

2023 |

Formulary (List of Covered Drugs)

Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of California Marketplace

Notice:

The information in this document is current as of January 1, 2023.

The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Drug Look-Up tool.

Aviso:

La información de este documento está vigente a partir del 1 de enero de 2023.

El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.

Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Verificar Costo de Medicamentos.

Molina Healthcare Marketplace

2023 Formulary Changes Effective January 1, 2023

Drug Name	Description of Formulary Change	Current Tier
ADMELOG INJ 100U/ML	Remove from formulary	Novolog is covered
ADMELOG SOLO INJ 100U/ML	Remove from formulary	Novolog is covered
AFINITOR DIS TAB 2MG	Remove from formulary	generic everolimus covered
AFINITOR DIS TAB 3MG	Remove from formulary	generic everolimus covered
AFINITOR DIS TAB 5MG	Remove from formulary	generic everolimus covered
AFINITOR TAB 10MG	Remove from formulary	generic everolimus covered
AIMOVIG INJ 140MG/ML	Remove from formulary	Ajovy and Emgality are covered
AIMOVIG INJ 70MG/ML	Remove from formulary	Ajovy and Emgality are covered
AJOVY INJ 225/1.5	Add to formulary, Tier 3, Prior Authorization requirement	3 mL per 90 days
ALDACTAZIDE TAB 50/50	Remove from formulary	generic spironolactone & HCTZ combo in 25-25 mg strength is covered
APIDRA INJ SOLOSTAR	Remove from formulary	Novolog is covered
APIDRA INJ U-100	Remove from formulary	Novolog is covered
ARIPIPRAZOLE SOL 1MG/ML	Remove Prior Authorization requirement	
AZOPT SUS 1% OP	Remove from formulary	generic brinzolamide eye suspension is covered
BACLOFEN TAB 5MG	Add to formulary, Tier 1, Quantity Limit	
BANZEL TAB 200MG	Remove from formulary	generic rufinamide is covered
BANZEL TAB 400MG	Remove from formulary	generic rufinamide is covered
BEPREVE DRO 1.5%	Remove from formulary	generic bepotastine eye solution is covered
BICALUTAMIDE TAB 50MG	Downtier to Tier 1	
BIKTARVY (Low Dose) TAB	Add to formulary, Tier 2, Age limit	Max age 12 years
BRIMO/TIMOLO SOL 0.2/0.5%	Downtier to Tier 1	
BUT/APAP/CAF CAP CODEINE with 300 mg acetaminophen	Remove from formulary	generic with 325 mg of acetaminophen is covered

Drug Name	Description of Formulary Change	Current Tier
BYSTOLIC TAB 10MG	Remove from formulary	generic nebivolol is covered
BYSTOLIC TAB 2.5MG	Remove from formulary	generic nebivolol is covered
BYSTOLIC TAB 20MG	Remove from formulary	generic nebivolol is covered
BYSTOLIC TAB 5MG	Remove from formulary	generic nebivolol is covered
CLENPIQ SOL	Remove from formulary	SuPrep covered
COMBIGAN SOL 0.2/0.5%	Remove from formulary	generic brimonidine & timolol eye solution is covered
CRESEMBA CAP 186 MG	Remove from formulary	
DEXILANT CAP 30MG DR	Remove from formulary	generic dexlansoprazole is covered
DEXILANT CAP 60MG DR	Remove from formulary	generic dexlansoprazole is covered
DUREZOL EMU 0.05%	Remove from formulary	generic difluprednate eye emulsion is covered
EXELDERM SOL 1%	Remove from formulary	generic sulconazole solution is covered
FENOFIBRIC TAB 35MG	Remove from formulary	Formulation no longer covered, other fenofibrates covered
FERRIPROX TAB 1000MG	Remove from formulary	generic deferiprone is covered
FLUTAMIDE CAP 125MG	Downtier to Tier 1	
HUMALOG INJ 100/ML	Remove from formulary	Novolog is covered
HUMALOG JR INJ 100/ML	Remove from formulary	Novolog is covered
HUMALOG KWIK INJ 100/ML	Remove from formulary	Novolog is covered
HUMALOG MIX INJ 50/50	Remove from formulary	Novolog is covered
HUMALOG MIX INJ 50/50KWP	Remove from formulary	Novolog is covered
HUMALOG MIX INJ 75/25KWP	Remove from formulary	Novolog is covered
HUMALOG MIX SUS 75/25	Remove from formulary	Novolog is covered
HYSINGLA ER TAB 100 MG	Remove from formulary	generic hydrocodone 24-hour tab is covered
HYSINGLA ER TAB 120 MG	Remove from formulary	generic hydrocodone 24-hour tab is covered
HYSINGLA ER TAB 20 MG	Remove from formulary	generic hydrocodone 24-hour tab is covered
HYSINGLA ER TAB 30 MG	Remove from formulary	generic hydrocodone 24-hour tab is covered
HYSINGLA ER TAB 40 MG	Remove from formulary	generic hydrocodone 24-hour tab is covered

Drug Name	Description of Formulary Change	Current Tier
HYSINGLA ER TAB 60 MG	Remove from formulary	generic hydrocodone 24-hour tab is covered
HYSINGLA ER TAB 80 MG	Remove from formulary	generic hydrocodone 24-hour tab is covered
INSULIN LISAP INJ 100/ML	Remove from formulary	Novolog is covered
INTELENCE TAB 100MG	Remove from formulary	generic etravirine is covered
INTELENCE TAB 200MG	Remove from formulary	generic etravirine is covered
JENTADUETO TAB 2.5-1000	Remove from formulary	Janumet is covered instead
JENTADUETO TAB 2.5-500	Remove from formulary	Janumet is covered instead
JENTADUETO TAB 2.5-850	Remove from formulary	Janumet is covered instead
JENTADUETO TAB XR	Remove from formulary	Janumet XR is covered instead
KLONOPIN TAB 0.5MG	Remove from formulary	generic clonazepam covered
KLONOPIN TAB 2MG	Remove from formulary	generic clonazepam covered
LAC-HYDRIN LOT FIVE	Add to formulary, Tier 2, Quantity Limit	226 per 30 days
MARAVIROC TAB 150MG	Add to formulary, Tier 1, Quantity Limit	
MARAVIROC TAB 300MG	Add to formulary, Tier 1, Quantity Limit	
MENTAX CRE 1%	Remove from formulary	generic butenafine cream is covered
NILUTAMIDE TAB 150MG	Downtier to Tier 1	
NUCALA INJ 40MG/0.4	Add to formulary, Tier 4, with Prior Authorization requirement, Quantity Limit	0.4 ml per 28 days
NURTEC TAB 75MG ODT	Remove from formulary	Acute treatment: Ubrelvy and Reyvow are covered; Prevention: Ajovy and Emgality are covered
PAXLOVID TAB 150-100	Add to formulary, Tier 5	
PEN NEEDLES MIS 29GX10MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 29GX12.7	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 29GX12MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 31GX5MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 31GX5MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 31GX6MM	Increase Quantity Limit	200 per 30 days

Drug Name	Description of Formulary Change	Current Tier
PEN NEEDLES MIS 31GX6MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 31GX8MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 31GX8MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 32GX4MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 32GX4MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 32GX6MM	Increase Quantity Limit	200 per 30 days
PEN NEEDLES MIS 32GX8MM	Increase Quantity Limit	200 per 30 days
PLENVU SOL	Remove from formulary	generic Moviprep is covered
PRADAXA CAP 110MG	Remove from formulary	Eliquis and Xarelto are covered
PRADAXA CAP 150MG	Remove from formulary	Eliquis and Xarelto are covered
PRADAXA CAP 75MG	Remove from formulary	Eliquis and Xarelto are covered
PULMOZYME SOL 1MG/ML	Add Quantity Limit	75 per 30 days
RESTASIS EMU 0.05% OP	Remove from formulary	generic cyclosporine eye emulsion is covered
REVLIMID CAP 10MG	Remove from formulary	generic lenalidomide is covered
REVLIMID CAP 15MG	Remove from formulary	generic lenalidomide is covered
REVLIMID CAP 2.5MG	Remove from formulary	generic lenalidomide is covered
REVLIMID CAP 20MG	Remove from formulary	generic lenalidomide is covered
REVLIMID CAP 25MG	Remove from formulary	generic lenalidomide is covered
REVLIMID CAP 5MG	Remove from formulary	generic lenalidomide is covered
SELZENTRY TAB 150MG	Remove from formulary	generic maraviroc is covered
SELZENTRY TAB 300MG	Remove from formulary	generic maraviroc is covered
SKYRIZI INJ 150MG/ML	Add to formulary, Tier 4, with Prior Authorization requirement, Quantity Limit	2.4 mL per 60 days
SKYRIZI SOL 60MG/ML	Add to formulary, Tier 4, with Prior Authorization requirement	
SUTENT CAP 12.5MG	Remove from formulary	generic sunitinib is covered
SUTENT CAP 25MG	Remove from formulary	generic sunitinib is covered

Drug Name	Description of Formulary Change	Current Tier
SUTENT CAP 37.5MG	Remove from formulary	generic sunitinib is covered
SUTENT CAP 50MG	Remove from formulary	generic sunitinib is covered
SYMBICORT AER 160-4.5	Uptier to Tier 3, Add Prior Authorization requirement	Advair does not require prior authorization
SYMBICORT AER 80-4.5	Uptier to Tier 3, Add Prior Authorization requirement	Advair does not require prior authorization
TERIPARATIDE INJ	Add to formulary, Tier 4, with Prior Authorization requirement	
TOLAZAMIDE TAB 250MG	Remove from formulary	no longer on the market
TOLAZAMIDE TAB 500MG	Remove from formulary	no longer on the market
TOLMETIN SOD TAB 200MG	Add Prior Authorization requirement	
TRADJENTA TAB 5MG	Remove from formulary	Januvia is covered instead
TRUXIMA INJ 100/10ML	Add to formulary, Tier 4, with Prior Authorization requirement, Quantity Limit	100 ml per 7 days
TRUXIMA INJ 500/50ML	Add to formulary, Tier 4, with Prior Authorization requirement, Quantity Limit	100 ml per 7 days
VIIBRYD KIT STARTER	Remove from formulary	generic vilazodone is covered
VIIBRYD TAB 10MG	Remove from formulary	generic vilazodone is covered
VIIBRYD TAB 20MG	Remove from formulary	generic vilazodone is covered
VIIBRYD TAB 40MG	Remove from formulary	generic vilazodone is covered
VILAZODONE TAB 10MG	Add to formulary, Tier 3, with Prior Authorization requirement	
VILAZODONE TAB 20MG	Add to formulary, Tier 3, with Prior Authorization requirement	
VILAZODONE TAB 40MG	Add to formulary, Tier 3, with Prior Authorization requirement	
VIMPAT TAB 100MG	Remove from formulary	generic lacosamide is covered
VIMPAT TAB 150MG	Remove from formulary	generic lacosamide is covered
VIMPAT TAB 200MG	Remove from formulary	generic lacosamide is covered
VIMPAT TAB 50MG	Remove from formulary	generic lacosamide is covered
XOFLUZA TAB 80MG	Add to formulary, Tier 2, Quantity Limit	1 per 30 days
XULANE DIS 150-35	Update Quantity Limit	3 per 21 days

Drug Name	Description of Formulary Change	Current Tier
ZORTRESS TAB 0.25MG	Remove from formulary	generic everolimus is covered
ZORTRESS TAB 0.5MG	Remove from formulary	generic everolimus is covered
ZORTRESS TAB 0.75MG	Remove from formulary	generic everolimus is covered
ZORTRESS TAB 1MG	Remove from formulary	generic everolimus is covered
ZYKADIA CAP 150MG	Add Quantity Limit	

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



Effective January 1, 2021
En vigor desde el 1.º de enero del 2021

Notice on Drug Company Cost Sharing Assistance

Cost Sharing paid with drug company support will not apply toward any Deductible or yearly Out-of-Pocket Maximum under your plan. Drug company support means discount cards, coupons, gift cards, cash or other financial help you get from the company or a sponsored program for the purpose of buying a company's drugs.

Aviso sobre la Asistencia de Costos Compartidos de la Empresa Farmacéutica

Los costos compartidos que se pagan con el apoyo de la empresa farmacéutica no se aplicarán a ningún Deducible o Máximo de Gastos de su Bolsillo de su plan cada año. El apoyo de la empresa farmacéutica corresponde a tarjetas de descuento, cupones, tarjetas regalo, dinero en efectivo u otra ayuda económica que usted reciba de dicha empresa o de un programa patrocinado con el propósito de comprar los medicamentos de una empresa.

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Welcome to Molina Healthcare!

Molina Healthcare Drug Formulary (List of Drugs)

Your plan has a list of drugs that are covered. The list is called the Drug Formulary. The formulary changes from plan year to plan year. The drugs on the list are chosen by a group of doctors and pharmacists from your insurer and the medical community. The group meets every three months to talk about the drugs that are in the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. Drugs are added or removed from the Drug Formulary for different reasons. Reasons may include:

- Changes in medical practice
- New drugs become available
- New generics are available and take the place of previously covered branded drugs
- New state or federal drug coverage requirements
- A drug is no longer available or has a new safety issue

Within the current plan year, we only make certain changes to the formulary. These changes may include:

- Addition of drugs or dosage forms
- Movement of a drug from one drug tier to another that results in lower enrollee cost sharing
- Changes in preferred status among similar drugs on the list
- Removal of restrictions like prior authorization or step therapy on a drug or dosage form

When updates happen through our standard process, we will publish any changes on a monthly basis. Your plan's most current drug list is on our website MolinaMarketplace.com. A notice of changes is included with update.

Does the drug list include injectable drugs that a Provider treats me with in a clinic or other location?

In general, drugs on the drug list are drugs your provider prescribes for you to get from a pharmacy and give to yourself. Most injectable drugs you need help from a provider to use are covered under the medical benefit instead of the prescription drug ("pharmacy") benefit. Your provider has instructions from us on how to get you approved for drugs they buy and help give to you. Some injectable drugs can be approved to get from a pharmacy using your prescription drug benefit.

I have questions about how my plan covers drugs.

This guide contains many details for common questions. You may also call Molina Healthcare and ask specific coverage questions about a drug:

- Can my prescription be filled at a retail pharmacy?
- How do I find estimates on the cost sharing dollar amount for my prescription?
- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

Call toll-free **1 (888) 858-2150**, Monday through Friday, **8:00 a.m. through 6:00 p.m.** If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

The member handbook and the plan agreement also contain important coverage information. Please see the plan agreement for information on contraceptive coverage, benefit exclusions, hospice services, and more.

If a drug is listed on the formulary, will I be prescribed that drug?

A drug being listed on the formulary does not guarantee that your doctor will prescribe it for you. This guide lets you and your doctor know which prescription drugs are covered by your plan. Drugs that are not on this list may not be covered by your plan and may cost you more. You may ask for nonformulary drugs to be covered. Requests for nonformulary drugs will be considered for a medically accepted use when formulary options cannot be used and/or other coverage requirements are met. Details are included in this guide.

Definitions

“Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

“Coinsurance” is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“Dosage form” is the physical form in which a prescription drug is produced and dispensed, such as a tablet, a capsule, or an injectable.

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

“Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Using the Drug Formulary as your prescription drug coverage guide

How do I locate a drug that is on the drug list?

The list of drugs is organized alphabetically by therapeutic category and class using the American Hospital Formulary Service (AHFS) classification. Within category and class, drug names are also organized in alphabetical order. If you do not know the category or class for the drug you are looking for, there are two ways to search for the drug by name.

- If you are using an electronic version of the drug list, you can use the PDF Search Function by pressing Ctrl + F on your computer keyboard. Type the name of the drug you are looking for in the search box.
- If you are using a print version of the drug list, you can search for the name of the drug in the Index at the end of this guide.

Drug entries on the list contain the Drug Name, Drug Tier, and other coverage details for all the drugs and items covered under your plan's prescription drug benefit.

Here are examples of how a drug may be displayed on the drug list (actual coverage may differ from this example).

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 1	QL (300 tabs / 30 days); MAIL

What drug names are used on the list?

The drug list uses trademarked brand names and non-proprietary or “generic” names to show what form of the drug is covered. There are also trademarked names used by certain generic drugs. The way a drug name is shown on the drug list will tell you if the branded form, the generic form, or the trademarked generic form is what is covered. The example above shows the branded, generic, and trademarked generic forms of the drug “warfarin sodium”.

When the branded form of a drug is covered, the drug name will be listed in all CAPITAL letters as its BRAND NAME. The non-proprietary or “***generic name***” for the branded drug will follow in parentheses and in all ***bold and italicized lowercase*** letters. When the generic form of the drug is covered, it is listed separately by its ***generic name(s)*** in all ***bold and italicized lowercase*** letters. A generic drug that is covered as the trademarked generic form will be listed separately by its ***generic name*** followed by the trademarked name in parentheses. The trademarked generic name will be shown with the first letter of each word capitalized.

If both the brand form and the generic form for a drug are covered on the formulary, they will each be listed as separate drug entries. For example, COUMADIN and ***warfarin sodium*** are listed separately to show both the brand form and the generic form are covered on the formulary. In this example, a trademarked generic form (Jantoven) is also displayed. Different Drug Tier and Requirements/Limits may apply for a trademarked form versus a generic form of a drug if multiple drug forms are listed as covered on the actual drug list.

What are Drug Tiers and how do they affect my share of the drug's cost?

We put drugs on different levels called tiers based on how well they improve health and how much they cost compared to similar treatments. Your plan has the following tiers. For Tiers 1 through 4, in general the lower the Drug Tier, the lower your share of the cost will be.

Here are more details about which drugs are on which tiers.

Drug Tier	Description
Tier 1	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing
Tier 2	Non-Preferred Generic drugs and Preferred Brand Name drugs; Higher cost sharing than Tier 1
Tier 3	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions
Tier 4	Specialty Drugs, both Brand Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Most Specialty Drugs covered in your plan will be available through a pharmacy in the Specialty Pharmacy Network. Some Specialty Drugs are only sold by certain pharmacies the drug company has chosen ("Limited Distribution")
Tier 5	Preventative and family planning drugs and devices (ie, contraception) with \$0 cost sharing
DME	Durable Medical Equipment; Cost sharing follows the medical benefit cost sharing for DME for the non-drug product on the drug list

Following sections 1367.002, 1367.25, and 1367.51 of the Health and Safety Code:

- Your plan covers nationally recognized preventative service drugs and dosage forms (Tier 5) with \$0 cost sharing when prescribed for you to use in line with those recommendations.
- Your plan covers a variety of drug, device, and over-the-counter products for family planning (ie, contraception) under the prescription drug benefit, with \$0 cost sharing (Tier 5).
- Your plan covers treatment and testing for diabetes including insulin, glucagon, medically necessary devices and supplies on the DME tier, and other prescription drugs.

When coverage of nonformulary drugs is approved on formulary exception, enrollees pay Tier 3 cost sharing for Nonspecialty drugs or Tier 4 cost sharing for Specialty drugs. Please see your plan agreement for more details on cost sharing for formulary exceptions.

Certain types of drugs covered by your plan have cost sharing limits each time you fill them. If your state has specific limits, cost sharing will be the lower of your plan design cost sharing or any limit that applies.

- There are limits on your cost sharing for anticancer drugs taken by mouth.
- You have no cost sharing for mifepristone and misoprostol when prescribed to stop an early pregnancy.

How can I find more information about how much my drug will cost?

Information about prescription drug cost sharing amounts can be found in our Benefits-at-a-Glance brochure or by entering prescription information into the "Search Drugs" tool at MolinaMarketplace.com. This tool will provide an

estimate of your cost for formulary drugs. If you create an account with Caremark.com before using the tool, your plan design information will also be used to more closely estimate actual prices you pay at the pharmacy.

Finding a pharmacy to fill a prescription

Pharmacy Network

Molina has networks of retail, mail order, and specialty pharmacies that can process and dispense medications using your coverage. To locate an in-network pharmacy, please use the "Find a Pharmacy" tool at MolinaMarketplace.com. The tool allows you to search pharmacies by zip code, city, country, and state. You can limit search results based on distance, or other specific criteria like store name, language spoken, or services offered.

Specialty Pharmacy

Molina has a network of specialty pharmacies that can process and dispense specialty medications. Specialty medications are placed on Tier 4 on the formulary. Some medications have limited distribution. Limited distribution means the medication is only sold by certain pharmacies. Molina's Pharmacy Benefit Manager, CVS Caremark, has a specialty pharmacy that provides clinical support to help enrollees manage their medications and conditions. Most specialty medications require Prior Authorization before they are covered. A prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the process. If mail delivery of the specialty medication is not an option for the enrollee, CVS offers the option to ship the medication to a local CVS pharmacy for pickup.

CVS Pharmacy Help Desk can be contacted by calling 1 (888) 407-6425.

Mail Order Pharmacy

Your plan has a network of Mail Order pharmacies that can process and dispense up to 90 days' supply of eligible medications. Eligible medications are marked "MAIL" on the formulary.

Your plan's Pharmacy Benefit Manager has a Mail Order pharmacy. To have prescriptions filled through their service the provider or enrollee can call the FastStart® toll-free number at 1 (800) 875-0867 Monday through Friday 7:00 a.m. to 7:00 p.m. or go to Caremark.com.

Out-of-Network Pharmacy

If the in-network pharmacies do not meet the enrollee's needs an exception can be requested to obtain authorization to use a pharmacy outside of network. Exceptions will be reviewed for medical necessity on a case-by-case basis.

Prescription Claims Processor

Molina Healthcare has selected CVS Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina enrollees.

Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (888) 407-6425. Membership, cost sharing, prescription drug benefit information and eligibility concerns may be addressed by calling the Molina Customer Support Center at 1 (888) 858-2150. Member Services is available Monday through Friday 8:00 a.m. to 6:00 p.m. Pacific Time. Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at 1 (855) 322-4075 Monday through Friday 8:30 a.m. – 5:00 p.m. Pacific Time.

Urgent and After-Hours Medication Policy

To prevent an enrollee's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before Prior Authorization may be obtained from Molina. (e.g., an enrollee is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions.

Pharmacies may call Molina at 1 (855) 322-4075 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Refill Timing, Synchronization, and Proration

In general, 30-day supplies of medications can be refilled when 85% of the predicted days of use have passed from the date of the prior fill. Please see the "Proration and Synchronization" section of your plan agreement for any drugs that have special refill timing. Your pharmacy or provider can ask to override refill timing limits in order to synchronize the fill dates of your medications by contacting the CVS Caremark® Help Desk at 1 (888) 407-6425. If shorter or longer day supplies are dispensed to synchronize your medications, your cost sharing on those supplies will be prorated.

