PREFL KIT 30MCG	3	MNPA
BETASERON INJ 0.3MG	2	PA
COPAXONE INJ 20MG/ML	2	PA
COPAXONE INJ 40MG/ML	2	PA
EXTAVIA INJ 0.3MG	3	MNPA
GILENYA CAP 0.5MG	2	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA
MAYZENT TAB 0.25MG	2	PA
MAYZENT TAB 2MG	2	PA
PLEGRIDY INJ	3	MNPA
PLEGRIDY INJ PEN	3	MNPA
PLEGRIDY INJ STARTER	3	MNPA
PLEGRIDY PEN INJ STARTER	3	MNPA
REBIF INJ 22/0.5	2	PA
REBIF INJ 44/0.5	2	PA
REBIF REBIDO INJ 22/0.5	2	PA
REBIF REBIDO INJ 44/0.5	2	PA
REBIF REBIDO INJ TITRATN	2	PA
REBIF TITRTN INJ PACK	2	PA
TECFIDERA CAP 120MG	2	PA
TECFIDERA CAP 240MG	2	PA
TECFIDERA MIS STARTER	2	PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

MAVENCLAD PAK 10MG (4)	3	PA
MAVENCLAD PAK 10MG (5)	3	PA
MAVENCLAD PAK 10MG (6)	3	PA
MAVENCLAD PAK 10MG (7)	3	PA
MAVENCLAD PAK 10MG (8)	3	PA
MAVENCLAD PAK 10MG (9)	3	PA
MAVENCLAD PAK 10MG(10)	3	PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

AMRIX CAP 15MG	3	
AMRIX CAP 30MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	
<i>carisoprodol w/ aspirin tab 200-325 mg</i>	1	
CHLORZOXAZON TAB 250MG	3	
CHLORZOXAZON TAB 375MG	3	
CHLORZOXAZON TAB 750MG	3	
<i>chlorzoxazone tab 250 mg</i>	3	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	1	
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
DANTRIUM CAP 25MG	2	
DANTRIUM CAP 50MG	2	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
FEXMID TAB 7.5MG	3	
LORZONE TAB 375MG	3	
LORZONE TAB 750MG	3	
<i>metaxalone tab 400 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
NORGESIC TAB FORTE	3	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	1	
OZOBAX SOL 5MG/5ML	3	
PARAFON FORT TAB 500MG	2	
ROBAXIN TAB 500MG	2	
ROBAXIN-750 TAB 750MG	2	
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	
SOMA TAB 350MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	2	
MYASTHENIA GRAVIS		
MESTINON SOL 60MG/5ML	2	
MESTINON TAB 60MG	2	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
NUVIGIL TAB 50MG	3	PA
NUVIGIL TAB 150MG	3	PA
NUVIGIL TAB 200MG	3	PA
NUVIGIL TAB 250MG	3	PA
PROVIGIL TAB 100MG	3	PA
PROVIGIL TAB 200MG	3	PA
WAKIX TAB 4.45MG	3	PA
WAKIX TAB 17.8MG	3	PA
XYREM SOL 500MG/ML	3	PA
POSTHERPETIC NEURALGIA (PHN)		
GRALISE STAR MIS 300/600	2	
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
HORIZANT TAB 300MG ER	3	
HORIZANT TAB 600MG ER	3	
LYRICA CR TAB 82.5MG	2	
LYRICA CR TAB 165MG	2	

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CR TAB 330MG	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, ALCOHOL DETERRENTS		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
ANTABUSE TAB 250MG	2	
ANTABUSE TAB 500MG	2	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, NARCOTIC WITHDRAWAL		
LUCEMYRA TAB 0.18MG	3	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, OPIOID ANTAGONISTS		
EVZIO INJ	3	
EVZIO INJ 2/0.4ML	3	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS		
BUNAVAIL MIS 2.1-0.3	2	
BUNAVAIL MIS 4.2-0.7	2	
BUNAVAIL MIS 6.3-1MG	2	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
SUBOXONE MIS 2-0.5MG	3	
SUBOXONE MIS 4-1MG	3	
SUBOXONE MIS 8-2MG	3	
SUBOXONE MIS 12-3MG	3	
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONISTS		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PSEUDOBULBAR AFFECT AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	\$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	\$0 limited to 2 treatment cycles/year
ZYBAN TAB 150MG SR	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	
TARDIVE DYSKINESIA		
INGREZZA CAP 40MG	3	PA
INGREZZA CAP 80MG	3	PA
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA
SANDOSTATIN INJ 50MCG/ML	3	PA
SANDOSTATIN INJ 100MCG	3	PA
SANDOSTATIN INJ 200MCG	3	PA
SANDOSTATIN INJ 500MCG	3	PA
SANDOSTATIN INJ 1000MCG	3	PA
SOMAVERT INJ 10MG	2	PA
SOMAVERT INJ 15MG	2	PA
SOMAVERT INJ 20MG	2	PA
SOMAVERT INJ 25MG	2	PA
SOMAVERT INJ 30MG	2	PA
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1%(25MG)	3	
ANDROGEL GEL 1%(50MG)	3	
ANDROGEL GEL 1.62%	3	
ANDROGEL GEL PUMP 1%	3	
AXIRON SOL 30MG/ACT	3	
FORTESTA GEL 10MG/ACT	3	
NATESTO GEL 5.5MG	3	
OXANDRIN TAB 2.5MG	3	
OXANDRIN TAB 10MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
STRIANT MIS 30MG	3	
TESTIM GEL 1%(50MG)	3	
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
<i>testosterone td soln 30 mg/act</i>	1	
VOGELXO GEL 1%(50MG)	3	
VOGELXO GEL PUMP 1%	3	
XYOSTED INJ 50/0.5	4	
XYOSTED INJ 75/0.5	4	
XYOSTED INJ 100/0.5	4	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
GLYSET TAB 25MG	3	
GLYSET TAB 50MG	3	
GLYSET TAB 100MG	3	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
PRECOSE TAB 25MG	2	
PRECOSE TAB 50MG	2	
PRECOSE TAB 100MG	2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	
ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
GLUCOVANCE TAB 1.25-250	3	
GLUCOVANCE TAB 2.5-500	3	
GLUCOVANCE TAB 5-500MG	3	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 5-500 mg</i>	1	
ANTIDIABETICS, BIGUANIDES		
FORTAMET TAB 500MG	3	PA
FORTAMET TAB 1000MG	3	PA
GLUCOPHAGE TAB 500MG	3	
GLUCOPHAGE TAB 500MG XR	3	
GLUCOPHAGE TAB 750MG XR	3	
GLUCOPHAGE TAB 850MG	3	
GLUCOPHAGE TAB 1000MG	3	
GLUMETZA TAB 500MG	3	PA
GLUMETZA TAB 1000MG	3	PA
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<i>metformin hcl tab er 24hr modified release 500 mg</i>	1	PA
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	1	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	1	PA
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	1	PA
RIOMET SOL	3	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS		
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR	2	
KAZANO 12.5- TAB 500MG	3	
KAZANO 12.5- TAB 1000MG	3	
KOMBIGLYZ XR TAB 2.5-1000	3	
KOMBIGLYZ XR TAB 5-500MG	3	
KOMBIGLYZ XR TAB 5-1000MG	3	
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/INSULIN SENSITIZER COMBINATIONS		
OSENI TAB 12.5-15	3	
OSENI TAB 12.5-30	3	
OSENI TAB 12.5-45	3	
OSENI TAB 25-15MG	3	
OSENI TAB 25-30MG	3	
OSENI TAB 25-45MG	3	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
NESINA TAB 6.25MG	3	
NESINA TAB 12.5MG	3	
NESINA TAB 25MG	3	
ONGLYZA TAB 2.5MG	3	
ONGLYZA TAB 5MG	3	
TRADJENTA TAB 5MG	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENT/INSULIN COMBINATIONS		
SOLIQUA INJ 100/33	2	
XULTOPHY INJ 100/3.6	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
ADLYXIN INJ 10/20MCG	3	QL (2 pens per month)
ADLYXIN INJ 20MCG	3	QL (2 pens per month)
BYDUREON INJ 2MG	3	QL (4 pens per month)
BYDUREON PEN INJ 2MG	3	QL (4 pens per month)
BYETTA INJ 5MCG	3	QL (1 pen per month)
BYETTA INJ 10MCG	3	QL (1 pen per month)
OZEMPIC INJ 2/1.5ML	2	QL (1 pen per month); Starter Pen
OZEMPIC INJ 2/1.5ML	2	QL (3 pens per month)
RYBELSUS TAB 3MG	3	
RYBELSUS TAB 7MG	3	
RYBELSUS TAB 14MG	3	
TRULICITY INJ 0.75/0.5	2	QL (4 pens per month)
TRULICITY INJ 1.5/0.5	2	QL (4 pens per month)
VICTOZA INJ 18MG/3ML	2	QL (3 pens per month)