Prior authorization and exception request procedure

Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show you have a medically accepted use for the drug and that other treatments have not worked for you or are not clinically appropriate. Other requirements may apply depending on the drug. We may require certain test results to show a drug is right for you. This may be true for Specialty Drugs used to treat long term or other rare conditions. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage.

Your provider may fax a completed drug Prior Authorization form to **Molina at 1 (866) 508-6445**. The clinical policies and forms are on our website MolinaMarketplace.com. The form may be obtained on MolinaMarketplace.com at the provider forms and documents page. The form must be completed and include all medical information. Otherwise, it will not be accepted. Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.

If your prescription requires a Prior Authorization or Formulary Exception, the request can be considered under Standard or Exigent Circumstances.

- A request is considered an Exigent Circumstance if any of the following apply:
 - You are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function
 - You are in severe uncontrolled pain, or the urgency of your care requires a rapid coverage decision
 - You are undergoing current treatment using a nonformulary drug. Trials of pharmaceutical samples from your doctor or a manufacturer will not be considered as current treatment
- Supporting information is required to justify the urgency of the request
- Any request that is not considered an Exigent Circumstance is considered a Standard Exception request

You and/or your provider will be notified of our decision, made no later than:

- 24 hours following receipt of request with Exigent Circumstances.
- 72 hours following receipt of request with Standard Circumstances.

If a determination is not made within these timeframes, the request will automatically be approved.

If the request is approved, we will send a letter to your prescriber. We will include how long the request is approved for before renewal of the authorization is required. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up.

Following 1367.22 of the Health and Safety Code, if a drug request is approved, it will continue to be covered for the length of the prescription, including refills. Molina will not limit or exclude coverage for a drug if we previously approved it for your condition and your provider continues to prescribe it, as long as the drug is appropriately prescribed and continues to be safe and effective.

Requesting an Exception

Can I have a drug covered if it is not on the formulary or does not follow plan requirements such as step therapy?

Molina has a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. Your doctor may order a drug that is not on the formulary but that he or she believes is best for you. You may be taking a drug that is no longer on the new plan year's drug list. Pharmacy systems may require you to try certain drugs before others are covered ("Step Therapy"). Your doctor may send Molina a formulary exception request using the Prior Authorization process above.

Molina will grant an exception for a nonformulary drug or step therapy requirement if its reviewers determine the supporting information shows any of the following:

- The member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member's documented clinical characteristics
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event
- The member is established on the drug as a current treatment from previous insurance coverage. If the established drug is a brand drug and we cover the generic or interchangeable biological product, an exception may be given if switching to the required drug will likely cause clinically predictable adverse reactions or harm
- The supporting medical information clearly shows formulary or required drugs are not in the member's best interest, because they are likely to:
 - Present a barrier to treatment plan adherence, or
 - Negatively impact a member's comorbid condition, or
 - Cause a clinically predictable negative drug interaction, or
 - Decrease the member's ability to achieve or maintain reasonable functional ability in performing daily activities

Review timeframes and conditions are found in the "Prior Authorization" section of this guide. If the request is approved, Molina will send a letter to you and your doctor. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up. If you disagree with the denial reasons, you can appeal the decision. Your doctor can request an external exception review.

Following 1300.67.24 of the Health and Safety Code, we cannot require you to repeat step therapy on a formulary drug if you changed insurance plans and are continuing a drug that is now subject to step therapy requirements under your Molina plan. Your provider will have to notify us with an exception request so we can know you are continuing to take the drug from before, it is appropriately prescribed, and it is safe and effective for your condition.

Complaints and Appeals

You may file a grievance or complaint by contacting the Molina Customer Support Center at **1 (888) 858-2150**. If Molina denies your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers “Complaints and Appeals”. A copy of the Agreement, also called the Evidence of Coverage, can be found on MolinaMarketplace.com.

Notice

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Legend

What are the Requirements and Limits on the drug list?

Requirements and limits may be set up for certain drugs. Drugs may have the following requirements and limitations:

Requirements/Limits	Description
AGE	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
MED	Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 90 milligrams of morphine per day of supply filled.
ONC	Abbreviation for "Oncology" or cancer specialty. Drugs taken by mouth to treat cancer have monthly Cost Sharing limits under your plan.
OTC	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for. If Prior Authorization is required for a drug or dosage form, providers must show you have a medically accepted use for the drug and other treatments have not worked or are not appropriate. Other requirements may apply depending on the drug.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
ST	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

Some drugs are designated "Preferred Brand" in the drug class they are listed. If there is a drug in the same class as the drug you are requesting and it is the Preferred Brand drug in the class, we require that the Preferred Brand be used first or instead. Specific drugs that require use of a Preferred Brand drug first may also be indicated "Medical Necessity PA". Medical Necessity Prior Authorization requirements apply to some Tier 4 Specialty Drugs.

The drug list will also indicate if a drug is eligible for Mail Order (**MAIL**) programs in the Requirements/Limits column. It is your choice if you want to use Mail Order programs. You may have lower cost sharing using Mail Order on some drugs.

Your plan also covers up to 90-day supplies in person at CVS retail pharmacies on the same drugs that are eligible for Mail Order.

2023

Guía del Formulario

(Lista de Medicamentos Cubiertos)

Covered California – Molina Marketplace

MolinaMarketplace.com



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¡Bienvenido(a) a Molina Healthcare!

Formulario de Medicamentos de Molina Healthcare (Lista de Medicamentos)

Su plan cuenta con una lista de medicamentos que tienen cobertura. Esta lista se denomina Formulario de Medicamentos. El formulario cambia cada año del plan. Los medicamentos que aparecen en la lista son elegidos por un grupo de doctores y farmacéuticos de su aseguradora y la comunidad médica. El grupo se reúne cada tres meses para conversar sobre los medicamentos que están en el formulario. Revisan los nuevos medicamentos y los cambios en la atención médica. Tratan de encontrar los medicamentos más efectivos para las distintas afecciones. Los medicamentos se agregan al Formulario de Medicamentos o se retiran de él por diferentes motivos. Los motivos pueden incluir:

- Cambios en la práctica médica.
- Disponibilidad de nuevos medicamentos.
- Disponibilidad de nuevos medicamentos genéricos que se utilizan en lugar de los medicamentos de marca cubiertos anteriormente.
- Nuevos requisitos estatales o federales de cobertura para medicamentos.
- Un medicamento ya no está disponible o presenta un nuevo problema de seguridad.

Dentro del año del plan actual, solo realizamos ciertos cambios en el formulario. Estos cambios pueden incluir:

- Adición de medicamentos o formas farmacéuticas.
- Cambio de un medicamento de una categoría de medicamento a otra, lo que representa menores costos compartidos para la persona inscrita.
- Cambios en el estado de preferencia entre medicamentos similares de la lista.
- Eliminación de restricciones como la autorización previa o la terapia progresiva en un medicamento o forma farmacéutica.

Cuando se implementen actualizaciones a través de nuestro proceso estándar, publicaremos todos los cambios de forma mensual. La lista de medicamentos más actual de su plan se encuentra en nuestro sitio web MolinaMarketplace.com. Con la actualización, se incluye un aviso de cambios.

¿La lista de medicamentos incluye medicamentos inyectables que un Proveedor me administra en una clínica u otra ubicación?

En general, los medicamentos de la lista de medicamentos son aquellos que su proveedor le receta para que los obtenga en una farmacia y se los administre usted mismo. La mayoría de los medicamentos inyectables en los que necesita ayuda de un proveedor para utilizarlos tienen cobertura del beneficio médico en lugar del beneficio de medicamentos recetados ("farmacia"). Su proveedor cuenta con nuestras instrucciones sobre cómo brindarle aprobación para los medicamentos que compra y lo ayuda a administrarlos. Algunos medicamentos inyectables se pueden aprobar para obtenerse de una farmacia utilizando su beneficio de medicamentos recetados.

Tengo preguntas sobre cómo mi plan cubre medicamentos.

Esta guía contiene varios detalles para preguntas comunes. Además, puede llamar a Molina Healthcare y preguntar por la cobertura específica de un medicamento:

- ¿Mi receta médica se puede surtir en una farmacia minorista?
- ¿Cómo puedo encontrar estimaciones sobre el monto en dólares de los costos compartidos para mi receta médica?
- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización Previa?

- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o tiene requisitos de terapia progresiva?
- ¿Está mi medicamento cubierto bajo el beneficio de medicamentos recetados o el beneficio médico?

Llame al número de teléfono gratuito **1 (888) 858-2150**, de lunes a viernes, **de 8:00 a.m. a 6:00 p.m.** Si es sordo o tiene problemas de audición, marque el 711 para llamar al Servicio de Telecomunicaciones. También puede solicitar el envío por correo de una copia de la lista de medicamentos.

El Manual del Miembro y el acuerdo del plan también contienen información importante sobre la cobertura. Consulte el acuerdo del plan para obtener información sobre cobertura para métodos anticonceptivos, exclusiones de beneficios y servicios de cuidados paliativos, entre otros.

Si un medicamento figura en el formulario, ¿se me recetará ese medicamento?

Un medicamento que figura en el formulario no garantiza que su doctor se lo recetará. Esta guía le informa a usted y a su doctor qué medicamentos recetados están cubiertos por su plan. Es posible que los medicamentos que no están en esta lista no estén cubiertos por su plan y pueden costarle más. Puede solicitar que se cubran medicamentos que no están en el formulario. Las solicitudes para medicamentos que no están en el formulario se considerarán para un uso aceptado por razones médicas cuando las opciones del formulario no se pueden utilizar o se cumplen otros requisitos de cobertura. Los detalles se incluyen en esta guía.

Definiciones

“Medicamento de marca” es un medicamento que se comercializa bajo un nombre protegido de marca registrada y que está patentado. El medicamento de marca registrada se deberá indicar completamente en MAYÚSCULAS.

“Coseguro” es un porcentaje del costo de un beneficio de atención médica cubierta que un afiliado paga después de haber pagado el deducible en el caso de que se aplique un deducible al beneficio de atención médica, tal como el beneficio de medicamentos recetados.

“Copago” es un monto fijo en dólares que un afiliado paga por el beneficio de atención médica cubierta después de haber pagado el deducible en el caso de que se aplique un deducible al beneficio de atención médica, tal como el beneficio de medicamentos recetados.

“Deducible” es el monto que un afiliado paga por los beneficios de atención médica cubierta antes de que el plan de salud del afiliado comience a pagar, total o parcialmente, el costo del beneficio de atención médica según los términos de la póliza.

“Forma farmacéutica” es la forma física en la que se produce y se dispensa un medicamento recetado, tales como un comprimido, una cápsula o un inyectable.

“Categoría de Medicamento” es un grupo de medicamentos recetados que corresponde a una categoría específica de costos compartidos en la cobertura de medicamentos recetados del plan de salud. La categoría en la que se encuentra un medicamento recetado determina la parte del costo del afiliado por un medicamento.

“Afiliado” es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla de formulario también deberán incluir al suscriptor, tal como se define en la siguiente sección.

“Solicitud de excepción” es una solicitud para cubrir un medicamento recetado. Si un afiliado, su persona designada o proveedor de atención médica que receta envía una solicitud de excepción para cubrir un medicamento recetado, el

plan de salud debe cubrir el medicamento con receta cuando se determina que el medicamento es necesario por razones médicas para tratar la afección del afiliado.

“Circunstancias urgentes” corresponde a cuando un afiliado sufre de una afección médica que puede poner en grave peligro su vida, salud o capacidad para recuperar la funcionalidad máxima, o cuando un afiliado se encuentra actualmente en tratamiento con un medicamento que no aparece en el formulario.

“Formulario” es la lista de medicamentos completa preferida para el uso y es elegible para la cobertura bajo un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también es conocido como una lista de medicamentos recetados.

“Medicamento genérico” es el mismo medicamento que el equivalente de marca registrada en términos de dosis, seguridad, concentración, administración, calidad, desempeño y uso previsto. Un medicamento genérico se menciona en letras minúsculas negritas y cursivas.

“Medicamento que no está en el formulario” es un medicamento recetado que no figura en el formulario del plan de salud.

“Gastos de su bolsillo” son los copagos, los coseguros y el deducible correspondiente, además de todos los costos por los servicios de atención médica que el plan de salud no cubre.

“Proveedor que receta” es un proveedor de atención médica autorizado para escribir una receta médica con el fin de tratar una afección médica para un afiliado del plan de salud.

“Receta médica” es una orden oral, escrita o electrónica emitida por un proveedor que receta para un afiliado específico, la cual contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que receta si la receta está por escrito y, si la solicita el afiliado, la afección médica o el propósito por el cual se receta el medicamento.

“Medicamento recetado” es un medicamento que receta el proveedor que receta del afiliado y necesita una receta médica conforme a las leyes correspondientes.

“Autorización Previa” es un requisito del plan de salud en que el afiliado o el proveedor recetador del afiliado obtienen la autorización del plan de salud para recibir un medicamento recetado antes de que el plan de salud cubra dicho medicamento. El plan de salud deberá otorgar una autorización previa cuando sea médicamente necesario para que el afiliado obtenga el medicamento.

“Terapia progresiva” es un proceso que especifica la secuencia en la cual se recetan los distintos medicamentos recetados para una afección médica determinada y adecuados por razones médicas para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de que el plan de salud cubra un medicamento en particular para la afección conforme a la solicitud de terapia progresiva. Si el proveedor que receta del afiliado envía una solicitud para la excepción de terapia progresiva, el plan de salud deberá hacer excepciones para la terapia progresiva cuando se cumplan los criterios.

“Suscriptor” significa la persona que es responsable del pago de un plan o cuyo empleo u otro estado, excepto la dependencia familiar, es la base de elegibilidad para la afiliación en el plan.

Cómo utilizar el Formulario de Medicamentos como su guía de cobertura de medicamentos recetados

¿Cómo encuentro un medicamento que está en la lista de medicamentos?

La lista de medicamentos está organizada alfabéticamente por categoría terapéutica y clase mediante el uso de la clasificación del Servicio de Formularios de Hospitales Norteamericanos (American Hospital Formulary Service, AHFS). Dentro de la categoría y clase, los nombres de los medicamentos también están organizados en orden alfabético. Si no conoce la categoría o clase del medicamento que está buscando, existen dos maneras de buscar el medicamento por nombre.

- Si está utilizando una versión electrónica de la lista de medicamentos, puede presionar Ctrl + F en el teclado de la computadora para utilizar la función de búsqueda de PDF. Escriba el nombre del medicamento que está buscando en la casilla de búsqueda.
- Si está utilizando una versión impresa de la lista de medicamentos, puede buscar el nombre del medicamento en el índice que se encuentra al final de esta guía.

Las entradas de los medicamentos en la lista contienen el nombre del medicamento, la categoría del medicamento y otros detalles de cobertura para todos los medicamentos y artículos cubiertos bajo el beneficio de medicamentos recetados de su plan.

Estos son ejemplos de cómo un medicamento puede aparecer en la lista de medicamentos (la cobertura real puede diferir de este ejemplo).

Nombre del Medicamento	Categoría de Medicamento	Requisitos/Límites
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 1	QL (300 tabs / 30 days); MAIL

¿Qué nombres de medicamentos se usan en la lista?

La lista de medicamentos usa nombres de marca comercial y nombres “genéricos” no patentados para mostrar qué forma del medicamento está cubierta. También hay nombres de marcas registradas utilizados por ciertos medicamentos genéricos. La manera en que el nombre de un medicamento se muestra en la lista de medicamentos le dirá si está cubierta la forma de marca, la forma genérica o la forma genérica de marca registrada. El ejemplo anterior muestra las formas de marca, genérica y genérica de marca registrada del medicamento “warfarin sodium” (warfarina sódica).

Cuando la forma de marca de un medicamento está cubierta, el nombre del medicamento se mencionará en letras MAYÚSCULAS como su NOMBRE DE MARCA REGISTRADA. Luego, se mencionará la denominación común o el “**nombre genérico**” del medicamento de marca entre paréntesis y todo en letras **minúsculas negritas y cursivas**. Si la forma genérica del medicamento tiene cobertura, se menciona de forma separada por sus **nombres genéricos** en letras **minúsculas negritas y cursivas**. Un medicamento genérico que tiene cobertura como la forma genérica de marca

registrada se mencionará de forma separada por su **nombre genérico** seguido del nombre de marca registrada entre paréntesis. El nombre genérico de marca registrada se mostrará con la primera letra de cada palabra en mayúscula.

Si la forma de marca y la forma genérica para un medicamento están cubiertas en el formulario, cada una se indicará como entradas de medicamentos separadas. Por ejemplo, el COUMADIN y la **warfarina sódica** se mencionan por separado para mostrar que tanto la forma de marca como la forma genérica se incluyen en el formulario. En este ejemplo, también se muestra una forma genérica de marca registrada (Jantoven). Se pueden aplicar diferentes Categorías de Medicamento, así como Requisitos/Límites para una forma de marca, en comparación con la forma genérica de un medicamento si ambas están enumeradas en la lista de medicamentos.

¿Qué son las Categorías de Medicamento y cómo afectan mi parte del costo de medicamentos?

Asignamos los medicamentos en distintos niveles llamados “categorías” en función de qué tan bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene las siguientes categorías. Por lo general, en el caso de las Categorías de la 1 a la 4, mientras más baja es la Categoría de Medicamento, más baja será su parte del costo.

A continuación, encontrará más detalles sobre los medicamentos que se encuentran en cada categoría.

Categoría de Medicamento	Descripción
Tier 1	Medicamentos genéricos preferidos y medicamentos de marca registrada de bajo costo: los menores costos compartidos para el afiliado.
Tier 2	Medicamentos genéricos no preferidos y medicamentos de marca registrada preferidos: costos compartidos más altos que en la Categoría 1.
Tier 3	Medicamentos no preferidos, medicamentos de marca registrada y medicamentos genéricos: costos compartidos más altos que los medicamentos de categorías inferiores utilizados para tratar las mismas afecciones.
Tier 4	Medicamentos de especialidad, tanto de marca registrada como genéricos: costos compartidos más altos que los medicamentos de categorías inferiores que se utilizan para tratar las mismas afecciones, si están disponibles. La mayoría de los Medicamentos de Especialidad cubiertos por su plan se encontrarán disponibles a través de una farmacia que forme parte de la Red de Farmacias de Especialidad. Algunos Medicamentos de Especialidad se venden únicamente en ciertas farmacias que la empresa farmacéutica haya elegido (“Distribución Limitada”).
Tier 5	Medicamentos y dispositivos para servicios preventivos y de planificación familiar (es decir, anticoncepción) con costos compartidos de \$0.
DME	Equipo Médico Duradero: los costos compartidos son el resultado de los costos compartidos del beneficio médico para equipo médico duradero (Durable Medical Equipment, DME) del producto no farmacológico que aparece en la lista de medicamentos.

De acuerdo con las secciones 1367.002, 1367.25, y 1367.51 del Código de Salud y Seguridad:

- Su plan cubre medicamentos de servicios médicos preventivos y formas farmacéuticas reconocidos a nivel nacional (Categoría 5) con costos compartidos de \$0 si se recetan para que los utilice de acuerdo con esas recomendaciones.
- Su plan cubre una variedad de medicamentos, dispositivos y productos de venta libre para planificación familiar (es decir, anticonceptivos) bajo el beneficio de medicamentos recetados, con costos compartidos de \$0 (Categoría 5).
- Su plan cubre el tratamiento y las pruebas para la diabetes, lo que incluye insulina, glucagón, dispositivos y suministros médicamente necesarios en la categoría de DME, además de otros medicamentos recetados.

Cuando se aprueba una excepción de formulario con el fin de cubrir medicamentos que no aparecen en el formulario, las personas inscritas pagan los costos compartidos de Nivel 3 para los Medicamentos No Especializados o los costos compartidos de Nivel 4 para los Medicamentos Especializados. Consulte el contrato de su plan para obtener más información sobre los costos compartidos de las excepciones de formulario.

Ciertos tipos de medicamentos cubiertos por su plan tienen límites de costos compartidos cada vez que los surte. Si su estado cuenta con límites específicos, los costos compartidos serán los costos compartidos más bajos del diseño de su plan o de cualquier límite que se aplique.

- Existen límites en sus costos compartidos para medicamentos contra el cáncer que se toman por vía oral.
- Usted no cuenta con costos compartidos para la mifepristona ni el misoprostol cuando estos se prescriben para detener un embarazo durante los primeros meses.

¿Cómo puedo encontrar más información sobre cuánto costará mi medicamento?

Puede encontrar información sobre los montos de los costos compartidos para medicamentos recetados en nuestro folleto Sus Beneficios a Simple Vista, o bien puede ingresar su información de recetas médicas en la herramienta de “Search Drugs” (Búsqueda de Medicamentos) en MolinaMarketplace.com. Esta herramienta proporcionará una estimación del costo para los medicamentos del formulario. Si crea una cuenta en Caremark.com antes de utilizar la herramienta, la información de diseño de su plan también se utilizará para estimar de manera más exacta los precios reales que usted paga en la farmacia.

Cómo encontrar una farmacia para surtir una receta médica

Red de Farmacias

Molina cuenta con redes de farmacias minoristas, servicio de farmacia por correo y farmacias de especialidad que pueden procesar y dispensar medicamentos con su cobertura. Para encontrar una farmacia dentro de la red, utilice la herramienta “Encontrar una farmacia” en MolinaMarketplace.com.

La herramienta le permite buscar farmacias por código postal, ciudad, país y estado. Usted puede delimitar los resultados de búsqueda según la distancia u otros criterios específicos, tales como nombre de tienda, idioma hablado o servicios ofrecidos.

Farmacia de Especialidad

Molina cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos de especialidad. Los medicamentos especializados se posicionan en el Nivel 4 del Formulario. Algunos medicamentos tienen una distribución limitada. La distribución limitada significa que solo determinadas farmacias venden el medicamento. El Administrador de Beneficios Farmacéuticos de Molina, CVS Caremark, tiene una farmacia especializada que proporciona

apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y a tratar sus afecciones. La mayoría de los medicamentos de especialidad requieren autorización previa antes de que tengan cobertura. Un recetador puede enviar solicitudes de Autorización Previa directamente a Molina o enviar una receta médica a CVS para comenzar el proceso. Si la entrega por correo del medicamento de especialidad no es una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para su retiro.

Se puede comunicar con la Línea de Ayuda Técnica Farmacéutica de CVS al 1 (888) 407-6425.

Servicio de Farmacia por Correo

Su plan cuenta con una red de farmacias con el servicio de pedido por correo que pueden procesar y dispensar un suministro de hasta 90 días de medicamentos elegibles. Los medicamentos elegibles están marcados con la palabra “MAIL” (CORREO) en el formulario.