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
ACTOPLUS MET TAB XR	3	
<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 COMBINATIONS		
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZERS		
ACTOS TAB 15MG	3	
ACTOS TAB 30MG	3	
ACTOS TAB 45MG	3	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
ANTIDIABETICS, INSULINS		
ADMELOG INJ 100U/ML	3	
ADMELOG SOLO INJ 100U/ML	3	
AFREZZA POW 4&8 UNIT	3	
AFREZZA POW 4UNIT	3	
AFREZZA POW 8 UNIT	3	
AFREZZA POW 8&12UNIT	3	
AFREZZA POW 8-12UNIT	3	
AFREZZA POW 12 UNIT	3	
APIDRA INJ SOLOSTAR	3	
APIDRA INJ U-100	3	
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMALOG INJ 100/ML	2	
HUMALOG JR INJ 100/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIK INJ 100/ML	2	
HUMALOG KWIK INJ 200/ML	2	
HUMALOG MIX INJ 50/50	2	
HUMALOG MIX INJ 50/50KWP	2	
HUMALOG MIX INJ 75/25KWP	2	
HUMALOG MIX SUS 75/25	2	
HUMULIN INJ 70/30KWP	2	
HUMULIN N INJ U-100KWP	2	
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTUOC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ FLEXPEN	2	
NOVOLIN INJ FLEXPEN	3	ReliOn version
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATIONS		
PRANDIMET TAB 1-500MG	3	
PRANDIMET TAB 2-500MG	3	
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
ANTIDIABETICS, MEGLITINIDES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
PRANDIN TAB 0.5MG	3	
PRANDIN TAB 1MG	3	
PRANDIN TAB 2MG	3	
<i>repaglinide tab 0.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
STARLIX TAB 60MG	3	
STARLIX TAB 120MG	3	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR/BIGUANIDE COMBINATIONS		
INVOKAMET TAB 50-500MG	2	
INVOKAMET TAB 50-1000	2	
INVOKAMET TAB 150-500	2	
INVOKAMET TAB 150-1000	2	
INVOKAMET XR TAB 50-500MG	2	
INVOKAMET XR TAB 50-1000	2	
INVOKAMET XR TAB 150-500	2	
INVOKAMET XR TAB 150-1000	2	
SEGLUROMET TAB 2.5-500	3	
SEGLUROMET TAB 2.5-1000	3	
SEGLUROMET TAB 7.5-500	3	
SEGLUROMET TAB 7.5-1000	3	
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	2	
INVOKANA TAB 300MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
STEGLATRO TAB 5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
STEGLATRO TAB 15MG	3	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
QTERN TAB 5-5MG	2	
QTERN TAB 10MG/5MG	2	
STEGLUJAN TAB 5-100MG	3	
STEGLUJAN TAB 15-100MG	3	
ANTIDIABETICS, SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>chlorpropamide tab 100 mg</i>	1	
<i>chlorpropamide tab 250 mg</i>	1	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL TAB 5MG	3	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
<i>tolbutamide tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SUPPLIES		
ACCU-CHEK TES AVIVA PL	0	QL (204 test strips per month)
ACCU-CHEK TES COMPACT	0	QL (204 test strips per month)
ACCU-CHEK TES GUIDE	0	QL (204 test strips per month)
ACCU-CHEK TES SMART	0	QL (204 test strips per month)
ACETEST TAB TABLETS	0	
ACTIVE 1ST MIS LANC 30G	0	
AUTOLET LITE KIT STARTER	0	
BAYER BREEZE MIS 2 TEST	3	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
CARDIO CHEK MIS KIT	0	
CONTOUR TES BLD GLUC	0	QL (204 test strips per month), PA
CONTOUR TES NEXT	0	QL (204 test strips per month), PA
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
DIASTIX TES STRIPS	0	
FINGERSTIX MIS LANCETS	0	
FORA LANCETS MIS 30G	0	
FREESTYLE KIT SENSOR	2	FREESTYLE LIBRE
FREESTYLE MIS READER	2	FREESTYLE LIBRE
FREESTYLE TES	0	QL (204 test strips per month), PA
FREESTYLE TES INSULINX	0	QL (204 test strips per month), PA
FREESTYLE TES LITE	0	QL (204 test strips per month), PA
FREESTYLE TES PREC NEO	0	QL (204 test strips per month), PA
G4 PLAT PED MIS RVC/SHAR	2	
G4 PLATINUM MIS PEDIATRC	2	

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Drug Name	Drug Tier	Requirements/Limits
G4 PLATINUM MIS RCV/SHAR	2	
G4 PLATINUM MIS RECEIVER	2	
G4 PLATINUM MIS TRANSMIT	2	
G4 SENSOR MIS	2	
G5/G4 MIS SENSOR	2	
GOODSENSE MIS LANC 30G	0	
HUMAPEN MIS LUXURA	0	
INCONTROL MIS LANC 33G	0	
KETO-DIASTIX TES	0	
MONOJECTOR MIS END CAPS	0	
ONETOUCH TES ULTRA BL	0	QL (204 test strips per month)
ONETOUCH TES VERIO	0	QL (204 test strips per month)
PEN NEEDLES MIS 31GX5MM	0	
PEN NEEDLES MIS 31GX6MM	0	
PEN NEEDLES MIS 31GX8MM	0	
PEN NEEDLES MIS 32GX4MM	0	
PTS PANELS TES KETONE	0	
READYLANCE MIS 30G	0	
RELION KETON TES	0	
SAFETY 28G MIS LANCETS	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS ADV 28G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
ANTIDOTES		
CA-DTPA SOL 1000MG	3	
CETYLEV TAB 2.5GM	3	
CETYLEV TAB 500MG	3	
CHEMET CAP 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
RADIOGARDASE CAP 0.5GM	3	
ZN-DTPA SOL 1000MG	3	
CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE		
PARATHYROID LEVELS		
SENSIPAR TAB 30MG	2	PA
SENSIPAR TAB 60MG	2	PA
SENSIPAR TAB 90MG	2	PA
CALCIUM REGULATORS, BISPHOSPHONATES		
ACTONEL TAB 5MG	3	
ACTONEL TAB 30MG	3	
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
CALCIUM REGULATORS, CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTICAL SPR 200/ACT	3	
MIACALCIN INJ 200/ML	2	
MIACALCIN SPR 200/ACT	3	
CALCIUM REGULATORS, PARATHYROID HORMONES		
FORTEO SOL 600/2.4	2	PA

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Drug Name	Drug Tier	Requirements/Limits
NATPARA INJ 25MCG	3	PA
NATPARA INJ 50MCG	3	PA
NATPARA INJ 75MCG	3	PA
NATPARA INJ 100MCG	3	PA
TYMLOS INJ	2	PA
CARNITINE DEFICIENCY AGENTS		
CARNITOR SOL 1GM/10ML	3	
CARNITOR TAB 330MG	3	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
CONTRACEPTIVES, BIPHASIC		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
LO LOESTRIN TAB 1-10-10	0	
MIRCETTE TAB 28 DAY	2	
NECON TAB 10/11-28	0	
CONTRACEPTIVES, CONTINUOUS		
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
CONTRACEPTIVES, EMERGENCY CONTRACEPTION		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
CONTRACEPTIVES, EXTENDED CYCLE		
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
QUARTETTE TAB	0	
CONTRACEPTIVES, FOUR PHASE		
NATAZIA TAB	0	
CONTRACEPTIVES, IMPLANT		
NEXPLANON IMP 68MG	0	
CONTRACEPTIVES, INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	2	
DEPO-SQ PROV INJ 104	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	
CONTRACEPTIVES, MISCELLANEOUS		
CAYA DPR	0	
ENCARE SUP 100MG	0	OTC
FC FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 26MM	0	
FEMCAP MIS 30MM	0	
GYNOL II GEL 3%	0	OTC
<i>nonoxynol-9 gel 4%</i>	0	OTC
OMNIFLEX DPR	0	
ORTHO COIL DPR KIT 50	0	
ORTHO COIL DPR KIT 100	0	
ORTHO COIL DPR KIT 105	0	
ORTHO FLAT DPR KIT 55	0	
ORTHO FLAT DPR KIT 60	0	
ORTHO FLAT DPR KIT 65	0	
ORTHO FLAT DPR KIT 70	0	
ORTHO FLAT DPR KIT 75	0	
ORTHO FLAT DPR KIT 80	0	
ORTHO FLAT DPR KIT 85	0	
ORTHO FLAT DPR KIT 90	0	
ORTHO FLAT DPR KIT 95	0	
PRENTIF MIS 22MM	0	
PRENTIF MIS 25MM	0	
PRENTIF MIS 28MM	0	
PRENTIF MIS 31MM	0	
PRENTIF MIS FITTING	0	
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
WIDE-SEAL DPR KIT 60	0	
WIDE-SEAL DPR KIT 65	0	
WIDE-SEAL DPR KIT 70	0	
WIDE-SEAL DPR KIT 75	0	
WIDE-SEAL DPR KIT 80	0	
WIDE-SEAL DPR KIT 85	0	

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 90	0	
WIDE-SEAL DPR KIT 95	0	
CONTRACEPTIVES, MONOPHASIC, 20 mcg Estrogen		
BALCOLTRA TAB 0.1-20	0	
BEYAZ TAB	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
FALESSA KIT	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
LOESTRIN FE TAB 1/20	3	
LOESTRIN TAB 1/20-21	3	
MINASTRIN 24 CHW FE	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe 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 tab 1 mg-20 mcg (24)</i>	0	
YAZ TAB 3-0.02MG	3	
CONTRACEPTIVES, MONOPHASIC, 25 mcg Estrogen		
GENERESS FE CHW	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
CONTRACEPTIVES, MONOPHASIC, 30 mcg Estrogen		
DESOGEN-28 TAB	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
LOESTRIN 21 TAB 1.5/30	3	
LOESTRIN FE TAB 1.5/30	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
SAFYRAL TAB	2	
YASMIN 28 TAB 3-0.03MG	3	
CONTRACEPTIVES, MONOPHASIC, 35 mcg Estrogen		
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
FEMCON FE CHW	3	
MODICON TAB 0.5/35	3	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
ORTHO-CYCLEN TAB 0.25/35	3	
ORTHO-NOVUM TAB 1/35	3	
OVCON-35 TAB	3	
CONTRACEPTIVES, MONOPHASIC, 50 mcg Estrogen		
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>norethindrone & mestranol tab 1 mg-50 mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i>	0	
NORINYL TAB 1+50-28	3	
CONTRACEPTIVES, PROGESTIN ONLY		
<i>norethindrone tab 0.35 mg</i>	0	
ORTHO MICRON TAB 0.35MG	2	
SLYND TAB 4MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES, TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
CONTRACEPTIVES, TRIPHASIC		
CYCLESSA PAK	3	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
ESTROSTEP FE TAB	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-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	
ORTHO TRI- TAB CYCLEN	3	
ORTHO TRI- TAB CYCLN LO	3	
ORTHO-NOVUM TAB 7/7/7	3	
TRI-NORINYL TAB 28	3	
CONTRACEPTIVES, VAGINAL		
ANNOVERA MIS	3	
NUVARING MIS	0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
SYNAREL SOL 2MG/ML	3	
ESTROGEN/PROGESTIN, ORAL		
ACTIVELLA TAB 0.5-0.1	3	
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 1-100MG	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
FEMHRT TAB 0.5-2.5	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGEN/PROGESTIN, TRANSDERMAL		
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
COMBIPATCH DIS .05/.14	2	
ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS		
DUAVEE TAB 0.45-20	2	
ESTROGENS, ORAL		
ENJUVIA TAB 0.3MG	3	
ENJUVIA TAB 0.9MG	3	
ENJUVIA TAB 0.45MG	3	
ENJUVIA TAB 0.625MG	3	
ENJUVIA TAB 1.25MG	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estropipate tab 0.75 mg</i>	1	
<i>estropipate tab 1.5 mg</i>	1	
<i>estropipate tab 3 mg</i>	1	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 2.5MG	3	
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	
<i>ESTROGENS, TRANSDERMAL</i>		
ALORA DIS 0.1MG	3	
ALORA DIS 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
ESTROGEL GEL	3	

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Drug Name	Drug Tier	Requirements/Limits
EVAMIST SPR 1.53MG	2	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	
MINIVELLE DIS 0.05MG	3	
MINIVELLE DIS 0.025MG	3	
MINIVELLE DIS 0.075MG	3	
MINIVELLE DIS 0.0375MG	3	
VIVELLE-DOT DIS 0.1MG	3	
VIVELLE-DOT DIS 0.05MG	3	
VIVELLE-DOT DIS 0.025MG	3	
VIVELLE-DOT DIS 0.075MG	3	
VIVELLE-DOT DIS 0.0375MG	3	
ESTROGENS, VAGINAL		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal tab 10 mcg</i>	1	
ESTRING MIS 2MG	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
FERTILITY REGULATORS, GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	2	
GANIRELIX AC INJ 250/0.5	2	
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1	
FERTILITY REGULATORS, OVULATION STIMULANTS, GONADOTROPINS		
BRAVELLE INJ 75UNIT	3	
CHOR GONADOT INJ 10000UNT	3	PA
<i>chorionic gonadotropin for im inj 10000 unit</i>	3	PA
FOLLISTIM AQ INJ 75UNIT	3	
FOLLISTIM AQ INJ 300UNIT	3	
FOLLISTIM AQ INJ 600UNIT	3	
FOLLISTIM AQ INJ 900UNIT	3	
GONAL-F INJ 450UNIT	2	
GONAL-F INJ 1050UNIT	2	

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Drug Name	Drug Tier	Requirements/Limits
GONAL-F RFF INJ 75UNIT	2	
GONAL-F RFF INJ 300	2	
GONAL-F RFF INJ 450	2	
GONAL-F RFF INJ 900	2	
MENOPUR INJ 75UNIT	3	
NOVAREL INJ 10000UNT	3	PA
OVIDREL INJ	2	
FERTILITY REGULATORS, OVULATION STIMULANTS, SYNTHETIC		
<i>clomiphene citrate tab 50 mg</i>	1	
GAUCHER DISEASE		
CERDELGA CAP 84MG	2	PA
<i>miglustat cap 100 mg</i>	1	PA
ZAVESCA CAP 100MG	3	PA
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
<i>cortisone acetate tab 25 mg</i>	1	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
DEXPAK PAK 10 DAY	3	
DXEVO 11-DAY PAK 1.5MG	3	
FLO-PRED SUS	3	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
LOCORT PAK 7-DAY	3	
LOCORT PAK 11-DAY	3	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	

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Drug Name	Drug Tier	Requirements/Limits
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
MILLIPRED DP PAK 5MG	3	
MILLIPRED SOL 10MG/5ML	3	
MILLIPRED TAB 5MG	3	
ORAPRED ODT TAB 10MG	2	
ORAPRED ODT TAB 15MG	2	
ORAPRED ODT TAB 30MG	2	
PEDIAPRED SOL 6.7/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
RAYOS TAB 1MG	3	
RAYOS TAB 2MG	3	

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Drug Name	Drug Tier	Requirements/Limits
RAYOS TAB 5MG	3	
TAPERDEX PAK 6 DAY	3	
TAPERDEX PAK 12-DAY	3	
VERIPRED 20 SOL 20MG/5ML	3	
ZONACORT PAK 7 DAY	3	
ZONACORT PAK 11 DAY	3	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
PROGLYCEM SUS 50MG/ML	3	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
NITYR TAB 2MG	3	PA
NITYR TAB 5MG	3	PA
NITYR TAB 10MG	3	PA
ORFADIN CAP 2MG	3	PA
ORFADIN CAP 5MG	3	PA
ORFADIN CAP 10MG	3	PA
ORFADIN CAP 20MG	3	PA
ORFADIN SUS 4MG/ML	3	PA
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN INJ 0.2MG	3	
GENOTROPIN INJ 0.4MG	3	
GENOTROPIN INJ 0.6MG	3	
GENOTROPIN INJ 0.8MG	3	
GENOTROPIN INJ 1.2MG	3	
GENOTROPIN INJ 1.4MG	3	
GENOTROPIN INJ 1.6MG	3	
GENOTROPIN INJ 1.8MG	3	
GENOTROPIN INJ 1MG	3	
GENOTROPIN INJ 2MG	3	
GENOTROPIN INJ 5MG	3	
GENOTROPIN INJ 12MG	3	
HUMATROPE INJ 5MG	2	PA
HUMATROPE INJ 6MG	2	PA
HUMATROPE INJ 12MG	2	PA
HUMATROPE INJ 24MG	2	PA
NORDITROPIN INJ 5/1.5ML	2	PA

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
NUTROPIN AQ INJ 10MG/2ML	3	
NUTROPIN AQ INJ 20MG/2ML	3	
NUTROPIN AQ INJ NUSPIN 5	3	
OMNITROPE INJ 5.8MG	3	
SAIZEN INJ 5MG	3	
SAIZEN INJ 8.8MG	3	
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
ZOMACTON INJ 10MG	3	PA
ZORBTIVE INJ 8.8MG	3	PA
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
HECTOROL CAP 0.5MCG	2	
HECTOROL CAP 1MCG	2	
HECTOROL CAP 2.5MCG	2	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
RAYALDEE CAP 30MCG	3	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
INSULIN-LIKE GROWTH FACTORS		
INCRELEX INJ 40MG/4ML	3	PA
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
MISCELLANEOUS		
ACTHAR INJ 80UNIT	3	PA

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Drug Name	Drug Tier	Requirements/Limits
BUPHENYL POW	3	PA
BUPHENYL TAB 500MG	3	PA
<i>cabergoline tab 0.5 mg</i>	1	
CARBAGLU TAB 200MG	3	PA
CERVIDIL VAG MIS 10MG INS	3	
CYSTADANE POW	3	
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
EGRIFTA SOL 1MG	3	PA
EGRIFTA SOL 2MG	3	PA
GALAFOLD CAP 123MG	3	PA
KORLYM TAB 300MG	3	PA
METHERGINE TAB 0.2MG	3	
<i>methylergonovine maleate tab 0.2 mg</i>	1	
MIFEPREX TAB 200MG	3	
MYALEPT INJ 11.3MG	3	PA
PREPIDIL GEL 0.5MG/3G	3	
PROCYSBI CAP 25MG	3	PA
PROCYSBI CAP 75MG	3	PA
PROSTIN E2 SUP 20MG	3	
RAVICTI LIQ 1.1GM/ML	3	PA
REVCOVI INJ 1.6MG/ML	3	
SIGNIFOR INJ 0.3MG/ML	3	PA
SIGNIFOR INJ 0.6MG/ML	3	PA
SIGNIFOR INJ 0.9MG/ML	3	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
SYPRINE CAP 250MG	3	
<i>trientine hcl cap 250 mg</i>	1	
PHENYLKETONURIA TREATMENT AGENTS		
KUVAN POW 100MG	2	PA
KUVAN POW 500MG	2	PA
KUVAN TAB 100MG	2	PA
PALYNZIQ INJ 2.5/0.5	3	PA
PALYNZIQ INJ 10/0.5ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ INJ 20MG/ML	3	PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
ELIPHOS TAB 667MG	3	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
PHOSLO CAP 667MG	3	
PHOSLYRA SOL	2	
RENAGEL TAB 400MG	3	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer tab 400mg</i>	1	
VELPHORO CHW 500MG	2	
POTASSIUM-REMOVING AGENTS		
KAYEXALATE POW	3	
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGESTINS, ORAL		
AYGESTIN TAB 5MG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
MEGACE ES SUS 625/5ML	0	
MEGACE ORAL SUS 40MG/ML	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate susp 625 mg/5ml</i>	0	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	
PROMETRIUM CAP 100MG	3	
PROMETRIUM CAP 200MG	3	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PROGESTINS, VAGINAL		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
EVISTA TAB 60MG	3	
OSPHENA TAB 60MG	2	
<i>raloxifene hcl tab 60 mg</i>	0	
THYROID AGENTS, ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	
THYROID AGENTS, THYROID SUPPLEMENTS		
ARMOUR THYRO TAB 30MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 60MG	3	
CYTOMEL TAB 5MCG	2	
CYTOMEL TAB 25MCG	2	
CYTOMEL TAB 50MCG	2	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	PA
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 75MCG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	
TIROSINT CAP 200	3	
TIROSINT-SOL SOL 13MCG/ML	3	
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 45-15MG	3	PA
JYNARQUE PAK 60-30MG	3	PA
JYNARQUE PAK 90-30MG	3	PA
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	3	
DDAVP SOL 0.01%	2	
DDAVP SPR 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
NOCTIVA EMU 0.83/0.1	3	
NOCTIVA SPR 1.66/0.1	3	
STIMATE SOL 1.5MG/ML	3	PA

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIDIARRHEALS

<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	
LOMOTIL TAB 2.5MG	2	
MOTOFEN TAB	3	

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

AKYNZEO CAP 300-0.5	3	QL (2 caps per 21 days)
ANZEMET TAB 50MG	3	QL (6 tabs per 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs per 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps per 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps per 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps per 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs per 21 days)
BONJESTA TAB 20-20MG	3	
CESAMET CAP 1MG	3	
COMPAZINE PAK 5MG	3	
COMPAZINE TAB 10MG	3	
DICLEGIS TAB 10-10MG	2	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
EMEND CAP 40MG	3	QL (3 caps per 180 days)
EMEND CAP 80MG	3	QL (4 caps per 21 days)
EMEND CAP 125MG	3	QL (2 caps per 21 days)
EMEND SOL 150MG	3	QL (2 vials per 21 days)
EMEND SUS 125MG	3	QL (6 kits per 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (2 packs per 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs per 21 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
METOCLOPRAMI TAB 10MG ODT	3	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
METOZOLV ODT TAB 5MG	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200ml per 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs per 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs per 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs per 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs per 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs per 21 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
SANCUSO DIS 3.1MG	2	QL (2 patches per 21 days)
SYNDROS SOL 5MG/ML	3	
TIGAN CAP 300MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SC DIS 1.5MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI TAB 90MG	2	QL (4 tabs per 21 days)
ZOFRAN SOL 4MG/5ML	3	QL (200ml per 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs per 21 days)
ZOFRAN TAB 4MG ODT	3	QL (18 tabs per 21 days)
ZOFRAN TAB 8MG	3	QL (18 tabs per 21 days)
ZOFRAN TAB 8MG ODT	3	QL (18 tabs per 21 days)
ZUPLENZ MIS 4MG	3	QL (18 tabs per 21 days)
ZUPLENZ MIS 8MG	3	QL (18 tabs per 21 days)