El Administrador de Beneficios Farmacéuticos de su plan cuenta con el servicio de farmacia por correo. Para surtir las recetas médicas a través de dicho servicio, el proveedor o la persona inscrita pueden llamar al número de teléfono gratuito de FastStart® al 1 (800) 875-0867, de lunes a viernes, de 7:00 a. m. a 7:00 p. m., o bien pueden visitar Caremark.com.

Farmacia Fuera de la Red

Si las farmacias de la red no cumplen con las necesidades del afiliado, se puede solicitar una excepción a fin de obtener autorización para utilizar una farmacia fuera de la red. Las excepciones se revisarán caso por caso en función de la necesidad médica.

Procesador de Reclamaciones de Recetas Médicas

Molina Healthcare seleccionó a CVS Caremark como la compañía de Administración de Beneficios Farmacéuticos (Pharmacy Benefit Management, “PBM”) para administrar el beneficio de recetas médicas de las personas inscritas en Molina.

Las preguntas sobre cómo procesar las reclamaciones, estado del formulario o reclamaciones rechazadas se pueden dirigir al soporte técnico de CVS Caremark al 1 (888) 407-6425. La información sobre membresía, costos compartidos, beneficios de medicamentos recetados y las dudas sobre elegibilidad pueden abordarse llamando al Centro de Asistencia al Cliente de Molina al **1 (888) 858-2150**. El Departamento de Servicios para Miembros atiende de lunes a viernes, de **8:00 a.m. a 6:00 p.m., hora del Pacífico**. Las preguntas relacionadas con el proveedor se pueden resolver llamando a la Línea de Ayuda Técnica para Servicios de Proveedores de Molina al **1 (855) 322-4075**, de lunes a viernes, de **8:30 a.m. a 5:00 p.m., hora del Pacífico**.

Política de Medicamentos urgentes y Después del Horario de atención

Para evitar que la afección de un afiliado empeore en una situación urgente, es posible que sea necesario dispensar un suministro de 72 horas de un medicamento agudo, antes de que pueda obtenerse la Autorización Previa de Molina. (Por ejemplo, un afiliado recibe el alta de un hospital después del horario regular de atención con una receta de antibióticos especiales).

Se les instruye a las farmacias utilizar su juicio profesional. Molina reembolsará a las farmacias por un suministro de 72 horas de un medicamento agudo en tarifas contratadas para estas recetas.

Las farmacias pueden llamar a Molina al **1 (855) 322-4075** al siguiente día hábil para obtener una autorización que permita que la receta médica urgente o después del horario de atención se procese en línea. Se aconseja y espera que la farmacia brinde documentación razonable de los casos en los que se distribuyeron los medicamentos bajo estas circunstancias urgentes.

Tiempo de Renovación, Sincronización y Prorratio

En general, los suministros de medicamentos para 30 días se pueden renovar cuando haya pasado un 85 % de los días previstos de uso de la fecha de surtido anterior. Consulte la sección “Prorratio y Sincronización” del acuerdo de su plan para conocer los medicamentos que tienen un tiempo de renovación especial. Su farmacia o proveedor pueden solicitar que se anulen los límites de tiempo de renovación a fin de sincronizar las fechas de surtido de sus medicamentos, solo deben comunicarse con la Línea de Ayuda Técnica de CVS Caremark® al 1 (888) 407-6425. Si se dispensan suministros para menos o más días a fin de sincronizar sus medicamentos, se prorratiarán sus costos compartidos en función de esos suministros.

Procedimiento de solicitud de excepción y autorización previa

Autorización previa

Los medicamentos que requieren una aprobación anticipada para obtener cobertura se revisan en contraste con las normas estándares para determinar la necesidad médica. Los proveedores deben demostrar que su uso médico del medicamento está aceptado y que otros tratamientos no funcionaron ni son adecuados desde el punto de vista clínico. Pueden aplicarse otros requisitos dependiendo del medicamento. Podemos requerir ciertos resultados de prueba para demostrar que un medicamento es adecuado para usted. Esto puede ser correcto en el caso de los Medicamentos de Especialidad que se utilizan para tratar afecciones prolongadas u otras afecciones poco frecuentes. La respuesta de un afiliado a muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará un motivo para evitar las normas estándares de cobertura.

Su proveedor puede enviar por fax un formulario completado de Autorización Previa de medicamentos a Molina al **1 (866) 508-6445**. Las políticas y los formularios clínicos se encuentran en nuestro sitio web MolinaMarketplace.com. El formulario está disponible en MolinaMarketplace.com en la página de formularios y documentos del proveedor. El formulario se debe completar y debe incluir toda la información médica. De lo contrario, no se aceptará. Su proveedor también puede utilizar CoverMyMeds® o Surescripts® para enviar su solicitud de forma electrónica.

Si su receta médica requiere una Autorización Previa o una Excepción de Formulario, la solicitud puede considerarse bajo Circunstancias Estándares o Urgentes.

- Una solicitud se considera una Circunstancia Urgente si se aplica alguna de las siguientes condiciones:
 - Usted tiene una afección que podría poner en grave peligro su vida, su salud o su capacidad para recuperar las funciones por completo.
 - Presenta dolor intenso no controlado, o bien la urgencia de su atención requiere una decisión rápida de cobertura.
 - Actualmente, está en tratamiento con un medicamento que no aparece en el formulario. Las pruebas de muestras farmacéuticas de su doctor o un fabricante no se considerarán como su tratamiento actual.
- Se requiere información de respaldo para justificar la urgencia de la solicitud.
- Cualquier solicitud que no se considere una Circunstancia Urgente se considera una solicitud de Excepción Estándar.

Se les notificará a usted o a su proveedor sobre nuestra decisión, a más tardar, en los siguientes plazos:

- 24 horas después de recibir la solicitud con Circunstancias Urgentes.
- 72 horas después de recibir la solicitud con Circunstancias Estándares.

Si no se realiza una determinación dentro de estos plazos, la solicitud se aprobará automáticamente.

Si se aprueba la solicitud, le enviaremos una carta a su recetador. Incluiremos el tiempo que demorará la aprobación de la solicitud antes de que sea necesario renovar la autorización. Si la solicitud no se aprueba, enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de hacer un seguimiento.

De acuerdo con 1367.22 del Código de Salud y Seguridad, si se aprueba una solicitud de medicamento, continuará estando cubierta para la duración de la receta, incluidas las renovaciones. Molina no limitará ni excluirá la cobertura de un medicamento si lo aprobamos anteriormente para su afección y su proveedor continúa recetándolo, siempre que el medicamento se recete de manera adecuada y continúe siendo seguro y efectivo.

Cómo solicitar una Excepción

¿Puedo recibir un medicamento cubierto si no está en el formulario o no cumple con los requisitos del plan, como la terapia progresiva?

Molina tiene un proceso para permitirle solicitar medicamentos adecuados por razones clínicas que no están en el formulario o que tienen requisitos o límites bajo su plan. Su doctor puede solicitar un medicamento que no aparece en el formulario, pero que considera que es lo mejor para usted. Es posible que esté tomando un medicamento que ya no se encuentra en la lista de medicamentos nueva del año del plan. Los sistemas de farmacia pueden requerir que usted pruebe ciertos medicamentos antes de que se otorgue cobertura para otros (“terapia progresiva”). Su doctor puede enviar una solicitud de excepción de formulario a Molina por medio del proceso de Autorización Previa antes descrito.

Molina concederá una excepción para una terapia progresiva o medicamento que no aparece en el formulario si sus revisores determinan que la información de respaldo indica alguna de las siguientes razones:

- El miembro tiene una contraindicación médica al medicamento del formulario o al medicamento requerido.
- El medicamento requerido probablemente causará una reacción adversa clínicamente previsible si el miembro lo toma.
- Se espera que el medicamento requerido sea ineficaz en función de las características clínicas documentadas del miembro.
- El miembro probó el medicamento requerido, un medicamento relacionado o un medicamento que funciona de una manera similar, e interrumpió su consumo debido a la falta de efectividad, la pérdida de efecto o la aparición de un efecto adverso.
- El miembro toma el medicamento como tratamiento actual de la cobertura de seguro anterior. Si el medicamento que se administra es un medicamento de marca y nosotros cubrimos el producto biológico genérico o intercambiable, se puede otorgar una excepción si el cambio al medicamento requerido podría causar efectos adversos o daños clínicamente predecibles.
- La información médica de respaldo muestra claramente que el formulario o los medicamentos requeridos no proporcionarán el mayor beneficio al miembro debido a que puede ocurrir alguna de las siguientes consecuencias:
 - representará una barrera para el cumplimiento del plan de tratamiento;
 - tendrá un efecto negativo sobre la situación de comorbilidad del miembro;
 - provocará una interacción farmacológica negativa clínicamente predecible; o
 - disminuirá la capacidad del miembro para lograr o mantener un desempeño funcional razonable en el desarrollo de sus actividades diarias.

En la sección “Autorización Previa” de esta guía, se encuentran los plazos y las condiciones de revisión. Si se aprueba la solicitud, Molina le enviará una carta a usted y a su doctor. Si la solicitud no se aprueba, enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de hacer un seguimiento. Si no está de acuerdo con los motivos del rechazo, puede apelar la decisión. Su doctor puede solicitar una revisión externa de la excepción.

De acuerdo con 1300.67.24 del Código de Salud y Seguridad, no podemos exigirle que repita la terapia progresiva con un medicamento del formulario si cambió de planes de seguro y continúa tomando un medicamento que ahora está sujeto a requisitos de terapia progresiva según su plan de Molina. Su proveedor tendrá que notificarnos con una solicitud de excepción, para que podamos saber que usted sigue tomando el medicamento desde antes, que este se receta de manera adecuada y que es seguro y eficiente para su afección.

Quejas y Apelaciones

Puede presentar un reclamo o queja comunicándose con el Centro de Apoyo al Cliente de Molina al **1 (888) 858-2150**. Si Molina rechaza su solicitud de medicamento, un aviso de derechos para apelar la decisión se incluirá en el aviso de acción. Para obtener más información, consulte la sección de su Contrato (póliza) que incluye “Quejas y Apelaciones”. Puede encontrar una copia del Contrato, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

La información contenida en este documento es patentada. La información no se puede copiar de manera parcial ni total sin el permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos. Los nombres y servicios de socios como CVS Caremark, CVS Specialty y Caremark.com son propiedad de y operados por CVS Health Corporation. CoverMyMeds® y Surescripts® son marcas comerciales registradas de terceros y pertenecen a sus respectivas empresas.

Leyenda

¿Cuáles son los requisitos y límites en la lista de medicamentos?

Se pueden establecer requisitos y límites para ciertos medicamentos. Los medicamentos pueden tener los siguientes requisitos y limitaciones:

Requisitos/Límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos por este medicamento o forma farmacéutica para ciertos grupos de edad según la información sobre la seguridad, la eficacia y el costo del medicamento.
MED	Se aplican límites de Dosis Equivalente de Morfina (Morphine Equivalent Dose, MED). Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 90 miligramos de morfina por día de suministro surtido.
ONC	Abreviatura de "Oncología" o especialidad del cáncer. Los medicamentos que se ingieren por vía oral para tratar el cáncer tienen límites mensuales de costos compartidos de acuerdo con su plan.
OTC	Las formas farmacéuticas de venta sin receta (Over-the-Counter, OTC) están cubiertas en la lista de medicamentos con una receta médica válida emitida por un proveedor.
PA	Se requiere Autorización Previa (Prior Authorization, PA). Requerimos aprobación anticipada de cobertura para algunos medicamentos antes de que se pague por estos. Si la Autorización Previa es necesaria para un medicamento o forma farmacéutica, los proveedores deben demostrar que usted tiene un uso aceptado por razones médicas para el medicamento y que otros tratamientos no han funcionado o no son adecuados. Pueden aplicarse otros requisitos dependiendo del medicamento.
QL	Se aplican Límites de Cantidad (Quantity Limits, QL). Pagaremos por un monto diario máximo según la información sobre el costo y uso aceptado por razones médicas del medicamento.
ST	Se requiere Terapia Progresiva (Step Therapy, ST). Si en el pasado hemos pagado para que usted reciba los medicamentos de Terapia Progresiva necesarios, este medicamento se pagará en la farmacia sin necesidad de una Autorización Previa o solicitud de excepción de la Terapia Progresiva. La lista de medicamentos le muestra qué medicamentos se requieren primero y por cuánto tiempo.

Algunos medicamentos son denominados "de Marca Preferida" en la clase de medicamento en la que aparecen. Si existe un medicamento en la misma clase que el medicamento que está solicitando y es el medicamento de Marca Preferida en la clase, necesitamos que el medicamento de Marca Preferida se utilice primero o en su lugar. Los medicamentos específicos que requieren el uso de un medicamento de Marca Preferida también se pueden indicar primero como "PA de Necesidad Médica". Se aplican requisitos de Autorización Previa de Necesidad Médica para algunos medicamentos especializados de Categoría 4.

La lista de medicamentos además indicará si un medicamento es elegible para programas de pedido por correo (**MAIL**) en la columna Requisitos/Límites. Usted elige si desea utilizar programas de Pedidos por Correo. Es posible que tenga costos compartidos más bajos cuando utilice el servicio de Pedidos por Correo de algunos medicamentos.

Su plan también cubre hasta 90 días de suministros de forma presencial en las farmacias minoristas de CVS con los mismos medicamentos que son elegibles para Pedidos por Correo.

AMPHETAMINES

amphetamine sulfate 1.25/ml	Tier 3	AGE (Max 11 years)
amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
amphetamine-dextroamphetamine tab 5 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1	QL (150 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 10 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 15 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 20 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
amphetamine-dextroamphetamine tab 30 mg	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
dextroamphetamine sulfate cap er 24hr 5 mg	Tier 3	PA, QL (120 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 3	PA, QL (120 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 3	PA, QL (60 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>methamphetamine hcl tab 5 mg</i>	Tier 3	PA, AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 10MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 20MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 30MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 40MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 50MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 60MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 70MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 mL in lifetime), AGE; AGE (Max 1 year)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Tier 3	PA, QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 3	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 3	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 3	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 3	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA
<i>armodafinil tab 150 mg</i>	Tier 1	PA
<i>armodafinil tab 200 mg</i>	Tier 1	PA

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tab 250 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>modafinil tab 100 mg</i>	Tier 3	PA, QL (30 tabs / 30 days)
<i>modafinil tab 200 mg</i>	Tier 3	PA, QL (60 tabs / 30 days)

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin cap 3 mg</i>	Tier 1	OTC
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QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
melatonin cap 5 mg (Cvs Melatonin)	Tier 1	OTC
MELATONIN LIQ 1MG/4ML	Tier 1	OTC
melatonin tab 1-10mg	Tier 1	OTC; (melatonin with pyridoxine)
melatonin tab 3 mg	Tier 1	OTC
melatonin tab 5 mg	Tier 1	OTC
melatonin tab 300mcg	Tier 1	OTC
melatonin tab er 10 mg	Tier 1	OTC
melatonin tablet disintegrating 5 mg	Tier 1	OTC

ALTERNATIVE MEDICINE COMBINATIONS

melatonin-pyridoxine tab 3-1 mg (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
melatonin-pyridoxine tab er 3-10 mg (Melatonin Tr/vitamin B-6)	Tier 1	OTC
RA MELATONIN TAB 3MG (melatonin-pyridoxine)	Tier 1	OTC

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin sulfate tab 500 mg	Tier 1	
paromomycin sulfate cap 250 mg	Tier 3	
tobramycin nebu soln 300 mg/5ml	Tier 4	PA

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 10MG/0.2 (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 20/0.2ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 40/0.4ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 20MG/0.4 (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	PA, QL (2 ea / year); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	PA, QL (3 ea / year); Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 4	PA, QL (3 ea / year); Preferred Brand

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV (<i>adalimumab</i>)	Tier 4	PA, QL (3 ea / year); Preferred Brand
SIMPONI INJ 50/0.5ML (<i>golimumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML (<i>golimumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	Tier 4	PA, QL (30 tabs / 30 days); Preferred Brand
RINVOQ TAB 30MG ER (<i>upadacitinib</i>)	Tier 4	PA, QL (30 tabs / 30 days); Preferred Brand
RINVOQ TAB 45MG ER (<i>upadacitinib</i>)	Tier 4	PA, QL (30 tabs / 30 days); Preferred Brand
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
GOLD COMPOUNDS		
RIDAURA CAP 3MG (<i>auranofin</i>)	Tier 3	PA, MAIL
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG (<i>rilonacept</i>)	Tier 4	PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (<i>anakinra</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>etodolac cap 200 mg</i>	Tier 1	QL (150 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	PA, QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	QL (120 caps / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	QL (180 tabs / 30 days), AGE, OTC; AGE (Max 12 years)
<i>ibuprofen susp 40 mg/ml</i> (Cvs Ibuprofen Infants)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>ibuprofen susp 100 mg/5ml</i> (Ibuprofen Childrens)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>ibuprofen tab 100 mg</i> (Advil Junior Strength)	Tier 1	QL (120 tabs / 30 days), OTC
<i>ibuprofen tab 200 mg</i> (Ra Ibuprofen)	Tier 1	QL (120 tabs / 30 days), OTC
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>ketoprofen cap 50 mg</i>	Tier 3	PA, QL (120 caps / 30 days), MAIL
<i>ketoprofen cap 75 mg</i>	Tier 3	PA, QL (120 caps / 30 days), MAIL
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<i>meclofenamate sodium cap 50 mg</i>	Tier 3	PA, MAIL
<i>meclofenamate sodium cap 100 mg</i>	Tier 3	PA, MAIL
<i>mefenamic acid cap 250 mg</i>	Tier 3	PA, MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	QL (90 tabs / 30 days), OTC, MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	PA, QL (90 tabs / 30 days), MAIL
<i>piroxicam cap 10 mg</i>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<i>piroxicam cap 20 mg</i>	Tier 1	PA, QL (60 caps / 30 days), MAIL
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 3	PA, QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 3	PA, QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	PA, QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>OTEZLA TAB 10/20/30 (apremilast)</i>	Tier 4	PA; Preferred Brand
<i>OTEZLA TAB 30MG (apremilast)</i>	Tier 4	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML (etanercept)	Tier 4	PA, QL (4 mL / 28 days); Preferred Brand
ENBREL INJ 25MG (etanercept)	Tier 4	PA, QL (4 mL / 28 days); Preferred Brand
ENBREL INJ 25MG (etanercept)	Tier 4	PA, QL (8 vials / 28 days); Preferred Brand
ENBREL INJ 50MG/ML (etanercept)	Tier 4	PA, QL (4 mL / 28 days); Preferred Brand
ENBREL MINI INJ 50MG/ML (etanercept)	Tier 4	PA, QL (4 mL / 28 days); Preferred Brand
ENBREL SRCLK INJ 50MG/ML (etanercept)	Tier 4	PA, QL (4 mL / 28 days); Preferred Brand
ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tier 1	QL (180 tabs / 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	Tier 1	QL (180 caps / 30 days), AGE; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS OTHER		
acetaminophen chew tab 80 mg (Childrens Pain Reliever)	Tier 1	OTC
acetaminophen chew tab 160 mg (Non-aspirin Junior Streng)	Tier 1	OTC
acetaminophen disintegrating tab 80 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen disintegrating tab 160 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Mapap)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Eq Pain Relief Adult/rapi)	Tier 1	OTC
acetaminophen soln 160 mg/5ml (Pain & Fever Childrens)	Tier 1	OTC
acetaminophen suppos 120 mg	Tier 1	OTC
acetaminophen suppos 650 mg	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Cvs Pain & Fever Children)	Tier 1	OTC
acetaminophen tab 325 mg (Mapap)	Tier 1	OTC
acetaminophen tab 500 mg	Tier 1	OTC
acetaminophen tab 500 mg (Sm Pain Relief Extra Stre)	Tier 1	OTC
acetaminophen tab er 650 mg	Tier 1	OTC
FEVERALL INF SUP 80MG	Tier 1	OTC
(acetaminophen)		
FEVERALL SUP 325MG (acetaminophen)	Tier 1	OTC
NORTEMP SUS INFANTS (acetaminophen)	Tier 1	OTC
SALICYLATES		
aspirin chew tab 81 mg (St Joseph Low Dose Aspi)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab 325 mg (Sm Aspirin)	Tier 1	OTC, MAIL
aspirin tab delayed release 81 mg (Aspirin Low Dose)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab delayed release 325 mg	Tier 1	OTC, MAIL
diflunisal tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
salsalate tab 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>salsalate tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

ANALGESICS - OPIOID

OPIOID AGONISTS

CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 50-2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 100-4MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 3	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 3	PA; MED

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 3	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 50 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 100 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 150MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 200MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 250MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 75MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Tier 3	PA; MED

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 3	PA; MED
<i>OXYCONTIN TAB 10MG ER (oxycodone hcl)</i>	Tier 3	PA; MED
<i>OXYCONTIN TAB 15MG ER (oxycodone hcl)</i>	Tier 3	PA; MED
<i>OXYCONTIN TAB 20MG ER (oxycodone hcl)</i>	Tier 3	PA; MED
<i>OXYCONTIN TAB 30MG ER (oxycodone hcl)</i>	Tier 3	PA; MED
<i>OXYCONTIN TAB 40MG ER (oxycodone hcl)</i>	Tier 3	PA; MED
<i>OXYCONTIN TAB 60MG ER (oxycodone hcl)</i>	Tier 3	PA; MED
<i>OXYCONTIN TAB 80MG ER (oxycodone hcl)</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 3	PA, QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
oxycodone-ibuprofen tab 5-400 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	QL (300 tabs / 30 days); Max 7 day supply initial fill, MED

OPIOID PARTIAL AGONISTS

buprenorphine hcl sl tab 2 mg (base equiv)	Tier 1	QL (360 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (90 / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	QL (90 / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	QL (90 / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (60 / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (360 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 1	QL (90 tabs / 30 days)
buprenorphine td patch weekly 5 mcg/hr	Tier 3	PA; MED
buprenorphine td patch weekly 7.5 mcg/hr	Tier 3	PA; MED
buprenorphine td patch weekly 10 mcg/hr	Tier 3	PA; MED
buprenorphine td patch weekly 15 mcg/hr	Tier 3	PA; MED
buprenorphine td patch weekly 20 mcg/hr	Tier 3	PA; MED
butorphanol tartrate nasal soln 10 mg/ml	Tier 1	PA, QL (6 bottles / 30 days); MED

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

ANADROL-50 TAB 50MG (oxymetholone)	Tier 3	PA
oxandrolone tab 2.5 mg	Tier 3	PA
oxandrolone tab 10 mg	Tier 3	PA