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

ANASPAZ TAB 0.125MG	2	
BENTYL CAP 10MG	2	
BENTYL TAB 20MG	2	
CANTIL TAB 25MG	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
GLYCOPYRROLA TAB 1.5MG	3	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
LEVBID TAB 0.375 ER	2	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PAMINE FORTE TAB 5MG	3	
PAMINE TAB 2.5MG	3	
<i>propantheline bromide tab 15 mg</i>	1	
ROBINUL FORT TAB 2MG	3	
ROBINUL TAB 1MG	3	
SYMAX DUOTAB TAB	3	
CHOLELITHOLYTICS		
ACTIGALL CAP 300MG	2	
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
AXID CAP 300MG	3	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
PEPCID SUS 40MG/5ML	3	
PEPCID TAB 40MG	3	
<i>ranitidine hcl cap 300 mg</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
ZANTAC TAB 300MG	3	
INFLAMMATORY BOWEL DISEASE, ORAL AGENTS		
APRISO CAP 0.375GM	2	
ASACOL HD TAB 800MG	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide tab er 24hr 9 mg</i>	1	
COLAZAL CAP 750MG	3	
DELZICOL CAP 400MG	3	
DIPENTUM CAP 250MG	3	
ENTOCORT EC CAP 3MG DR	3	
GIAZO TAB 1.1GM	3	
LIALDA TAB 1.2GM	2	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
UCERIS TAB 9MG	3	
INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS		
CANASA SUP 1000MG	3	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
UCERIS AER 2MG/ACT	3	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION/CHRONIC IDIOPATHIC CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
MOTEGRITY TAB 1MG	3	
MOTEGRITY TAB 2MG	3	
TRULANCE TAB 3MG	2	
ZELNORM TAB 6MG	3	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosectron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosectron hcl tab 1 mg (base equiv)</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
<i>viberzi tab 75mg</i>	2	
<i>viberzi tab 100mg</i>	2	
LAXATIVES		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 50 through 74
CASCARA EXT SAGRADA	3	
CLENPIQ SOL	0	\$0 copay for members age 50 through 74
COLYTE/FLAVR SOL PACKS	3	
GOLYTELY SOL	3	
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	0	\$0 copay for members age 50 through 74
NULYTELY SOL FLAV PKS	3	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	3	
PREPOPIK PAK	0	\$0 copay for members age 50 through 74
SUPREP BOWEL SOL PREP KIT	0	\$0 copay for members age 50 through 74
MISCELLANEOUS		
CARAFATE SUS 1GM/10ML	3	
CARAFATE TAB 1GM	3	
CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
CUVPOSA SOL 1MG/5ML	3	
ENTEREG CAP 12MG	3	
GASTROCROM CON 100/5ML	3	
GATTEX KIT 5MG	3	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
OCALIVA TAB 5MG	3	PA
OCALIVA TAB 10MG	3	PA
RECTIV OIN 0.4%	3	
RESTORA RX CAP 60-1.25	3	
RESTORA SPRI PAK 15-0.25	3	
SUCRAID SOL 8500/ML	3	
SUCRALFATE SUS 1GM/10ML	3	
<i>sucralfate tab 1 gm</i>	3	
XERMELO TAB 250MG	3	PA
ZELAC CAP	3	
OPIOID-INDUCED CONSTIPATION		
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
RELISTOR INJ 8/0.4ML	3	
RELISTOR INJ 12/0.6ML	3	
RELISTOR TAB 150MG	3	
SYMPROIC TAB 0.2MG	3	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000	2	
ZENPEP CAP 40000UNT	2	
PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX SPR CAP 5MG	3	QL (90 units per 365 days)
ACIPHEX SPR CAP 10MG	3	QL (90 units per 365 days)
ACIPHEX TAB 20MG	3	QL (90 units per 365 days)
DEXILANT CAP 30MG DR	2	QL (90 units per 365 days)
DEXILANT CAP 60MG DR	2	QL (90 units per 365 days)
<i>esomeprazole cap 24.65mg</i>	3	QL (90 units per 365 days)
<i>esomeprazole cap 49.3mg</i>	3	QL (90 units per 365 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 units per 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 units per 365 days)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 units per 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 units per 365 days)
NEXIUM CAP 20MG	3	QL (90 units per 365 days), PA
NEXIUM CAP 40MG	3	QL (90 units per 365 days)
NEXIUM GRA 2.5MG DR	3	QL (90 units per 365 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 5MG DR	3	QL (90 units per 365 days)
NEXIUM GRA 10MG DR	3	QL (90 units per 365 days)
NEXIUM GRA 20MG DR	3	QL (90 units per 365 days)
NEXIUM GRA 40MG DR	3	QL (90 units per 365 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 units per 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 units per 365 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 units per 365 days)
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	QL (90 units per 365 days), PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	QL (90 units per 365 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	QL (90 units per 365 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	QL (90 units per 365 days), PA
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 units per 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 units per 365 days)
PREVACID CAP 15MG DR	3	QL (90 units per 365 days), PA
PREVACID CAP 30MG DR	3	QL (90 units per 365 days)
PREVACID TAB 15MG STB	3	QL (90 units per 365 days)
PREVACID TAB 30MG STB	3	QL (90 units per 365 days)
PRILOSEC CAP 10MG	3	QL (90 units per 365 days)
PRILOSEC CAP 20MG	3	QL (90 units per 365 days)
PRILOSEC CAP 40MG	3	QL (90 units per 365 days)
PRILOSEC POW 2.5MG	3	QL (90 units per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
PRILOSEC POW 10MG	3	QL (90 units per 365 days)
PROTONIX PAK	3	QL (90 units per 365 days)
PROTONIX TAB 20MG	3	QL (90 units per 365 days)
PROTONIX TAB 40MG	3	QL (90 units per 365 days)
RABEPRAZOLE CAP 10MG DR	3	QL (90 units per 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 units per 365 days)
ZEGERID CAP 20-1100	3	QL (90 units per 365 days), PA
ZEGERID CAP 40-1100	3	QL (90 units per 365 days), PA
ZEGERID POW 20-1680	3	QL (90 units per 365 days), PA
ZEGERID POW 40-1680	3	QL (90 units per 365 days), PA

SALIVA STIMULANTS

<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	2	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	

STEROIDS, RECTAL

ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
ANALPRM SNGL CRE HC 2.5-1	3	
ANUSOL-HC CRE 2.5%	2	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone acetate w/ pramoxine rectal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%</i>	1	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>hydrocortisone rectal cream 1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone rectal cream 2.5%</i>	1	
PROCORT CRE	3	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
PROCTOFOAM AER HC 1%	2	

ULCER THERAPY COMBINATIONS

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
OMECLAMOX- MIS PAK	3	
PREVPAC MIS	3	
PYLERA CAP	2	

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	
RAPAFLO CAP 8MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	

ERECTILE DYSFUNCTION, ALPROSTADIL AGENTS

CAVERJECT IM KIT 10MCG	3	QL (6 per month)
CAVERJECT INJ 20MCG	3	QL (6 per month)
CAVERJECT INJ 40MCG	3	QL (6 per month)
CAVERJECT KIT 20MCG	3	QL (6 per month)
EDEX KIT 40MCG	3	QL (6 per month)
MUSE SUP 125MCG	2	QL (6 per month)
MUSE SUP 250MCG	2	QL (6 per month)

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Drug Name	Drug Tier	Requirements/Limits
MUSE SUP 500MCG	2	QL (6 per month)
MUSE SUP 1000MCG	2	QL (6 per month)
ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS		
CIALIS TAB 2.5MG	3	QL (30 tabs per month), ST
CIALIS TAB 5MG	3	QL (30 tabs per month for BPH, 6 tabs per month for ED), ST
CIALIS TAB 10MG	3	QL (6 tabs per month)
CIALIS TAB 20MG	3	QL (6 tabs per month)
LEVITRA TAB 2.5MG	3	QL (6 tabs per month)
LEVITRA TAB 5MG	3	QL (6 tabs per month)
LEVITRA TAB 10MG	3	QL (6 tabs per month)
LEVITRA TAB 20MG	3	QL (6 tabs per month)
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs per month)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs per month)
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs per month)
STAXYN TAB 10MG	3	QL (6 ea per month)
STENDRA TAB 50MG	3	QL (6 tabs per month)
STENDRA TAB 100MG	3	QL (6 tabs per month)
STENDRA TAB 200MG	3	QL (6 tabs per month)
<i>tadalafil tab 2.5 mg</i>	1	QL (30 tabs per month), ST
<i>tadalafil tab 5 mg</i>	1	QL (30 tabs per month for BPH, 6 tabs per month for ED), ST
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs per month)
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs per month)
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 ea per month)
VIAGRA TAB 25MG	3	QL (6 tabs per month)
VIAGRA TAB 50MG	3	QL (6 tabs per month)
VIAGRA TAB 100MG	3	QL (6 tabs per month)
MISCELLANEOUS		
<i>acetic acid-oxyquinoline vaginal gel 0.9-0.025%</i>	1	
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAP 100MG	3	
INTRAROSA SUP 6.5MG	3	
K-PHOS TAB	3	
K-PHOS TAB NEUTRAL	3	
K-PHOS TAB NO 2	3	
LITHOSTAT TAB 250MG	3	
ORACIT SOL	3	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>pot & sod citrates w/ cit ac syrup 550-500-334 mg/5ml</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
SHOHL'S SOL MODIFIED	3	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
THIOLA EC TAB 100MG	3	
THIOLA EC TAB 300MG	3	
THIOLA TAB 100MG	3	
TRIMO-SAN GEL	3	
URECHOLINE TAB 5MG	2	
URECHOLINE TAB 10MG	2	
URECHOLINE TAB 25MG	2	
URECHOLINE TAB 50MG	2	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	

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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL LA CAP 2MG	3	
DETROL LA CAP 4MG	3	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
DITROPAN XL TAB 15MG	3	
ENABLEX TAB 7.5MG	3	
ENABLEX TAB 15MG	3	
GELNIQUE GEL 3%	3	
GELNIQUE GEL 10%	3	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
OXYTROL DIS 3.9MG/24	3	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
VESICARE TAB 5MG	2	
VESICARE TAB 10MG	2	
VAGINAL ANTI-INFECTIVES		
AVC CRE 15%	3	

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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
METROGEL-VAG GEL 0.75%	2	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
NUVESSA GEL 1.3%	3	
TERAZOL 3 CRE 0.8%	2	
TERAZOL 7 CRE 0.4%	2	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS, INJECTABLE

ARIXTRA INJ 2.5/0.5	2	
ARIXTRA INJ 5/0.4ML	2	
ARIXTRA INJ 7.5/0.6	2	
ARIXTRA INJ 10/0.8ML	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	2	
FRAGMIN INJ 5000/0.2	2	
FRAGMIN INJ 7500/0.3	2	
FRAGMIN INJ 10000/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 12500UNT	2	
FRAGMIN INJ 15000UNT	2	
FRAGMIN INJ 18000UNT	2	
FRAGMIN INJ 95000UNT	2	
LOVENOX INJ 30/0.3ML	2	
LOVENOX INJ 40/0.4ML	2	
LOVENOX INJ 60/0.6ML	2	
LOVENOX INJ 80/0.8ML	2	
LOVENOX INJ 100MG/ML	2	
LOVENOX INJ 120/0.8	2	
LOVENOX INJ 150MG/ML	2	
LOVENOX INJ 300/3ML	2	
ANTICOAGULANTS, ORAL		
BEVYXXA CAP 40MG	3	
BEVYXXA CAP 80MG	3	
COUMADIN TAB 1MG	3	
COUMADIN TAB 2.5MG	3	
COUMADIN TAB 2MG	3	
COUMADIN TAB 3MG	3	
COUMADIN TAB 4MG	3	
COUMADIN TAB 5MG	3	
COUMADIN TAB 6MG	3	
COUMADIN TAB 7.5MG	3	
COUMADIN TAB 10MG	3	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
SAVAYSA TAB 15MG	3	
SAVAYSA TAB 30MG	3	
SAVAYSA TAB 60MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
EPOGEN INJ 2000/ML	3	PA
EPOGEN INJ 3000/ML	3	PA
EPOGEN INJ 4000/ML	3	PA
EPOGEN INJ 10000/ML	3	PA
EPOGEN INJ 20000/ML	3	PA
FULPHILA INJ 6/0.6ML	3	PA
GRANIX INJ 300/0.5	2	PA
GRANIX INJ 300/1ML	2	PA
GRANIX INJ 480/0.8	2	PA
GRANIX INJ 480/1.6	2	PA
LEUKINE INJ 250MCG	3	PA
MIRCERA INJ 50MCG	3	PA
MIRCERA INJ 75MCG	3	PA
MIRCERA INJ 100MCG	3	PA
MIRCERA INJ 200MCG	3	PA
MIRCERA SOL 30/0.3ML	3	PA
MIRCERA SOL 150/0.3	3	PA
NEULASTA INJ 6MG/0.6M	2	PA
NEULASTA KIT 6MG/0.6M	2	PA
NEUPOGEN INJ 300/0.5	2	
NEUPOGEN INJ 300MCG	2	
NEUPOGEN INJ 480/0.8	2	

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Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJ 480MCG	2	
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
PROCRIT INJ 40000/ML	2	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 40000UNT	2	PA
UDENYCA INJ 6MG/.6ML	2	
ZARXIO INJ 300/0.5	2	PA
ZARXIO INJ 480/0.8	2	PA
HEMOSTATICS, SYSTEMIC		
AMICAR SOL 0.25/ML	3	
AMICAR SYP 25%	3	
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
LYSTEDA TAB 650MG	3	
<i>tranexamic acid tab 650 mg</i>	1	
HEREDITARY ANGIOEDEMA		
TAKHZYRO INJ 300/2ML	3	PA
HEREDITARY ANGIOEDEMA AGENTS		
BERINERT INJ 500UNIT	3	PA
CINRYZE SOL 500 UNIT	3	PA
FIRAZYR INJ 30MG/3ML	2	PA
HAEGARDA INJ 2000UNIT	3	PA
HAEGARDA INJ 3000UNIT	3	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	1	PA
KALBITOR INJ 10MG/ML	3	PA
RUCONEST INJ 2100UNIT	2	PA
IRON CHELATING AGENTS		
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
EXJADE TAB 125MG	3	PA
EXJADE TAB 250MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
EXJADE TAB 500MG	3	PA
FERRIPROX TAB 500MG	3	PA
FERRIPROX TAB 1000MG	3	PA
JADENU SPRKL GRA 90MG	3	PA
JADENU SPRKL GRA 180MG	3	PA
JADENU SPRKL GRA 360MG	3	PA
JADENU TAB 90MG	3	PA
JADENU TAB 180MG	3	PA
JADENU TAB 360MG	3	PA
MISCELLANEOUS		
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
ENDARI POW 5GM	3	PA
<i>pentoxifylline tab er 400 mg</i>	1	
PLETAL TAB 50MG	2	
PLETAL TAB 100MG	2	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX CAP 25-200MG	3	
<i>aspirin chew tab 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
DURLAZA CAP 162.5MG	3	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PERSANTINE TAB 25MG	2	
PERSANTINE TAB 50MG	2	
PERSANTINE TAB 75MG	2	
PLAVIX TAB 75MG	3	

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Drug Name	Drug Tier	Requirements/Limits
PLAVIX TAB 300MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TAB 2.08MG	3	
PLATELET SYNTHESIS INHIBITOR		
AGRYLIN CAP 0.5MG	2	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
THROMBOCYTOPENIA AGENTS		
DOPTELET TAB 20MG	3	
MULPLETA TAB 3MG	2	
PROMACTA POW 12.5MG	2	PA
PROMACTA TAB 12.5MG	2	PA
PROMACTA TAB 25MG	2	PA
PROMACTA TAB 50MG	2	PA
PROMACTA TAB 75MG	2	PA
TAVALISSE TAB 100MG	3	PA
TAVALISSE TAB 150MG	3	PA
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	
AUTOIMMUNE AGENTS		
ACTEMRA INJ 162/0.9	3	PA; MNPA
CIMZIA KIT	3	PA; MNPA
CIMZIA KIT STARTER	3	PA; MNPA
CIMZIA PREFL KIT 200MG/ML	3	PA; MNPA
COSENTYX INJ 150MG/ML	2	PA
COSENTYX PEN INJ 300DOSE	2	PA
ENBREL INJ 25/0.5ML	2	PA
ENBREL INJ 25MG	2	PA
ENBREL INJ 50MG/ML	2	PA
ENBREL MINI INJ 50MG/ML	2	PA
ENBREL SRCLK INJ 50MG/ML	2	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10/0.1ML	2	PA
HUMIRA INJ 10MG/0.2	2	PA
HUMIRA INJ 20/0.2ML	2	PA
HUMIRA INJ 40/0.4ML	2	PA
HUMIRA KIT 20MG/0.4	2	PA
HUMIRA KIT 40MG/0.8	2	PA
HUMIRA PEDIA INJ CROHNS	2	PA
HUMIRA PEN INJ 40/0.4ML	2	PA
HUMIRA PEN INJ 40MG/0.8	2	PA
HUMIRA PEN INJ PS/UV	2	PA; Humira preferred for psoriasis
HUMIRA PEN KIT CD/UC/HS	2	PA
HUMIRA PEN KIT PS/UV	2	PA
ILUMYA SOL 100MG/ML	3	
KEVZARA INJ 150/1.14	2	PA
KEVZARA INJ 200/1.14	2	PA
KINERET INJ	3	PA; MNPA
OLUMIANT TAB 2MG	3	PA
ORENCIA INJ 50/0.4	3	PA; MNPA
ORENCIA INJ 87.5/0.7	3	PA; MNPA
ORENCIA INJ 125MG/ML	3	PA; MNPA
OTEZLA TAB 10/20/30	2	PA
OTEZLA TAB 30MG	2	PA
RINVOQ TAB 15MG ER	3	PA
SILIQ INJ 210/1.5	3	PA; MNPA
SIMPONI INJ 50/0.5ML	2	PA
SIMPONI INJ 100MG/ML	2	PA
STELARA INJ 45MG/0.5	2	PA; MNPA; after failure of Humira for psoriasis
STELARA INJ 90MG/ML	2	PA; MNPA; after failure of Humira for psoriasis
TALTZ INJ 80MG/ML	2	PA; MNPA; after failure of Humira for psoriasis
TREMFYA INJ 100MG/ML	3	PA; MNPA
XELJANZ TAB 5MG	2	PA
XELJANZ TAB 10MG	2	PA
XELJANZ XR TAB 11MG	2	PA
<i>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)</i>		
ARAHA TAB 10MG	2	
ARAHA TAB 20MG	2	

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Drug Name	Drug Tier	Requirements/Limits
CUPRIMINE CAP 250MG	3	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
OTREXUP INJ 7.5/0.4	3	PA
OTREXUP INJ 10MG	3	PA
OTREXUP INJ 15MG	3	PA
<i>otrexup inj 17.5/0.4</i>	3	PA
OTREXUP INJ 20MG	3	PA
<i>otrexup inj 22.5/0.4</i>	3	PA
OTREXUP INJ 25MG	3	PA
PLAQUENIL TAB 200MG	2	
RASUVO INJ 7.5MG	2	PA
RASUVO INJ 10MG	2	PA
RASUVO INJ 12.5MG	2	PA
RASUVO INJ 15MG	2	PA
RASUVO INJ 17.5MG	2	PA
RASUVO INJ 22.5MG	2	PA
RASUVO INJ 25MG	2	PA
RASUVO INJ 27.5MG	2	PA
RASUVO INJ 30MG	2	PA
RHEUMATREX TAB 2.5MG	0	
<i>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)</i>		
OTREXUP INJ 12.5/0.4	3	PA
<i>IMMUNOMODULATORS, INTERFERONS</i>		
ACTIMMUNE INJ 2MU/0.5	3	PA
INTRON A INJ 10MU	2	PA
INTRON A INJ 18MU	2	PA
INTRON A INJ 25MU	2	PA
INTRON A INJ 50MU	2	PA
PEGASYS INJ	2	PA
PEGASYS INJ 180MCG/M	2	PA
PEGASYS INJ PROCLICK	2	PA
SYLATRON KIT 200MCG	2	PA
SYLATRON KIT 300MCG	2	PA
SYLATRON KIT 600MCG	2	PA
<i>IMMUNOMODULATORS, MISCELLANEOUS</i>		
ARCALYST INJ 220MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSANTS, ANTIMETABOLITES		
AZASAN TAB 75 MG	2	
AZASAN TAB 100MG	2	
<i>azathioprine tab 50 mg</i>	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
IMURAN TAB 50MG	2	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENVARUSUS XR TAB 0.75MG	3	
ENVARUSUS XR TAB 1MG	3	
ENVARUSUS XR TAB 4MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
SANDIMMUNE CAP 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>tacrolimus cap 0.5 mg</i>	1	
TACROLIMUS CAP 0.5 MG	3	
<i>tacrolimus cap 1 mg</i>	1	
TACROLIMUS CAP 1 MG	3	
<i>tacrolimus cap 5 mg</i>	1	
TACROLIMUS CAP 5 MG	3	
IMMUNOSUPPRESSANTS, MISCELLANEOUS		
BENLYSTA INJ 200MG/ML	3	PA
IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE		
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
VACCINES		
FLUMIST QUAD SUS 2014-15	0	
MISCELLANEOUS		
DIAGNOSTIC AGENTS		
MACRILEN PAK 60MG	3	
NUTRITIONAL / SUPPLEMENTS		
ALTERNATIVE MEDICINES		
COLCIGEL GEL	3	
ELECTROLYTES, POTASSIUM		
K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	
KLOR-CON M15 TAB 15MEQ ER	3	
KLOR-CON/25 POW 25MEQ	3	
MICRO-K CAP 8MEQ CR	2	
MICRO-K CAP 10MEQ CR	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pot bicarbonate & chloride effer tab 25 meq</i>	1	
<i>potassium bicarbonate effer tab 25 meq</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
VITAMINS AND MINERALS, FOLIC ACID AGENTS		
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC; \$0 copay for women ages 55 and under
<i>folic acid tab 800 mcg</i>	0	OTC; \$0 copay for women ages 55 and under
VITAMINS AND MINERALS, IRON/COMBINATIONS		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	0	
FER-IN-SOL DRO 15MG/ML	0	
FERROUS SUL LIQ 220/5ML	0	
FERROUS SULF SYP 300/5ML	0	
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	0	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	0	
ICAR PEDS SUS GRAPE	0	
MYKIDZ IRON SUS 15/1.5ML	0	
TRIFERIC SOL 27.2/5ML	0	
VITAMINS AND MINERALS, MISCELLANEOUS		
DRISDOL CAP 50000UNT	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
FLUORABON DRO	0	\$0 applies for ages 5 and under
LURIDE CHW 0.5MG F	0	\$0 applies for ages 5 and under
LURIDE CHW 0.25MG F	0	\$0 applies for ages 5 and under
LURIDE DRO 0.5MG/ML	0	\$0 applies for ages 5 and under
MEPHYTON TAB 5MG	3	
NASCOBAL SPR 500MCG	3	
<i>phytonadione tab 5 mg</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under