ANDROGENS

ANDROXY TAB 10MG (fluoxymesterone)	Tier 3	PA, QL (90 tabs / 30 days)
danazol cap 50 mg	Tier 3	QL (60 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
METHITEST TAB 10MG (methyltestosterone)	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)

ANORECTAL AGENTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
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RECTAL COMBINATIONS

<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
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RECTAL LOCAL ANESTHETICS

<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
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RECTAL STEROIDS

<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
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VASODILATING AGENTS

RECTIV OIN 0.4% (nitroglycerin (intra-anal))	Tier 3	
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ANTACIDS

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-mag hydroxide chew tab 675-135 mg (Tgt Antacid Extra Strengt)	Tier 1	OTC
calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Cvs Antacid Supreme)	Tier 1	OTC
FOAM ANTACID CHW 80-20MG (aluminum hydroxide-mag trisil)	Tier 1	OTC
MI-ACID CHW (calcium carbonate-mag hydrox)	Tier 1	OTC
ANTACIDS - BICARBONATE		
sodium bicarbonate tab 325 mg	Tier 1	OTC
sodium bicarbonate tab 650 mg	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
calcium carbonate (antacid) chew tab 400 mg (Childrens Pepto)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)	Tier 1	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 250 mg (Gnp Magnesium)	Tier 1	OTC
magnesium oxide tab 420 mg (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	Tier 3	QL (2 tabs / 1 day); Max 1 Days Supply
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	QL (16 / 2 days); Max 1 fill per month, max 2 days supply
praziquantel tab 600 mg	Tier 3	PA
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 3	
<i>tinidazole tab 250 mg</i>	Tier 3	QL (56 tabs / 7 days); Max 7 day supply
<i>tinidazole tab 500 mg</i>	Tier 3	QL (28 tabs / 7 days); Max 7 day supply
<i>trimethoprim tab 100mg</i>	Tier 1	
XIFAXAN TAB 200MG (<i>rifaximin</i>)	Tier 4	PA
XIFAXAN TAB 550MG (<i>rifaximin</i>)	Tier 4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (<i>nitazoxanide</i>)	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 3	PA
<i>nitazoxanide tab 500 mg</i>	Tier 3	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 2	
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>)	Tier 2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	Tier 4	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL
ANTIANXIETY AGENTS		
<i>ANTIANXIETY AGENTS - MISC.</i>		
<i>buspirone hcl tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>buspirone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>buspirone hcl tab 15 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>buspirone hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>meprobamate tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days)
<i>meprobamate tab 400 mg</i>	Tier 3	QL (90 tabs / 30 days)
<i>BENZODIAZEPINES</i>		
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>diazepam conc 5 mg/ml</i> (Diazepam Intensol)	Tier 1	QL (30 mL / 30 days), AGE; AGE (Max 64 years)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (120 mL / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (90 mL / 30 days), AGE; AGE (Min 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<i>oxazepam cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years)
<i>oxazepam cap 15 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years)
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Min 6 years)

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	MAIL
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	MAIL
<i>quinidine sulfate tab 200 mg</i>	Tier 1	MAIL
<i>quinidine sulfate tab 300 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 200 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 250 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 100 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 225 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 300 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 3	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 3	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 3	MAIL
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	Tier 3	PA, MAIL

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
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Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 30MG/ML (benralizumab)	Tier 4	PA
FASENRA PEN INJ 30MG/ML (benralizumab)	Tier 4	PA
NUCALA INJ 40MG/0.4 (mepolizumab)	Tier 4	PA, QL (1 syringe / 28 days)
NUCALA INJ 100MG/ML (mepolizumab)	Tier 4	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML (mepolizumab)	Tier 4	PA, QL (3 syringes / 28 days)
XOLAIR INJ 75/0.5 (omalizumab)	Tier 4	PA, QL (2.5 mL / 28 days)
XOLAIR INJ 150MG/ML (omalizumab)	Tier 4	PA, QL (5 mL / 28 days)
XOLAIR SOL 150MG (omalizumab)	Tier 4	PA, QL (5 mL / 28 days)
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 (dupilumab)	Tier 4	PA
NUCALA INJ 100MG (mepolizumab)	Tier 4	PA, QL (3 vials / 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG (ipratropium bromide hfa)	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG (umeclidinium bromide)	Tier 2	QL (30 blisters / 30 days), MAIL
ipratropium bromide inhal soln 0.02%	Tier 1	QL (120 vials / 30 days), MAIL
SPIRIVA AER 1.25MCG (tiotropium bromide monohydrate)	Tier 2	QL (1 inhaler / 30 days), MAIL
SPIRIVA CAP HANDIHLR (tiotropium bromide monohydrate)	Tier 2	QL (30 caps / 30 days), MAIL
SPIRIVA SPR 2.5MCG (tiotropium bromide monohydrate)	Tier 2	QL (1 inhaler / 30 days), MAIL
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 9 years)
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 14 years)
montelukast sodium tab 10 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
zafirlukast tab 10 mg	Tier 3	QL (60 tabs / 30 days), MAIL
zafirlukast tab 20 mg	Tier 3	QL (60 tabs / 30 days), MAIL
zileuton tab er 12hr 600 mg	Tier 3	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG (roflumilast)	Tier 3	PA, MAIL
DALIRESP TAB 500MCG (roflumilast)	Tier 3	PA, MAIL
STEROID INHALANTS		
ASMANEX 7 AER 110MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 100 MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 200 MCG (mometasone furoate (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
budesonide inhalation susp 0.5 mg/2ml	Tier 3	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
budesonide inhalation susp 0.25 mg/2ml	Tier 3	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG (fluticasone propionate hfa)	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG (fluticasone propionate hfa)	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG (budesonide (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG (budesonide (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIHA AER 80MCG (beclomethasone dipropionate hfa)	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIHAL AER 40MCG (beclomethasone dipropionate hfa)	Tier 2	QL (10.6 gm / 30 days), MAIL
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL; Brand Preferred

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKU AER 250/50 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 500/50 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL; Brand Preferred
ADVAIR HFA AER 45/21 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 115/21 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 230/21 (fluticasone-salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (1 inhaler / 30 days), MAIL; Generic Preferred
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	QL (150 ea / 30 days), MAIL
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (300 mL / 30 days), MAIL
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	QL (225 mL / 30 days), MAIL
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (150 mL / 30 days), MAIL
albuterol sulfate syrup 2 mg/5ml	Tier 1	MAIL
albuterol sulfate tab 2 mg	Tier 3	MAIL
albuterol sulfate tab 4 mg	Tier 3	MAIL
ANORO ELLIPTA AER 62.5-25 (umeclidinium-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG (indacaterol maleate)	Tier 3	QL (30 caps / 30 days), MAIL
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	Tier 3	QL (120 mL / 30 days), MAIL
BEVESPI AER 9-4.8MCG (glycopyrrolate-formoterol fumarate)	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
BREZTRI AERO AER SPHERE (budesonide-glycopyrrolate-formoterol fumarate)	Tier 2	QL (1 inhaler / 30 days), MAIL
BROVANA NEB 15MCG (arformoterol tartrate)	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 (ipratropium-albuterol)	Tier 2	QL (4 gm / 30 days), MAIL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (360 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	ST, QL (144 ea / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 10 mg</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 20 mg</i>	Tier 1	MAIL
<i>SEREVENT DIS AER 50MCG (salmeterol xinafoate)</i>	Tier 2	QL (60 inhalations / 30 days), MAIL
<i>STIOLTO AER 2.5-2.5 (tiotropium bromide-olodaterol hcl)</i>	Tier 2	QL (4 gm / 30 days), MAIL
<i>STRIVERDI AER 2.5MCG (olodaterol hcl)</i>	Tier 2	QL (4 gm / 30 days), MAIL
<i>SYMBICORT AER 80-4.5 (budesonide-formoterol fumarate dihydrate)</i>	Tier 3	PA, QL (10.2 gm / 30 days), MAIL
<i>SYMBICORT AER 160-4.5 (budesonide-formoterol fumarate dihydrate)</i>	Tier 3	PA, QL (10.2 gm / 30 days), MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>TRELEGY AER 100MCG (fluticasone-umeclidinium-vilanterol)</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>TRELEGY AER 200MCG (fluticasone-umeclidinium-vilanterol)</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
XANTHINES		
<i>theophylline soln 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 3MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 4MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 6MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 7.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 10MG (<i>warfarin sodium</i>)	Tier 2	MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 4 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 6 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 10 mg</i>	Tier 1	MAIL
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG (<i>apixaban</i>)	Tier 2	QL (74 / 28 days); Max 1 fill per year
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL
ELIQUIS TAB 5MG (<i>apixaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	Tier 2	QL (51 tabs / year)
XARELTO SUS 1MG/ML (<i>rivaroxaban</i>)	Tier 2	QL (310 mL / 30 days), MAIL; AGE (Max 11 years)
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO TAB 10MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 15MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 20MG (<i>rivaroxaban</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 3	QL (30 vials / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 3	QL (18 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 3	QL (24 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 3	QL (36 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 3	QL (48 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 3	QL (60 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 3	QL (48 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 3	QL (60 mL / 30 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 3	PA
<i>FRAGMIN INJ 2500/0.2 (dalteparin sodium)</i>	Tier 3	PA
<i>FRAGMIN INJ 5000/0.2 (dalteparin sodium)</i>	Tier 3	PA
<i>FRAGMIN INJ 7500/0.3 (dalteparin sodium)</i>	Tier 3	PA
<i>FRAGMIN INJ 10000/ML (dalteparin sodium)</i>	Tier 3	PA
<i>FRAGMIN INJ 12500UNT (dalteparin sodium)</i>	Tier 3	PA
<i>FRAGMIN INJ 15000UNT (dalteparin sodium)</i>	Tier 3	PA
<i>FRAGMIN INJ 18000UNT (dalteparin sodium)</i>	Tier 3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

<i>FYCOMPA TAB 2MG (perampanel)</i>	Tier 3
<i>FYCOMPA TAB 4MG (perampanel)</i>	Tier 3

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 6MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 8MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 10MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 12MG (<i>perampanel</i>)	Tier 3	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 30 days)
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)
ANTICONVULSANTS - MISC.		
APTiom TAB 200MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTiom TAB 400MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTiom TAB 600MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTiom TAB 800MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine tab 200 mg</i> (Eptol)	Tier 1	MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	MAIL
DIACOMIT CAP 250MG (<i>stiripentol</i>)	Tier 3	PA, MAIL

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAP 500MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
DIACOMIT PAK 250MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
DIACOMIT PAK 500MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
<i>gabapentin cap 100 mg</i>	Tier 1	MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	MAIL
<i>lacosamide tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	MAIL
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 50 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 75 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 100 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 150 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 200 MG	Tier 3	PA, QL (90 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREGABALIN CAP 225 MG	Tier 3	PA, QL (60 caps / 30 days)
PREGABALIN CAP 300 MG	Tier 3	PA, QL (60 caps / 30 days)
<i>primidone tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>primidone tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>rufinamide susp 40 mg/ml</i>	Tier 3	MAIL
<i>rufinamide tab 200 mg</i>	Tier 3	MAIL
<i>rufinamide tab 400 mg</i>	Tier 3	MAIL
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	MAIL
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 50 mg</i>	Tier 1	MAIL
<i>topiramate tab 100 mg</i>	Tier 1	MAIL
<i>topiramate tab 200 mg</i>	Tier 1	MAIL
VIMPAT SOL 10MG/ML (<i>lacosamide</i>)	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	MAIL
<i>zonisamide cap 50 mg</i>	Tier 1	MAIL
<i>zonisamide cap 100 mg</i>	Tier 1	MAIL
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	Tier 3	MAIL
<i>felbamate tab 400 mg</i>	Tier 3	MAIL
<i>felbamate tab 600 mg</i>	Tier 3	MAIL
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 4 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 12 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 16 mg</i>	Tier 3	MAIL
<i>vigabatrin powd pack 500 mg</i> (Vigadrone)	Tier 4	QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 4	QL (180 tabs / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
DILANTIN CAP 100MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
PEGANONE TAB 250MG (<i>ethotoin</i>)	Tier 3	MAIL
PHENYTEK CAP 200MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
PHENYTEK CAP 300MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
<i>phenytoin chew tab 50 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	MAIL
SUCCINIMIDES		
<i>CELONTIN CAP 300MG (methsuximide)</i>	Tier 3	MAIL
<i>ethosuximide cap 250 mg</i>	Tier 1	MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	MAIL
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>EMSAM DIS 6MG/24HR (selegiline)</i>	Tier 3	PA, MAIL
<i>EMSAM DIS 9MG/24HR (selegiline)</i>	Tier 3	PA, MAIL
<i>EMSAM DIS 12MG/24H (selegiline)</i>	Tier 3	PA, MAIL
<i>MARPLAN TAB 10MG (isocarboxazid)</i>	Tier 3	PA, MAIL
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days), MAIL; AGE (Max 11 years)
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

SEROTONIN MODULATORS

<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
<i>vilazodone hcl tab 10 mg</i>	Tier 3	PA, MAIL
<i>vilazodone hcl tab 20 mg</i>	Tier 3	PA, MAIL
<i>vilazodone hcl tab 40 mg</i>	Tier 3	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>FETZIMA CAP 20MG (levomilnacipran hcl)</i>	Tier 3	PA, MAIL
<i>FETZIMA CAP 40MG (levomilnacipran hcl)</i>	Tier 3	PA, MAIL
<i>FETZIMA CAP 80MG (levomilnacipran hcl)</i>	Tier 3	PA, MAIL
<i>FETZIMA CAP 120MG (levomilnacipran hcl)</i>	Tier 3	PA, MAIL
<i>FETZIMA CAP TITRATIO (levomilnacipran hcl)</i>	Tier 3	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>amoxapine tab 25 mg</i>	Tier 1	MAIL
<i>amoxapine tab 50 mg</i>	Tier 1	MAIL
<i>amoxapine tab 100 mg</i>	Tier 1	MAIL
<i>amoxapine tab 150 mg</i>	Tier 1	MAIL
<i>clomipramine hcl cap 25 mg</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 50 mg</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 75 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>protriptyline hcl tab 5 mg</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 3	MAIL

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>acarbose tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>acarbose tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>miglitol tab 25 mg</i>	Tier 3	QL (360 tabs / 30 days), MAIL
<i>miglitol tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>miglitol tab 100 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG (pramlintide acetate)	Tier 3	PA, MAIL
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AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SYMLNPEN 120 INJ 1000MCG (pramlintide acetate)	Tier 3	PA, MAIL
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 10-5 MG (empagliflozin-linagliptin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
GLYXAMBI TAB 25-5 MG (empagliflozin-linagliptin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 (sitagliptin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
SOLIQUA INJ 100/33 (insulin glargine-lixisenatide)	Tier 2	ST, QL (6 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin within last 180 days
SYNJARDY TAB (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; 12.5-1000; Prior use of metformin in the last 180 day
SYNJARDY TAB 5-500MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY TAB 12.5-500 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; 12.5-1000; Prior use of metformin in the last 180 day
SYNJARDY XR TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY XR TAB 10-1000 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 10-5-1000 MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 25-5-1000 MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 12.5-2.5-1000MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 5-2.5-1000MG; Prior use of metformin in the last 180 days
XIGDUO XR TAB 2.5-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 5-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 5-1000MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 10-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
XULTOPHY INJ 100/3.6 (insulin degludec-liraglutide)	Tier 2	ST, QL (5 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin within last 180 days

BIGUANIDES

metformin hcl tab 500 mg	Tier 1	QL (150 tabs / 30 days), MAIL
metformin hcl tab 850 mg	Tier 1	QL (90 tabs / 30 days), MAIL
metformin hcl tab 1000 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metformin hcl tab er 24hr 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
metformin hcl tab er 24hr 750 mg	Tier 1	QL (120 tabs / 30 days), MAIL

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE (glucagon)	Tier 2	QL (2 ea / 30 days)
diazoxide susp 50 mg/ml	Tier 3	MAIL
GLUCAGEN INJ HYPOKIT (glucagon hcl (rdna))	Tier 2	QL (2 syringes / 30 days)
glucagon (rdna) for inj kit 1 mg	Tier 1	QL (2 kits / 30 days)
GLUCAGON KIT 1MG	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE (dextrose (diabetic use))	Tier 1	OTC
TGT GLUCOSE CHW GRAPE (glucose-vitamin c)	Tier 1	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

alogliptin benzoate tab 6.25 mg (base equiv)	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin benzoate tab 12.5 mg (base equiv)	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>JANUVIA TAB 25MG (sitagliptin phosphate)</i>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>JANUVIA TAB 50MG (sitagliptin phosphate)</i>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>JANUVIA TAB 100MG (sitagliptin phosphate)</i>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</i>		
<i>CYCLOSET TAB 0.8MG (bromocriptine mesylate (diabetes))</i>	Tier 2	QL (180 tabs / 30 days), MAIL
<i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i>		
<i>OZEMPIC INJ 2/1.5ML (semaglutide)</i>	Tier 2	ST, QL (1.5 mL / 28 days), MAIL; 0.25 or 0.5 mg/dose; Requires Trial of Metformin within past 180 days
<i>OZEMPIC INJ 2/1.5ML (semaglutide)</i>	Tier 2	ST, QL (3 mL / 28 days), MAIL; 1 mg/dose; Requires Trial of Metformin within past 180 days
<i>OZEMPIC INJ 4MG/3ML (semaglutide)</i>	Tier 2	ST, QL (3 mL / 28 days), MAIL; Requires Trial of Metformin within past 180 days
<i>OZEMPIC INJ 8MG/3ML (semaglutide)</i>	Tier 2	ST, QL (3 mL / 28 days); Requires Trial of Metformin within last 180 days
<i>RYBELSUS TAB 3MG (semaglutide)</i>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin within last 180 days
<i>RYBELSUS TAB 7MG (semaglutide)</i>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin within last 180 days

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TAB 14MG (<i>semaglutide</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin within last 180 days
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 28 days), MAIL; Requires Trial of Metformin within last 180 days
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 28 days), MAIL; Requires Trial of Metformin within last 180 days
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 28 days), MAIL; Requires Trial of Metformin within last 180 days
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 28 days), MAIL; Requires Trial of Metformin within last 180 days
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	ST, QL (9 mL / 30 days), MAIL; Requires Trial of Metformin within last 180 days

INSULIN

AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 2	QL (20 mL / 30 days), MAIL
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 2	QL (6 pens / 30 days), MAIL
INSULIN ASPA INJ 70/30	Tier 2	QL (30 mL / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ 100/ML	Tier 2	QL (3 vials / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ FLEXPEN	Tier 2	QL (10 pens / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ PENFILL	Tier 2	QL (10 cartridges / 30 days), MAIL; Novo Nordisk
LEVEMIR INJ (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTUOC (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN R INJ 100 UNIT (<i>insulin regular (human)</i>)	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TOUJEO MAX INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (6 pens / 30 days), MAIL
TOUJEO SOLO INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (12 pens / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate chew tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Bismatrol)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Cvs Bismuth Maximum Stren)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Sm Stomach Relief)	Tier 1	OTC
ANTIPERISTALTIC AGENTS		
ANTI-DIARRHE LIQ 1MG/5ML (<i>loperamide hcl</i>)	Tier 1	OTC
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i> (Gnp Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl tab 2 mg</i> (Cvs Anti-diarrheal)	Tier 1	OTC
MOTOFEN TAB 1-0.025 (<i>difenoxin w/ atropine</i>)	Tier 3	PA, QL (100 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG (<i>succimer</i>)	Tier 3	PA
<i>deferasirox tab for oral susp 125 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 4	PA
<i>deferiprone tab 500 mg</i>	Tier 4	PA
<i>deferiprone tab 1000 mg</i>	Tier 4	PA

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days)
NARCAN SPR 4MG (<i>naloxone hcl</i>)	Tier 2	
VIVITROL INJ 380MG (<i>naltrexone</i>)	Tier 2	QL (1 injection / 28 days)

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)	Tier 3	PA
ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)	Tier 3	PA
<i>granisetron hcl tab 1 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QL (50 mL / 30 days), AGE; AGE (Max 12 years)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i> (Cvs Motion Sickness)	Tier 1	OTC
<i>meclizine hcl chew tab 25 mg</i> (Cvs Motion Sickness Relie)	Tier 1	QL (120 tabs / 30 days), OTC
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 3	QL (4 patches / 30 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 (netupitant-palonosetron)	Tier 3	PA
CESAMET CAP 1MG (nabilone)	Tier 3	PA
dronabinol cap 2.5 mg	Tier 3	PA
dronabinol cap 5 mg	Tier 3	PA
dronabinol cap 10 mg	Tier 3	PA
fructose-dextrose-phosphoric acid oral soln (Cvs Nausea Relief)	Tier 1	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	Tier 3	PA
aprepitant capsule 80 mg	Tier 3	PA
aprepitant capsule 125 mg	Tier 3	PA
aprepitant capsule therapy pack 80 & 125 mg	Tier 3	PA
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap 250 mg	Tier 3	PA
flucytosine cap 500 mg	Tier 3	PA
griseofulvin microsize susp 125 mg/5ml	Tier 1	
nystatin tab 500000 unit	Tier 1	
terbinafine hcl tab 250 mg	Tier 1	QL (30 tabs / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole for susp 10 mg/ml	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
fluconazole for susp 40 mg/ml	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
fluconazole tab 50 mg	Tier 1	QL (21 tabs / 30 days)
fluconazole tab 100 mg	Tier 1	QL (21 tabs / 30 days)
fluconazole tab 150 mg	Tier 1	QL (2 tabs / 30 days)
fluconazole tab 200 mg	Tier 1	QL (21 tabs / 30 days)
itraconazole cap 100 mg	Tier 1	QL (120 caps / 30 days)
ketoconazole tab 200 mg	Tier 1	QL (60 tabs / 30 days)
voriconazole tab 50 mg	Tier 3	PA
voriconazole tab 200 mg	Tier 3	PA
ANTIHIISTAMINES		
ANTIHIISTAMINES - ALKYLAMINES		
chlorpheniramine maleate syrup 2 mg/5ml (Diabetic Tussin Allergy)	Tier 1	OTC
chlorpheniramine maleate tab 4 mg (Eq Chlortabs)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
chlorpheniramine maleate tab er 12 mg (Chlorphen Sr)	Tier 1	QL (60 tabs / 30 days), OTC
ANTIHIISTAMINES - ETHANOLAMINES		
ALER-DRYL TAB 50MG (diphenhydramine hcl)	Tier 1	OTC
carbinoxamine maleate soln 4 mg/5ml	Tier 1	
carbinoxamine maleate tab 4 mg	Tier 1	
clemastine fumarate tab 1.34 mg (1 mg base equiv) (Gnp Dayhist Allergy)	Tier 1	OTC
clemastine fumarate tab 2.68 mg	Tier 1	
diphenhydramine hcl cap 25 mg (Pharbedryl)	Tier 1	OTC
diphenhydramine hcl cap 50 mg	Tier 1	OTC
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Childr)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl tab 25 mg	Tier 1	OTC
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	OTC
ANTIHIISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
cetirizine hcl tab 5 mg	Tier 1	QL (30 tabs / 30 days), OTC
cetirizine hcl tab 10 mg (Ra Cetirizine)	Tier 1	QL (30 tabs / 30 days), OTC
desloratadine tab 5 mg	Tier 3	QL (30 tabs / 30 days)
fexofenadine hcl tab 60 mg	Tier 1	QL (60 tabs / 30 days), OTC
fexofenadine hcl tab 180 mg	Tier 1	QL (30 tabs / 30 days), OTC
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)	Tier 1	QL (30 tabs / 30 days), OTC
loratadine syrup 5 mg/5ml (Gnp Loratadine)	Tier 1	QL (300 mL / 30 days), AGE, OTC; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine tab 10 mg</i> (Allergy Relief)	Tier 1	QL (30 tabs / 30 days), OTC
ANTIHIISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl suppos 12.5 mg</i>	Tier 3	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl suppos 25 mg</i>	Tier 3	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 25 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
ANTIHIISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	Tier 3	PA, MAIL
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	PA, MAIL
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	Tier 3	PA, MAIL
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (120 caps / 30 days), MAIL
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 3	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>lovastatin tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>lovastatin tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>lovastatin tab 40 mg</i>	Tier 5	QL (60 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 40 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 80 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>rosuvastatin calcium tab 5 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3
<i>rosuvastatin calcium tab 10 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3
<i>rosuvastatin calcium tab 20 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>simvastatin tab 5 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 40 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
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NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tab 500 mg</i> (Niacor)	Tier 3	QL (120 tabs / 30 days), MAIL
<i>niacin tab er 500 mg</i> <i>(antihyperlipidemic)</i>	Tier 3	QL (120 tabs / 30 days), MAIL