VITAMINS AND MINERALS, PRENATAL VITAMINS

ACTIVE OB CAP	3	
ATABEX EC TAB	3	
C-NATE DHA CAP 28-1-200	3	
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
CO-NATAL FA TAB 29-1MG	3	
COMPLETE NAT PAK DHA	3	
COMPLETENATE CHW	3	
DUET DHA 400 MIS 25-1-400	3	
DUET DHA MIS BALANCED	3	

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Drug Name	Drug Tier	Requirements/Limits
ENBRACE HR CAP	3	
FOLET DHA PAK	3	
FOLET ONE CAP 38-1-225	3	
FOLIVANE-OB CAP	3	
HEMENATAL OB MIS + DHA	3	
INFANATE CAP BALANCE	3	
KOSHR PRENAT TAB 30-1MG	3	
LEVOMEFOLATE CAP DHA	3	
MARNATAL-F CAP	3	
MYNATAL CAP	3	
MYNATE 90 TAB PLUS	3	
NATACHEW CHW	3	
NATALVIT TAB 75-1MG	3	
NATELLE ONE CAP	3	
NEEVO DHA CAP 27-1.13	3	
NESTABS ABC MIS	3	
NEWGEN TAB 32-1MG	3	
NEXA PLUS CAP	3	
O-CAL FA TAB	3	
O-CAL TAB PRENATAL	3	
OB COMPLETE CAP GOLD	3	
OB COMPLETE CAP ONE	3	
OB COMPLETE CAP PETITE	3	
OB COMPLETE TAB	3	
OB COMPLETE TAB PREMIER	3	
OB COMPLETE/ CAP DHA	3	
OBSTETRIX EC TAB	3	
OBSTETRIX PAK DHA	3	
PAIRE OB MIS	3	
PNV-TOTAL CAP	3	
PR NATAL 400 PAK EC	3	
PR NATAL 430 PAK	3	
PR NATAL 430 PAK EC	3	
PREFERA OB TAB	3	
PREFERAOB CAP ONE	3	
PREFERAOB MIS +DHA	3	
PREMESISRX TAB	3	
PRENAISSANCE CAP BALANCE	3	
PRENAISSANCE CAP PLUS	3	
PRENAISSANCE MIS HARMONY	3	

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Drug Name	Drug Tier	Requirements/Limits
PRENAISSANCE TAB NEXT	3	
PRENAISSANCE TAB NEXT-B	3	
<i>*prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	1	
PRENATA CHW 29-1MG	3	
PRENATAL DHA PAK 27-1-250	3	
PRENATAL MIS COMPLEAT	3	
PRENATAL VIT TAB LOW IRON	3	
<i>*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***</i>	1	
<i>*prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg***</i>	1	
<i>*prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg***</i>	1	
<i>*prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg***</i>	1	
PRENATAL-U CAP 106.5-1	3	
PRENATE AM TAB 1MG	3	
PRENATE CAP ENHANCE	3	
PRENATE CAP ESSENTIA	3	
PRENATE CAP PIXIE	3	
PRENATE CAP RESTORE	3	
PRENATE CHW 0.6-0.4	3	
PRENATE DHA CAP	3	
PRENATE MINI CAP	3	
PRENATE STAR TAB 20-1MG	3	
PRENATE TAB ELITE	3	

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Drug Name	Drug Tier	Requirements/Limits
PREQUE 10 TAB	3	
PROVIDA DHA CAP	3	
PROVIDA OB CAP	3	
PUREFE OB CAP PLUS	3	
REDICHEW RX CHW	3	
RELNATE DHA CAP	3	
SE-NATAL 19 TAB	3	
SE-TAN DHA CAP	3	
SELECT-OB CHW	3	
SELECT-OB+ PAK DHA	3	
TARON-BC MIS	3	
TARON-C DHA CAP	3	
TARON-PREX CAP	3	
TL FOLATE TAB	3	
TL-CARE DHA CAP 27-1-500	3	
TL-SELECT CAP	3	
TRI-TABS DHA MIS	3	
TRICARE CHW PRENATAL	3	
TRINATAL GT TAB	3	
TRINATAL RX TAB 1	3	
TRISTART DHA CAP	3	
TRISTART ONE CAP 35-1-215	3	
TRIVEEN-DUO PAK DHA	3	
TRIVEEN-PRX CAP RNF	3	
ULTIMATECARE CAP ONE	3	
ULTIMATECARE CAP ONE NF	3	
VEMAVITE- CAP PRX 2	3	
VENA-BAL MIS DHA	3	
VIL-RX TAB 29-1MG	3	
VINATE C TAB	3	
VINATE CAL TAB	3	
VINATE CARE CHW 40-1MG	3	
VINATE II TAB	3	
VINATE M TAB	3	
VIRT-PN TAB	3	
VITA-PREN TAB	3	
VITAFOL CAP ULTRA	3	
<i>vitafol chw gummies</i>	3	
VITAFOL FE+ CAP	3	
VITAFOL-NANO TAB	3	

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Drug Name	Drug Tier	Requirements/Limits
VITAFOL-OB PAK +DHA	3	
VITAFOL-OB TAB 65-1MG	3	
VITAFOL-ONE CAP	3	
VITAMEDMD CAP ONE RX	3	
VITAMEDMD MIS PLUS RX	3	
VITAPEARL CAP	3	
VITATRUE MIS	3	
VOL-NATE TAB	3	
VOL-TAB RX TAB	3	
VP-PNV-DHA CAP	3	
ZATEAN-CH CAP	3	
ZATEAN-PN CAP DHA	3	
ZATEAN-PN CAP PLUS	3	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS**ANAPHYLAXIS TREATMENT AGENTS**

ADRENALINE INJ 0.3MG	3	
ADRENALINE INJ 0.15MG	3	
AUVI-Q INJ 0.1MG	3	
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	1	
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	1	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 0.15MG	2	
SYMJEPI INJ 0.3MG	3	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, LONG ACTING

ANORO ELLIPT AER 62.5-25	2	
STIOLTO AER 2.5-2.5	2	
UTIBRON CAP NEOHALER	3	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, Long Acting

BEVESPI AER 9-4.8MCG	2	
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ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, SHORT ACTING

COMBIVENT AER 20-100	2	
DUAKLIR AER 400/12	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS		
TRELEGY AER ELLIPTA	2	
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	2	
INCRUSE ELPT INH 62.5MCG	2	
<i>ipratropium bromide inhal soln 0.02%</i>	1	
LONHALA MAGN SOL 25MCG	3	
SEEBRI NEOHA CAP 15.6MCG	3	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
TUDORZA PRES AER 400/ACT	3	
YUPELRI SOL	3	
ANTIHIISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
DECON-A ELX 2-5MG/5M	3	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
RELHIST CHW	3	
SEMPREX-D CAP 8-60MG	3	
ANTIHIISTAMINES, NONSEDATING		
CLARINEX RDT TAB 2.5MG	3	
CLARINEX RDT TAB 5MG	3	
CLARINEX SYP 0.5MG/ML	3	
CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
ANTIHIISTAMINES, SEDATING		
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
KARBINAL ER SUS 4MG/5ML	3	
RESPA-BR TAB 11MG	3	
RYVENT TAB 6MG	3	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
ANTITUSSIVE COMBINATIONS, NON-OPIOID		
CARBAPHEN 12 LIQ	3	
CARBAPHEN 12 SUS PED	3	
NEOTUSS PLUS LIQ	3	
NORTUSS-EX LIQ 200-20/5	3	
PEDIATEX TDM SUS	3	
<i>phenylephrine-chlorphen-dm liquid 1.75-0.75-2.75 mg/ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TGQ 15DM/5PE SYP H/2CPM	3	
TGQ 30/ SYP 150/15	3	
TGQ 30/PSE/3 SYP BRM/15DM	3	
ANTITUSSIVE COMBINATIONS, OPIOID		
CODAR AR LIQ 2-8/5ML	3	
FLOWTUSS SOL 2.5-200	3	
GILTUSS LIQ PED-C	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	3	
HYCOFENIX SOL	3	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine syrup</i> 6.25-5-10 mg/5ml	1	
<i>pseudoeph-chlorphen w/ hydrocodone soln</i> 60-4-5 mg/5ml	1	
REZIRA SOL 60-5/5ML	3	
SUTTAR-SF SYP	3	
TUSSICAPS CAP 5-4MG	3	
TUSSICAPS CAP 10-8MG	3	
TUSSIONEX SUS 10-8/5ML	3	
TUXARIN ER TAB 54.3-8MG	3	
VITUZ SOL 5-4MG	3	
ZUTRIPRO LIQ 60-4-5MG	3	
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
TESSALON PER CAP 100MG	2	
ZONATUSS CAP 150MG	3	
BETA AGONISTS, INHALANTS, Long Acting: Hand-held Active		
Inhalation		
ARCAPTA CAP 75MCG	3	
SEREVENT DIS AER 50MCG	2	
STRIVERDI AER 2.5MCG	2	
BETA AGONISTS, INHALANTS, Long Acting: Nebulized Passive		
Inhalation		
BROVANA NEB 15MCG	3	
PERFOROMIST NEB 20MCG	2	
BETA AGONISTS, INHALANTS, SHORT ACTING		
<i>albuterol sulfate inhal aero 108 mcg/act</i> <i>(90mcg base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.5% (5</i> <i>mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i> <i>(base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	
PROAIR HFA AER	2	
PROVENTIL AER HFA	3	
VENTOLIN HFA AER	3	
XOPENEX CONC NEB 1.25/0.5	2	
XOPENEX HFA AER	3	
XOPENEX NEB 0.31MG	3	
XOPENEX NEB 0.63MG	3	
XOPENEX NEB 1.25/3ML	3	
BETA AGONISTS, INHALANTS, Short Acting		
PROAIR DIGIH AER 108MCG	3	
BETA AGONISTS, ORAL AGENTS		
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
VOSPIRE ER TAB 4MG	2	
VOSPIRE ER TAB 8MG	2	
CYSTIC FIBROSIS		
BETHKIS NEB 300/4ML	3	PA
CAYSTON INH 75MG	3	PA
KALYDECO PAK 25MG	3	PA
KALYDECO PAK 50MG	3	PA
KALYDECO PAK 75MG	3	PA
KALYDECO TAB 150MG	3	PA
KITABIS PAK NEB 300/5ML	2	PA
ORKAMBI GRA 100-125	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	3	PA
ORKAMBI TAB 100-125	3	PA
ORKAMBI TAB 200-125	3	PA
PULMOZYME SOL 1MG/ML	2	PA
SYMDEKO TAB 50-75MG	3	PA
SYMDEKO TAB 100-150	3	
TOBI NEB 300/5ML	3	
TOBI PODHALR CAP 28MG	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
SINGULAIR CHW 4MG	3	
SINGULAIR CHW 5MG	3	
SINGULAIR GRA 4MG	3	
SINGULAIR TAB 10MG	3	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<i>zileuton tab er 12hr 600 mg</i>	1	
ZYFLO CR TAB 600MG	3	
ZYFLO TAB 600MG	3	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
ATROVENT NAS SOL 0.03%	2	
ATROVENT NAS SOL 0.06%	2	
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
HYPER-SAL NEB 7%	3	
HYPERSAL NEB 3.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NEBUSAL NEB 6%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
SURFAXIN SUS 30MG/ML	3	
NASAL ANTIHISTAMINES		
ASTEPRO SPR 0.15%	3	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
PATANASE SPR 0.6%	3	
NASAL DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
TYZINE PED DRO 0.05%	3	
TYZINE SOL 0.1%	3	
NASAL STEROIDS/COMBINATIONS		
BECONASE AQ SUS 0.042%	3	
<i>budesonide nasal susp 32 mcg/act</i>	1	
DYMISTA SPR 137-50	2	
FLONASE SPR 0.05%	3	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
NASONEX SPR 50MCG/AC	3	
OMNARIS SPR	3	
QNASL AER 80MCG	3	
QNASL CHILD SPR 40MCG	3	
RHINOCORT SUS AQUA	3	
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	
VERAMYST SPR 27.5MCG	3	
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE-4 INHIBITORS		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	2	PA
ESBRIET TAB 267MG	2	PA
ESBRIET TAB 801MG	2	
OFEV CAP 100MG	2	PA
OFEV CAP 150MG	2	PA
RESPIRATORY SYNCYTIAL VIRUS		
<i>ribavirin for inhal soln 6 gm</i>	1	
VIRAZOLE INH 6GM	3	
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 200/1.14	2	PA
FASENRA PEN INJ 30MG/ML	4	PA
NUCALA INJ 100MG/ML	2	PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
AEROSPAN AER 80MCG	3	
ALVESCO AER 80MCG	3	
ALVESCO AER 160MCG	3	
ARMONAIR AER 55/ACT	3	
ARMONAIR AER 113/ACT	3	
ARMONAIR AER 232/ACT	3	
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 30 AER 110MCG	2	
ASMANEX 120 AER 220MCG	2	
ASMANEX HFA AER 100 MCG	2	
ASMANEX HFA AER 200 MCG	2	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
QVAR REDIIHA AER 80MCG	2	
QVAR REDIIHAL AER 40MCG	2	
STEROID/BETA AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	2	
ADVAIR DISKU AER 250/50	2	
ADVAIR DISKU AER 500/50	2	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
AIRDUO RESPI INH 55-14	3	
AIRDUO RESPI INH 113-14	3	
AIRDUO RESPI INH 232-14	3	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>	1	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i>	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	1	
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	
XANTHINES - DRUGS TO TREAT COPD		
<i>dyphylline-guaifenesin liqd 100-100 mg/5ml</i>	1	
ELIXOPHYLLIN ELX 80/15ML	3	
LUFYLLIN TAB 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 100 mg</i>	1	
<i>theophylline tab er 12hr 200 mg</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS***DERMATOLOGY, ACNE, Oral***

ABSORICA CAP 10MG	2	
ABSORICA CAP 20MG	2	
ABSORICA CAP 25MG	2	
ABSORICA CAP 30MG	2	
ABSORICA CAP 35MG	2	
ABSORICA CAP 40MG	2	
ISOTRETINOIN CAP 10 MG	1	
ISOTRETINOIN CAP 20 MG	1	
<i>isotretinoin cap 30 mg</i>	1	
ISOTRETINOIN CAP 40 MG	1	

DERMATOLOGY, ACNE, Topical

ACANYA GEL 1.2-2.5%	2	
ACZONE GEL 5%	3	
<i>aczone gel 7.5%</i>	3	
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>adapalene lotion 0.1%</i>	1	
<i>adapalene pad 0.1%swab</i>	1	
ADAPALENE SOL 0.1%	3	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
AKLIEF CRE 0.005%	3	
AKTIPAK GEL 5-3%	3	
ALTRENO LOT 0.05%	3	
ATRALIN GEL 0.05%	3	PA
AZELEX CRE 20%	3	

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Drug Name	Drug Tier	Requirements/Limits
BENZ PEROXID GEL 6.5%	2	
BENZACLIN GEL 1-5%	3	
BENZAMYCIN GEL 5-3%	3	
BENZAMYCIN GEL PAK	3	
BENZIQL GEL 5.25%	3	
BENZIQL LS GEL 2.75%	3	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
CLEOCIN-T GEL 1%	3	
CLEOCIN-T LOT 1%	3	
CLEOCIN-T PAD 1%	3	
CLEOCIN-T SOL 1%	3	
CLINDAGEL GEL 1%	3	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
DIFFERIN CRE 0.1%	3	
DIFFERIN GEL 0.1%	3	
DIFFERIN GEL 0.3%	3	
DIFFERIN LOT 0.1%	3	
DUAC GEL 1.2-5%	3	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
EVOCLIN AER 1%	3	
FABIOR AER 0.1%	3	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	2	PA
RETIN-A MICR GEL 0.04%	2	PA
RETIN-A MICR GEL 0.08%	2	PA
SOD SUL/SULF EMU 10-5%	3	
SOD SUL/SULF SUS 10-5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
SULFOAM SHA 2%	3	
<i>tazarotene cream 0.1%</i>	1	
TAZORAC CRE 0.1%	2	
TAZORAC CRE 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
TRETIN-X CRE 0.075%	3	PA
TRETIN-X CRE 0.0375%	3	PA
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
VANOXIDE-HC LOT 5-0.5%	3	
VELTIN GEL	3	PA
ZACLIR LOT 8%	3	
ZIANA GEL	2	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC CRE 0.5%	3	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	
METVIXIA CRE 16.8%	3	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
SOLARAZE GEL 3% W/W	3	PA
TOLAK CRE 4%	2	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	

DERMATOLOGY, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS

CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
NEO-SYNALAR CRE	3	

DERMATOLOGY, ANTIBIOTICS

ALTABAX OIN 1%	3	
BACTROBAN CRE 2%	2	
BACTROBAN OIN 2%	2	
BACTROBAN OIN NASAL 2%	3	
CENTANY OIN 2%	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin calcium cream 2%</i>	1	
<i>mupirocin oint 2%</i>	1	
SILVADENE CRE 1%	2	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
XEPI CRE 1%	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
ECOZA AER 1%	3	
ERTACZO CRE 2%	3	

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Drug Name	Drug Tier	Requirements/Limits
EXELDERM CRE 1%	3	
EXELDERM SOL 1%	3	
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	
HALOTIN CRE 1%	3	
JUBLIA SOL 10%	2	PA
KERYDIN SOL 5%	3	PA
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
LOPROX SHA 1%	3	
<i>luliconazole cream 1%</i>	1	
LUZU CRE 1%	3	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
NAFTIN CRE 1%	2	
NAFTIN CRE 2%	2	
NAFTIN GEL 1%	2	
NAFTIN GEL 2%	2	
NIZORAL SHA 2%	3	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
OXISTAT CRE 1%	3	
OXISTAT LOT 1%	3	
VUSION OIN	3	
XOLEGEL GEL 2%	3	
DERMATOLOGY, ANTIPSORIATICS, ORAL		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
8-MOP CAP 10MG	3	
OXSORALEN-UL CAP 10MG	3	
SORIATANE CAP 10MG	3	
SORIATANE CAP 17.5MG	3	
SORIATANE CAP 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS, TOPICAL		
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	
DOVONEX CRE 0.005%	3	
ENSTILAR AER	2	
SORILUX AER 0.005%	3	
TACLONEX OIN	3	
TACLONEX SUS	2	
VECTICAL OIN 3MCG/GM	3	
DERMATOLOGY, ANTISEBORRHEICS		
ESKATA SOL 40%	3	
PROMISEB KIT COMPLETE	3	
<i>selenium sulfide lotion 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH	3	
DERMATOLOGY, ANTISEPTICS/DISINFECTANTS		
BENZALKONIUM SOL 50%	3	
CHLORHEX GLU SOL 20%	3	
DERMATOLOGY, ATOPIC DERMATITIS, Injectable		
DUPIXENT INJ 300/2ML	2	PA
DERMATOLOGY, ATOPIC DERMATITIS, Topical		
ELIDEL CRE 1%	2	
EUCRISA OIN 2%	2	
<i>pimecrolimus cream 1%</i>	1	
PROTOPIC OIN 0.1%	3	
PROTOPIC OIN 0.03%	3	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
DERMATOLOGY, CORTICOSTEROID COMBINATIONS		
DUOBRII LOT	3	
EPIFOAM AER 1%	3	
LIDOSOL-HC CRE 3-0.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
DERMATOLOGY, CORTICOSTEROIDS, High Potency		
<i>amcinonide cream 0.1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide lotion 0.1%</i>	1	
AMCINONIDE OIN 0.1%	3	
APEXICON E CRE 0.05%	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>diflorasone diacetate cream 0.05%</i>	1	
DIPROLENE AF CRE 0.05%	3	
DIPROLENE LOT 0.05%	3	
<i>fluocinonide cream 0.1%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
HALOG CRE 0.1%	3	
HALOG OIN 0.1%	3	
PSORCON CRE 0.05%	3	
<i>sernivo spr</i>	3	
TOPICORT CRE 0.25%	3	
TOPICORT GEL 0.05%	3	
TOPICORT OIN 0.25%	3	
TOPICORT SPR 0.25%	3	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
VANOS CRE 0.1%	3	
DERMATOLOGY, CORTICOSTEROIDS, Low Potency		
ACLOVATE CRE 0.05%	2	
ALA SCALP LOT 2%	3	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
CAPEX SHA 0.01%	2	
DERMA-SMOOTH OIL /FS BODY	2	

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Drug Name	Drug Tier	Requirements/Limits
DERMA-SMOOTH OIL /FS SCLP	2	
DESONATE GEL 0.05%	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
DESOWEN CRE 0.05%	2	
DESOWEN LOT 0.05%	2	
DESOWEN OIN 0.05%	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
MICORT-HC CRE 2.5%	3	
SYNALAR SOL 0.01%	2	
TEXACORT SOL 2.5%	2	
VERDESO AER 0.05%	3	
DERMATOLOGY, CORTICOSTEROIDS, Medium Potency		
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>clocortolone pivalate cream 0.1%</i>	1	
CLODERM CRE 0.1% PMP	3	
CORDRAN 24X3 TAP 4MCG/CM	3	
CORDRAN CRE 0.05%	3	
CORDRAN LOT 0.05%	3	
CORDRAN OIN 0.05%	3	
CUTIVATE CRE 0.05%	3	
CUTIVATE LOT 0.05%	3	
DERMATOP CRE 0.1%	3	
DERMATOP OIN 0.1%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
ELOCON CRE 0.1%	3	
ELOCON LOT 0.1%	3	
ELOCON OIN 0.1%	2	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>flurandrenolide cream 0.05%</i>	1	
<i>flurandrenolide lotion 0.05%</i>	1	
<i>flurandrenolide oint 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
KENALOG AER SPRAY	3	
LOCOID CRE 0.1%	3	
LOCOID LIPO CRE 0.1%	3	
LOCOID LOT 0.1%	3	
LOCOID OIN 0.1%	3	
LOCOID SOL 0.1%	3	
LUXIQ AER 0.12%	3	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
PANDEL CRE 0.1%	3	
<i>prednicarbate cream 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
SYNALAR CRE 0.025%	3	
SYNALAR OIN 0.025%	3	
TOPICORT CRE 0.05%	3	
TOPICORT OIN 0.05%	3	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
TRIANEX OIN 0.05%	3	
WESTCORT OIN 0.2%	2	