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML <i>(evolocumab)</i>	Tier 4	PA
REPATHA PUSH INJ 420/3.5 <i>(evolocumab)</i>	Tier 4	PA
REPATHA SURE INJ 140MG/ML <i>(evolocumab)</i>	Tier 4	PA

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tab 12.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tab 32 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 80MG (<i>azilsartan medoxomil</i>)	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>eprosartan mesylate tab 600 mg</i>	Tier 3	ST, QL (45 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 20 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
BYVALSON TAB 5-80MG (<i>nebivolol-valsartan</i>)	Tier 3	PA, MAIL
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
<i>VECAMEYL TAB 2.5MG (mecamylamine hcl)</i>	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	Tier 3	
PYRIME/LEUCO CAP 12.5/2.5	Tier 1	QL (90 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/5MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/20MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)

ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	PA, QL (21 tabs / 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 3	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 20MG (<i>bedaquiline fumarate</i>)	Tier 3	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	
TRECATOR TAB 250MG (<i>ethionamide</i>)	Tier 3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide cap 25 mg</i>	Tier 4	PA; ONC
<i>cyclophosphamide cap 50 mg</i>	Tier 4	PA; ONC
GLEOSTINE CAP 10MG (<i>lomustine</i>)	Tier 4	PA; ONC
GLEOSTINE CAP 40MG (<i>lomustine</i>)	Tier 4	PA; ONC
GLEOSTINE CAP 100MG (<i>lomustine</i>)	Tier 4	PA; ONC
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	Tier 4	PA; ONC
<i>melphalan tab 2 mg</i>	Tier 4	PA; ONC
<i>temozolomide cap 5 mg</i>	Tier 4	PA; ONC
<i>temozolomide cap 20 mg</i>	Tier 4	PA; ONC

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Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 100 mg	Tier 4	PA; ONC
temozolomide cap 140 mg	Tier 4	PA; ONC
temozolomide cap 180 mg	Tier 4	PA; ONC
temozolomide cap 250 mg	Tier 4	PA; ONC
ANTIMETABOLITES		
capecitabine tab 150 mg	Tier 4	PA; ONC
capecitabine tab 500 mg	Tier 4	PA; ONC
mercaptopurine tab 50 mg	Tier 1	ONC
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium tab 2.5 mg (base equiv)	Tier 1	MAIL
TABLOID TAB 40MG (thioguanine)	Tier 4	PA; ONC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA INJ 150MG (trastuzumab-pkrb)	Tier 4	PA, QL (6 vials / 14 days); ONC
HERZUMA INJ 420MG (trastuzumab-pkrb)	Tier 4	PA, QL (2 vials / 14 days); ONC
KANJINTI INJ 420MG (trastuzumab-anns)	Tier 4	PA, QL (2 vials / 14 days); ONC
KANJINTI SOL 150MG (trastuzumab-anns)	Tier 4	PA, QL (6 vials / 14 days); ONC
OGIVRI INJ 150MG (trastuzumab-dkst)	Tier 4	PA, QL (6 vials / 14 days); ONC
OGIVRI INJ 420MG (trastuzumab-dkst)	Tier 4	PA, QL (2 vials / 14 days); ONC
ONTRUZANT INJ 150MG (trastuzumab-dttb)	Tier 4	PA, QL (6 vials / 14 days); ONC
ONTRUZANT INJ 420MG (trastuzumab-dttb)	Tier 4	PA, QL (2 vials / 14 days); ONC
TRAZIMERA INJ 150MG (trastuzumab-qyyp)	Tier 4	PA, QL (6 vials / 14 days); ONC
TRAZIMERA INJ 420MG (trastuzumab-qyyp)	Tier 4	PA, QL (2 vials / 14 days); ONC
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ 100/10ML (rituximab-pvvr)	Tier 4	PA, QL (10 vials / 7 days); ONC
RUXIENCE INJ 500/50ML (rituximab-pvvr)	Tier 4	PA, QL (2 vials / 7 days); ONC

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA INJ 100/10ML (<i>rituximab-abbs</i>)	Tier 4	PA, QL (100 / 7 days)
TRUXIMA INJ 500/50ML (<i>rituximab-abbs</i>)	Tier 4	PA, QL (100 / 7 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 4	PA, QL (120 per 30 days); ONC
<i>abiraterone acetate tab 500 mg</i>	Tier 4	PA, QL (60 tabs / 30 days); ONC
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days); ONC
ELIGARD INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	Tier 4	PA; ONC
<i>exemestane tab 25 mg</i>	Tier 3	PA, MAIL; Tier 5 for ages 35 and over, otherwise Tier 3
FIRMAGON INJ 80MG (<i>degarelix acetate</i>)	Tier 4	PA
<i>flutamide cap 125 mg</i>	Tier 1	ONC
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 4	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; ONC
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 11.25MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LUPRON DEPOT INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 4	PA; ONC
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	ONC
<i>megestrol acetate tab 20 mg</i>	Tier 1	ONC
<i>megestrol acetate tab 40 mg</i>	Tier 1	ONC

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Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide tab 150 mg</i>	Tier 1	PA; ONC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 5	MAIL; ONC; Tier 5 for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 5	MAIL; ONC; Tier 5 for ages 35 and over, otherwise Tier 1
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL; ONC
<i>TRELSTAR MIX INJ 3.75MG (triptorelin pamoate)</i>	Tier 4	PA
<i>TRELSTAR MIX INJ 11.25MG (triptorelin pamoate)</i>	Tier 4	PA
<i>XTANDI CAP 40MG (enzalutamide)</i>	Tier 4	PA, QL (120 / 30 days); ONC
<i>XTANDI TAB 40MG (enzalutamide)</i>	Tier 4	PA, QL (120 / 30 days); ONC
<i>XTANDI TAB 80MG (enzalutamide)</i>	Tier 4	PA, QL (60 / 30 days); ONC
<i>ZOLADEX IMP 3.6MG (goserelin acetate)</i>	Tier 4	PA
<i>ZOLADEX IMP 10.8MG (goserelin acetate)</i>	Tier 4	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>POMALYST CAP 1MG (pomalidomide)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>POMALYST CAP 2MG (pomalidomide)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>POMALYST CAP 3MG (pomalidomide)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>POMALYST CAP 4MG (pomalidomide)</i>	Tier 4	PA, QL (30 per 30 days); ONC
ANTINEOPLASTIC COMBINATIONS		
<i>KISQALI 200 PAK FEMARA (ribociclib succinate-letrozole)</i>	Tier 4	PA, QL (49 per 28 days); ONC
<i>KISQALI 400 PAK FEMARA (ribociclib succinate-letrozole)</i>	Tier 4	PA, QL (70 per 28 days); ONC
<i>KISQALI 600 PAK FEMARA (ribociclib succinate-letrozole)</i>	Tier 4	PA, QL (91 per 28 days); ONC
<i>LONSURF TAB 15-6.14 (trifluridine-tipiracil)</i>	Tier 4	PA, QL (100 per 28 days); ONC
<i>LONSURF TAB 20-8.19 (trifluridine-tipiracil)</i>	Tier 4	PA, QL (100 per 28 days); ONC
ANTINEOPLASTIC ENZYME INHIBITORS		
<i>ALECENSA CAP 150MG (alectinib hcl)</i>	Tier 4	PA, QL (240 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA CAP 80MG (zanubrutinib)	Tier 4	PA, QL (120 per 30 days); ONC
CABOMETYX TAB 20MG (cabozantinib s-malate)	Tier 4	PA, QL (30 / 30 days); ONC
CABOMETYX TAB 40MG (cabozantinib s-malate)	Tier 4	PA, QL (30 / 30 days); ONC
CABOMETYX TAB 60MG (cabozantinib s-malate)	Tier 4	PA, QL (30 / 30 days); ONC
CAPRELSA TAB 100MG (vandetanib)	Tier 4	PA, QL (60 per 30 days); ONC
CAPRELSA TAB 300MG (vandetanib)	Tier 4	PA, QL (30 per 30 days); ONC
COMETRIQ KIT 60MG (cabozantinib s-malate)	Tier 4	PA, QL (90 per 30 days); ONC
COMETRIQ KIT 100MG (cabozantinib s-malate)	Tier 4	PA, QL (60 per 30 days); ONC
COMETRIQ KIT 140MG (cabozantinib s-malate)	Tier 4	PA, QL (120 per 30 days); ONC
erlotinib hcl tab 25 mg (base equivalent)	Tier 4	PA, QL (90 per 30 days); ONC
erlotinib hcl tab 100 mg (base equivalent)	Tier 4	PA, QL (30 per 30 days); ONC
erlotinib hcl tab 150 mg (base equivalent)	Tier 4	PA, QL (30 per 30 days); ONC
everolimus tab 2.5 mg	Tier 4	PA, QL (30 per 30 days); ONC
everolimus tab 5 mg	Tier 4	PA, QL (30 per 30 days); ONC
everolimus tab 7.5 mg	Tier 4	PA, QL (30 per 30 days); ONC
everolimus tab 10 mg	Tier 4	PA, QL (30 per 30 days); ONC
everolimus tab for oral susp 2 mg	Tier 4	PA, QL (60 per 30 days); ONC
everolimus tab for oral susp 3 mg	Tier 4	PA, QL (90 per 30 days); ONC
everolimus tab for oral susp 5 mg	Tier 4	PA, QL (60 per 30 days); ONC
FARYDAK CAP 10MG (panobinostat lactate)	Tier 4	PA, QL (6 per 21 days); ONC
FARYDAK CAP 15MG (panobinostat lactate)	Tier 4	PA, QL (6 per 21 days); ONC
FARYDAK CAP 20MG (panobinostat lactate)	Tier 4	PA, QL (6 per 21 days); ONC
GILOTRIF TAB 20MG (afatinib dimaleate)	Tier 4	PA, QL (30 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
ICLUSIG TAB 10MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days); ONC
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days); ONC
ICLUSIG TAB 30MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days); ONC
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days); ONC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	PA, QL (90 per 30 days); ONC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	PA, QL (60 per 30 days); ONC
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 4	PA, QL (90 per 30 days); ONC
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (90 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 4	PA, QL (180 per 30 days); ONC
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (90 per 30 days); ONC
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (90 per 30 days); ONC
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (90 per 30 days); ONC
LYNPARZA TAB 100MG (<i>olaparib</i>)	Tier 4	PA, QL (120 tabs / 30 days); ONC
LYNPARZA TAB 150MG (<i>olaparib</i>)	Tier 4	PA, QL (120 tabs / 30 days); ONC
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA, QL (90 per 30 days); ONC
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA, QL (30 per 30 days); ONC
NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>)	Tier 4	PA, QL (120 per 30 days); ONC
RUBRACA TAB 200MG (<i>rucaparib camsylate</i>)	Tier 4	PA, QL (120 tabs / 30 days); ONC
RUBRACA TAB 250MG (<i>rucaparib camsylate</i>)	Tier 4	PA, QL (120 tabs / 30 days); ONC
RUBRACA TAB 300MG (<i>rucaparib camsylate</i>)	Tier 4	PA, QL (120 tabs / 30 days); ONC
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 4	PA, QL (90 per 30 days); ONC
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 4	PA, QL (30 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
STIVARGA TAB 40MG (regorafenib)	Tier 4	PA, QL (90 per 30 days); ONC
sunitinib malate cap 12.5 mg (base equivalent)	Tier 4	PA, QL (120 per 30 days); ONC
sunitinib malate cap 25 mg (base equivalent)	Tier 4	PA, QL (60 per 30 days); ONC
sunitinib malate cap 37.5 mg (base equivalent)	Tier 4	PA, QL (30 per 30 days); ONC
sunitinib malate cap 50 mg (base equivalent)	Tier 4	PA, QL (30 per 30 days); ONC
TAFINLAR CAP 50MG (dabrafenib mesylate)	Tier 4	PA, QL (120 per 30 days); ONC
TAFINLAR CAP 75MG (dabrafenib mesylate)	Tier 4	PA, QL (120 per 30 days); ONC
TAGRISSE TAB 40MG (osimertinib mesylate)	Tier 4	PA, QL (30 per 30 days); ONC
TAGRISSE TAB 80MG (osimertinib mesylate)	Tier 4	PA, QL (30 per 30 days); ONC
TASIGNA CAP 50MG (nilotinib hcl)	Tier 4	PA, QL (120 per 30 days); ONC
TASIGNA CAP 150MG (nilotinib hcl)	Tier 4	PA, QL (120 per 30 days); ONC
TASIGNA CAP 200MG (nilotinib hcl)	Tier 4	PA, QL (120 per 30 days); ONC
VOTRIENT TAB 200MG (pazopanib hcl)	Tier 4	PA, QL (120 per 30 days); ONC
XALKORI CAP 200MG (crizotinib)	Tier 4	PA, QL (60 per 30 days); ONC
XALKORI CAP 250MG (crizotinib)	Tier 4	PA, QL (60 per 30 days); ONC
ZEJULA CAP 100MG (niraparib tosylate)	Tier 4	PA, QL (90 per 30 days); ONC
ZOLINZA CAP 100MG (vorinostat)	Tier 4	PA, QL (120 per 30 days); ONC
ZYDELIG TAB 100MG (idelalisib)	Tier 4	PA, QL (60 per 30 days); ONC
ZYDELIG TAB 150MG (idelalisib)	Tier 4	PA, QL (60 per 30 days); ONC
ZYKADIA CAP 150MG (ceritinib)	Tier 4	PA, QL (90 caps / 30 days); ONC
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 (interferon gamma-1b)	Tier 4	PA
bexarotene cap 75 mg	Tier 4	PA; ONC
hydroxyurea cap 500 mg	Tier 1	ONC
INTRON A INJ 10MU (interferon alfa-2b)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 4	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 4	PA; ONC
<i>tretinoin cap 10 mg</i>	Tier 4	PA; ONC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL; ONC
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Tier 4	PA; ONC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	PA, MAIL
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	MAIL
<i>amantadine hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
APOKYN INJ 10MG/ML (<i>apomorphine hydrochloride</i>)	Tier 4	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 2MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 3MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 4MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 6MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 8MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 600 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 450 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)
ANTIPSYCHOTICS - MISC.		
LATUDA TAB 20MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
<i>ziprasidone hcl cap 20 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl cap 60 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)

BENZISOXAZOLES

<i>FANAPT PAK (iloperidone)</i>	Tier 3	PA
<i>FANAPT TAB 1MG (iloperidone)</i>	Tier 3	PA, MAIL
<i>FANAPT TAB 2MG (iloperidone)</i>	Tier 3	PA, MAIL
<i>FANAPT TAB 4MG (iloperidone)</i>	Tier 3	PA, MAIL
<i>FANAPT TAB 6MG (iloperidone)</i>	Tier 3	PA, MAIL
<i>FANAPT TAB 8MG (iloperidone)</i>	Tier 3	PA, MAIL
<i>FANAPT TAB 10MG (iloperidone)</i>	Tier 3	PA, MAIL
<i>FANAPT TAB 12MG (iloperidone)</i>	Tier 3	PA, MAIL
<i>INVEGA SUST INJ 39/0.25 (paliperidone palmitate)</i>	Tier 3	QL (0.25 mL / 30 days), AGE; AGE (Min 6 years)
<i>INVEGA SUST INJ 78/0.5ML (paliperidone palmitate)</i>	Tier 3	QL (0.5 mL / 30 days), AGE; AGE (Min 6 years)
<i>INVEGA SUST INJ 117/0.75 (paliperidone palmitate)</i>	Tier 3	QL (0.75 mL / 30 days), AGE; AGE (Min 6 years)
<i>INVEGA SUST INJ 156MG/ML (paliperidone palmitate)</i>	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 6 years)
<i>INVEGA SUST INJ 234/1.5 (paliperidone palmitate)</i>	Tier 3	QL (1.5 mL / 30 days), AGE; AGE (Min 6 years)
<i>INVEGA TRINZ INJ 273MG (paliperidone palmitate)</i>	Tier 3	QL (1 syringe / 90 days), AGE; AGE (Min 6 years)
<i>INVEGA TRINZ INJ 410MG (paliperidone palmitate)</i>	Tier 3	QL (1 syringe / 90 days), AGE; AGE (Min 6 years)
<i>INVEGA TRINZ INJ 546MG (paliperidone palmitate)</i>	Tier 3	QL (1.75 mL / 90 days), AGE; AGE (Min 6 years)
<i>INVEGA TRINZ INJ 819MG (paliperidone palmitate)</i>	Tier 3	QL (2.65 mL / 90 days), AGE; AGE (Min 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 3	PA, MAIL
<i>paliperidone tab er 24hr 3 mg</i>	Tier 3	PA, MAIL
<i>paliperidone tab er 24hr 6 mg</i>	Tier 3	PA, MAIL
<i>paliperidone tab er 24hr 9 mg</i>	Tier 3	PA, MAIL
<i>RISPERDAL INJ 12.5MG (risperidone microspheres)</i>	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
<i>RISPERDAL INJ 25MG (risperidone microspheres)</i>	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
<i>RISPERDAL INJ 37.5MG (risperidone microspheres)</i>	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 3	QL (60 ea / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 3	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (480 mL / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 20 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>clozapine tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 2.5 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 7.5 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
ZYPREXA RELP INJ 210MG (<i>olanzapine pamoate</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELP INJ 300MG (<i>olanzapine pamoate</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 405MG (<i>olanzapine pamoate</i>)	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 6 years)
PHENOTHIAZINES		
<i>chlorpromazine hcl tab 10 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 200 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>perphenazine tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 4 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 8 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 16 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 3	AGE; AGE (Min 6 years)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
QUINOLINONE DERIVATIVES		
<i>ABILIFY MAIN INJ 300MG (aripiprazole)</i>	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 6 years)
<i>ABILIFY MAIN INJ 400MG (aripiprazole)</i>	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 3	MAIL; AGE (Max 11 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 2 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>ARISTADA INJ 441MG/1. (aripiprazole lauroxil)</i>	Tier 2	QL (1.6 mL / 30 days), AGE; AGE (Min 6 years)
<i>ARISTADA INJ 662MG/2 (aripiprazole lauroxil)</i>	Tier 2	QL (2.4 mL / 30 days), AGE; AGE (Min 6 years)
<i>ARISTADA INJ 882MG/3 (aripiprazole lauroxil)</i>	Tier 2	QL (3.2 mL / 30 days), AGE; AGE (Min 6 years)
<i>ARISTADA INJ 1064MG (aripiprazole lauroxil)</i>	Tier 2	QL (1 injection / 60 days); AGE (Min 6 years)
<i>ARISTADA INJ INITIO (aripiprazole lauroxil)</i>	Tier 2	QL (1 injection / 30 days); AGE (Min 6 years)
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene cap 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC
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ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>APTIVUS CAP 250MG (tipranavir)</i>	Tier 2	QL (120 caps / 30 days)
<i>APTIVUS SOL (tipranavir)</i>	Tier 2	QL (300 mL / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
<i>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	Tier 2	AGE; 30-120-15 MG; AGE (Max 12 years)
<i>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	Tier 2	QL (30 tabs / 30 days); 50-200-25 MG
<i>CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)</i>	Tier 2	QL (30 tabs / 30 days)
<i>COMPLERA TAB (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)</i>	Tier 2	QL (30 tabs / 30 days)
<i>CRIXIVAN CAP 200MG (indinavir sulfate)</i>	Tier 2	QL (360 caps / 30 days)
<i>CRIXIVAN CAP 400MG (indinavir sulfate)</i>	Tier 2	QL (180 caps / 30 days)
<i>DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)</i>	Tier 2	QL (30 tabs / 30 days)
<i>DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)</i>	Tier 2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine delayed release capsule 200 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (360 caps / 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine caps 200 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (30 tabs / 30 days); Tier 5 for PrEP use
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	Tier 2	QL (720 mL / 30 days)
<i>etravirine tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>etravirine tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
EVOTAZ TAB 300-150 (<i>atazanavir sulfate-cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG (<i>enfuvirtide</i>)	Tier 4	PA
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG (<i>etravirine</i>)	Tier 2	QL (480 tabs / 30 days)
INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (180 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (30 mL / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML (<i>ritonavir</i>)	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG (<i>doravirine</i>)	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML (<i>darunavir</i>)	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG (<i>darunavir</i>)	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG (<i>darunavir</i>)	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG (<i>darunavir</i>)	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG (<i>darunavir</i>)	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG (<i>delavirdine mesylate</i>)	Tier 2	QL (180 tabs / 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML (<i>maraviroc</i>)	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG (<i>maraviroc</i>)	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	Tier 1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>STRIBILD TAB (elvitegravir-cobicistat-emtricitabine-tenofovir df)</i>	Tier 2	QL (30 tabs / 30 days)
<i>SYMTUZA TAB (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)</i>	Tier 2	QL (30 tabs / 30 days)
<i>TEMIKYS TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)</i>	Tier 2	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>TIVICAY PD TAB 5MG (dolutegravir sodium)</i>	Tier 2	QL (180 per 30 days)
<i>TIVICAY TAB 10MG (dolutegravir sodium)</i>	Tier 2	QL (30 tabs / 30 days)
<i>TIVICAY TAB 25MG (dolutegravir sodium)</i>	Tier 2	QL (30 tabs / 30 days)
<i>TIVICAY TAB 50MG (dolutegravir sodium)</i>	Tier 2	QL (60 tabs / 30 days)
<i>TRIUMEQ PD TAB (abacavir-dolutegravir-lamivudine)</i>	Tier 2	QL (180 tabs / 30 days)
<i>TRIUMEQ TAB (abacavir-dolutegravir-lamivudine)</i>	Tier 2	QL (30 tabs / 30 days)
<i>TYBOST TAB 150MG (cobicistat)</i>	Tier 2	QL (30 tabs / 30 days)
<i>VIDEX EC CAP 125MG (didanosine)</i>	Tier 2	QL (30 caps / 30 days)
<i>VIRACEPT TAB 250MG (nelfinavir mesylate)</i>	Tier 2	QL (300 tabs / 30 days)
<i>VIRACEPT TAB 625MG (nelfinavir mesylate)</i>	Tier 2	QL (120 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
ANTIVIRAL COMBINATIONS		
<i>PAXLOVID TAB 150-100 (nirmatrelvir-ritonavir)</i>	Tier 5	
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days)
<i>BARACLUDE SOL (entecavir)</i>	Tier 3	PA
<i>DAKLINZA TAB 30MG (daclatasvir dihydrochloride)</i>	Tier 4	PA
<i>DAKLINZA TAB 60MG (daclatasvir dihydrochloride)</i>	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
entecavir tab 0.5 mg	Tier 3	QL (30 tabs / 30 days)
entecavir tab 1 mg	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML (lamivudine (hbv))	Tier 3	PA, QL (1800 mL / 30 days)
lamivudine tab 100 mg (hbv)	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 4	PA, QL (28 tablets / 28 days); Preferred
PEGASYS INJ (peginterferon alfa-2a)	Tier 4	PA
PEGASYS INJ 180MCG/M (peginterferon alfa-2a)	Tier 4	PA
PEGINTRON KIT 50MCG (peginterferon alfa-2b)	Tier 4	PA
ribavirin cap 200 mg (Ribasphere)	Tier 1	
ribavirin tab 200 mg	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 4	PA, QL (28 tablets / 28 days); Preferred
SOVALDI TAB 400MG (sofosbuvir)	Tier 4	PA, QL (28 tablets / 28 days)
VEMLIDY TAB 25MG (tenofovir alafenamide fumarate)	Tier 3	PA
VOSEVI TAB (sofosbuvir-velpatasvir-voxilaprevir)	Tier 4	PA, QL (28 tablets / 28 days)
ZEPATIER TAB 50-100MG (elbasvir-grazoprevir)	Tier 4	PA, QL (28 tablets / 28 days)
HERPES AGENTS		
acyclovir cap 200 mg	Tier 1	QL (150 caps / 30 days)
acyclovir susp 200 mg/5ml	Tier 1	QL (750 mL / 30 days)
acyclovir tab 400 mg	Tier 1	QL (150 tabs / 30 days)
acyclovir tab 800 mg	Tier 1	QL (150 tabs / 30 days)
famciclovir tab 125 mg	Tier 1	QL (90 tabs / 30 days)
famciclovir tab 250 mg	Tier 1	QL (90 tabs / 30 days)
famciclovir tab 500 mg	Tier 1	QL (90 tabs / 30 days)
valacyclovir hcl tab 1 gm	Tier 1	QL (240 tabs / 30 days)
valacyclovir hcl tab 500 mg	Tier 1	QL (240 tabs / 30 days)
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	Tier 1	QL (Max 10 days supply)
oseltamivir phosphate cap 45 mg (base equiv)	Tier 1	QL (Max 10 days supply)
oseltamivir phosphate cap 75 mg (base equiv)	Tier 1	QL (Max 10 days supply)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 1	QL (Max 10 days supply), AGE; AGE (Max 12 years)
RELENZA MIS DISKHALE (zanamivir)	Tier 2	QL (2 inhalers / year)

Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>XOFLUZA TAB 20MG (baloxavir marboxil)</i>	Tier 2	QL (2 tabs / 30 days)
<i>XOFLUZA TAB 40MG (baloxavir marboxil)</i>	Tier 2	QL (2 tabs / 30 days)
<i>XOFLUZA TAB 80MG (baloxavir marboxil)</i>	Tier 2	QL (1 tab / 30 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 3	MAIL
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 10 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	MAIL

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	PA, MAIL
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.25MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.125MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	Tier 2	PA, MAIL
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	Tier 2	PA, MAIL
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	Tier 2	PA, MAIL

PERIPHERAL VASODILATORS

<i>inositol niacinate cap 500 mg</i> (Niacin Flush Free)	Tier 1	OTC, MAIL
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PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (90 tabs / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TAB 0.125MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 1MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 2.5MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 5MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml)	Tier 4	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	Tier 4	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	Tier 4	PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	Tier 4	PA
VENTAVIS SOL 10MCG/ML (iloprost)	Tier 4	PA
VENTAVIS SOL 20MCG/ML (iloprost)	Tier 4	PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

ambrisentan tab 5 mg	Tier 4	PA, QL (30 tabs / 30 days)
ambrisentan tab 10 mg	Tier 4	PA, QL (30 tabs / 30 days)
bosentan tab 62.5 mg	Tier 4	PA, QL (60 tabs / 30 days)
bosentan tab 125 mg	Tier 4	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG (macitentan)	Tier 4	PA, QL (30 tabs / 30 days)
TRACLEER TAB 32MG (bosentan)	Tier 4	PA, QL (60 tabs / 30 days)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

sildenafil citrate tab 20 mg	Tier 4	PA, QL (90 tabs / 30 days)
tadalafil tab 20 mg (pah)	Tier 4	PA, QL (60 tabs / 30 days)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200/800 (selexipag)	Tier 4	PA, QL (200 tabs / 30 days)
UPTRAVI TAB 200MCG (selexipag)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 400MCG (selexipag)	Tier 4	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)

SINUS NODE INHIBITORS

CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	PA
<i>cefixime cap 400 mg</i>	Tier 3	
<i>cefixime for susp 100 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>cefixime for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)</i>	Tier 5	QL (28 tablets / 21 days), MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 5	QL (28 tablets / 21 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	Tier 5	QL (28 tablets / 21 days), MAIL
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 5	QL (28 tablets / 21 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 5	QL (28 tablets / 21 days), MAIL
FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)	Tier 5	QL (75 tablets / 28 days), MAIL
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	Tier 5	QL (28 tablets / 24 days), MAIL
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (91 tablets / 91 days), MAIL
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (91 tablets / 91 days), MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 5	QL (91 tablets / 91 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 5	QL (28 tablets / 21 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (28 tablets / 21 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Nortrel 1/35)	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe)	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Junel Fe 1.5/30)	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Melodetta 24 Fe)	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 5	QL (28 caps / 21 days), MAIL; Max 365 Days Supply
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Larin 24 Fe)	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Nortrel 7/7/7)	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Leena)	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	Tier 5	QL (28 tablets / 21 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i> (Ogestrel)	Tier 5	QL (28 tablets / 21 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	Tier 5	QL (3 patches / 21 days), MAIL
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 5	QL (1 ring / 21 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	Tier 5	QL (1 ring / 21 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (copper (iud))	Tier 5	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (ulipristal acetate)	Tier 5	QL (4 tabs / 90 days)
levonorgestrel tab 1.5 mg (My Way)	Tier 5	QL (4 tabs / 90 days), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (etonogestrel)	Tier 5	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (medroxyprogesterone acetate (contraceptive))	Tier 5	
medroxyprogesterone acetate im susp 150 mg/ml	Tier 5	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Tier 5	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (levonorgestrel (iud))	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG (levonorgestrel (iud))	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM (levonorgestrel (iud))	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG (levonorgestrel (iud))	Tier 5	QL (1 IUD in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	Tier 5	QL (28 tablets / 21 days), MAIL
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	Tier 3	PA
cortisone acetate tab 25 mg	Tier 3	
dexamethasone elixir 0.5 mg/5ml	Tier 1	
dexamethasone sodium phosphate inj 10 mg/ml	Tier 1	
dexamethasone soln 0.5 mg/5ml	Tier 1	
dexamethasone tab 0.5 mg	Tier 1	
dexamethasone tab 0.75 mg	Tier 1	
dexamethasone tab 1 mg	Tier 1	
dexamethasone tab 1.5 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	

MINERALOCORTICOIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	
ROBITUSSIN SYP 7.5/5ML <i>(dextromethorphan hbr)</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY COMBINATIONS		
ALLERGY CONG TAB 25-10MG (diphenhydramine-phenylephrine)	Tier 1	OTC
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)	Tier 1	QL (240 mL / 30 days), OTC
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)	Tier 1	QL (60 ea / 30 days), OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Cough/che)	Tier 1	QL (240 mL / 30 days), OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Mucus-dm)	Tier 1	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Cvs Cold & Cough Nighttim)	Tier 1	QL (240 mL / 30 days), OTC
diphenhydramine-phenylephrine tab 25-10 mg (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
guaifenesin-codeine soln 100-10 mg/5ml (GuaiaTussin Ac)	Tier 1	QL (240 mL / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	QL (30 tabs / 30 days), OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Ra Mucus Relief D)	Tier 1	OTC
Z-TUSS AC LIQ 2-9/5ML (chlorpheniramine w/ codeine)	Tier 2	QL (240 mL / 25 days), OTC
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin syrup 100 mg/5ml</i> (Robafen)	Tier 1	OTC
<i>guaifenesin tab 200 mg</i>	Tier 1	OTC
<i>guaifenesin tab 400 mg</i> (Sm Chest Congestion Relie)	Tier 1	OTC
<i>guaifenesin tab er 12hr 600 mg</i> (Gnp Mucus Er)	Tier 1	QL (60 ea / 30 days), OTC
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i> (Nebusal)	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	Tier 1	
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>ACNE MEDICAT LOT 5% (benzoyl peroxide)</i>	Tier 1	OTC
<i>ACNE MEDICAT LOT 10% (benzoyl peroxide)</i>	Tier 1	OTC
<i>adapalene gel 0.1%</i>	Tier 1	QL (45 / 25 days)
<i>adapalene gel 0.1%</i> (Adapalene Treatment)	Tier 1	QL (45 / 25 days), OTC
<i>adapalene lotion 0.1%</i>	Tier 1	ST, QL (59 mL / 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>benzoyl peroxide gel 5%</i> (Bp Gel)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Clean & Clear Persa-gel M)	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i> (Bp Wash)	Tier 1	QL (240 gm / 30 days), OTC
<i>benzoyl peroxide liq 10%</i> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 30 days), OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 3	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 3	PA
<i>clindamycin phosphate gel 1%</i>	Tier 3	QL (60 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 3	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Tier 3	PA
<i>DIFFERIN GEL 0.1% (adapalene)</i>	Tier 1	QL (45 / 25 days), OTC
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i> (Claravis)	Tier 3	PA
<i>isotretinoin cap 20 mg</i> (Amnesteem)	Tier 3	PA
<i>isotretinoin cap 30 mg</i>	Tier 3	PA
<i>isotretinoin cap 40 mg</i>	Tier 3	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i> (Bp Cleansing Wash)	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.05%</i>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.025%</i>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.01%</i>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.025%</i> (Avita)	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
<i>VEREGEN OIN 15% (sinecatechins)</i>	Tier 3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version

Drug Name	Drug Tier	Requirements/Limits
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% (<i>retapamulin</i>)	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
<i>butenafine hcl cream 1%</i>	Tier 1	OTC
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL / 25 days)
<i>clotrimazole cream 1%</i>	Tier 1	
<i>clotrimazole soln 1%</i>	Tier 1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (45 gm / 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>econazole nitrate cream 1%</i>	Tier 3	PA
ERTACZO CRE 2% (<i>sertaconazole nitrate</i>)	Tier 3	PA
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL / 30 days)
<i>luliconazole cream 1%</i>	Tier 3	PA
<i>miconazole nitrate aerosol pow 2%</i> (Lotrimin Af Deodorant Pow)	Tier 1	OTC
<i>miconazole nitrate cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate ointment 2%</i> (Triple Paste Af)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
miconazole nitrate powder 2% (Cvs Anti-fungal Powder)	Tier 1	OTC
naftifine hcl cream 1%	Tier 3	PA
naftifine hcl gel 1%	Tier 3	PA
NAFTIN GEL 2% (naftifine hcl)	Tier 3	PA
nystatin cream 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin topical powder 100000 unit/gm (Nystop)	Tier 1	QL (30 gm / 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Tier 3	QL (60 gm / 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Tier 3	QL (60 gm / 30 days)
oxiconazole nitrate cream 1%	Tier 3	PA, QL (90 gm / 30 days)
OXISTAT LOT 1% (oxiconazole nitrate)	Tier 3	PA
sulconazole nitrate cream 1%	Tier 3	PA
sulconazole nitrate solution 1%	Tier 3	PA
terbinafine hcl cream 1%	Tier 1	QL (30 gm / 30 days), OTC
tolnaftate aerosol pow 1% (Cvs Af Spray Powder)	Tier 1	OTC
tolnaftate cream 1%	Tier 1	OTC
tolnaftate powder 1% (Anti-fungal Powder)	Tier 1	OTC
tolnaftate soln 1% (Mycocide Clinical Ns Anti)	Tier 1	OTC
ANTI-HISTAMINES-TOPICAL		
diphenhydramine-zinc acetate cream 2-0.1% (Sm Anti-itch Extra Streng)	Tier 1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream 5%	Tier 3	
PANRETIN GEL 0.1% (alitretinoin)	Tier 4	PA
PICATO GEL 0.05% (ingenol mebutate)	Tier 3	PA
PICATO GEL 0.015% (ingenol mebutate)	Tier 3	PA
TARGRETIN GEL 1% (bexarotene (topical))	Tier 4	PA
ANTIPSORIATICS		
acitretin cap 10 mg	Tier 3	PA
acitretin cap 17.5 mg	Tier 3	PA
acitretin cap 25 mg	Tier 3	PA
calcipotriene oint 0.005%	Tier 3	PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
calcitriol oint 3 mcg/gm	Tier 3	PA, QL (100 gm / 30 days)
COSENTYX INJ 75MG/0.5 (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX INJ 150MG/ML (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE (secukinumab)	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% (anthralin)	Tier 3	PA, QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE (risankizumab-rzaa)	Tier 4	PA; Preferred Brand
SKYRIZI INJ 150MG/ML (risankizumab-rzaa)	Tier 4	PA; Preferred Brand
SKYRIZI PEN INJ 150MG/ML (risankizumab-rzaa)	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML (ustekinumab)	Tier 4	PA; Preferred Brand
tazarotene cream 0.1%	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC CRE 0.05% (tazarotene)	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC GEL 0.1% (tazarotene)	Tier 3	PA, QL (100 gm / 30 days)
TAZORAC GEL 0.05% (tazarotene)	Tier 3	PA, QL (100 gm / 30 days)
TREMFYA INJ 100MG/ML (guselkumab)	Tier 4	PA; Preferred Brand; Pen
TREMFYA INJ 100MG/ML (guselkumab)	Tier 4	PA; Preferred Brand; Prefilled Syringe
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1% (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (docosanol)	Tier 1	QL (2 gm / 30 days), OTC
acyclovir oint 5%	Tier 3	PA
DENAVIR CRE 1% (penciclovir)	Tier 3	PA
docosanol cream 10%	Tier 1	QL (2 gm / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	Tier 1	
silver sulfadiazine cream 1%	Tier 1	QL (400 gm / 30 days)
SULFAMYLON CRE 85MG/GM (mafenide acetate)	Tier 3	QL (454 gm / 30 days)
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	Tier 1	QL (60 gm / 30 days)
amcinonide cream 0.1%	Tier 3	QL (60 gm / 30 days)
amcinonide lotion 0.1%	Tier 3	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% (diflorasone diacetate emollient base)	Tier 3	PA, QL (60 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	Tier 1	QL (60 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
betamethasone dipropionate lotion 0.05%	Tier 1	QL (60 mL / 30 days)
betamethasone dipropionate oint 0.05%	Tier 1	QL (45 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	Tier 1	QL (454 gm / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	Tier 1	QL (45 gm / 30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	Tier 3	PA, QL (100 gm / 30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Tier 3	PA, QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate gel 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate oint 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate soln 0.05%	Tier 3	QL (50 mL / 30 days)
CORDRAN 80X3 TAP 4MCG/CM (flurandrenolide)	Tier 3	PA
desonide cream 0.05%	Tier 1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone oint 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 3	QL (60 gm / 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 3	QL (120 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 3	QL (120 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (150 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>flurandrenolide cream 0.05%</i>	Tier 3	QL (30 gm / 30 days)
<i>flurandrenolide lotion 0.05%</i>	Tier 3	QL (120 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm / 30 days)
<i>halcinonide cream 0.1%</i>	Tier 3	PA, QL (60 gm / 30 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 3	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 3	QL (50 gm / 30 days)
HALOG OIN 0.1% (<i>halcinonide</i>)	Tier 3	PA, QL (60 gm / 30 days)
<i>hc/aloe cre 0.5%</i>	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone acetate cream 1%</i> (Lanacort 10)	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone cream 0.5%</i>	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone cream 1%</i> (Ra Hydrocortisone Plus 12)	Tier 1	QL (60 gm / 30 days), OTC
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone gel 1%</i> (Cortizone-10)	Tier 1	QL (56 gm / 30 days), OTC
<i>hydrocortisone lotion 1%</i> (Cvs Cortisone Maximum Str)	Tier 1	QL (120 gm / 30 days), OTC
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone oint 0.5%	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone oint 1% (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
hydrocortisone oint 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone valerate cream 0.2%	Tier 1	QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 1% (Cortizone-10 Plus)	Tier 1	OTC
mometasone furoate cream 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate oint 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (60 mL / 30 days)
prednicarbate cream 0.1%	Tier 3	QL (60 gm / 30 days)
prednicarbate oint 0.1%	Tier 3	QL (60 gm / 30 days)
triamcinolone acetonide cream 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide lotion 0.025%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide oint 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide oint 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide oint 0.025%	Tier 1	QL (454 gm / 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67 (dupilumab)	Tier 4	PA
DUPIXENT INJ 200MG (dupilumab)	Tier 4	PA
DUPIXENT INJ 300/2ML (dupilumab)	Tier 4	PA; Pen
DUPIXENT INJ 300/2ML (dupilumab)	Tier 4	PA; Prefilled Syringe
EMOLLIENTS		
emollient - ointment (Hydrophor)	Tier 1	OTC
LAC-HYDRIN LOT FIVE (lactic acid (ammonium lactate))	Tier 2	QL (226 gm / 30 days), OTC
lactic acid (ammonium lactate) cream 12%	Tier 1	QL (280 gm / 30 days), OTC
lactic acid (ammonium lactate) lotion 12% (Amlactin)	Tier 1	QL (225 gm / 30 days), OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (collagenase)	Tier 3	PA, QL (60 gm / 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5%	Tier 1	PA, QL (24 ea / 30 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint 0.1%	Tier 3	PA, QL (30 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oint 0.03%</i>	Tier 3	PA, QL (30 gm / 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	QL (90 gm / 30 days), OTC
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC; Regenecare gel products preferred
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	QL (90 patches / 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 3	PA, QL (90 ea / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	Tier 1	QL (60 mL / 30 days)
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% (<i>menthol-zinc oxide</i>)	Tier 1	OTC
ROSACEA AGENTS		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% (<i>brimonidine tartrate (topical)</i>)	Tier 3	PA
SCABICIDES & PEDICULICIDES		
EURAX CRE 10% (<i>crotamiton</i>)	Tier 2	ST, QL (60 gm / 30 days); Prior use of permethrin 5% cream within the past 90 days.
<i>ivermectin lotion 0.5%</i>	Tier 3	PA, QL (117 gm / 30 days)
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL / 30 days)
<i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	QL (120 gm / 30 days)
<i>permethrin creme rinse 1%</i> (Lice Treatment)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin lotion 1%</i> (Sm Lice Treatment)	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> (Sb Lice Treatment)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (Stop Lice Maximum Strengt)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION (<i>permethrin & pyrethrins-piperonyl butoxide</i>)	Tier 1	OTC
<i>spinosad susp 0.9%</i>	Tier 3	QL (120 per 30 days)
ULESFIA LOT 5% (<i>benzyl alcohol (pediculicide)</i>)	Tier 3	PA

WOUND CARE PRODUCTS

REGANEX GEL 0.01% (<i>becaplermin</i>)	Tier 3	PA, QL (15 gm / 30 days)
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DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

THYROGEN INJ 0.9MG (<i>thyrotropin alfa</i>)	Tier 4	PA
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DIAGNOSTIC TESTS

RELION KETON TES (<i>acetone (urine) test</i>)	Tier 2	OTC
RELION TRUE TES METRIX (<i>glucose blood</i>)	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non-insulin users
TRUE METRIX TES GLUCOSE (<i>glucose blood</i>)	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non-insulin users

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>methazolamide tab 25 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>methazolamide tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 3	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torseamide tab 5 mg</i>	Tier 1	MAIL
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL
<i>torseamide tab 100 mg</i>	Tier 1	MAIL

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
<i>FORTEO INJ 600/2.4 (teriparatide (recombinant))</i>	Tier 4	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
<i>PROLIA INJ 60MG/ML (denosumab)</i>	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
<i>TERIPARATIDE INJ</i>	Tier 4	PA
<i>TYMLOS INJ (abaloparatide)</i>	Tier 4	PA
<i>XGEVA INJ (denosumab)</i>	Tier 4	PA
<i>GROWTH HORMONE RECEPTOR ANTAGONISTS</i>		
<i>SOMAVERT INJ 10MG (pegvisomant)</i>	Tier 4	PA
<i>SOMAVERT INJ 15MG (pegvisomant)</i>	Tier 4	PA
<i>SOMAVERT INJ 20MG (pegvisomant)</i>	Tier 4	PA
<i>GROWTH HORMONES</i>		
<i>OMNITROPE INJ 5.8MG (somatropin)</i>	Tier 4	PA
<i>OMNITROPE INJ 5/1.5ML (somatropin)</i>	Tier 4	PA
<i>OMNITROPE INJ 10/1.5ML (somatropin)</i>	Tier 4	PA
<i>HORMONE RECEPTOR MODULATORS</i>		
<i>OSPHENA TAB 60MG (ospemifene)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>raloxifene hcl tab 60 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</i>		
<i>INCRELEX INJ 40MG/4ML (mecasermin)</i>	Tier 4	PA
<i>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</i>		
<i>LUPANETA KIT 3.75-5 (leuprolide acetate & norethindrone acetate)</i>	Tier 4	PA
<i>LUPANETA KIT 11.25-5 (leuprolide acetate & norethindrone acetate)</i>	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW (<i>betaine</i>)	Tier 4	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	PA, MAIL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 3	PA, MAIL
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	PA, MAIL
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	PA, MAIL
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
STIMATE SOL 1.5MG/ML (<i>desmopressin acetate</i>)	Tier 4	PA
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	Tier 1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 20MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 30MG (<i>octreotide acetate</i>)	Tier 4	PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tab 15 mg</i>	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
ESTROGENS		
ESTROGEN COMBINATIONS		
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	Tier 3	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (28 tabs / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PREMPRO TAB 0.3-1.5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (28 tabs / 28 days), MAIL
PREMPRO TAB 0.45-1.5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (28 tabs / 28 days), MAIL
PREMPRO TAB 0.625-5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (28 tabs / 28 days), MAIL
ESTROGENS		
estradiol tab 0.5 mg	Tier 1	MAIL
estradiol tab 1 mg	Tier 1	MAIL
estradiol tab 2 mg	Tier 1	MAIL
estradiol td patch twice weekly 0.1 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.05 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.025 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.075 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.0375 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch weekly 0.1 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.05 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.06 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.025 mg/24hr	Tier 3	QL (4 patches / 28 days), MAIL
estradiol td patch weekly 0.075 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 3	QL (4 ea / 28 days), MAIL
MENEST TAB 0.3MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.45MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TAB 450MG (delafloxacin meglumine)	Tier 3	PA
ciprofloxacin hcl tab 250 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 500 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 750 mg (base equiv)	Tier 1	
levofloxacin oral soln 25 mg/ml	Tier 1	AGE; AGE (Max 12 years)
levofloxacin tab 250 mg	Tier 1	
levofloxacin tab 500 mg	Tier 1	
levofloxacin tab 750 mg	Tier 1	
moxifloxacin hcl tab 400 mg (base equiv)	Tier 1	
ofloxacin tab 300 mg	Tier 3	
ofloxacin tab 400 mg	Tier 3	

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

simethicone cap 125 mg (Cvs Gas Relief)	Tier 1	OTC
simethicone cap 180 mg	Tier 1	OTC
simethicone chew tab 80 mg	Tier 1	OTC
simethicone chew tab 125 mg (Cvs Gas Relief Extra Stre)	Tier 1	OTC
simethicone liquid 40 mg/0.6ml (Cvs Gas Relief Drops Extr)	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Gas Relief)	Tier 1	OTC

GALLSTONE SOLUBILIZING AGENTS

ursodiol cap 300 mg	Tier 1	QL (60 caps / 30 days), MAIL
ursodiol tab 250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ursodiol tab 500 mg	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	Tier 3	PA, MAIL
<i>lubiprostone cap 24 mcg</i>	Tier 3	PA, MAIL
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ 100MG (<i>infliximab-axxq</i>)	Tier 4	PA
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT 200MG (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA START KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	Tier 3	MAIL
INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 3	MAIL
RENFLEXIS INJ 100MG (<i>infliximab-abda</i>)	Tier 4	PA
SKYRIZI INJ 150MG/ML (<i>risankizumab-rzaa (crohn's)</i>)	Tier 4	PA, QL (1 cartridge / 60 days)
SKYRIZI SOL 60MG/ML (<i>risankizumab-rzaa (crohn's)</i>)	Tier 4	PA
STELARA INJ 5MG/ML (<i>ustekinumab (iv)</i>)	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>LINZESS CAP 72MCG (linaclotide)</i>	Tier 2	PA, MAIL
<i>LINZESS CAP 145MCG (linaclotide)</i>	Tier 2	PA, MAIL
<i>LINZESS CAP 290MCG (linaclotide)</i>	Tier 2	PA, MAIL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>MOVANTIK TAB 12.5MG (naloxegol oxalate)</i>	Tier 3	PA
<i>MOVANTIK TAB 25MG (naloxegol oxalate)</i>	Tier 3	PA
<i>RELISTOR INJ 12/0.6ML (methylnaltrexone bromide)</i>	Tier 4	PA
<i>RELISTOR TAB 150MG (methylnaltrexone bromide)</i>	Tier 4	PA
<i>SYMPROIC TAB 0.2MG (naldemedine tosylate)</i>	Tier 3	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>VELPHORO CHW 500MG (sucroferri oxyhydroxide)</i>	Tier 3	PA, MAIL
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	
CYSTINOSIS AGENTS		
<i>CYSTAGON CAP 50MG (cysteamine bitartrate)</i>	Tier 4	PA
<i>CYSTAGON CAP 150MG (cysteamine bitartrate)</i>	Tier 4	PA
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
INTERSTITIAL CYSTITIS AGENTS		
<i>ELMIRON CAP 100MG (pentosan polysulfate sodium)</i>	Tier 3	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<i>silodosin cap 8 mg</i>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tab 40 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>febuxostat tab 80 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL

URICOSURICS

<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
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HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS

ALPHANINE SD INJ 500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
ALPHANINE SD INJ 1500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
HELIXATE FS INJ 500UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
HELIXATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
HELIXATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
KOGENATE FS INJ 250UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
KOGENATE FS INJ 1000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
KOGENATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
KOGENATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
MONOCLATE-P INJ 1000UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
RECOMBIMATE INJ (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
RECOMBIMATE INJ 220-400 (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA
RECOMBIMATE INJ 401-800 (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
RECOMBINATE INJ 801-1240 (<i>antihemophilic factor (recombinant)</i> (<i>rfviii</i>))	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 4	PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 1	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 3	PA, MAIL
BRILINTA TAB 60MG (<i>ticagrelor</i>)	Tier 3	PA, QL (60 tabs / 30 days), MAIL
BRILINTA TAB 90MG (<i>ticagrelor</i>)	Tier 3	PA, QL (60 tabs / 30 days), MAIL
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	QL (10 vials per 30 day)
<i>cyanocobalamin sl tab 500 mcg</i> (Cvs B-12)	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B-12 Tr)	Tier 1	OTC
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i> (Fa-8)	Tier 5	QL (30 caps / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL
<i>folic acid tab 400 mcg</i>	Tier 5	QL (30 tabs / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	Tier 5	QL (30 tabs / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 4000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 10000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 20000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (30 tabs / 30 days)
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (60 tabs / 30 days)
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 75MG (eltrombopag olamine)	Tier 4	PA, QL (60 tabs / 30 days)
RETACRIT INJ 2000UNIT (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 3000UNIT (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 4000UNIT (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 10000UNT (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 20000UNI (epoetin alfa-epbx)	Tier 4	PA
RETACRIT INJ 40000UNT (epoetin alfa-epbx)	Tier 4	PA
ZARXIO INJ 300/0.5 (filgrastim-sndz)	Tier 4	PA, QL (14 syringes / 14 days)
ZARXIO INJ 480/0.8 (filgrastim-sndz)	Tier 4	PA, QL (14 syringes / 14 days)
ZIEXTENZO INJ 6/0.6ML (pegfilgrastim-bmez)	Tier 4	PA, QL (0.6 per 14 days)

HEMATOPOIETIC MIXTURES

fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE (polysaccharide iron-folic acid-vit b12)	Tier 1	OTC
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)

IRON

carbonyl iron susp 15 mg/1.25ml (elemental iron) (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETTES TAB 325MG (ferrous fumarate)	Tier 1	OTC, MAIL
ferrous fumarate tab 324 mg (106 mg elemental fe)	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
ferrous gluconate tab 240 mg (27 mg elemental fe) (Ferate)	Tier 1	OTC, MAIL
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Px Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow-release Iron)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i> (Slow Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 47.5 mg (elemental fe)</i> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 50 mg (elemental fe)</i> (Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (<i>carbonyl iron</i>)	Tier 1	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG (<i>ferrous sulfate</i>)	Tier 1	OTC, MAIL

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid tab 500 mg</i>	Tier 1	PA
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	PA
<i>tranexamic acid tab 650 mg</i>	Tier 1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg</i> (Sleep Aid)	Tier 1	OTC, MAIL

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days), AGE; AGE (Max 12 years)
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>HYPNOTICS - TRICYCLIC AGENTS</i>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>NON-BARBITURATE HYPNOTICS</i>		
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 2 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 3 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<i>temazepam cap 30 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<i>triazolam tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 18 years)
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>zaleplon cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate tab 5 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
zolpidem tartrate tab 10 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 10MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 15MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 20MG (suvorexant)	Tier 3	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG (tasimelteon)	Tier 4	PA
ramelteon tab 8 mg	Tier 3	PA, MAIL

LAXATIVES

BULK LAXATIVES

calcium polycarbophil tab 625 mg	Tier 1	OTC
corn dextrin oral powder (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (psyllium)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (psyllium)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (psyllium)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (psyllium)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (psyllium)	Tier 1	OTC, MAIL
METAMUCIL WAF (psyllium)	Tier 1	OTC, MAIL
methylcellulose tab 500 mg (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (psyllium)	Tier 1	OTC, MAIL
psyllium cap 0.52 gm (Fiber Laxative)	Tier 1	OTC, MAIL
psyllium cap 400 mg (Reguloid)	Tier 1	OTC, MAIL
psyllium powder 28.3% (Gnp Natural Fiber)	Tier 1	OTC, MAIL
psyllium powder 30.9% (Konsyl)	Tier 1	OTC, MAIL
psyllium powder 33% (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
psyllium powder 48.57% (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 58.6% (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 95% (Qc Natural Vegetable)	Tier 1	OTC, MAIL
psyllium powder 100%	Tier 1	OTC, MAIL
UNIFIBER POW (cellulose)	Tier 1	OTC
wheat dextrin oral powder (Clear Soluble Fiber)	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVE COMBINATIONS		
GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)	Tier 1	OTC, MAIL
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)	Tier 1	QL (60 packets / 30 days), OTC
polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)	Tier 1	QL (527 gm / 30 days), OTC
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC
SALINE LAXATIVES		
magnesium citrate soln (Gnp Magnesium Citrate)	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	Tier 3	PA
sodium phosphates - enema	Tier 1	OTC
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg (Cvs Gentle Laxative)	Tier 1	OTC
bisacodyl tab delayed release 5 mg (Stimulant Laxative)	Tier 1	OTC
sennosides chew tab 15 mg (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
sennosides syrup 8.8 mg/5ml	Tier 1	OTC, MAIL
sennosides tab 8.6 mg (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
sennosides tab 25 mg (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
SURFACTANT LAXATIVES		
docusate calcium cap 240 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 50 mg (Ra Col-rite)	Tier 1	OTC
docusate sodium cap 100 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 250 mg	Tier 1	OTC
docusate sodium liquid 150 mg/15ml (Silace)	Tier 1	OTC
docusate sodium syrup 60 mg/15ml (Silace)	Tier 1	OTC
docusate sodium tab 100 mg (Dok)	Tier 1	OTC
DOCUSOL PLUS ENE 20-283 (benzocaine-docusate sodium)	Tier 1	OTC
PEDIA-LAX LIQ 50MG (docusate sodium)	Tier 1	OTC
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
azithromycin for susp 200 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
azithromycin powd pack for susp 1 gm	Tier 1	QL (2 packets / 30 days)
azithromycin tab 250 mg	Tier 1	QL (12 tabs / 30 days)
azithromycin tab 500 mg	Tier 1	QL (6 tabs / 30 days)
azithromycin tab 600 mg	Tier 1	QL (60 tabs / 30 days)

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CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 3	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 3	
<i>erythromycin tab 250 mg</i>	Tier 3	
<i>erythromycin tab 500 mg</i>	Tier 3	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 3	
FIDAXOMICIN		
DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 3	PA
MEDICAL DEVICES		
Parenteral Therapy Supplies		
BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	DME	QL (150 ea / 30 days)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR (<i>diaphragm arc-spring</i>)	Tier 5	
CONDOMS MIS	Tier 5	QL (12 Condoms / 45 days), OTC
CONDOMS MIS LUBRICAT (<i>condoms latex lubricated - male</i>)	Tier 5	QL (12 Condoms / 45 days), OTC
DUREX MIS REALFEEL (<i>condoms non-latex lubricated - male</i>)	Tier 5	QL (12 Condoms / 45 days), OTC
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	Tier 5	QL (12 / 45 days), OTC
FEMCAP MIS 22MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 26MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 30MM (<i>cervical caps</i>)	Tier 5	

Drug Name	Drug Tier	Requirements/Limits
KIMONO MICRO MIS THIN (condoms latex non-lubricated - male)	Tier 5	QL (12 Condoms / 45 days), OTC
OMNIFLEX DPR (diaphragms)	Tier 5	
WIDE-SEAL DPR KIT 60 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 65 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 70 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 75 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 80 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 85 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 90 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 95 (diaphragm wide seal)	Tier 5	

DIABETIC SUPPLIES

DEXCOM G5 MIS RECEIVER (continuous blood glucose system receiver)	Tier 2	PA, QL (1 each / year)
DEXCOM G5 MIS TRANSMIT (continuous blood glucose system transmitter)	Tier 2	PA, QL (1 box / 90 days)
DEXCOM G6 MIS RECEIVER (continuous blood glucose system receiver)	Tier 2	PA, QL (1 each / year)
DEXCOM G6 MIS SENSOR (continuous blood glucose system sensor)	Tier 2	PA, QL (3 boxes / 30 days)
DEXCOM G6 MIS TRANSMIT (continuous blood glucose system transmitter)	Tier 2	PA, QL (1 box / 90 days)
FREESTY LIBR KIT 2 SENSOR (continuous blood glucose system sensor)	Tier 2	PA, QL (2 boxes / 30 days)
FREESTY LIBR MIS 2 READER (continuous blood glucose system receiver)	Tier 2	PA, QL (1 each / year)
FREESTYLE KIT SENSOR (continuous blood glucose system sensor)	Tier 2	PA, QL (2 boxes / 30 days); 14 day
FREESTYLE KIT SENSOR (continuous blood glucose system sensor)	Tier 2	PA, QL (3 boxes / 30 days); 10 day
FREESTYLE MIS READER (continuous blood glucose system receiver)	Tier 2	PA, QL (1 each / year)
G5/G4 MIS SENSOR (continuous blood glucose system sensor)	Tier 2	PA, QL (4 boxes / 30 days)
LANCETS MIS 30G	DME	OTC

Drug Name	Drug Tier	Requirements/Limits
RELION TRUE KIT MET AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT METER (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX MIS AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim

MISC. DEVICES

ALCOHOL PREP PAD MED 70% (<i>alcohol swabs</i>)	Tier 1	QL (200 ea / 30 days), OTC
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PARENTERAL THERAPY SUPPLIES

INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days); TECHLITE

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>)	DME	OTC
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM (<i>insulin pen needle</i>)	DME	QL (200 / 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP (<i>syringe (disposable)</i>)	DME	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS (<i>nebulizers</i>)	Tier 2	OTC
INSPIRACHAMB MIS LARGE (<i>spacer/aerosol-holding chambers</i>)	Tier 2	QL (1 each / year)

Drug Name	Drug Tier	Requirements/Limits
PEAK AIR FLO MIS ADLT/PED (peak flow meter)	DME	QL (1 each / year), OTC
PULMONEB LT MIS NEBULIZE (nebulizers)	Tier 2	QL (1 each / 30 days)

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ 225/1.5 (fremanezumab-vfrm)	Tier 3	PA, QL (2 pens / 90 days)
AJOVY INJ 225/1.5 (fremanezumab-vfrm)	Tier 3	PA, QL (2 syringes / 90 days)
EMGALITY INJ 100MG/ML (galcanezumab-gnlm)	Tier 3	PA, QL (3 syringes / 28 days)
EMGALITY INJ 120MG/ML (galcanezumab-gnlm)	Tier 3	PA, QL (2 pens / 28 days)
EMGALITY INJ 120MG/ML (galcanezumab-gnlm)	Tier 3	PA, QL (2 syringes / 28 days)
UBRELVY TAB 50MG (ubrogepant)	Tier 3	PA, QL (16 ea / 30 days)
UBRELVY TAB 100MG (ubrogepant)	Tier 3	PA, QL (16 ea / 30 days)

MIGRAINE COMBINATIONS

ergotamine w/ caffeine tab 1-100 mg	Tier 3	PA
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MIGRAINE PRODUCTS

dihydroergotamine mesylate inj 1 mg/ml	Tier 3	PA
ERGOMAR SUB 2MG (ergotamine tartrate)	Tier 3	

SEROTONIN AGONISTS

almotriptan malate tab 6.25 mg	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
almotriptan malate tab 12.5 mg	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
eletriptan hydrobromide tab 20 mg (base equivalent)	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>REYVOW TAB 50MG (lasmiditan succinate)</i>	Tier 3	PA, QL (8 tabs / 30 days)
<i>REYVOW TAB 100MG (lasmiditan succinate)</i>	Tier 3	PA, QL (8 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 3	QL (2 mL / 30 days); Vials
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Tier 3	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 3	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

MINERALS & ELECTROLYTES

CALCIUM

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i> (Sm Calcium 600 + D Plus M)	Tier 1	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC, MAIL
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 1	OTC, MAIL
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (Calcium 600)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol cap 600 mg-500 unit</i> (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i> (Calcium 500/d)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Oysco 500+d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 250 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oystercal-d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-600 unit (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d cap 600 mg-200 unit (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 250 mg-125 unit (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC, MAIL
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)	Tier 1	OTC, MAIL
calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) (Calcium Citrate + D3)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
CALCIUM TAB 600MG	Tier 1	OTC, MAIL
calcium-magnesium-zinc tab 333-133-5 mg	Tier 1	OTC, MAIL
CALTRATE 600 CHW 600-800 (calcium carbonate-cholecalciferol)	Tier 1	OTC, MAIL
oyster shell calcium tab 500 mg	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG (calcium carbonate-ergocalciferol)	Tier 1	OTC, MAIL
RISACAL-D TAB (calcium & phosphorus w/ vitamin d)	Tier 1	OTC
ELECTROLYTE MIXTURES		
oral electrolyte solution	Tier 1	OTC
FLUORIDE		
FLUORABON DRO (sodium fluoride)	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
MAGNESIUM		
MAG64 TAB 64MG (magnesium chloride)	Tier 1	OTC
MAG-G TAB 500MG (magnesium gluconate)	Tier 1	OTC
MAGDELAY TAB 70MG (magnesium chloride)	Tier 1	OTC
magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)	Tier 1	OTC
magnesium gluconate tab 27.5 mg (elemental mg)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 250 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (240 mg elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (240 mg elemental mg) (Magnesium-oxide)	Tier 1	OTC, MAIL
magnesium oxide tab 500 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium tab 250 mg	Tier 1	OTC, MAIL
PHOSPHATE		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
POTASSIUM		
potassium bicarbonate effer tab 25 meq (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
potassium chloride cap er 8 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride cap er 10 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 tabs / 30 days), MAIL
potassium chloride oral soln 10% (20 meq/15ml)	Tier 3	MAIL
potassium chloride oral soln 20% (40 meq/15ml)	Tier 3	MAIL
potassium chloride tab er 8 meq (600 mg)	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 tabs / 30 days), MAIL
SODIUM		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC
ZINC		
<i>zinc sulfate cap 220 mg (50 mg elemental zn) (Zinc-220)</i>	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG (<i>penicillamine</i>)	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>lenalidomide cap 10 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>lenalidomide cap 15 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>lenalidomide cap 25 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 4	PA, QL (30 per 30 days); ONC
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 4	PA, QL (30 per 30 days); ONC
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 4	PA, QL (60 per 30 days); ONC
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 4	PA, QL (60 per 30 days); ONC
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 4	PA
<i>everolimus tab 0.25 mg</i>	Tier 4	PA
<i>everolimus tab 0.75 mg</i>	Tier 4	PA
<i>everolimus tab 1 mg</i>	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
<i>NEORAL CAP 25MG (cyclosporine modified (for microemulsion))</i>	Tier 2	MAIL
<i>NEORAL CAP 100MG (cyclosporine modified (for microemulsion))</i>	Tier 2	MAIL
<i>SANDIMMUNE CAP 25MG (cyclosporine)</i>	Tier 2	MAIL
<i>SANDIMMUNE CAP 100MG (cyclosporine)</i>	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 3	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 3	MAIL
<i>sirolimus tab 1 mg</i>	Tier 3	MAIL
<i>sirolimus tab 2 mg</i>	Tier 3	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL

IRRIGATION SOLUTIONS

<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	

POTASSIUM REMOVING AGENTS

<i>LOKELMA PAK 5GM (sodium zirconium cyclosilicate)</i>	Tier 3	QL (90 / 30 days), MAIL
<i>LOKELMA PAK 10GM (sodium zirconium cyclosilicate)</i>	Tier 3	QL (90 / 30 days), MAIL
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>VELTASSA POW 8.4GM (patiromer sorbitex calcium)</i>	Tier 3	QL (30 / 30 days), MAIL
<i>VELTASSA POW 16.8GM (patiromer sorbitex calcium)</i>	Tier 3	QL (30 / 30 days), MAIL
<i>VELTASSA POW 25.2GM (patiromer sorbitex calcium)</i>	Tier 3	QL (30 / 30 days), MAIL

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
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ANTI-INFECTIVES - THROAT

<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
DENTAL PRODUCTS		
<i>sodium fluoride cream 1.1%</i> (Sf 5000 Plus)	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f)</i> (Sf)	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
MULTIVITAMINS		
<i>B-COMPLEX W/ FOLIC ACID</i>		
<i>b-complex w/ c & folic acid cap 1 mg</i> (Virt-caps)	Tier 1	
<i>b-complex w/ c & folic acid tab</i> (Vita-bee/c)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Rena-vite)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 5 mg</i> (Folbee Plus)	Tier 1	
<i>MULTIPLE VITAMINS W/ IRON</i>		
<i>multiple vitamins w/ iron tab</i> (Stress Formula W/iron)	Tier 1	OTC
<i>MULTIPLE VITAMINS W/ MINERALS</i>		
<i>multiple vitamins w/ minerals cap</i> (V-c Forte)	Tier 1	
<i>multiple vitamins w/ minerals liquid</i> (Multivitamin & Mineral)	Tier 1	OTC
<i>multiple vitamins w/ minerals tab</i> (Ocuvite/lutein)	Tier 1	OTC
MULTIVITAMINS		
<i>multiple vitamin cap</i> (Mv-one)	Tier 1	OTC
<i>multiple vitamin tab</i> (Daily Vite)	Tier 1	OTC
<i>PED MULTI VITAMINS W/FL & FE</i>		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i> (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
PED MULTIPLE VITAMINS W/ MINERALS		
AQUADEKS DRO (<i>pediatric multiple vitamin w/ minerals & c</i>)	Tier 1	OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Mvw Complete Formulation)	Tier 1	OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Polyvitamin/iron)	Tier 1	OTC
PED MV W/ FLUORIDE		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i> (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</i> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 1	OTC
MULTIVITAMIN DRO /IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 2	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Chewable Vite With Iron/c)	Tier 1	OTC
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i> (Ultra Choice Multivitamin)	Tier 1	OTC
POLY-VITE SOL /IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO (<i>pediatric multiple vitamins</i>)	Tier 2	QL (50 / 30 days), OTC
<i>pediatric multiple vitamin liq</i> (Multi-delyn)	Tier 1	OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Chewable Vite Childrens)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i> (Land Before Time Multivit)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML (<i>pediatric multiple vitamins</i>)	Tier 2	OTC
POLY-VITE DRO (<i>pediatric multiple vitamins</i>)	Tier 1	OTC
PEDIATRIC VITAMINS		
<i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i> (Bprotected Pedia Tri-vite)	Tier 1	QL (50 / 30 days), OTC
TRI-VI-SOL SOL A/C/D (<i>pediatric vitamins adc</i>)	Tier 2	QL (50 / 30 days), OTC
PRENATAL VITAMINS		
BE WELL PAK ROUNDED (<i>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</i>)	Tier 1	OTC
BRAINSTRONG MIS PRENATAL (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>)	Tier 1	QL (30 tabs / 30 days), OTC
CALNA TAB (<i>prenatal vitamin</i>)	Tier 1	QL (30 tabs / 30 days), OTC
CENTRUM SPEC PAK PRENATAL (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 tabs / 30 days), OTC
CO-NATAL FA TAB 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
CVS PRENATAL CHW GUMMY (<i>prenatal multivitamins & minerals w/ folic acid-fish oil</i>)	Tier 1	QL (30 tabs / 30 days), OTC
ENFAMIL MIS EXPECTA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (60 tabs / 30 days), OTC
EZFE FORTE CAP (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>)	Tier 1	QL (30 caps / 30 days), OTC
KPN PRENATAL TAB (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 tabs / 30 days), OTC
MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PERRY PRENAT CAP (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENAT MULTI CAP +DHA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL 19 TAB 29-1MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
PRENATAL CAP FORMULA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL CAP OMEGA-3 (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL DHA PAK MULTI (<i>prenatal mv & min w/ methylfolate-choline-fish oil</i>)	Tier 1	OTC
PRENATAL FRM TAB A-FREE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL MUL CAP +DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL TAB COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL TAB FORMULA (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i> (Inatal Gt)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i> (Prenatal 19)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> (Trinate)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i> (Prenatabs Rx)	Tier 1	QL (30 tabs / 30 days)
PRENATAL+DHA MIS (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL/FE TAB (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 tabs / 30 days), OTC
RA PRENATAL TAB FORMULA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
SE-NATAL 19 CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
SM ONE DAILY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 tabs / 30 days), OTC
THERANATAL MIS COMPLETE (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 tabs / 30 days), OTC
TL FOLATE TAB (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
TRINATAL RX TAB 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VINATE II TAB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VINATE M TAB (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VITAFOL-OB TAB 65-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VOL-PLUS TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VOL-TAB RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metaxalone tab 800 mg</i>	Tier 3	PA
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Max 64 years)
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	QL (270 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>DIRECT MUSCLE RELAXANTS</i>		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>MUSCLE RELAXANT COMBINATIONS</i>		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	Tier 3	PA, QL (240 tabs / 30 days)
<i>VISCOSUPPLEMENTS</i>		
<i>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</i>	Tier 4	PA, QL (3 syringes / 180 days)
<i>VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))</i>	Tier 4	PA, QL (3 syringes / 180 days)
<i>NASAL AGENTS - SYSTEMIC AND TOPICAL</i>		
<i>NASAL AGENTS - MISC.</i>		
<i>saline nasal spray 0.65% (Cvs Saline Nasal Spray)</i>	Tier 1	OTC
<i>NASAL ANTIALLERGY</i>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	ST, QL (30 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	QL (52 mL / 30 days), OTC, MAIL
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 3	ST, QL (30.5 gm / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>NASAL ANTICHOLINERGICS</i>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)	Tier 1	QL (1 bottle / 30 days), OTC, MAIL
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 1	ST, QL (25 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (16 gm / 30 days), AGE, MAIL; AGE (Min 4 years)
OMNARIS SPR (ciclesonide (nasal))	Tier 3	PA, MAIL
triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Goodsense Nasal Allergy S)	Tier 1	QL (16.9 mL / 30 days), OTC, MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (pseudoephedrine hcl)	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML (pseudoephedrine hcl)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Cvs Nasal Spray)	Tier 1	OTC
phenylephrine hcl tab 10 mg (Cvs Nasal Decongestant Pe)	Tier 1	OTC
pseudoephedrine hcl liq 15 mg/5ml (Childrens Silfedrine)	Tier 1	OTC
pseudoephedrine hcl tab 30 mg (Cvs Nasal Decongestant)	Tier 1	OTC
pseudoephedrine hcl tab 60 mg	Tier 1	OTC
pseudoephedrine hcl tab er 12hr 120 mg (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN (phenylephrine hcl (oral))	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab 50 mg	Tier 3	PA, QL (60 tabs / 30 days), MAIL
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT (onabotulinumtoxinA)	Tier 4	PA
BOTOX INJ 200UNIT (onabotulinumtoxinA)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
docosahexaenoic acid cap 200 mg (Prenatal Dha)	Tier 1	QL (30 caps / 30 days), OTC
omega-3 fatty acids cap 300 mg	Tier 1	OTC
omega-3 fatty acids cap 500 mg	Tier 1	OTC
omega-3 fatty acids cap 1000 mg	Tier 1	OTC
omega-3 fatty acids cap 1200 mg	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg (Hm Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1200 mg (Cvs Fish Oil)	Tier 1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear ophth solution (Sm Artificial Tears)	Tier 1	OTC, MAIL
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Hm Lubricating Plus)	Tier 1	OTC, MAIL
carboxymethylcellulose sodium ophth soln 0.5% (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
dextran 70-hypromellose (pf) ophth soln 0.1-0.3% (Cvs Natural Tears)	Tier 1	OTC, MAIL
dextran 70-hypromellose ophth soln 0.1-0.3% (Artificial Tears)	Tier 1	OTC, MAIL
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP (artificial tear insert)	Tier 3	PA
polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Lubricant Eye Drops)	Tier 1	OTC, MAIL
polyvinyl alcohol ophth soln 1.4% (Artificial Tears)	Tier 1	OTC, MAIL
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Gnp Artificial Tears)	Tier 1	OTC, MAIL
propylene glycol-glycerin ophth soln 1-0.3% (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
PURE & GENTL DRO 0.3% (hypromellose (ophth))	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Artificial Tears)	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Genteal Tears Night-time)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	MAIL
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>carteolol hcl ophth soln 1%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 3	QL (5 mL / 30 days), MAIL
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 3	QL (5 mL / 30 days), MAIL
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
<i>atropine sulfate ophth soln 1%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1	QL (15 / 30 days), MAIL
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (<i>echothiophate iodide</i>)	Tier 2	MAIL
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5%</i> (<i>base equivalent</i>)	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% (<i>brinzolamide- brimonidine tartrate</i>)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (<i>azithromycin (ophth)</i>)	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3%</i> (base equivalent)	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5%</i> (base equiv)	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (<i>natamycin</i>)	Tier 3	PA
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 30 days)
ZIRGAN GEL 0.15% (<i>ganciclovir</i> <i>ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth) emulsion 0.05%</i>	Tier 3	PA, MAIL
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol</i> <i>etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate</i> <i>ophth soln 0.1%</i>	Tier 1	QL (5 mL / 30 days)
<i>difluprednate ophth emulsion 0.05%</i>	Tier 3	PA
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% (<i>loteprednol</i> <i>etabonate</i>)	Tier 3	PA
LOTEMAX OIN 0.5% (<i>loteprednol</i> <i>etabonate</i>)	Tier 3	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 3	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>PRED-G SUS OP (gentamicin-prednisolone acetate)</i>	Tier 3	QL (10 mL / 30 days)
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
<i>TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)</i>	Tier 2	QL (3.5 gm / 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>ZYLET SUS 0.5-0.3% (loteprednol etabonate-tobramycin)</i>	Tier 3	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
<i>ALOCRI SOL 2% (nedocromil sodium (ophth))</i>	Tier 3	PA, MAIL
<i>ALOMIDE SOL 0.1% OP (lodoxamide tromethamine)</i>	Tier 3	PA, MAIL
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	QL (6 mL / 30 days), MAIL
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 3	PA, MAIL
<i>brinzolamide ophth susp 1%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 3	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>CYSTARAN SOL 0.44% (cysteamine hcl)</i>	Tier 4	PA
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>EMADINE SOL 0.05% OP (emedastine difumarate)</i>	Tier 3	PA, MAIL
<i>epinastine hcl ophth soln 0.05%</i>	Tier 3	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
LASTACFT SOL 0.25% (<i>alcaftadine</i>)	Tier 3	PA, MAIL
NEVANAC SUS 0.1% (<i>nepafenac</i>)	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.1% (<i>olopatadine hcl</i>)	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.2% (<i>olopatadine hcl</i>)	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% (<i>bimatoprost</i>)	Tier 3	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% (<i>tafluprost</i>)	Tier 2	ST, QL (30 ea / 30 days), MAIL; Prior use of latanoprost within the past 90 days.

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	Tier 1	
<i>carbamide peroxide 6.5% otic soln</i> (Ear Drops Earwax Removal)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>isopropyl alcohol-glycerin otic liquid 95-5% (Ra Ear Drying Agent)</i>	Tier 1	OTC
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 30 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
OTIC COMBINATIONS		
<i>CIPRO HC SUS OTIC (ciprofloxacin-hydrocortisone)</i>	Tier 3	PA
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 3	PA
<i>COLY-MYCIN S SUS OTIC (neomycin-colistin-hc-thonzonium)</i>	Tier 3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
<i>CARIMUNE NF INJ 12GM (immune globulin (human) iv)</i>	Tier 4	PA
<i>CUVITRU INJ 4GM/20ML (immune globulin (human) subcutaneous)</i>	Tier 4	PA
<i>CUVITRU SOL 1GM/5ML (immune globulin (human) subcutaneous)</i>	Tier 4	PA
<i>CUVITRU SOL 10GM/50M (immune globulin (human) subcutaneous)</i>	Tier 4	PA
<i>FLEBOGAMMA INJ DIF 5% (immune globulin (human) iv)</i>	Tier 4	PA
<i>GAMASTAN INJ (immune globulin (human) im)</i>	Tier 4	PA
<i>GAMMAGARD INJ 1GM/10ML (immune globulin (human) iv or subcutaneous)</i>	Tier 4	PA
<i>GAMMAGARD SD INJ 10GM HU (immune globulin (human) iv)</i>	Tier 4	PA
<i>HIZENTRA INJ 1GM/5ML (immune globulin (human) subcutaneous)</i>	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
PRIVIGEN INJ 20GRAMS (<i>immune globulin (human) iv</i>)	Tier 4	PA
RHOGAM PLUS INJ 300MCG (<i>rho d immune globulin (human)</i>)	Tier 2	

MONOCLONAL ANTIBODIES

SYNAGIS INJ 50MG (<i>palivizumab</i>)	Tier 4	PA
SYNAGIS INJ 100MG/ML (<i>palivizumab</i>)	Tier 4	PA

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

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

PENICILLINS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 3	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	AGE; AGE (Max 12 years)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	

PROGESTINS

PROGESTINS

<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>progesterone cap 100 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>progesterone cap 200 mg</i>	Tier 1	QL (60 caps / 30 days)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	MAIL
<i>disulfiram tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>disulfiram tab 500 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

ANTI-CATAPLECTIC AGENTS

XYREM SOL 500MG/ML (<i>sodium oxybate</i>)	Tier 4	PA
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ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	PA, MAIL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	PA, MAIL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	PA, MAIL
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 3	AGE (Max 64 years)
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 3	AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
FIBROMYALGIA AGENTS		
<i>SAVELLA MIS TITR PAK (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 12.5MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 25MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 50MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 100MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA
MULTIPLE SCLEROSIS AGENTS		
<i>AUBAGIO TAB 7MG (teriflunomide)</i>	Tier 4	PA
<i>AUBAGIO TAB 14MG (teriflunomide)</i>	Tier 4	PA
<i>AVONEX KIT 30MCG (interferon beta-1a)</i>	Tier 4	PA

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
COPAXONE INJ 20MG/ML (<i>glatiramer acetate</i>)	Tier 4	PA; Preferred Brand
COPAXONE INJ 40MG/ML (<i>glatiramer acetate</i>)	Tier 4	PA; Preferred Brand
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 4	PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 4	PA
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 4	PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Tier 4	PA
EXTAVIA INJ 0.3MG (<i>interferon beta-1b</i>)	Tier 4	PA
GILENYA CAP 0.5MG (<i> fingolimod hcl</i>)	Tier 4	PA
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 4	PA
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	Tier 4	PA
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
REBIF INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF REBIDO INJ TITRATN (<i>interferon beta-1a</i>)	Tier 4	PA
REBIF TITRTN INJ PACK (<i>interferon beta-1a</i>)	Tier 4	PA
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 4	PA
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	Tier 4	PA, QL (120 / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	Tier 3	PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
pimozide tab 2 mg	Tier 1	QL (150 tabs / 30 days), MAIL

SMOKING DETERRENTS

bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (varenicline tartrate)	Tier 5	QL (53 tabs / 24 days), MAIL; Max 2 fills
CHANTIX TAB 0.5MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
nicotine polacrilex gum 2 mg	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
nicotine polacrilex lozenge 2 mg (Cvs Nicotine Lozenge)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
nicotine polacrilex lozenge 4 mg (Eq Nicotine Polacrilex)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	QL (56 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 7 mg/24hr (Nicotine Transdermal Syst)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 14 mg/24hr (Hm Nicotine Transdermal S)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 21 mg/24hr (Cvs Nicotine Transdermal)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
NICOTROL INH (nicotine)	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (nicotine)	Tier 5	QL (40 mL / 30 days), MAIL

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

GLASSIA INJ (alpha1-proteinase inhibitor (human))	Tier 4	PA
PROLASTIN-C INJ 1000MG (alpha1- proteinase inhibitor (human))	Tier 4	PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (ivacaftor)	Tier 4	PA
KALYDECO PAK 50MG (ivacaftor)	Tier 4	PA
KALYDECO PAK 75MG (ivacaftor)	Tier 4	PA
KALYDECO TAB 150MG (ivacaftor)	Tier 4	PA
PULMOZYME SOL 1MG/ML (dornase alfa)	Tier 4	PA, QL (75 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 801MG (<i>pirfenidone</i>)	Tier 4	PA
OFEV CAP 100MG (<i>nintedanib esylate</i>)	Tier 4	PA
OFEV CAP 150MG (<i>nintedanib esylate</i>)	Tier 4	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500 MG	Tier 3	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	Tier 3	
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL
THYROID HORMONES		
ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 30MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 60MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 90MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 120MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 180MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 240MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 300MG (<i>thyroid</i>)	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 100 mcg	Tier 1	MAIL
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 200 mcg	Tier 1	MAIL
levothyroxine sodium tab 300 mcg	Tier 1	MAIL
liothyronine sodium tab 5 mcg	Tier 1	MAIL
liothyronine sodium tab 25 mcg	Tier 1	MAIL
liothyronine sodium tab 50 mcg	Tier 1	MAIL
NATURE THROI TAB 162.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 16.25MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 65MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 130MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 195MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 260MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 325MG (thyroid)	Tier 2	MAIL
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 137MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 150MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 175MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 200MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 300MCG (levothyroxine sodium)	Tier 2	MAIL
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	MAIL
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	MAIL
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	MAIL
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	MAIL
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-2 TAB 120MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-3 TAB 180MG (liotrix (t3-t4))	Tier 2	MAIL
WP THYROID TAB 81.25MG (thyroid)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	Tier 5	
BOOSTRIX INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	Tier 5	
TDVAX INJ 2-2 LF (tetanus-diphtheria toxoids (td))	Tier 5	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)
TENIVAC INJ 5-2LF (tetanus-diphtheria toxoids (td))	Tier 5	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

dicyclomine hcl cap 10 mg	Tier 1	AGE; AGE (Max 64 years)
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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 3	
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	
H-2 ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
dexlansoprazole cap delayed release 30 mg	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
dexlansoprazole cap delayed release 60 mg	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
esomeprazole magnesium cap delayed release 20 mg (base eq) (Sm Esomeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
FIRST-OMEPRASUS 2MG/ML (omeprazole)	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
lansoprazole cap delayed release 15 mg	Tier 3	ST, QL (60 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
lansoprazole cap delayed release 30 mg	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
NEXIUM 24HR CAP 20MG (esomeprazole magnesium)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
omeprazole cap delayed release 10 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole cap delayed release 20 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole cap delayed release 40 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) (Cvs Omeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
PRILOSEC OTC TAB 20MG (<i>omeprazole magnesium</i>)	Tier 1	QL (60 tabs / 30 days), OTC
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

ULCER THERAPY COMBINATIONS

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Tier 3	Max 10 days supply
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URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVES

<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 3	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS		
(ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 (oxybutynin)	Tier 2	QL (8 ea / 30 days), OTC, MAIL
<i>solifenacin succinate tab 5 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>solifenacin succinate tab 10 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG (fesoterodine fumarate)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
TOVIAZ TAB 8MG (fesoterodine fumarate)	Tier 3	PA, QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride cap er 24hr 60 mg</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>trospium chloride tab 20 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>)	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	Tier 5	QL (Max 4 injections per lifetime)
PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	Tier 5	QL (1 inj / lifetime)
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	Tier 5	QL (1 inj / lifetime)
VIRAL VACCINES		
AFLURIA QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
ENGRIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
ENGRIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2021-22 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)

Drug Name	Drug Tier	Requirements/Limits
FLUCLVX QUAD INJ 2021-22 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2021-22 (<i>influenza virus vaccine live quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE HD INJ 2021-22 (<i>influenza virus vac split high-dose quad preservative free</i>)	Tier 5	QL (1 / year); AGE (Min 65 years)
FLUZONE QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
GARDASIL 9 INJ (<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>)	Tier 5	QL (3 inj / lifetime)
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
JANSSEN VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>)	Tier 5	
MODERNA VAC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	Tier 5	
PFIZER VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	Tier 5	
RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	Tier 5	QL (Max 2 injections per lifetime), AGE; AGE (Min 18 years)
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	Tier 5	QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years)
VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ (<i>zoster vaccine live</i>)	Tier 5	QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years)

Drug Name	Drug Tier	Requirements/Limits
VAGINAL PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG (<i>nonoxynol-9</i>)	Tier 5	OTC
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	Tier 5	OTC
SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>)	Tier 5	OTC
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL AER CONTRACP (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	Tier 5	OTC
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i> (Gnp Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (<i>miconazole nitrate vaginal</i>)	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 3	
<i>tioconazole vaginal oint 6.5%</i> (Ra Tioconazole 1)	Tier 1	OTC
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 3	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAG CRE 0.625MG (estrogens, conjugated vaginal)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (progesterone (vaginal))	Tier 3	PA
PROGESTERONE SUP VGS 200 (progesterone (vaginal))	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (epinephrine (anaphylaxis))	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG (epinephrine (anaphylaxis))	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG (epinephrine (anaphylaxis))	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG (epinephrine (anaphylaxis))	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	Tier 4	PA
droxidopa cap 200 mg	Tier 4	PA
droxidopa cap 300 mg	Tier 4	PA
VASOPRESSORS		
midodrine hcl tab 2.5 mg	Tier 1	
midodrine hcl tab 5 mg	Tier 1	
midodrine hcl tab 10 mg	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	Tier 1	OTC
cholecalciferol cap 25 mcg (1000 unit) (D 1000)	Tier 1	OTC
cholecalciferol cap 50 mcg (2000 unit) (D2000 Ultra Strength)	Tier 1	OTC
cholecalciferol cap 125 mcg (5000 unit) (D 5000)	Tier 1	OTC
cholecalciferol cap 250 mcg (10000 unit)	Tier 1	OTC
cholecalciferol chew tab 10 mcg (400 unit) (Kp Vitamin D)	Tier 1	OTC
cholecalciferol chew tab 25 mcg (1000 unit) (Cvs D3)	Tier 1	OTC
cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i> (Aqueous Vitamin D Infants)	Tier 1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	Tier 1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 tabs / 30 days)
WATER SOLUBLE VITAMINS		
<i>ascorbic acid tab 500 mg</i> (Hm Vitamin C/rose Hips)	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 50 mg</i>	Tier 1	OTC
<i>niacin tab 100 mg</i>	Tier 1	OTC
<i>niacin tab 250 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>niacin tab er 250 mg</i>	Tier 1	OTC
<i>niacin tab er 500 mg</i>	Tier 1	OTC
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>niacinamide tab 500 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC
<i>riboflavin tab 100 mg</i> (Cvs Vitamin B-2)	Tier 1	OTC
<i>thiamine hcl tab 50 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 100 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC
<i>vitamin b-6 tab 200mg tr</i>	Tier 1	OTC

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zonisamide cap 25 mg	34
zonisamide cap 50 mg	34
ZONTIVITY TAB 2.08MG	121
ZOSTAVAX INJ	168
zoster vaccine live	
see ZOSTAVAX INJ	168
zoster vaccine recombinant adjuvanted	
see SHINGRIX INJ 50/0.5ML	168
Z-TUSS AC LIQ 2-9/5ML	99
ZYDELIG TAB 100MG	72
ZYDELIG TAB 150MG	72
ZYKADIA CAP 150MG	72
ZYLET SUS 0.5-0.3%	151
ZYPREXA RELP INJ 210MG	79
ZYPREXA RELP INJ 300MG	80
ZYPREXA RELP INJ 405MG	80