DERMATOLOGY, CORTICOSTEROIDS, Very High Potency

<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
BRYHALI LOT 0.01%	3	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clobetasol propionate spray 0.05%</i>	3	
CLOBEX LOT 0.05%	2	
CLOBEX SHA 0.05%	2	
CLOBEX SPR 0.05%	3	
<i>diflorasone diacetate oint 0.05%</i>	1	
DIPROLENE OIN 0.05%	2	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
IMPOYZ CRE 0.025%	3	
OLUX AER 0.05%	3	
OLUX-E AER 0.05%	3	
TEMOVATE CRE 0.05%	2	
TEMOVATE E CRE 0.05%EML	2	
TEMOVATE GEL 0.05%	2	
TEMOVATE OIN 0.05%	2	

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Drug Name	Drug Tier	Requirements/Limits
TEMOVATE SOL 0.05%	3	
ULTRAVATE CRE 0.05%	2	
ULTRAVATE LOT 0.05%	3	
ULTRAVATE OIN 0.05%	2	
DERMATOLOGY, EMOLLIENTS		
HPR PLUS MB KIT HYDROGEL	3	
<i>hyaluronate sodium (emollient) gel 0.2%</i>	1	
HYLIRA GEL 0.2%	3	
HYLIRA LOT 0.1%	3	
DERMATOLOGY, LOCAL ANALGESICS		
<i>lidocaine patch 5%</i>	1	PA
LIDODERM DIS 5%	2	PA
QUTENZA KIT 8% 1-PCH	3	
DERMATOLOGY, LOCAL ANESTHETICS		
ANACAINE OIN	3	
EMLA CRE 2.5-2.5%	3	QL (30 gms per month)
GOPRELTO SOL 40MG/ML	3	
LDO PLUS GEL 4%	3	QL (30 gms per 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 ml per 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (30 gms per 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gms per 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gms per 25 days)
<i>lidocaine-tetracaine cream 7-7%</i>	1	QL (30 gms per 25 days)
PLIAGLIS CRE 7-7%	3	QL (30 gms per 25 days)
SYNERA DIS 70-70MG	3	QL (2 patches per 25 days)
TETRAVEX GEL 2%	3	
XYLOCAINE SOL 4%	3	QL (50 ml per 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	1	
<i>acyclovir oint 5%</i>	1	
ALDARA CRE 5%	3	
ARNICA TIN FLOWER	3	
BENSAL HP OIN	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
DENAVIR CRE 1%	3	
<i>doxepin hcl cream 5%</i>	1	QL (90 grams per month), ST
DRYSOL SOL 20%	3	
HYLATOPIC AER	3	
<i>imiquimod cream 5%</i>	1	
KELARX GEL	3	
NUVAIL SOL 16%	3	
OXSORALEN LOT 1%	3	
PANRETIN GEL 0.1%	3	
<i>podofilox soln 0.5%</i>	1	
<i>prudoxin cre 5%</i>	1	QL (90 grams per month), ST
SANTYL OIN 250/GM	3	
SILVER NITRA OIN 10%	3	
XERAC-AC SOL 6.25%	3	
XERESE CRE 5-1%	3	
ZONALON CRE 5%	3	QL (90 grams per month), ST
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1	
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	1	
FINACEA AER 15%	2	
FINACEA GEL 15%	2	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	
NORITATE CRE 1%	3	
ORACEA CAP 40MG	3	
RHOFADE CRE 1%	3	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
ELIMITE CRE 5%	2	

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Drug Name	Drug Tier	Requirements/Limits
EURAX CRE 10%	3	
EURAX LOT 10%	3	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
<i>permethrin cream 5%</i>	1	
SKLICE LOT 0.5%	3	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
ULESFIA LOT 5%	3	
DERMATOLOGY, WOUND CARE PRODUCTS		
REGANEX GEL 0.01%	3	
MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS		
AQUORAL AER	3	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
FLUORIDEX GEL SENSITIV	3	
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
LTA 360 KIT SOL 4%	3	
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
PERIDEX SOL 0.12%	3	
PREVDNT 5000 PST 1.1%	3	
PREVDNT 5000 PST 1.1-5%	3	
PREVIDENT CRE 5000 PLS	3	
PREVIDENT GEL 1.1%	3	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
SODIUM FLUORIDE RINSE 0.2%	3	
<i>sodium fluoride-potassium nitrate paste 1.1-5%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
MOUTH/THROAT/DENTAL AGENTS, PROTECTANTS		
EPISIL LIQ	2	
MUGARD LIQ	2	
ORAFATE PST 10%	3	

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Drug Name **Drug Tier** **Requirements/Limits**
OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY
COMBINATIONS

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1
BLEPHAMIDE OIN S.O.P.	3
BLEPHAMIDE SUS OP	3
MAXITROL OIN 0.1% OP	3
MAXITROL SUS 0.1% OP	3
<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
PRED-G S.O.P OIN OP	3
PRED-G SUS OP	3
<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
TOBRADEX SUS 0.3-0.1%	3
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1
ZYLET SUS 0.5-0.3%	2

OPHTHALMIC, ANTI-INFECTIVES

AZASITE SOL 1%	3
<i>bacitracin ophth oint 500 unit/gm</i>	1
<i>bacitracin-polymyxin b ophth oint</i>	1
BESIVANCE SUS 0.6%	2
BETADINE SOL 5% OP	3
BLEPH-10 SOL 10% OP	3
CILOXAN OIN 0.3% OP	2
CILOXAN SOL 0.3% OP	3
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1
<i>erythromycin ophth oint 5 mg/gm</i>	1
GARAMYCIN SOL 0.3% OP	3
<i>gatifloxacin ophth soln 0.5%</i>	1
<i>gentamicin sulfate ophth oint 0.3%</i>	1
<i>gentamicin sulfate ophth soln 0.3%</i>	1
<i>levofloxacin ophth soln 0.5%</i>	1

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Drug Name	Drug Tier	Requirements/Limits
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
MOXIFLOXACIN SOL 5MG/ML	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
NEOSPORIN SOL OP	3	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
OPHTHALMIC, ANTI-INFLAMMATORY, Nonsteroidal		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	1	
BROMSITE DRO 0.075%	3	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
NEVANAC SUS 0.1%	2	
OCUFEN SOL 0.03% OP	3	
PROLENSA SOL 0.07%	3	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC, ANTI-INFLAMMATORY, Steroidal		
ALREX SUS 0.2%	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
FLAREX SUS 0.1% OP	2	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML LIQUIFLM SUS 0.1% OP	3	
FML OIN 0.1% OP	2	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	2	
OMNIPRED SUS 1% OP	3	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
VEXOL SUS 1% OP	3	
OPHTHALMIC, ANTIALLERGICS		
ALOCRIOL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
ELESTAT DRO 0.05%	3	
EMADINE SOL 0.05% OP	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
LASTACFT SOL 0.25%	2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PATADAY SOL 0.2%	3	
PATANOL SOL 0.1% OP	3	
PAZEO DRO 0.7%	2	
OPHTHALMIC, ANTIFUNGALS		
NATACYN SUS 5% OP	3	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC, ANTIVIRALS		
<i>trifluridine ophth soln 1%</i>	1	
VIROPTIC SOL 1% OP	2	
ZIRGAN GEL 0.15%	3	
OPHTHALMIC, ARTIFICIAL TEARS/LUBRICANTS		
LACRISERT MIS 5MG OP	3	
OPHTHALMIC, BETA-BLOCKERS, Nonselective		
BETAGAN SOL 0.5% OP	3	
BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
<i>carteolol hcl ophth soln 1%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>levobunolol hcl ophth soln 0.25%</i>	1	
<i>metipranolol ophth soln 0.3%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
OPHTHALMIC, BETA-BLOCKERS, Selective		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS		
COSOPT PF SOL	3	
COSOPT SOL 22.3-6.8	3	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/SYMPATHOMIMETIC COMBINATIONS		
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS		
AZOPT SUS 1% OP	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2%	3	
TRUSOPT SOL 2% OP	3	
OPHTHALMIC, DRY EYE DISEASE		
CEQUA SOL 0.09%	3	
CYCLOSPORINE EMU 0.1%	3	
RESTASIS EMU 0.05%	2	
XIIDRA DRO 5%	2	
OPHTHALMIC, MISCELLANEOUS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
CYSTARAN SOL 0.44%	3	PA
GELFILM MIS OP	3	
<i>naphazoline hcl ophth soln 0.1%</i>	1	
OXERVATE SOL 20MCG/ML	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC, MYDRIATICS		
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOMYDRIL SOL OP	3	
ISO HYOSCINE SOL 0.25% OP	3	
MYDRIACYL SOL 1% OP	3	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
OPHTHALMIC, PARASYMPATHOMIMETICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC, PROSTAGLANDIN/RHO KINASE INHIBITOR COMBINATIONS		
ROCKLATAN DRO	2	
OPHTHALMIC, PROSTAGLANDINS		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>bimatoprost soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	
TRAVATAN Z DRO 0.004%	2	
<i>travoprost ophth soln 0.004%</i>	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
XELPROS EMU 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OPHTHALMIC, RHO KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
OPHTHALMIC, SYMPATHOMIMETIC/BETA-BLOCKER COMBINATIONS		
COMBIGAN SOL 0.2/0.5%	2	
OPHTHALMIC, SYMPATHOMIMETICS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS		
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
<i>coly-mycin s sus otic</i>	3	
CORTISPORIN SOL 1% OTIC	3	
<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	
OTOVEL DRO	3	
OTIC, ANTI-INFECTIVES		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CETRAXAL SOL 0.2%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIPRIO SUS 60MG/ML	3	
OTIC, MISCELLANEOUS		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	

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 Baltimore, Maryland 21224

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200 Independence Avenue, SW
Room 509F, HHH Building
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አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèḗ. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́èa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè dεín nyε. Nyò t̀òò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ gǎ j̀ùǐn, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éi kójj' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį áádóo éi bikéé'dóo naasbaqas bił adidiilchil. Áká'anidaalwó'ígíí neidiitáágo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowól.