

2020

# Formulary/ Formulario

(List of Covered Drugs) / (Lista de medicinas cubiertas)

## California

The information in this document is current as of April 1, 2020.

Notice: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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](https://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 Check Drug Cost tool. To use the Check Drug Cost tool, click on the “Drug Look-Up” link for your plan on our [View Plans](#) webpage.

**MolinaMarketplace.com**



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03202020



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## Non-Discrimination Notification Molina Healthcare

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members and does not discriminate based on race, color, national origin, ancestry, age, disability, or sex.

Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

To help you talk with us, Molina provides services free of charge, in a timely manner:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language

If you need these services, contact Molina Member Services. The Molina Member Services number is on the back of your Member Identification card. (TTY: 711).

If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY: 711.

Mail your complaint to: Civil Rights Coordinator, 200 Oceangate, Long Beach, CA 90802.

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com).

You can also file your complaint with Molina Healthcare AlertLine, twenty four hours a day, seven days a week at: <https://molinahealthcare.alertline.com>.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services,  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call (800) 368-1019; TTY (800) 537-7697.

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card. (English)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro. (Spanish)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。(Chinese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch vụ Thành viên. Số điện thoại có trên mặt sau thẻ ID Thành viên của bạn. (Vietnamese)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Mga Serbisyo sa Miyembro. Makikita ang numero sa likod ng iyong ID card ng Miyembro. (Tagalog)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 회원 서비스로 전화하십시오. 전화번호는 회원 ID 카드 뒷면에 있습니다. (Korean)

فالح دوجوم اذه فتاهلا مقرر. عاضدلاً تامدخ مسقبل صتا. اكل، امجاد، المساعدة اللغوية تامدخ حات، تغيير علما تغللا مدختست تنك اذا: مييت (Arabic)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm. W ap jwenn nimewo a sou do kat idantifikasyon manm ou a. (French Creole)

ВНИМАНИЕ: Если вы говорите на русском языке, вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Отдел обслуживания участников. Номер телефона указан на обратной стороне вашей ID-карты участника. (Russian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք խոսում եք հայերեն, կարող եք անվճար օգտվել լեզվի օժանդակ ծառայություններից: Ձանգահարե՛ք Հաճախորդների սպասարկման բաժին: Հեռախոսի համարը նշված է ձեր Անդամակցության նույնականացման քարտի ետևի մասում: (Armenian)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  
会員サービスまでお電話ください。電話番号は会員IDカードの裏面に記載されております。  
(Japanese)

مرامد. دیریگب سامت اضعاً تامدخ اب. دننسه امشد سرتسد رد منیزه نودب، ی نابز. کمک تامدخ، دینکی متبجصی سراف نابز بر رگا؛ هجوت  
(Farsi) تساهدشد جرد امشد تیوضعی یاسانشد تراک تشپ یور نفلد

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਮੈਂਬਰ ਸਰਵਿਸਿਜ (Member Services) ਨੂੰ ਫੋਨ ਕਰੋ। ਨੰਬਰ ਤੁਹਾਡੇ Member ID (ਮੈਂਬਰ ਆਈ.ਡੀ.) ਕਾਰਡ ਦੇ ਪਿਛਲੇ ਪਾਸੇ ਹੈ। (Punjabi)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wenden Sie sich telefonisch an die Mitgliederbetreuungen. Die Nummer finden Sie auf der Rückseite Ihrer Mitgliedskarte. (German)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez les Services aux membres. Le numéro figure au dos de votre carte de membre. (French)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Cov npawb xov tooj nyob tom qab ntawm koj daim npav tswv cuab. (Hmong)

**អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះក្នុងទម្រង់ផ្សេង ដូចជា ទម្រង់ជាសម្តែង អក្សរស្នាប  
ទំហំអក្សរធំដោយសារតែគម្រូវការជាពិសេសរបស់អ្នក ឬជាភាសារបស់អ្នកដោយមិនគិតកម្រៃបន្ថែមឡើយ។**  
(Cambodian)



## Molina Marketplace – 2020 Formulary Changes Effective 4/1/2020

### Medications Added to the Formulary

1. Alecensa CAPS 150MG
2. Asmanex HFA AER 50MCG
3. Brukinsa CAPS 80MG
4. Dexcom G5 Mob/G4 Plat Sensor MISC
5. Dulera AER 50-5MCG
6. Fiasp FlexTouch SOPN 100UNIT/ML
7. Fiasp PenFill SOCT 100UNIT/ML
8. Fiasp SOLN 100UNIT/ML
9. Selzentry SOLN 20MG/ML
10. Tagrisso TABS 40MG
11. Tagrisso TABS 80MG
12. Truxima SOLN 100MG/10ML
13. Truxima SOLN 500MG/50ML
14. Videx EC CPDR 125MG
15. Xeljanz ER 24HR 22 MG
16. Ziextenzo SOSY 6MG/0.6ML

### Medications Moved from Tier 3 to Tier 2

1. Atripla TABS 600-200-300MG
2. Delstrigo TABS 100-300-300MG
3. Descovy TABS 200-25MG
4. Dovato TABS 50-300MG
5. Pifeltro TABS 100MG
6. Symtuza TABS 800-150-200-10MG

### Medications with Updated Quantity Limits

1. Sertraline HCl TABS 25MG
2. FREESTYLE 10 REA LIBRE
3. FREESTYLE 14 REA LIBRE
4. FREESTYLE 10 SEN LIBRE
5. FREESTYLE 14 SEN LIBRE
6. DEXCOM G5 MIS RECEIVER
7. DEXCOM G5 KIT RECV PNK
8. DEXCOM G5 KIT REC BLUE
9. DEXCOM G5 KIT RECEIVER
10. DEXCOM G6 MIS RECEIVER
11. DEXCOM G6 MIS SENSOR

Medications with Updated Quantity Limits (Continued)

12. DEXCOM G5 MIS TRANSMIT
13. DEXCOM G6 MIS TRANSMIT
14. True Metrix Blood Glucose Test STRP
15. True Metrix Blood Glucose Test STRP

Molina Marketplace – 2020 Formulary Changes Effective  
1/20/2020

Age Restrictions Removed on Formulary Insulin Pen Products

1. ADMELOG SOLO INJ 100U/ML
2. APIDRA INJ SOLOSTAR
3. HUMALOG INJ 100/ML (insulin lispro)
4. HUMALOG JR INJ 100/ML (insulin lispro)
5. HUMALOG KWIK INJ 100/ML (insulin lispro)
6. HUMALOG MIX INJ 50/50KWP (insulin lispro protamine & lispro)
7. HUMALOG MIX INJ 75/25KWP (insulin lispro protamine & lispro)
8. HUMULIN MIX INJ 70/30KWP (insulin nph isophae & reg (human))
9. HUMULIN N INJ U-100KWP (insulin nph (human) (isophane))
10. INSULIN LISP INJ 100/ML
11. LEVEMIR INJ FLEXTOUCH (insulin detemir)
12. NOVOLIN INJ FLEXPEN (insulin nph isophane & reg (human))
13. NOVOLOG INJ FLEXPEN (insulin aspart)
14. NOVOLOG INJ PENFILL (insulin aspart)
15. NOVOLOG MIX INJ FLEXPEN (insulin aspart protamine & aspart (human))
16. TRESIBA FLEX INJ 100UNIT (insulin degludec)

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# Welcome to Molina Healthcare!

## Molina Healthcare Drug Formulary (List of Drugs)

Molina Healthcare has a list of drugs that it will cover. 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 Molina Healthcare 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
- Medical technology
- When new FDA-approved drugs come on the market
- When drugs are removed from the market by the FDA
- When a drug is identified with 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 less cost sharing
- Changes in preferred status among similar drugs on the list
- Removal of restrictions on a drug or dosage form

When updates happen through our standard process, Molina Healthcare will publish any changes on a monthly basis. Your plan's most current drug list is on our website [MolinaMarketplace.com](https://www.molinahealthcare.com/MolinaMarketplace.com).

### **Does the drug list include injectable drugs that a Provider gives to me 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 Molina 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?
- What is 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.

## **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 ( <b>warfarin sodium</b> )	Tier 2	QL (300 tabs / 30 days); MAIL
<b>warfarin sodium tab 1 mg</b>	Tier 1	QL (300 tabs / 30 days); MAIL
<b>warfarin sodium tab 1 mg</b> (Jantoven)	Tier 1	QL (300 ea / 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, 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
<b>Tier 1</b>	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing.
<b>Tier 2</b>	Non-Preferred Generic drugs and Preferred Brand Name drugs; Higher cost sharing than Tier 1
<b>Tier 3</b>	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions.
<b>Tier 4</b>	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 Specialty Pharmacy. We may require you to use our exclusive In-Network Specialty Pharmacy.
<b>Tier 5</b>	Preventative service drugs and family planning drugs and devices (ie, contraception) with \$0 cost sharing.
<b>DME</b>	Durable Medical Equipment; Cost sharing may apply for non-drug products 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.
- 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.

Following 1367.656 of the Health and Safety Code, certain types of drugs covered by your plan have cost sharing limits each time you fill them. These are separate from general limits in your plan design such as Maximum Out-of-Pocket and fixed cost sharing for some Drug Tiers.

There are limits on your cost sharing for anticancer drugs taken by mouth.

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

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 Check Drug Cost tool. To use the Check Drug Cost tool, click on the “Drug Look-Up” link for your plan on our [View Plans](#) webpage. This tool will provide you with an estimate of your cost. 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

## Network Retail Pharmacy

Molina has a network of preferred retail pharmacies that can process and dispense medication. Located on the [Molinahealthcare.com](http://Molinahealthcare.com) website is a Pharmacy locator tool that can assist enrollees and providers in finding an in-network pharmacy provider. The tool allows you to search pharmacies by Zip code, city, country, state. As well as limit search results based on distance, other specific criteria like store name, language spoken and/or services offered.

## Specialty Pharmacy

CVS Specialty Pharmacy is our exclusive pharmacy for specialty medications, except for limited distribution medications. Limited distribution means the medication can only be dispensed by certain pharmacy providers. CVS Specialty pharmacy is a mail order pharmacy that provides clinical support to help enrollees manage their medication and condition. Specialty medications are indicated as Tier 4 on the formulary. Most specialty medications require a Prior Authorization to be submitted for medical necessity review. The prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the Prior Authorization 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 pick up.

CVS Specialty can be contacted by calling 1 (800) 364-6331.

## Mail Order Pharmacy

CVS Caremark Mail Service pharmacy is Molina's exclusive, in-network pharmacy for mail order prescriptions. Enrollees can sign up to receive up to a 90 days' supply for most prescription medications, delivered right to their door at no cost.

To have prescriptions sent through mail order 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 the [www.caremark.com/faststart](http://www.caremark.com/faststart) website.

## 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 (800) 364-6331. 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. Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at 1 (855) 322-4075.

## 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 contact the CVS Caremark Help Desk at 1 (800) 364-6331 to obtain an override for a 72-hour supply.

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.

## **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 the drug will be used for a medically accepted use that you have and that other treatments have not worked for you or are not medically 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 serious 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 forms may be obtained at our website [MolinaHealthcare.com](http://MolinaHealthcare.com).

We will tell you how long the request is approved for. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up.

### **Requesting an Exception**

#### **Can I have a drug covered if it is not on the formulary or does not follow plan requirements or limits?**

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 in the formulary but that he or she believes is best for you. Your doctor may contact Molina's Pharmacy Department to request that Molina cover the drug for you. If the request is approved, Molina will contact your doctor.

If the request is denied, Molina Healthcare will send a letter to you and your doctor. The letter will explain why the drug was denied. If you disagree with the denial of a nonformulary drug and/or step therapy exception request, you can file a grievance requesting an external exception review. Please refer to section of the Agreement (policy) titled "Complaints and Appeals" for information on how to file a grievance.

You may be taking a drug that is no longer on drug list. Your doctor can ask us to keep covering it by sending us a Prior Authorization exception request for the drug.

Nonformulary products may be considered for coverage of a medically accepted use when formulary options cannot be used and/or other requirements are met. The drug must be safe and effective for your medical condition. Your doctor must write your prescription for the usual amount of the drug for you. Molina may cover specific nonformulary drugs under the following conditions:

- There is documentation of a specific need in your medical record.

- Your doctor has certified that you tried drugs on the formulary, and they did not help you in the past; or the options have caused you harm or are reasonably expected by the prescriber to cause you harm or adverse reaction.

If your prescription requires a Prior Authorization review for exception, the request can be considered under Standard or Exigent Circumstances.

- Any request that is not considered an Exigent Circumstance is considered a Standard Exception request.
- A request is considered an Exigent Circumstance if you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or if 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.

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

- 24 hours following receipt of request with Exigent Circumstances
- 72 hours following receipt of request for Standard Exception Request

If the initial request is denied for a nonformulary drug and/or step therapy exception, you can file a grievance requesting an external exception review. Please refer to section in the Agreement (policy) titled “Complaints and Appeals” for information on how to file a grievance.

Molina will notify you or your designee and your prescribing provider of a drug coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests. Following 1367.241 of the Health and Safety Code, if a determination is not made within these timeframes, the request will automatically be approved.

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.

Following 1300.67.24 of the Health and Safety Code, we cannot require you to repeat step therapy 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

If Molina denies your drug request, a notice of rights to appeal the decision will be included in the notice of action. You may also file a grievance or complaint by contacting the Molina Customer Support Center at (888) 858-2150.

## Notice

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. All rights reserved. This document contains references to brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Partner names and services such as CVS Caremark, CVS Specialty, and Caremark.com are proprietary to and operated by CVS Health Corporation.

# 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
<b>AGE</b>	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.
<b>MED</b>	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.
<b>OTC</b>	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
<b>PA</b>	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.
<b>QL</b>	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
<b>ST</b>	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.

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		

## ***AMPHETAMINES***

<b>amphetamine-dextroamphetamine cap er 24hr 5 mg</b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b>amphetamine-dextroamphetamine cap er 24hr 10 mg</b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b>amphetamine-dextroamphetamine cap er 24hr 15 mg</b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b>amphetamine-dextroamphetamine cap er 24hr 20 mg</b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b>amphetamine-dextroamphetamine cap er 24hr 25 mg</b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b>amphetamine-dextroamphetamine cap er 24hr 30 mg</b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b>amphetamine-dextroamphetamine tab 5 mg</b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<b>amphetamine-dextroamphetamine tab 7.5 mg</b>	Tier 1	QL (150 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<b>amphetamine-dextroamphetamine tab 10 mg</b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<b>amphetamine-dextroamphetamine tab 12.5 mg</b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<b>amphetamine-dextroamphetamine tab 15 mg</b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<b>amphetamine-dextroamphetamine tab 20 mg</b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)

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

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>amphetamine-dextroamphetamine tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<b><i>dextroamphetamine sulfate cap er 24hr 5 mg</i></b>	Tier 3	QL (120 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>dextroamphetamine sulfate cap er 24hr 10 mg</i></b>	Tier 3	QL (120 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>dextroamphetamine sulfate cap er 24hr 15 mg</i></b>	Tier 3	QL (60 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>dextroamphetamine sulfate tab 5 mg</i></b>	Tier 1	QL (180 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<b><i>dextroamphetamine sulfate tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<b><i>methamphetamine hcl tab 5 mg</i></b>	Tier 3	PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 10MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 20MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 30MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 40MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 50MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 60MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)

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

2

Tier 1 = Preferred Generic Drugs  
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Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VYVANSE CAP 70MG (<i>lisdexamfetamine dimesylate</i>)</b>	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b>ANALEPTICS</b>		
<b><i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i></b>	Tier 1	QL (120 mL in lifetime); AGE (Max 1 year)
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<b><i>phendimetrazine tartrate tab 35 mg</i></b>	Tier 1	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<b><i>atomoxetine hcl cap 10 mg (base equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 18 mg (base equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 25 mg (base equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 40 mg (base equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 60 mg (base equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 80 mg (base equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 100 mg (base equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)

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3

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)

**STIMULANTS - MISC.**

<b><i>armodafinil tab 50 mg</i></b>	Tier 1	PA
<b><i>armodafinil tab 150 mg</i></b>	Tier 1	PA
<b><i>armodafinil tab 200 mg</i></b>	Tier 1	PA
<b><i>armodafinil tab 250 mg</i></b>	Tier 1	PA
<b><i>dexmethylphenidate hcl tab 2.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 10 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 20 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 10 mg (la)</i></b>	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 20 mg (la)</i></b>	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 30 mg (la)</i></b>	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 40 mg (la)</i></b>	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)

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

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Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>methylphenidate hcl cap er 30 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 40 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 50 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 60 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl soln 5 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl soln 10 mg/5ml</i></b>	Tier 1	QL (900 mL / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 20 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 10 mg</i></b>	Tier 3	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 20 mg</i></b>	Tier 3	QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 24hr 18 mg</i></b>	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 24hr 27 mg</i></b>	Tier 1	QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    **EQ** Dose per day    **5**

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

**ALTERNATIVE MEDICINES****ALTERNATIVE MEDICINE - M'S**

<b><i>melatonin cap 3 mg</i></b>	Tier 1	OTC
<b><i>melatonin cap 5 mg</i></b> (Cvs Melatonin)	Tier 1	OTC
MELATONIN LIQ 1MG/4ML	Tier 1	OTC
<b><i>melatonin tab 1 mg</i></b>	Tier 1	OTC
<b><i>melatonin tab 3 mg</i></b>	Tier 1	OTC
<b><i>melatonin tab 5 mg</i></b>	Tier 1	OTC
<b><i>melatonin tab 300 mcg</i></b>	Tier 1	OTC
<b><i>melatonin tab er 10 mg</i></b>	Tier 1	OTC
<b><i>melatonin tablet disintegrating 5 mg</i></b>	Tier 1	OTC

**ALTERNATIVE MEDICINE COMBINATIONS**

<b><i>melatonin-pyridoxine tab 3-1 mg</i></b> (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>melatonin-pyridoxine tab 3-2 mg</b> (Ra Melatonin)	Tier 1	OTC
<b>melatonin-pyridoxine tab er 3-10 mg</b> (Melatonin Tr/vitamin B-6)	Tier 1	OTC

**AMINOGLYCOSIDES****AMINOGLYCOSIDES**

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

**ANALGESICS - ANTI-INFLAMMATORY****ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

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

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

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Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

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Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTEMRA INJ 200/10ML ( <b><i>tocilizumab</i></b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML ( <b><i>tocilizumab</i></b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN ( <b><i>tocilizumab</i></b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 ( <b><i>sarilumab</i></b> )	Tier 4	PA; Preferred Brand
KEVZARA INJ 200/1.14 ( <b><i>sarilumab</i></b> )	Tier 4	PA; Preferred Brand
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<b><i>celecoxib cap 50 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<b><i>celecoxib cap 100 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<b><i>celecoxib cap 200 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<b><i>celecoxib cap 400 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<b><i>diclofenac potassium tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab delayed release 25 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab delayed release 50 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab delayed release 75 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab er 24hr 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>etodolac tab 400 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>etodolac tab 500 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fenoprofen calcium tab 600 mg</i></b>	Tier 3	QL (120 tabs / 30 days), MAIL
<b><i>flurbiprofen tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>flurbiprofen tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen cap 200 mg</i></b> (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
<b><i>ibuprofen chew tab 100 mg</i></b> (Sm Ibuprofen Ib)	Tier 1	OTC, QL (180 tabs / 30 days); AGE (Max 12 years)
<b><i>ibuprofen susp 40 mg/ml</i></b> (Cvs Ibuprofen Infants)	Tier 1	OTC; AGE (Max 12 years)
<b><i>ibuprofen susp 100 mg/5ml</i></b> (Ibuprofen Childrens)	Tier 1	OTC; AGE (Max 12 years)
<b><i>ibuprofen tab 100 mg</i></b> (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
<b><i>ibuprofen tab 200 mg</i></b> (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
<b><i>ibuprofen tab 400 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen tab 600 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen tab 800 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>indomethacin cap 25 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>indomethacin cap 50 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>ketorolac tromethamine tab 10 mg</i></b>	Tier 1	AGE (Max 64 years), Max 5 day supply per fill
<b><i>meclofenamate sodium cap 50 mg</i></b>	Tier 3	MAIL, PA
<b><i>meclofenamate sodium cap 100 mg</i></b>	Tier 3	MAIL, PA
<b><i>mefenamic acid cap 250 mg</i></b>	Tier 3	MAIL, PA
<b><i>meloxicam tab 7.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

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EQ Dose per day

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

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EQ Dose per day

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OTEZLA TAB 30MG ( <i>apremilast</i> )	Tier 4	PA; Preferred Brand
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<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
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLCK INJ 125MG/ML ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4 ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 25MG ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL SRCLK INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand

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Tier 5 = Preventative Drugs  
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Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
<b>butalbital-acetaminophen tab 50-325 mg</b>	Tier 1	QL (300 tabs / 30 days); AGE (Max 64 years)
<b>butalbital-acetaminophen-caffeine cap 50-300-40 mg</b>	Tier 1	QL (180 caps / 30 days)
<b>butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic)</b>	Tier 1	QL (180 caps / 30 days)
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b>	Tier 1	QL (180 tabs / 30 days)
<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b>	Tier 1	QL (180 caps / 30 days); AGE (Max 64 years)
<b>ANALGESICS OTHER</b>		
<b>acetaminophen cap 500 mg</b> (Sm Pain Reliever Extra St)	Tier 1	OTC
<b>acetaminophen chew tab 80 mg</b> (Childrens Pain Reliever)	Tier 1	OTC
<b>acetaminophen chew tab 160 mg</b> (Non-aspirin Junior Streng)	Tier 1	OTC
<b>acetaminophen disintegrating tab 80 mg</b> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<b>acetaminophen disintegrating tab 160 mg</b> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<b>acetaminophen elixir 160 mg/5ml</b>	Tier 1	OTC
<b>acetaminophen liquid 160 mg/5ml</b> (Mapap)	Tier 1	OTC
<b>acetaminophen liquid 167 mg/5ml</b> (Eq Pain Relief Adult/rapi)	Tier 1	OTC
<b>acetaminophen soln 160 mg/5ml</b> (Pain & Fever Childrens)	Tier 1	OTC
<b>acetaminophen suppos 120 mg</b>	Tier 1	OTC
<b>acetaminophen suppos 325 mg</b> (Acephen)	Tier 1	OTC
<b>acetaminophen suppos 650 mg</b>	Tier 1	OTC
<b>acetaminophen susp 160 mg/5ml</b> (Cvs Pain & Fever Children)	Tier 1	OTC
<b>acetaminophen tab 325 mg</b> (Mapap)	Tier 1	OTC

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EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>acetaminophen tab 500 mg</i></b>	Tier 1	OTC
<b><i>acetaminophen tab er 650 mg</i></b>	Tier 1	OTC
FEVERALL INF SUP 80MG <b><i>(acetaminophen)</i></b>	Tier 1	OTC
NORTEMP SUS INFANTS <b><i>(acetaminophen)</i></b>	Tier 1	OTC

**SALICYLATES**

<b><i>aspirin chew tab 81 mg</i></b> (St Joseph Low Dose Aspirin)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
<b><i>aspirin tab 325 mg</i></b> (Sm Aspirin)	Tier 1	OTC, MAIL
<b><i>aspirin tab delayed release 81 mg</i></b> (Aspirin Low Dose)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
<b><i>aspirin tab delayed release 325 mg</i></b>	Tier 1	OTC, MAIL
<b><i>diflunisal tab 500 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>salsalate tab 500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>salsalate tab 750 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL

**ANALGESICS - OPIOID****OPIOID AGONISTS**

<b><i>codeine sulfate tab 30 mg</i></b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>codeine sulfate tab 60 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG <b><i>(morphine-naltrexone)</i></b>	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG <b><i>(morphine-naltrexone)</i></b>	Tier 3	PA; MED
EMBEDA CAP 50-2MG <b><i>(morphine-naltrexone)</i></b>	Tier 3	PA; MED

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMBEDA CAP 60-2.4MG <b>(morphine-naltrexone)</b>	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG <b>(morphine-naltrexone)</b>	Tier 3	PA; MED
EMBEDA CAP 100-4MG <b>(morphine-naltrexone)</b>	Tier 3	PA; MED
<b>fentanyl td patch 72hr 12 mcg/hr</b>	Tier 1	QL (10 patches / 30 days), PA; MED
<b>fentanyl td patch 72hr 25 mcg/hr</b>	Tier 1	QL (10 patches / 30 days), PA; MED
<b>fentanyl td patch 72hr 50 mcg/hr</b>	Tier 1	QL (10 patches / 30 days), PA; MED
<b>fentanyl td patch 72hr 75 mcg/hr</b>	Tier 1	QL (10 patches / 30 days), PA; MED
<b>fentanyl td patch 72hr 100 mcg/hr</b>	Tier 1	QL (10 patches / 30 days), PA; MED
<b>hydromorphone hcl tab 2 mg</b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b>hydromorphone hcl tab 4 mg</b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b>hydromorphone hcl tab 8 mg</b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b>hydromorphone hcl tab er 24hr deter 8 mg</b>	Tier 3	PA; MED
<b>hydromorphone hcl tab er 24hr deter 12 mg</b>	Tier 3	PA; MED
<b>hydromorphone hcl tab er 24hr deter 16 mg</b>	Tier 3	PA; MED
<b>hydromorphone hcl tab er 24hr deter 32 mg</b>	Tier 3	PA; MED
HYSINGLA ER TAB 20 MG <b>(hydrocodone bitartrate)</b>	Tier 3	PA; MED
HYSINGLA ER TAB 30 MG <b>(hydrocodone bitartrate)</b>	Tier 3	PA; MED

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HYSINGLA ER TAB 40 MG (<i>hydrocodone bitartrate</i>)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 60 MG (<i>hydrocodone bitartrate</i>)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 80 MG (<i>hydrocodone bitartrate</i>)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 100 MG (<i>hydrocodone bitartrate</i>)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 120 MG (<i>hydrocodone bitartrate</i>)</b>	Tier 3	PA; MED
<b><i>meperidine hcl oral soln 50 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>meperidine hcl tab 50 mg</i></b>	Tier 1	Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>meperidine hcl tab 100 mg</i></b>	Tier 1	Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>methadone hcl soln 5 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>methadone hcl soln 10 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>methadone hcl tab 5 mg</i></b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>methadone hcl tab 10 mg</i></b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate oral soln 10 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate oral soln 20 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i></b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>morphine sulfate tab 15 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab 30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab er 15 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 30 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 60 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 100 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 200 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA ER TAB 100MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA ER TAB 150MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA ER TAB 200MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA ER TAB 250MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA TAB 50MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA TAB 75MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA TAB 100MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
<b><i>oxycodone hcl soln 5 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 5 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

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Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>oxycodone hcl tab 15 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 20 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab er 12hr deter 10 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 15 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 20 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 30 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 40 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 60 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 80 mg</i></b>	Tier 3	PA; MED
<b><i>OXYCONTIN TAB 10MG CR (oxycodone hcl)</i></b>	Tier 3	PA; MED
<b><i>OXYCONTIN TAB 15MG CR (oxycodone hcl)</i></b>	Tier 3	PA; MED
<b><i>OXYCONTIN TAB 20MG CR (oxycodone hcl)</i></b>	Tier 3	PA; MED
<b><i>OXYCONTIN TAB 30MG CR (oxycodone hcl)</i></b>	Tier 3	PA; MED
<b><i>OXYCONTIN TAB 40MG CR (oxycodone hcl)</i></b>	Tier 3	PA; MED
<b><i>OXYCONTIN TAB 60MG CR (oxycodone hcl)</i></b>	Tier 3	PA; MED
<b><i>OXYCONTIN TAB 80MG CR (oxycodone hcl)</i></b>	Tier 3	PA; MED
<b><i>oxymorphone hcl tab 5 mg</i></b>	Tier 3	PA; MED
<b><i>oxymorphone hcl tab 10 mg</i></b>	Tier 3	PA; MED
<b><i>oxymorphone hcl tab er 12hr 5 mg</i></b>	Tier 3	QL (120 tabs / 30 days), PA; MED
<b><i>oxymorphone hcl tab er 12hr 7.5 mg</i></b>	Tier 3	QL (120 tabs / 30 days), PA; MED
<b><i>oxymorphone hcl tab er 12hr 10 mg</i></b>	Tier 3	QL (120 tabs / 30 days), PA; MED

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    18

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>oxymorphone hcl tab er 12hr 15 mg</i></b>	Tier 3	QL (120 tabs / 30 days), PA; MED
<b><i>oxymorphone hcl tab er 12hr 20 mg</i></b>	Tier 3	QL (120 tabs / 30 days), PA; MED
<b><i>oxymorphone hcl tab er 12hr 30 mg</i></b>	Tier 3	QL (120 tabs / 30 days), PA; MED
<b><i>oxymorphone hcl tab er 12hr 40 mg</i></b>	Tier 3	QL (120 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab 50 mg</i></b>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>tramadol hcl tab er 24hr 100 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr 200 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr 300 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr biphasic release 100 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr biphasic release 200 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr biphasic release 300 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b>OPIOID COMBINATIONS</b>		
<b><i>acetaminophen w/ codeine soln 120-12 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-15 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-60 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i></b>	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i></b>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen tab 5-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen tab 7.5-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen tab 10-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-ibuprofen tab 7.5-200 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-ibuprofen tab 10-200 mg</i></b>	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone w/ acetaminophen tab 2.5-325 mg</i></b>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone w/ acetaminophen tab 5-325 mg</i></b>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone w/ acetaminophen tab 7.5-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone w/ acetaminophen tab 10-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone-ibuprofen tab 5-400 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>OPIOID PARTIAL AGONISTS</i></b>		
<b><i>buprenorphine hcl sl tab 2 mg (base equiv)</i></b>	Tier 1	QL (360 tabs / 30 days); MED

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>buprenorphine hcl sl tab 8 mg (base equiv)</i></b>	Tier 1	QL (90 tabs / 30 days); MED
<b><i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i></b>	Tier 1	QL (360 tabs / 30 days); MED
<b><i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i></b>	Tier 1	QL (90 tabs / 30 days); MED
<b><i>buprenorphine td patch weekly 5 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>buprenorphine td patch weekly 7.5 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>buprenorphine td patch weekly 10 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>buprenorphine td patch weekly 15 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>buprenorphine td patch weekly 20 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>butorphanol tartrate nasal soln 10 mg/ml</i></b>	Tier 1	QL (150 mL / 30 days), PA; MED

**ANDROGENS-ANABOLIC****ANABOLIC STEROIDS**

<b><i>ANADROL-50 TAB 50MG (oxymetholone)</i></b>	Tier 3	PA
<b><i>oxandrolone tab 2.5 mg</i></b>	Tier 3	PA
<b><i>oxandrolone tab 10 mg</i></b>	Tier 3	PA

**ANDROGENS**

<b><i>danazol cap 50 mg</i></b>	Tier 3	QL (60 caps / 30 days), MAIL
<b><i>danazol cap 100 mg</i></b>	Tier 3	QL (120 caps / 30 days), MAIL
<b><i>danazol cap 200 mg</i></b>	Tier 3	QL (120 caps / 30 days), MAIL
<b><i>METHITEST TAB 10MG (methyltestosterone)</i></b>	Tier 4	PA
<b><i>methyltestosterone cap 10 mg</i></b>	Tier 4	PA
<b><i>testosterone cypionate im inj in oil 100 mg/ml</i></b>	Tier 1	QL (10 mL / 30 days)
<b><i>testosterone cypionate im inj in oil 200 mg/ml</i></b>	Tier 1	QL (10 mL / 30 days)

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>testosterone enanthate im inj in oil 200 mg/ml</i></b>	Tier 1	QL (10 mL / 30 days)
<b>ANORECTAL AGENTS</b>		
<b><i>INTRARECTAL STEROIDS</i></b>		
<b><i>hydrocortisone enema 100 mg/60ml</i></b>	Tier 3	QL (1680 mL / 30 days)
<b><i>RECTAL COMBINATIONS</i></b>		
<b><i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i></b>	Tier 1	OTC
<b><i>RECTAL LOCAL ANESTHETICS</i></b>		
<b><i>dibucaine rectal ointment 1%</i></b>	Tier 1	OTC
<b><i>RECTAL STEROIDS</i></b>		
<b><i>hydrocortisone rectal cream 2.5%</i></b>	Tier 1	
<b><i>VASODILATING AGENTS</i></b>		
<b><i>RECTIV OIN 0.4% (nitroglycerin (intra-anal))</i></b>	Tier 3	
<b>ANTACIDS</b>		
<b><i>ANTACID COMBINATIONS</i></b>		
<b><i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)</i></b>	Tier 1	OTC
<b><i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)</i></b>	Tier 1	OTC
<b><i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)</i></b>	Tier 1	OTC
<b><i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)</i></b>	Tier 1	OTC
<b><i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)</i></b>	Tier 1	OTC
<b><i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)</i></b>	Tier 1	OTC
<b><i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg (Sm Foaming Antacid)</i></b>	Tier 1	OTC

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>calcium carbonate-mag hydroxide chew tab 675-135 mg</b> (Tgt Antacid Extra Strengt)	Tier 1	OTC
<b>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</b> (Cvs Antacid Supreme)	Tier 1	OTC
<b>MI-ACID CHW (calcium carbonate-mag hydrox)</b>	Tier 1	OTC
<b>ANTACIDS - BICARBONATE</b>		
<b>sodium bicarbonate tab 325 mg</b>	Tier 1	OTC
<b>sodium bicarbonate tab 650 mg</b>	Tier 1	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<b>calcium carbonate (antacid) chew tab 400 mg</b> (Childrens Pepto)	Tier 1	OTC
<b>calcium carbonate (antacid) chew tab 500 mg</b> (Calcium Antacid)	Tier 1	OTC
<b>calcium carbonate (antacid) chew tab 750 mg</b> (Cvs Smooth Antacid Extra)	Tier 1	OTC
<b>calcium carbonate (antacid) chew tab 1000 mg</b> (Gnp Antacid Ultra Strengt)	Tier 1	OTC
<b>calcium carbonate (antacid) susp 1250 mg/5ml</b>	Tier 1	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<b>magnesium oxide tab 250 mg</b> (Gnp Magnesium)	Tier 1	OTC
<b>magnesium oxide tab 420 mg</b> (Maox)	Tier 1	OTC
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<b>BENZNIDAZOLE TAB 12.5MG</b>	Tier 2	
<b>BENZNIDAZOLE TAB 100MG</b>	Tier 2	
<b>ivermectin tab 3 mg</b>	Tier 1	
<b>praziquantel tab 600 mg</b>	Tier 3	PA
<b>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</b> (Cvs Pinworm Treatment)	Tier 1	OTC

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

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Drug Name	Drug Tier	Requirements/Limits
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG ( <i>aztreonam lysine</i> )	Tier 4	PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; 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	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<b>NITRATES</b>		
<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

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 EQ Dose per day

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 Tier 4 = Brand and Generic Specialty Drugs  
 Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>isosorbide mononitrate tab er 24hr 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab er 24hr 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab er 24hr 120 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nitroglycerin sl tab 0.3 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin sl tab 0.4 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin sl tab 0.6 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin td patch 24hr 0.1 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.2 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.4 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.6 mg/hr</i></b> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL

**ANTIANXIETY AGENTS****ANTIANXIETY AGENTS - MISC.**

<b><i>buspirone hcl tab 5 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>buspirone hcl tab 7.5 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>buspirone hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>buspirone hcl tab 15 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>buspirone hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>hydroxyzine hcl syrup 10 mg/5ml</i></b>	Tier 1	QL (1800 mL / 30 days), MAIL; AGE (Max 64 years)
<b><i>hydroxyzine hcl tab 10 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<b><i>hydroxyzine hcl tab 25 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>hydroxyzine hcl tab 50 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<b><i>hydroxyzine pamoate cap 25 mg</i></b>	Tier 1	QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>hydroxyzine pamoate cap 50 mg</i></b>	Tier 1	QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>hydroxyzine pamoate cap 100 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>meprobamate tab 200 mg</i></b>	Tier 3	QL (90 tabs / 30 days)
<b><i>meprobamate tab 400 mg</i></b>	Tier 3	QL (90 tabs / 30 days)
<b>BENZODIAZEPINES</b>		
<b><i>alprazolam tab 0.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 18 years)
<b><i>alprazolam tab 0.25 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 18 years)
<b><i>alprazolam tab 1 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 18 years)
<b><i>alprazolam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 18 years)
<b><i>chlordiazepoxide hcl cap 5 mg</i></b>	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<b><i>chlordiazepoxide hcl cap 10 mg</i></b>	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<b><i>chlordiazepoxide hcl cap 25 mg</i></b>	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 3.75 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 7.5 mg</i></b>	Tier 1	QL (120 tabs / 30 days); AGE (Min 6 years, Max 64 years)

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EQ Dose per day

Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>clorazepate dipotassium tab 15 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 6 years, Max 64 years)
<b><i>diazepam conc 5 mg/ml</i></b> (Diazepam Intensol)	Tier 1	QL (30 mL / 30 days); AGE (Max 64 years)
<b><i>diazepam oral soln 1 mg/ml</i></b>	Tier 1	QL (120 mL / 30 days); AGE (Max 64 years)
<b><i>diazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Max 64 years)
<b><i>diazepam tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Max 64 years)
<b><i>diazepam tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Max 64 years)
<b><i>lorazepam conc 2 mg/ml</i></b>	Tier 1	QL (90 mL / 30 days); AGE (Min 12 years)
<b><i>lorazepam tab 0.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 12 years)
<b><i>lorazepam tab 1 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 12 years)
<b><i>lorazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days); AGE (Min 12 years)
<b><i>oxazepam cap 10 mg</i></b>	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years)
<b><i>oxazepam cap 15 mg</i></b>	Tier 1	QL (90 caps / 30 days); AGE (Min 6 years)
<b><i>oxazepam cap 30 mg</i></b>	Tier 1	QL (120 caps / 30 days); AGE (Min 6 years)

**ANTIARRHYTHMICS****ANTIARRHYTHMICS TYPE I-A**

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

**ANTIARRHYTHMICS TYPE I-B**

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

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Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>mexiletine hcl cap 250 mg</i></b>	Tier 1	MAIL
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<b><i>flecainide acetate tab 50 mg</i></b>	Tier 1	MAIL
<b><i>flecainide acetate tab 100 mg</i></b>	Tier 1	MAIL
<b><i>flecainide acetate tab 150 mg</i></b>	Tier 1	MAIL
<b><i>propafenone hcl tab 150 mg</i></b>	Tier 1	MAIL
<b><i>propafenone hcl tab 225 mg</i></b>	Tier 1	MAIL
<b><i>propafenone hcl tab 300 mg</i></b>	Tier 1	MAIL
<b>ANTIARRHYTHMICS TYPE III</b>		
<b><i>amiodarone hcl tab 200 mg</i></b>	Tier 1	MAIL
<b><i>dofetilide cap 125 mcg (0.125 mg)</i></b>	Tier 4	MAIL
<b><i>dofetilide cap 250 mcg (0.25 mg)</i></b>	Tier 4	MAIL
<b><i>dofetilide cap 500 mcg (0.5 mg)</i></b>	Tier 4	MAIL
<b>MULTAQ TAB 400MG (<i>dronedarone hcl</i>)</b>	Tier 3	MAIL, PA
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<b><i>cromolyn sodium soln nebu 20 mg/2ml</i></b>	Tier 3	MAIL
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
<b>XOLAIR INJ 75/0.5 (<i>omalizumab</i>)</b>	Tier 4	QL (2.5 mL / 28 days), PA
<b>XOLAIR INJ 150MG/ML (<i>omalizumab</i>)</b>	Tier 4	QL (5 mL / 28 days), PA
<b>XOLAIR SOL 150MG (<i>omalizumab</i>)</b>	Tier 4	QL (5 mL / 28 days), PA
<b>Antiasthmatic - Monoclonal Antibodies</b>		
<b>DUPIXENT INJ 200/1.14 (<i>dupilumab</i>)</b>	Tier 4	PA
<b>NUCALA INJ 100MG (<i>mepolizumab</i>)</b>	Tier 4	PA
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
<b>ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>)</b>	Tier 2	QL (12.9 gm / 30 days), MAIL
<b>INCRUSE ELPT INH 62.5MCG (<i>umeclidinium bromide</i>)</b>	Tier 2	QL (30 blisters / 30 days), MAIL
<b><i>ipratropium bromide inhal soln 0.02%</i></b>	Tier 1	QL (120 vials / 30 days), MAIL
<b>TUDORZA PRES AER 400/ACT (<i>aclidinium bromide</i>)</b>	Tier 2	QL (1 ea / 30 days), MAIL

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Tier 1 = Preferred Generic Drugs  
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Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LEUKOTRIENE MODULATORS</b>		
<b>montelukast sodium chew tab 4 mg (base equiv)</b>	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Max 9 years)
<b>montelukast sodium chew tab 5 mg (base equiv)</b>	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Max 14 years)
<b>montelukast sodium tab 10 mg (base equiv)</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>zafirlukast tab 10 mg</b>	Tier 3	QL (60 tabs / 30 days), MAIL
<b>zafirlukast tab 20 mg</b>	Tier 3	QL (60 tabs / 30 days), MAIL
<b>zileuton tab er 12hr 600 mg</b>	Tier 3	MAIL, PA
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<b>DALIRESP TAB 250MCG (roflumilast)</b>	Tier 3	MAIL, PA
<b>DALIRESP TAB 500MCG (roflumilast)</b>	Tier 3	MAIL, PA
<b>STEROID INHALANTS</b>		
<b>ASMANEX 7 AER 110MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 14 AER 220MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 30 AER 110MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 30 AER 220MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 60 AER 220MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX 120 AER 220MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX HFA AER 50MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>ASMANEX HFA AER 100 MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (13 gm / 30 days), MAIL
<b>ASMANEX HFA AER 200 MCG (mometasone furoate (inhalation))</b>	Tier 2	QL (13 gm / 30 days), MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>budesonide inhalation susp 0.5 mg/2ml</i></b>	Tier 3	QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
<b><i>budesonide inhalation susp 0.25 mg/2ml</i></b>	Tier 3	QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
PULMICORT INH 90MCG ( <b><i>budesonide (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG ( <b><i>budesonide (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIHA AER 80MCG ( <b><i>beclomethasone dipropionate hfa</i></b> )	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIHAL AER 40MCG ( <b><i>beclomethasone dipropionate hfa</i></b> )	Tier 2	QL (10.6 gm / 30 days), MAIL
<b>SYMPATHOMIMETICS</b>		
<b><i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i></b>	Tier 1	QL (150 ea / 30 days), MAIL
<b><i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i></b>	Tier 1	QL (300 mL / 30 days), MAIL
<b><i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i></b>	Tier 1	QL (225 mL / 30 days), MAIL
<b><i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i></b>	Tier 1	QL (150 mL / 30 days), MAIL
<b><i>albuterol sulfate syrup 2 mg/5ml</i></b>	Tier 1	MAIL
<b><i>albuterol sulfate tab 2 mg</i></b>	Tier 3	MAIL
<b><i>albuterol sulfate tab 4 mg</i></b>	Tier 3	MAIL
ANORO ELLIPT AER 62.5-25 ( <b><i>umeclidinium-vilanterol</i></b> )	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG ( <b><i>indacaterol maleate</i></b> )	Tier 3	QL (30 caps / 30 days), MAIL
BEVESPI AER 9-4.8MCG ( <b><i>glycopyrrolate-formoterol fumarate</i></b> )	Tier 2	QL (10.7 gm / 30 days), MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BREO ELLIPTA INH 100-25 ( <b>fluticasone furoate-vilanterol</b> )	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days.
BREO ELLIPTA INH 200-25 ( <b>fluticasone furoate-vilanterol</b> )	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
BROVANA NEB 15MCG ( <b>arformoterol tartrate</b> )	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 ( <b>ipratropium-albuterol</b> )	Tier 2	QL (4 gm / 30 days), MAIL
DULERA AER 100-5MCG ( <b>mometasone furoate-formoterol fumarate dihydrate</b> )	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)</b>	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmeterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
<b><i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i></b>	Tier 1	QL (1 inhaler / 30 days), MAIL
<b><i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (Wixela Inhub)</b>	Tier 1	QL (60 inhalations / 30 days), MAIL
<b><i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i></b>	Tier 1	QL (1 inhaler / 30 days), MAIL
<b><i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i></b>	Tier 1	QL (1 inhaler / 30 days), MAIL
<b><i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> (Wixela Inhub)</b>	Tier 1	QL (60 inhalations / 30 days), MAIL
<b><i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> (Wixela Inhub)</b>	Tier 1	QL (60 inhalations / 30 days), MAIL
<b><i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i></b>	Tier 1	QL (360 mL / 30 days), MAIL
<b><i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i></b>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<b><i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i></b>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<b><i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i></b>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.

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Tier 4 = Brand and Generic Specialty Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i></b>	Tier 1	QL (144 ea / 30 days), MAIL, ST; Prior use of albuterol nebulizer solution within the past 90 days.
<b><i>metaproterenol sulfate syrup 10 mg/5ml</i></b>	Tier 1	MAIL
<b><i>metaproterenol sulfate tab 10 mg</i></b>	Tier 1	MAIL
<b><i>metaproterenol sulfate tab 20 mg</i></b>	Tier 1	MAIL
<b>PROAIR HFA AER (<i>albuterol sulfate</i>)</b>	Tier 2	QL (8.5 gm / 30 days), MAIL
<b>PROVENTIL AER HFA (<i>albuterol sulfate</i>)</b>	Tier 3	QL (6.7 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
<b>SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)</b>	Tier 2	QL (60 inhalations / 30 days), MAIL
<b>STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)</b>	Tier 2	QL (4 gm / 30 days), MAIL
<b>STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)</b>	Tier 2	QL (4 gm / 30 days), MAIL
<b>SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)</b>	Tier 2	QL (10.2 gm / 30 days), MAIL
<b>SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)</b>	Tier 2	QL (10.2 gm / 30 days), MAIL
<b><i>terbutaline sulfate tab 2.5 mg</i></b>	Tier 3	QL (240 tabs / 30 days), MAIL
<b><i>terbutaline sulfate tab 5 mg</i></b>	Tier 3	QL (180 tabs / 30 days), MAIL
<b>VENTOLIN HFA AER (<i>albuterol sulfate</i>)</b>	Tier 3	QL (18 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.

**XANTHINES**

<b><i>theophylline soln 80 mg/15ml</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 12hr 100 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 12hr 200 mg</i></b>	Tier 1	MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>theophylline tab er 12hr 300 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 12hr 450 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 24hr 400 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 24hr 600 mg</i></b>	Tier 1	MAIL

**ANTICOAGULANTS****COUMARIN ANTICOAGULANTS**

COUMADIN TAB 1MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
COUMADIN TAB 2.5MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
COUMADIN TAB 2MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
COUMADIN TAB 3MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
COUMADIN TAB 4MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
COUMADIN TAB 5MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
COUMADIN TAB 6MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
COUMADIN TAB 7.5MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
COUMADIN TAB 10MG ( <b><i>warfarin sodium</i></b> )	Tier 2	MAIL
<b><i>warfarin sodium tab 1 mg</i></b>	Tier 1	MAIL
<b><i>warfarin sodium tab 2 mg</i></b>	Tier 1	MAIL
<b><i>warfarin sodium tab 2.5 mg</i></b>	Tier 1	MAIL
<b><i>warfarin sodium tab 3 mg</i></b>	Tier 1	MAIL
<b><i>warfarin sodium tab 4 mg</i></b>	Tier 1	MAIL
<b><i>warfarin sodium tab 5 mg</i></b>	Tier 1	MAIL
<b><i>warfarin sodium tab 6 mg</i></b>	Tier 1	MAIL
<b><i>warfarin sodium tab 7.5 mg</i></b>	Tier 1	MAIL
<b><i>warfarin sodium tab 10 mg</i></b>	Tier 1	MAIL

**DIRECT FACTOR XA INHIBITORS**

ELIQUIS TAB 2.5MG ( <b><i>apixaban</i></b> )	Tier 3	MAIL, PA
ELIQUIS TAB 5MG ( <b><i>apixaban</i></b> )	Tier 3	MAIL, PA
XARELTO STAR TAB 15/20MG ( <b><i>rivaroxaban</i></b> )	Tier 2	QL (51 tabs / year), PA
XARELTO TAB 2.5MG ( <b><i>rivaroxaban</i></b> )	Tier 2	MAIL, PA
XARELTO TAB 10MG ( <b><i>rivaroxaban</i></b> )	Tier 2	MAIL, PA
XARELTO TAB 15MG ( <b><i>rivaroxaban</i></b> )	Tier 2	MAIL, PA
XARELTO TAB 20MG ( <b><i>rivaroxaban</i></b> )	Tier 2	MAIL, PA

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35

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<b><i>enoxaparin sodium inj 30 mg/0.3ml</i></b>	Tier 4	QL (18 mL / 30 days), PA; Max 7 day supply then PA
<b><i>enoxaparin sodium inj 40 mg/0.4ml</i></b>	Tier 4	QL (24 mL / 30 days), PA; Max 7 day supply then PA
<b><i>enoxaparin sodium inj 60 mg/0.6ml</i></b>	Tier 4	QL (36 mL / 30 days), PA; Max 7 day supply then PA
<b><i>enoxaparin sodium inj 80 mg/0.8ml</i></b>	Tier 4	QL (48 mL / 30 days), PA; Max 7 day supply then PA
<b><i>enoxaparin sodium inj 100 mg/ml</i></b>	Tier 4	QL (60 mL / 30 days), PA; Max 7 day supply then PA
<b><i>enoxaparin sodium inj 120 mg/0.8ml</i></b>	Tier 4	QL (48 mL / 30 days), PA; Max 7 day supply then PA
<b><i>enoxaparin sodium inj 150 mg/ml</i></b>	Tier 4	QL (60 mL / 30 days), PA; Max 7 day supply then PA
<b><i>enoxaparin sodium inj 300 mg/3ml</i></b>	Tier 4	QL (30 vials / 30 days), PA; Max 7 day supply then PA
<b><i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i></b>	Tier 4	PA
<b><i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i></b>	Tier 4	PA
<b><i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i></b>	Tier 4	PA
<b><i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i></b>	Tier 4	PA
<b>FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)</b>	Tier 4	PA
<b>FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)</b>	Tier 4	PA

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 Tier 3 = Non-Preferred Brand and Generic Drugs  
 Tier 4 = Brand and Generic Specialty Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN INJ 7500/0.3 ( <b><i>dalteparin sodium</i></b> )	Tier 4	PA
FRAGMIN INJ 10000/ML ( <b><i>dalteparin sodium</i></b> )	Tier 4	PA
FRAGMIN INJ 12500UNT ( <b><i>dalteparin sodium</i></b> )	Tier 4	PA
FRAGMIN INJ 15000UNT ( <b><i>dalteparin sodium</i></b> )	Tier 4	PA
FRAGMIN INJ 18000UNT ( <b><i>dalteparin sodium</i></b> )	Tier 4	PA
<b><i>heparin sodium (porcine) inj 1000 unit/ml</i></b>	Tier 1	PA
<b><i>heparin sodium (porcine) inj 10000 unit/ml</i></b>	Tier 1	PA
<b><i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i></b>	Tier 1	PA
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP 75MG ( <b><i>dabigatran etexilate mesylate</i></b> )	Tier 3	MAIL, PA
PRADAXA CAP 110MG ( <b><i>dabigatran etexilate mesylate</i></b> )	Tier 3	MAIL, PA
PRADAXA CAP 150MG ( <b><i>dabigatran etexilate mesylate</i></b> )	Tier 3	MAIL, PA
<b>ANTICONSULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB 2MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 4MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 6MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 8MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 10MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 12MG ( <b><i>perampanel</i></b> )	Tier 3	
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<b><i>clonazepam tab 0.5 mg</i></b>	Tier 1	QL (300 tabs / 30 days)
<b><i>clonazepam tab 1 mg</i></b>	Tier 1	QL (300 tabs / 30 days)
<b><i>clonazepam tab 2 mg</i></b>	Tier 1	QL (300 tabs / 30 days)
<b><i>diazepam rectal gel delivery system 2.5 mg</i></b>	Tier 1	QL (2 ea / 30 days)

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>diazepam rectal gel delivery system 10 mg</i></b>	Tier 1	QL (2 ea / 30 days)
<b><i>diazepam rectal gel delivery system 20 mg</i></b>	Tier 1	QL (2 ea / 30 days)
<b>ANTICONVULSANTS - MISC.</b>		
<b><i>APTiom TAB 200MG (eslicarbazepine acetate)</i></b>	Tier 3	MAIL
<b><i>APTiom TAB 400MG (eslicarbazepine acetate)</i></b>	Tier 3	MAIL
<b><i>APTiom TAB 600MG (eslicarbazepine acetate)</i></b>	Tier 3	MAIL
<b><i>APTiom TAB 800MG (eslicarbazepine acetate)</i></b>	Tier 3	MAIL
<b><i>BANZEL SUS 40MG/ML (rufinamide)</i></b>	Tier 3	MAIL
<b><i>BANZEL TAB 200MG (rufinamide)</i></b>	Tier 3	MAIL
<b><i>BANZEL TAB 400MG (rufinamide)</i></b>	Tier 3	MAIL
<b><i>carbamazepine cap er 12hr 100 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine cap er 12hr 200 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine cap er 12hr 300 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine chew tab 100 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine susp 100 mg/5ml</i></b>	Tier 1	MAIL
<b><i>carbamazepine tab 200 mg (Eitol)</i></b>	Tier 1	MAIL
<b><i>carbamazepine tab er 12hr 100 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine tab er 12hr 200 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine tab er 12hr 400 mg</i></b>	Tier 1	MAIL
<b><i>DIACOMIT CAP 250MG (stiripentol)</i></b>	Tier 3	MAIL, PA
<b><i>DIACOMIT CAP 500MG (stiripentol)</i></b>	Tier 3	MAIL, PA
<b><i>DIACOMIT PAK 250MG (stiripentol)</i></b>	Tier 3	MAIL, PA
<b><i>DIACOMIT PAK 500MG (stiripentol)</i></b>	Tier 3	MAIL, PA
<b><i>gabapentin cap 100 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin cap 300 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin cap 400 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin oral soln 250 mg/5ml</i></b>	Tier 1	MAIL
<b><i>gabapentin tab 600 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin tab 800 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab 25 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab 100 mg</i></b>	Tier 1	MAIL

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38

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>lamotrigine tab 150 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab 200 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab chewable dispersible 5 mg</i></b>	Tier 1	MAIL
<b><i>lamotrigine tab chewable dispersible 25 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam oral soln 100 mg/ml</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab 250 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab 500 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab 750 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab 1000 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab er 24hr 500 mg</i></b>	Tier 1	MAIL
<b><i>levetiracetam tab er 24hr 750 mg</i></b>	Tier 1	MAIL
LYRICA CAP 25MG ( <b><i>pregabalin</i></b> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 50MG ( <b><i>pregabalin</i></b> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 75MG ( <b><i>pregabalin</i></b> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 100MG ( <b><i>pregabalin</i></b> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 150MG ( <b><i>pregabalin</i></b> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 200MG ( <b><i>pregabalin</i></b> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 225MG ( <b><i>pregabalin</i></b> )	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG ( <b><i>pregabalin</i></b> )	Tier 3	QL (60 caps / 30 days), PA
<b><i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i></b>	Tier 1	MAIL
<b><i>oxcarbazepine tab 150 mg</i></b>	Tier 1	MAIL
<b><i>oxcarbazepine tab 300 mg</i></b>	Tier 1	MAIL
<b><i>oxcarbazepine tab 600 mg</i></b>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 50 MG	Tier 3	QL (90 caps / 30 days), PA

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
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DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREGABALIN CAP 75 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 100 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 150 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 200 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 225 MG	Tier 3	QL (60 caps / 30 days), PA
PREGABALIN CAP 300 MG	Tier 3	QL (60 caps / 30 days), PA
<b><i>primidone tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>primidone tab 250 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>topiramate sprinkle cap 15 mg</i></b>	Tier 1	MAIL
<b><i>topiramate sprinkle cap 25 mg</i></b>	Tier 1	MAIL
<b><i>topiramate tab 25 mg</i></b>	Tier 1	MAIL
<b><i>topiramate tab 50 mg</i></b>	Tier 1	MAIL
<b><i>topiramate tab 100 mg</i></b>	Tier 1	MAIL
<b><i>topiramate tab 200 mg</i></b>	Tier 1	MAIL
VIMPAT SOL 10MG/ML ( <b><i>lacosamide</i></b> )	Tier 2	
VIMPAT TAB 50MG ( <b><i>lacosamide</i></b> )	Tier 2	
VIMPAT TAB 100MG ( <b><i>lacosamide</i></b> )	Tier 2	
VIMPAT TAB 150MG ( <b><i>lacosamide</i></b> )	Tier 2	
VIMPAT TAB 200MG ( <b><i>lacosamide</i></b> )	Tier 2	
<b><i>zonisamide cap 25 mg</i></b>	Tier 1	MAIL
<b><i>zonisamide cap 50 mg</i></b>	Tier 1	MAIL
<b><i>zonisamide cap 100 mg</i></b>	Tier 1	MAIL
<b>CARBAMATES</b>		
<b><i>felbamate susp 600 mg/5ml</i></b>	Tier 3	MAIL
<b><i>felbamate tab 400 mg</i></b>	Tier 3	MAIL
<b><i>felbamate tab 600 mg</i></b>	Tier 3	MAIL
<b>GABA MODULATORS</b>		
<b><i>tiagabine hcl tab 2 mg</i></b>	Tier 3	MAIL
<b><i>tiagabine hcl tab 4 mg</i></b>	Tier 3	MAIL

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EQ Dose per day

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>tiagabine hcl tab 12 mg</i></b>	Tier 3	MAIL
<b><i>tiagabine hcl tab 16 mg</i></b>	Tier 3	MAIL
<b><i>vigabatrin powd pack 500 mg</i></b> (Vigadrone)	Tier 4	QL (180 packets / 30 days)
<b><i>vigabatrin tab 500 mg</i></b>	Tier 4	QL (180 tabs / 30 days)
<b>HYDANTOINS</b>		
<b><i>DILANTIN CAP 30MG (phenytoin sodium extended)</i></b>	Tier 2	MAIL
<b><i>DILANTIN CAP 100MG (phenytoin sodium extended)</i></b>	Tier 2	MAIL
<b><i>PEGANONE TAB 250MG (ethotoin)</i></b>	Tier 3	MAIL
<b><i>PHENYTEK CAP 200MG (phenytoin sodium extended)</i></b>	Tier 2	MAIL
<b><i>PHENYTEK CAP 300MG (phenytoin sodium extended)</i></b>	Tier 2	MAIL
<b><i>phenytoin chew tab 50 mg</i></b>	Tier 1	MAIL
<b><i>phenytoin sodium extended cap 100 mg</i></b>	Tier 1	MAIL
<b><i>phenytoin sodium extended cap 200 mg</i></b>	Tier 1	MAIL
<b><i>phenytoin sodium extended cap 300 mg</i></b>	Tier 1	MAIL
<b><i>phenytoin susp 125 mg/5ml</i></b>	Tier 1	MAIL
<b>SUCCINIMIDES</b>		
<b><i>CELONTIN CAP 300MG (methsuximide)</i></b>	Tier 3	MAIL
<b><i>ethosuximide cap 250 mg</i></b>	Tier 1	MAIL
<b><i>ethosuximide soln 250 mg/5ml</i></b>	Tier 1	MAIL
<b>VALPROIC ACID</b>		
<b><i>divalproex sodium cap delayed release sprinkle 125 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab delayed release 125 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab delayed release 250 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab delayed release 500 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab er 24 hr 250 mg</i></b>	Tier 1	MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>divalproex sodium tab er 24 hr 500 mg</i></b>	Tier 1	MAIL
<b><i>valproate sodium oral soln 250 mg/5ml (base equiv)</i></b>	Tier 1	MAIL
<b><i>valproic acid cap 250 mg</i></b>	Tier 1	MAIL

**ANTIDEPRESSANTS****ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<b><i>mirtazapine tab 15 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>mirtazapine tab 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>mirtazapine tab 45 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

**ANTIDEPRESSANTS - MISC.**

<b><i>bupropion hcl tab 75 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>bupropion hcl tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>bupropion hcl tab er 12hr 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>bupropion hcl tab er 12hr 150 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>bupropion hcl tab er 12hr 200 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>bupropion hcl tab er 24hr 150 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>bupropion hcl tab er 24hr 300 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>maprotiline hcl tab 25 mg</i></b>	Tier 1	MAIL
<b><i>maprotiline hcl tab 50 mg</i></b>	Tier 1	MAIL
<b><i>maprotiline hcl tab 75 mg</i></b>	Tier 1	MAIL

**MONOAMINE OXIDASE INHIBITORS (MAOIS)**

<b><i>EMSAM DIS 6MG/24HR (selegiline)</i></b>	Tier 3	MAIL, PA
<b><i>EMSAM DIS 9MG/24HR (selegiline)</i></b>	Tier 3	MAIL, PA
<b><i>EMSAM DIS 12MG/24H (selegiline)</i></b>	Tier 3	MAIL, PA
<b><i>MARPLAN TAB 10MG (isocarboxazid)</i></b>	Tier 3	MAIL, PA
<b><i>phenelzine sulfate tab 15 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>tranylcypromine sulfate tab 10 mg</i></b>	Tier 3	QL (240 tabs / 30 days), MAIL
<b><i>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</i></b>		
<b><i>citalopram hydrobromide oral soln 10 mg/5ml</i></b>	Tier 1	QL (600 mL / 30 days), MAIL; AGE (Max 12 years)
<b><i>citalopram hydrobromide tab 10 mg (base equiv)</i></b>	Tier 1	QL (45 tabs / 30 days), MAIL
<b><i>citalopram hydrobromide tab 20 mg (base equiv)</i></b>	Tier 1	QL (45 tabs / 30 days), MAIL
<b><i>citalopram hydrobromide tab 40 mg (base equiv)</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i></b>	Tier 1	MAIL; AGE (Max 12 years)
<b><i>escitalopram oxalate tab 5 mg (base equiv)</i></b>	Tier 1	QL (45 tabs / 30 days), MAIL
<b><i>escitalopram oxalate tab 10 mg (base equiv)</i></b>	Tier 1	QL (45 tabs / 30 days), MAIL
<b><i>escitalopram oxalate tab 20 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fluoxetine hcl cap 10 mg</i></b>	Tier 1	QL (90 caps / 30 days), MAIL
<b><i>fluoxetine hcl cap 20 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>fluoxetine hcl cap 40 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>fluoxetine hcl solution 20 mg/5ml</i></b>	Tier 1	MAIL; AGE (Max 12 years)
<b><i>fluvoxamine maleate tab 25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>fluvoxamine maleate tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>fluvoxamine maleate tab 100 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>paroxetine hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>paroxetine hcl tab 20 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

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Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>paroxetine hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>paroxetine hcl tab 40 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>sertraline hcl oral concentrate for solution 20 mg/ml</i></b>	Tier 1	QL (300 mL / 30 days), MAIL
<b><i>sertraline hcl tab 25 mg</i></b>	Tier 1	QL (45 tabs / 30 days), MAIL
<b><i>sertraline hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>sertraline hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>SEROTONIN MODULATORS</b>		
<b><i>nefazodone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nefazodone hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nefazodone hcl tab 150 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nefazodone hcl tab 200 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nefazodone hcl tab 250 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>trazodone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>trazodone hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>trazodone hcl tab 150 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG ( <b><i>vortioxetine hbr</i></b> )	Tier 3	MAIL, PA
TRINTELLIX TAB 10MG ( <b><i>vortioxetine hbr</i></b> )	Tier 3	MAIL, PA
TRINTELLIX TAB 20MG ( <b><i>vortioxetine hbr</i></b> )	Tier 3	MAIL, PA
VIIBRYD KIT STARTER ( <b><i>vilazodone hcl</i></b> )	Tier 3	PA
VIIBRYD TAB 10MG ( <b><i>vilazodone hcl</i></b> )	Tier 3	MAIL, PA
VIIBRYD TAB 20MG ( <b><i>vilazodone hcl</i></b> )	Tier 3	MAIL, PA
VIIBRYD TAB 40MG ( <b><i>vilazodone hcl</i></b> )	Tier 3	MAIL, PA

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    45

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at  
mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    46  
EQ Dose per day

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at  
mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    47  
EQ Dose per day

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>protriptyline hcl tab 5 mg</i></b>	Tier 3	QL (120 tabs / 30 days), MAIL
<b><i>protriptyline hcl tab 10 mg</i></b>	Tier 3	QL (180 tabs / 30 days), MAIL
<b><i>trimipramine maleate cap 25 mg</i></b>	Tier 3	MAIL
<b><i>trimipramine maleate cap 50 mg</i></b>	Tier 3	MAIL
<b><i>trimipramine maleate cap 100 mg</i></b>	Tier 3	MAIL

**ANTIDIABETICS****ALPHA-GLUCOSIDASE INHIBITORS**

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

**ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 60 INJ 1000MCG <b><i>(pramlintide acetate)</i></b>	Tier 3	MAIL, PA
SYMLINPEN 120 INJ 1000MCG <b><i>(pramlintide acetate)</i></b>	Tier 3	MAIL, PA

**ANTIDIABETIC COMBINATIONS**

<b><i>alogliptin-metformin hcl tab 12.5-500 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>alogliptin-metformin hcl tab 12.5-1000 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    48

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>alogliptin-pioglitazone tab 12.5-15 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>alogliptin-pioglitazone tab 12.5-30 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>alogliptin-pioglitazone tab 12.5-45 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>alogliptin-pioglitazone tab 25-15 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>alogliptin-pioglitazone tab 25-30 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>alogliptin-pioglitazone tab 25-45 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>glyburide-metformin tab 1.25-250 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 2.5-500 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 5-500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **MAIL** - Available at  
mail-order   **OTC** - Over the counter   **AGE** - Age Limit   **MED** - Max 90 mg Morphine   49  
EQ Dose per day

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET TAB 50-500MG <b>(sitagliptin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JANUMET TAB 50-1000 <b>(sitagliptin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JANUMET XR TAB 50-500MG <b>(sitagliptin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JANUMET XR TAB 50-1000 <b>(sitagliptin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JANUMET XR TAB 100-1000 <b>(sitagliptin-metformin hcl)</b>	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JENTADUETO TAB 2.5-500 <b>(linagliptin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JENTADUETO TAB 2.5-850 <b>(linagliptin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at  
mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    50  
EQ Dose per day

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JENTADUETO TAB 2.5-1000 <b>(linagliptin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JENTADUETO TAB XR <b>(linagliptin-metformin hcl)</b>	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JENTADUETO TAB XR <b>(linagliptin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
SYNJARDY TAB <b>(empagliflozin-metformin hcl)</b>	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
SYNJARDY TAB 5-500MG <b>(empagliflozin-metformin hcl)</b>	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
SYNJARDY TAB 5-1000MG <b>(empagliflozin-metformin hcl)</b>	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
SYNJARDY TAB 12.5-500 <b>(empagliflozin-metformin hcl)</b>	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
SYNJARDY XR TAB <b>(empagliflozin-metformin hcl)</b>	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
SYNJARDY XR TAB 5-1000MG <b>(empagliflozin-metformin hcl)</b>	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    51  
EQ Dose per day

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB 10-1000 <b>(empagliflozin-metformin hcl)</b>	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
SYNJARDY XR TAB 25-1000 <b>(empagliflozin-metformin hcl)</b>	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 2.5-1000 <b>(dapagliflozin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 5-500MG <b>(dapagliflozin-metformin hcl)</b>	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 5-1000MG <b>(dapagliflozin-metformin hcl)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 10-500MG <b>(dapagliflozin-metformin hcl)</b>	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 10-1000 <b>(dapagliflozin-metformin hcl)</b>	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b>BIGUANIDES</b>		
<b>metformin hcl tab 500 mg</b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>metformin hcl tab 850 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    52

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>metformin hcl tab 1000 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>metformin hcl tab er 24hr 500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>metformin hcl tab er 24hr 750 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>DIABETIC OTHER</b>		
GLUCAGON KIT 1MG ( <b><i>glucagon (rdna)</i></b> )	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE ( <b><i>dextrose (diabetic use)</i></b> )	Tier 1	OTC
PROGLYCEM SUS 50MG/ML ( <b><i>diazoxide</i></b> )	Tier 3	MAIL
TGT GLUCOSE CHW GRAPE ( <b><i>glucose-vitamin c</i></b> )	Tier 1	OTC
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<b><i>alogliptin benzoate tab 6.25 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>alogliptin benzoate tab 12.5 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b><i>alogliptin benzoate tab 25 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JANUVIA TAB 25MG ( <b><i>sitagliptin phosphate</i></b> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    53

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUVIA TAB 50MG ( <b>sitagliptin phosphate</b> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JANUVIA TAB 100MG ( <b>sitagliptin phosphate</b> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
TRADJENTA TAB 5MG ( <b>linagliptin</b> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB 0.8MG ( <b>bromocriptine mesylate (diabetes)</b> )	Tier 2	QL (180 tabs / 30 days), MAIL
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
OZEMPIC INJ 2/1.5ML ( <b>semaglutide</b> )	Tier 2	MAIL, PA
TRULICITY INJ 0.75/0.5 ( <b>dulaglutide</b> )	Tier 2	MAIL, PA
TRULICITY INJ 1.5/0.5 ( <b>dulaglutide</b> )	Tier 2	MAIL, PA
VICTOZA INJ 18MG/3ML ( <b>liraglutide</b> )	Tier 2	MAIL, PA
<b>INSULIN</b>		
ADMELOG INJ 100U/ML ( <b>insulin lispro</b> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML ( <b>insulin lispro</b> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT ( <b>insulin regular (human)</b> )	Tier 3	MAIL
AFREZZA POW 4-8-12 ( <b>insulin regular (human)</b> )	Tier 3	MAIL
AFREZZA POW 4UNIT ( <b>insulin regular (human)</b> )	Tier 3	MAIL

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

54

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFREZZA POW 8 UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 12 UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
APIDRA INJ SOLOSTAR ( <i>insulin glulisine</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 ( <i>insulin glulisine</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
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
HUMALOG INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	QL (30 mL (10 cartridges) / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG JR INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    55

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HUMALOG MIX INJ 50/50 (<i>insulin lispro protamine &amp; lispro</i>)</b>	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
<b>HUMALOG MIX INJ 50/50KWP (<i>insulin lispro protamine &amp; lispro</i>)</b>	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
<b>HUMALOG MIX INJ 75/25KWP (<i>insulin lispro protamine &amp; lispro</i>)</b>	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
<b>HUMALOG MIX SUS 75/25 (<i>insulin lispro protamine &amp; lispro</i>)</b>	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
<b>HUMULIN INJ 70/30 (<i>insulin nph isophane &amp; reg (human)</i>)</b>	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
<b>HUMULIN INJ 70/30KWP (<i>insulin nph isophane &amp; reg (human)</i>)</b>	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
<b>HUMULIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)</b>	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
<b>HUMULIN N INJ U-100KWP (<i>insulin nph (human) (isophane)</i>)</b>	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
<b>HUMULIN R INJ U-100 (<i>insulin regular (human)</i>)</b>	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin R within the past 90 days.

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 3	QL (20 mL / 25 days), MAIL, ST; Prior use of Novolin R within the past 90 days.
INSULIN LISP INJ 100/ML	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
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 &amp; reg (human)</i> )	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN INJ FLEXPEN ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	Tier 2	OTC, QL (30 mL / 30 days), 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 &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INSULIN SENSITIZING AGENTS</b>		
AVANDIA TAB 2MG ( <i>rosiglitazone maleate</i> )	Tier 3	MAIL, PA
AVANDIA TAB 4MG ( <i>rosiglitazone maleate</i> )	Tier 3	MAIL, PA
<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
<b>MEGLITINIDE ANALOGUES</b>		
<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
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG ( <i>dapagliflozin propanediol</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
FARXIGA TAB 10MG ( <i>dapagliflozin propanediol</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JARDIANCE TAB 10MG ( <i>empagliflozin</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JARDIANCE TAB 25MG ( <i>empagliflozin</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

**SULFONYLUREAS**

<i>chlorpropamide tab 100 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	QL (90 tabs / 30 days), 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>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>bismuth subsalicylate tab 262 mg</i></b> (Sm Stomach Relief)	Tier 1	OTC
<b>ANTIPERISTALTIC AGENTS</b>		
<b><i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i></b>	Tier 1	
<b><i>loperamide hcl cap 2 mg</i></b> (Gnp Anti-diarrheal)	Tier 1	OTC
<b><i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i></b> (Anti-diarrheal)	Tier 1	OTC
<b><i>loperamide hcl liq 1 mg/7.5ml</i></b>	Tier 1	OTC
<b><i>loperamide hcl tab 2 mg</i></b> (Cvs Anti-diarrheal)	Tier 1	OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<b><i>CHEMET CAP 100MG (succimer)</i></b>	Tier 3	PA
<b><i>deferasirox tab for oral susp 125 mg</i></b>	Tier 4	PA
<b><i>deferasirox tab for oral susp 250 mg</i></b>	Tier 4	PA
<b><i>deferasirox tab for oral susp 500 mg</i></b>	Tier 4	PA
<b><i>FERRIPROX TAB 500MG (deferiprone)</i></b>	Tier 4	PA
<b>OPIOID ANTAGONISTS</b>		
<b><i>naloxone hcl soln cartridge 0.4 mg/ml</i></b>	Tier 1	
<b><i>naloxone hcl soln prefilled syringe 2 mg/2ml</i></b>	Tier 1	
<b><i>naltrexone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>NARCAN SPR (naloxone hcl)</i></b>	Tier 2	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<b><i>ANZEMET TAB 50MG (dolasetron mesylate)</i></b>	Tier 3	PA
<b><i>ANZEMET TAB 100MG (dolasetron mesylate)</i></b>	Tier 3	PA
<b><i>granisetron hcl tab 1 mg</i></b>	Tier 3	QL (60 tabs / 30 days)
<b><i>ondansetron hcl oral soln 4 mg/5ml</i></b>	Tier 1	QL (50 mL / 30 days); AGE (Max 12 years)
<b><i>ondansetron hcl tab 4 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>ondansetron hcl tab 8 mg</i></b>	Tier 1	QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ondansetron orally disintegrating tab 4 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>ondansetron orally disintegrating tab 8 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<b><i>dimenhydrinate tab 50 mg</i></b> (Cvs Motion Sickness)	Tier 1	OTC
<b><i>meclizine hcl chew tab 25 mg</i></b> (Cvs Motion Sickness Relie)	Tier 1	OTC, QL (120 tabs / 30 days)
<b><i>meclizine hcl tab 12.5 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>meclizine hcl tab 25 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>scopolamine td patch 72hr 1 mg/3days</i></b>	Tier 3	PA
<b><i>trimethobenzamide hcl cap 300 mg</i></b>	Tier 1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<b><i>AKYNZEO CAP 300-0.5 (netupitant-palonosetron)</i></b>	Tier 3	PA
<b><i>CESAMET CAP 1MG (nabilone)</i></b>	Tier 3	PA
<b><i>dronabinol cap 2.5 mg</i></b>	Tier 3	PA
<b><i>dronabinol cap 5 mg</i></b>	Tier 3	PA
<b><i>dronabinol cap 10 mg</i></b>	Tier 3	PA
<b><i>fructose-dextrose-phosphoric acid oral soln</i></b> (Cvs Nausea Relief)	Tier 1	OTC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<b><i>aprepitant capsule 40 mg</i></b>	Tier 3	PA
<b><i>aprepitant capsule 80 mg</i></b>	Tier 3	PA
<b><i>aprepitant capsule 125 mg</i></b>	Tier 3	PA
<b><i>aprepitant capsule therapy pack 80 &amp; 125 mg</i></b>	Tier 3	PA
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<b><i>flucytosine cap 250 mg</i></b>	Tier 1	PA
<b><i>flucytosine cap 500 mg</i></b>	Tier 1	PA
<b><i>griseofulvin microsize susp 125 mg/5ml</i></b>	Tier 1	
<b><i>nystatin tab 500000 unit</i></b>	Tier 1	

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61

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>terbinafine hcl tab 250 mg</i></b>	Tier 1	QL (30 tabs / 30 days)
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA CAP 186 MG <b><i>(isavuconazonium sulfate)</i></b>	Tier 4	PA
<b><i>fluconazole for susp 10 mg/ml</i></b>	Tier 1	QL (105 mL / 30 days); AGE (Max 12 years)
<b><i>fluconazole for susp 40 mg/ml</i></b>	Tier 1	QL (105 mL / 30 days); AGE (Max 12 years)
<b><i>fluconazole tab 50 mg</i></b>	Tier 1	QL (21 tabs / 30 days)
<b><i>fluconazole tab 100 mg</i></b>	Tier 1	QL (21 tabs / 30 days)
<b><i>fluconazole tab 150 mg</i></b>	Tier 1	QL (2 tabs / 30 days)
<b><i>fluconazole tab 200 mg</i></b>	Tier 1	QL (21 tabs / 30 days)
<b><i>itraconazole cap 100 mg</i></b>	Tier 3	QL (120 caps / 30 days)
<b><i>ketoconazole tab 200 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>voriconazole tab 50 mg</i></b>	Tier 4	PA
<b><i>voriconazole tab 200 mg</i></b>	Tier 4	PA
<b>ANTIHIISTAMINES</b>		
<b>ANTIHIISTAMINES - ALKYLAMINES</b>		
<b><i>chlorpheniramine maleate syrup 2 mg/5ml</i></b> (Diabetic Tussin Allergy)	Tier 1	OTC
<b><i>chlorpheniramine maleate tab 4 mg</i></b> (Eq Chlortabs)	Tier 1	OTC
<b><i>chlorpheniramine maleate tab er 12 mg</i></b> (Chlorphen Sr)	Tier 1	OTC, QL (60 tabs / 30 days)
<b><i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i></b> (Ryclora)	Tier 1	
<b>ANTIHIISTAMINES - ETHANOLAMINES</b>		
ALER-DRYL TAB 50MG <b><i>(diphenhydramine hcl)</i></b>	Tier 1	OTC
<b><i>carbinoxamine maleate soln 4 mg/5ml</i></b>	Tier 1	
<b><i>carbinoxamine maleate tab 4 mg</i></b>	Tier 1	
<b><i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i></b> (Gnp Dayhist Allergy)	Tier 1	OTC
<b><i>clemastine fumarate tab 2.68 mg</i></b>	Tier 1	
<b><i>diphenhydramine hcl cap 25 mg</i></b> (Pharbedryl)	Tier 1	OTC
<b><i>diphenhydramine hcl cap 50 mg</i></b>	Tier 1	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>diphenhydramine hcl chew tab 12.5 mg</b> (Gnp Allergy Relief)	Tier 1	OTC; AGE (Max 12 years)
<b>diphenhydramine hcl elixir 12.5 mg/5ml</b>	Tier 1	AGE (Max 12 years)
<b>diphenhydramine hcl inj 50 mg/ml</b>	Tier 1	
<b>diphenhydramine hcl liquid 12.5 mg/5ml</b> (Cvs Allergy Relief Childr)	Tier 1	OTC; AGE (Max 12 years)
<b>diphenhydramine hcl tab 25 mg</b>	Tier 1	OTC
<b>diphenhydramine hcl tab disint 12.5 mg</b> (Wal-dryl Allergy Relief C)	Tier 1	OTC
<b>ANTI HISTAMINES - NON-SEDATING</b>		
<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b>	Tier 1	QL (300 mL / 30 days); AGE (Max 12 years)
<b>cetirizine hcl tab 5 mg</b>	Tier 1	OTC, QL (30 tabs / 30 days)
<b>cetirizine hcl tab 10 mg</b> (Ra Cetirizine)	Tier 1	OTC, QL (30 tabs / 30 days)
<b>desloratadine tab 5 mg</b>	Tier 3	QL (30 tabs / 30 days)
<b>fexofenadine hcl tab 60 mg</b>	Tier 1	OTC, QL (60 tabs / 30 days)
<b>fexofenadine hcl tab 180 mg</b>	Tier 1	OTC, QL (30 tabs / 30 days)
<b>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</b>	Tier 1	QL (300 mL / 30 days); AGE (Max 12 years)
<b>levocetirizine dihydrochloride tab 5 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>loratadine rapidly-disintegrating tab 10 mg</b> (Wal-itin Aller-melts)	Tier 1	OTC, QL (30 tabs / 30 days)
<b>loratadine syrup 5 mg/5ml</b> (Gnp Loratadine)	Tier 1	OTC, QL (300 mL / 30 days); AGE (Max 12 years)
<b>loratadine tab 10 mg</b> (Allergy Relief)	Tier 1	OTC, QL (30 tabs / 30 days)
<b>ANTI HISTAMINES - PHENOTHIAZINES</b>		
<b>promethazine hcl suppos 12.5 mg</b>	Tier 3	AGE (Min 2 years, Max 64 years)
<b>promethazine hcl suppos 25 mg</b>	Tier 3	AGE (Min 2 years, Max 64 years)

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<b><i>promethazine hcl syrup 6.25 mg/5ml</i></b>	Tier 1	AGE (Min 2 years, Max 64 years)
<b><i>promethazine hcl tab 12.5 mg</i></b>	Tier 1	AGE (Min 2 years, Max 64 years)
<b><i>promethazine hcl tab 25 mg</i></b>	Tier 1	AGE (Min 2 years, Max 64 years)
<b><i>promethazine hcl tab 50 mg</i></b>	Tier 1	AGE (Min 2 years, Max 64 years)
<b>ANTI HISTAMINES - PIPERIDINES</b>		
<b><i>cyproheptadine hcl syrup 2 mg/5ml</i></b>	Tier 1	AGE (Max 64 years)
<b><i>cyproheptadine hcl tab 4 mg</i></b>	Tier 1	AGE (Max 64 years)
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<b><i>ezetimibe-simvastatin tab 10-10 mg</i></b>	Tier 3	MAIL, PA
<b><i>ezetimibe-simvastatin tab 10-20 mg</i></b>	Tier 3	MAIL, PA
<b><i>ezetimibe-simvastatin tab 10-40 mg</i></b>	Tier 3	MAIL, PA
<b><i>ezetimibe-simvastatin tab 10-80 mg</i></b>	Tier 3	MAIL, PA
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<b><i>omega-3-acid ethyl esters cap 1 gm</i></b>	Tier 3	QL (120 caps / 30 days), MAIL
<b>BILE ACID SEQUESTRANTS</b>		
<b><i>cholestyramine light powder 4 gm/dose</i></b>	Tier 1	QL (240 gm / 30 days), MAIL
<b><i>cholestyramine powder 4 gm/dose</i></b>	Tier 1	QL (378 gm / 30 days), MAIL
<b><i>colesevelam hcl packet for susp 3.75 gm</i></b>	Tier 3	QL (30 packets / 30 days), MAIL
<b><i>colesevelam hcl tab 625 mg</i></b>	Tier 3	QL (180 tabs / 30 days), MAIL
<b><i>colestipol hcl tab 1 gm</i></b>	Tier 1	QL (480 tabs / 30 days), MAIL
<b>FIBRIC ACID DERIVATIVES</b>		
<b><i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fenofibrate micronized cap 43 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>fenofibrate micronized cap 67 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>fenofibrate micronized cap 134 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>fenofibrate micronized cap 200 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>fenofibrate tab 48 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fenofibrate tab 54 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fenofibrate tab 145 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fenofibrate tab 160 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fenofibric acid tab 35 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>gemfibrozil tab 600 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>HMG COA REDUCTASE INHIBITORS</b>		
<b><i>atorvastatin calcium tab 10 mg (base equivalent)</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>atorvastatin calcium tab 20 mg (base equivalent)</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>atorvastatin calcium tab 40 mg (base equivalent)</i></b>	Tier 1	QL (45 tabs / 30 days), MAIL
<b><i>atorvastatin calcium tab 80 mg (base equivalent)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    65

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fluvastatin sodium cap 20 mg (base equivalent)</i></b>	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<b><i>fluvastatin sodium cap 40 mg (base equivalent)</i></b>	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<b><i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i></b>	Tier 5	QL (30 tabs / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<b><i>lovastatin tab 10 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>lovastatin tab 20 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>lovastatin tab 40 mg</i></b>	Tier 5	QL (60 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>pravastatin sodium tab 10 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>pravastatin sodium tab 20 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1

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66

Tier 1 = Preferred Generic Drugs  
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Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>pravastatin sodium tab 40 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>pravastatin sodium tab 80 mg</i></b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>rosuvastatin calcium tab 5 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 1; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<b><i>rosuvastatin calcium tab 10 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 1; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<b><i>rosuvastatin calcium tab 20 mg</i></b>	Tier 1	QL (45 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<b><i>rosuvastatin calcium tab 40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<b><i>simvastatin tab 5 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>simvastatin tab 10 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>simvastatin tab 20 mg</i></b>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>simvastatin tab 40 mg</i></b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<b><i>ezetimibe tab 10 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<b>NICOTINIC ACID DERIVATIVES</b>		
<b><i>niacin (antihyperlipidemic) tab 500 mg</i></b> (Niacor)	Tier 3	QL (120 tabs / 30 days), MAIL
<b><i>niacin tab er 500 mg</i></b> <b><i>(antihyperlipidemic)</i></b>	Tier 3	QL (120 tabs / 30 days), MAIL
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
REPATHA INJ 140MG/ML ( <b><i>evolocumab</i></b> )	Tier 4	PA
REPATHA PUSH INJ 420/3.5 ( <b><i>evolocumab</i></b> )	Tier 4	PA
REPATHA SURE INJ 140MG/ML ( <b><i>evolocumab</i></b> )	Tier 4	PA
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<b><i>benazepril hcl tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>benazepril hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>benazepril hcl tab 20 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>benazepril hcl tab 40 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>captopril tab 12.5 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>captopril tab 25 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>captopril tab 50 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>captopril tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>enalapril maleate tab 2.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>enalapril maleate tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>enalapril maleate tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>enalapril maleate tab 20 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>fosinopril sodium tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fosinopril sodium tab 20 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fosinopril sodium tab 40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>lisinopril tab 2.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>lisinopril tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>lisinopril tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>lisinopril tab 20 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>lisinopril tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>lisinopril tab 40 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>moexipril hcl tab 7.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>moexipril hcl tab 15 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

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

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mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    70  
EQ Dose per day

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>candesartan cilexetil tab 8 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<b><i>candesartan cilexetil tab 16 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<b><i>candesartan cilexetil tab 32 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<b>EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)</b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<b>EDARBI TAB 80MG (<i>azilsartan medoxomil</i>)</b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<b><i>eprosartan mesylate tab 600 mg</i></b>	Tier 3	QL (45 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<b><i>irbesartan tab 75 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>irbesartan tab 150 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>irbesartan tab 300 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>losartan potassium tab 25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

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Tier 1 = Preferred Generic Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>losartan potassium tab 50 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>losartan potassium tab 100 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>olmesartan medoxomil tab 5 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>olmesartan medoxomil tab 20 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>olmesartan medoxomil tab 40 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>telmisartan tab 20 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<b><i>telmisartan tab 40 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<b><i>telmisartan tab 80 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at  
mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    72  
EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>valsartan tab 40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>valsartan tab 80 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>valsartan tab 160 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>valsartan tab 320 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.

**ANTIADRENERGIC ANTIHYPERTENSIVES**

<b><i>clonidine hcl tab 0.1 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>clonidine hcl tab 0.2 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>clonidine hcl tab 0.3 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 1 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 2 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 4 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 8 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

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EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>guanfacine hcl tab 1 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>guanfacine hcl tab 2 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>methyldopa tab 250 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<b><i>methyldopa tab 500 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<b><i>prazosin hcl cap 1 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>prazosin hcl cap 2 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>prazosin hcl cap 5 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>terazosin hcl cap 1 mg (base equivalent)</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>terazosin hcl cap 2 mg (base equivalent)</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>terazosin hcl cap 5 mg (base equivalent)</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>terazosin hcl cap 10 mg (base equivalent)</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<b><i>atenolol &amp; chlorthalidone tab 50-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>atenolol &amp; chlorthalidone tab 100-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

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EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>BYVALSON TAB 5-80MG (nebivolol-valsartan)</b>	Tier 3	MAIL, PA
<b>captopril &amp; hydrochlorothiazide tab 25-15 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>captopril &amp; hydrochlorothiazide tab 25-25 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>captopril &amp; hydrochlorothiazide tab 50-15 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>captopril &amp; hydrochlorothiazide tab 50-25 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>quinapril-hydrochlorothiazide tab 20-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>valsartan-hydrochlorothiazide tab 160-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<b><i>valsartan-hydrochlorothiazide tab 320-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.

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Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMYL TAB 2.5MG ( <i>mecamylamine hcl</i> )	Tier 3	MAIL
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<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
<b>VASODILATORS</b>		
<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
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<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	
<b>ANTIMALARIALS</b>		
<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)
DARAPRIM TAB 25MG ( <i>pyrimethamine</i> )	Tier 4	QL (120 tabs / 30 days), PA
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>primaquine phosphate tab 26.3 mg (15 mg base)</i></b>	Tier 1	QL (21 tabs / 30 days), PA
<b><i>quinine sulfate cap 324 mg</i></b>	Tier 3	QL (30 caps / 30 days)

**ANTIMYASTHENIC/CHOLINERGIC AGENTS****ANTIMYASTHENIC/CHOLINERGIC AGENTS**

<b>GUANIDINE TAB 125MG</b>	Tier 2	
<b><i>pyridostigmine bromide tab 60 mg</i></b>	Tier 1	QL (180 tabs / 30 days)

**ANTIMYCOBACTERIAL AGENTS****ANTI TB COMBINATIONS**

<b>RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)</b>	Tier 3	
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**ANTIMYCOBACTERIAL AGENTS**

<b><i>cycloserine cap 250 mg</i></b>	Tier 1	
<b><i>ethambutol hcl tab 100 mg</i></b>	Tier 1	
<b><i>ethambutol hcl tab 400 mg</i></b>	Tier 1	
<b><i>isoniazid syrup 50 mg/5ml</i></b>	Tier 1	
<b><i>isoniazid tab 100 mg</i></b>	Tier 1	
<b><i>isoniazid tab 300 mg</i></b>	Tier 1	
<b>PASER GRA 4GM (<i>aminosalicylic acid</i>)</b>	Tier 3	
<b>PRIFTIN TAB 150MG (<i>rifapentine</i>)</b>	Tier 2	QL (32 tabs / 30 days)
<b><i>pyrazinamide tab 500 mg</i></b>	Tier 3	
<b><i>rifabutin cap 150 mg</i></b>	Tier 3	
<b><i>rifampin cap 150 mg</i></b>	Tier 1	
<b><i>rifampin cap 300 mg</i></b>	Tier 1	
<b>SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)</b>	Tier 3	
<b>TRECATOR TAB 250MG (<i>ethionamide</i>)</b>	Tier 3	

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES****ALKYLATING AGENTS**

<b><i>cyclophosphamide cap 25 mg</i></b>	Tier 4	PA
<b><i>cyclophosphamide cap 50 mg</i></b>	Tier 4	PA
<b>GLEOSTINE CAP 10MG (<i>lomustine</i>)</b>	Tier 4	PA
<b>GLEOSTINE CAP 40MG (<i>lomustine</i>)</b>	Tier 4	PA
<b>GLEOSTINE CAP 100MG (<i>lomustine</i>)</b>	Tier 4	PA
<b>LEUKERAN TAB 2MG (<i>chlorambucil</i>)</b>	Tier 3	PA
<b><i>melphalan tab 2 mg</i></b>	Tier 1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>temozolomide cap 5 mg</i></b>	Tier 4	PA
<b><i>temozolomide cap 20 mg</i></b>	Tier 4	PA
<b><i>temozolomide cap 100 mg</i></b>	Tier 4	PA
<b><i>temozolomide cap 140 mg</i></b>	Tier 4	PA
<b><i>temozolomide cap 180 mg</i></b>	Tier 4	PA
<b><i>temozolomide cap 250 mg</i></b>	Tier 4	PA
<b>ANTIMETABOLITES</b>		
<b><i>capecitabine tab 150 mg</i></b>	Tier 4	PA
<b><i>capecitabine tab 500 mg</i></b>	Tier 4	PA
<b><i>mercaptopurine tab 50 mg</i></b>	Tier 1	
<b><i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i></b>	Tier 1	QL (10 mL / 30 days), MAIL
<b><i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i></b>	Tier 1	QL (10 mL / 30 days), MAIL
<b><i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i></b>	Tier 1	QL (10 mL / 30 days), MAIL
<b><i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i></b>	Tier 1	QL (10 mL / 30 days), MAIL
<b><i>methotrexate sodium tab 2.5 mg (base equiv)</i></b>	Tier 1	MAIL
<b>TABLOID TAB 40MG (<i>thioguanine</i>)</b>	Tier 3	PA
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
<b>RITUXAN INJ 100MG (<i>rituximab</i>)</b>	Tier 4	PA
<b>RITUXAN INJ 500MG (<i>rituximab</i>)</b>	Tier 4	PA
<b>TRUXIMA INJ 100/10ML (<i>rituximab-abbs</i>)</b>	Tier 4	MAIL, PA
<b>TRUXIMA INJ 500/50ML (<i>rituximab-abbs</i>)</b>	Tier 4	MAIL, PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
<b>ERIVEDGE CAP 150MG (<i>vismodegib</i>)</b>	Tier 4	PA
<b>ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)</b>	Tier 4	PA
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<b><i>abiraterone acetate tab 250 mg</i></b>	Tier 4	PA
<b><i>anastrozole tab 1 mg</i></b>	Tier 1	MAIL
<b><i>bicalutamide tab 50 mg</i></b>	Tier 1	QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELIGARD INJ 7.5MG ( <b>leuprolide acetate</b> )	Tier 4	PA
ELIGARD INJ 22.5MG ( <b>leuprolide acetate (3 month)</b> )	Tier 4	PA
EMCYT CAP 140MG ( <b>estramustine phosphate sodium</b> )	Tier 4	PA
<b>exemestane tab 25 mg</b>	Tier 3	MAIL, PA
FIRMAGON INJ 80MG ( <b>degarelix acetate</b> )	Tier 4	PA
<b>flutamide cap 125 mg</b>	Tier 3	
<b>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</b>	Tier 3	PA
<b>letrozole tab 2.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>leuprolide acetate inj kit 5 mg/ml</b>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG ( <b>leuprolide acetate</b> )	Tier 4	PA
LUPRON DEPOT INJ 7.5MG ( <b>leuprolide acetate</b> )	Tier 4	PA
LUPRON DEPOT INJ 11.25MG ( <b>leuprolide acetate (3 month)</b> )	Tier 4	PA
LUPRON DEPOT INJ 22.5MG ( <b>leuprolide acetate (3 month)</b> )	Tier 4	PA
LYSODREN TAB 500MG ( <b>mitotane</b> )	Tier 4	PA
<b>megestrol acetate susp 40 mg/ml</b>	Tier 1	
<b>megestrol acetate tab 20 mg</b>	Tier 1	
<b>megestrol acetate tab 40 mg</b>	Tier 1	
<b>nilutamide tab 150 mg</b>	Tier 4	PA
<b>tamoxifen citrate tab 10 mg (base equivalent)</b>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<b>tamoxifen citrate tab 20 mg (base equivalent)</b>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
TRELSTAR MIX INJ 3.75MG ( <b>triptorelin pamoate</b> )	Tier 4	PA
TRELSTAR MIX INJ 11.25MG ( <b>triptorelin pamoate</b> )	Tier 4	PA
ZOLADEX IMP 3.6MG ( <b>goserelin acetate</b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOLADEX IMP 10.8MG ( <b><i>goserelin acetate</i></b> )	Tier 4	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG ( <b><i>pomalidomide</i></b> )	Tier 4	PA
POMALYST CAP 2MG ( <b><i>pomalidomide</i></b> )	Tier 4	PA
POMALYST CAP 3MG ( <b><i>pomalidomide</i></b> )	Tier 4	PA
POMALYST CAP 4MG ( <b><i>pomalidomide</i></b> )	Tier 4	PA
<b>ANTINEOPLASTIC COMBINATIONS</b>		
LONSURF TAB 15-6.14 ( <b><i>trifluridine-tipiracil</i></b> )	Tier 4	PA
LONSURF TAB 20-8.19 ( <b><i>trifluridine-tipiracil</i></b> )	Tier 4	PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DIS TAB 2MG ( <b><i>everolimus</i></b> )	Tier 4	PA
AFINITOR DIS TAB 3MG ( <b><i>everolimus</i></b> )	Tier 4	PA
AFINITOR DIS TAB 5MG ( <b><i>everolimus</i></b> )	Tier 4	PA
AFINITOR TAB 2.5MG ( <b><i>everolimus</i></b> )	Tier 4	PA
AFINITOR TAB 5MG ( <b><i>everolimus</i></b> )	Tier 4	PA
AFINITOR TAB 7.5MG ( <b><i>everolimus</i></b> )	Tier 4	PA
AFINITOR TAB 10MG ( <b><i>everolimus</i></b> )	Tier 4	PA
ALECENSA CAP 150MG ( <b><i>alectinib hcl</i></b> )	Tier 4	PA
BRUKINSA CAP 80MG ( <b><i>zanubrutinib</i></b> )	Tier 4	MAIL, PA
CAPRELSA TAB 100MG ( <b><i>vandetanib</i></b> )	Tier 4	PA
CAPRELSA TAB 300MG ( <b><i>vandetanib</i></b> )	Tier 4	PA
COMETRIQ KIT 60MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA
COMETRIQ KIT 100MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA
COMETRIQ KIT 140MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA
<b><i>erlotinib hcl tab 25 mg (base equivalent)</i></b>	Tier 4	PA
<b><i>erlotinib hcl tab 100 mg (base equivalent)</i></b>	Tier 4	PA
<b><i>erlotinib hcl tab 150 mg (base equivalent)</i></b>	Tier 4	PA
<b><i>everolimus tab 2.5 mg</i></b>	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>everolimus tab 5 mg</b>	Tier 4	PA
<b>everolimus tab 7.5 mg</b>	Tier 4	PA
FARYDAK CAP 10MG ( <b>panobinostat lactate</b> )	Tier 4	PA
FARYDAK CAP 15MG ( <b>panobinostat lactate</b> )	Tier 4	PA
FARYDAK CAP 20MG ( <b>panobinostat lactate</b> )	Tier 4	PA
GILOTRIF TAB 20MG ( <b>afatinib dimaleate</b> )	Tier 4	PA
GILOTRIF TAB 30MG ( <b>afatinib dimaleate</b> )	Tier 4	PA
GILOTRIF TAB 40MG ( <b>afatinib dimaleate</b> )	Tier 4	PA
IBRANCE CAP 75MG ( <b>palbociclib</b> )	Tier 4	PA
IBRANCE CAP 100MG ( <b>palbociclib</b> )	Tier 4	PA
IBRANCE CAP 125MG ( <b>palbociclib</b> )	Tier 4	PA
ICLUSIG TAB 15MG ( <b>ponatinib hcl</b> )	Tier 4	PA
ICLUSIG TAB 45MG ( <b>ponatinib hcl</b> )	Tier 4	PA
<b>imatinib mesylate tab 100 mg (base equivalent)</b>	Tier 4	PA
<b>imatinib mesylate tab 400 mg (base equivalent)</b>	Tier 4	PA
IMBRUVICA CAP 140MG ( <b>ibrutinib</b> )	Tier 4	PA
JAKAFI TAB 5MG ( <b>ruxolitinib phosphate</b> )	Tier 4	PA
JAKAFI TAB 10MG ( <b>ruxolitinib phosphate</b> )	Tier 4	PA
JAKAFI TAB 15MG ( <b>ruxolitinib phosphate</b> )	Tier 4	PA
JAKAFI TAB 20MG ( <b>ruxolitinib phosphate</b> )	Tier 4	PA
JAKAFI TAB 25MG ( <b>ruxolitinib phosphate</b> )	Tier 4	PA
LENVIMA CAP 4MG ( <b>lenvatinib mesylate</b> )	Tier 4	PA
LENVIMA CAP 8 MG ( <b>lenvatinib mesylate</b> )	Tier 4	PA
LENVIMA CAP 10 MG ( <b>lenvatinib mesylate</b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA CAP 12MG ( <b>lenvatinib mesylate</b> )	Tier 4	PA
LENVIMA CAP 14 MG ( <b>lenvatinib mesylate</b> )	Tier 4	PA
LENVIMA CAP 18 MG ( <b>lenvatinib mesylate</b> )	Tier 4	PA
LENVIMA CAP 20 MG ( <b>lenvatinib mesylate</b> )	Tier 4	PA
LENVIMA CAP 24 MG ( <b>lenvatinib mesylate</b> )	Tier 4	PA
MEKINIST TAB 0.5MG ( <b>trametinib dimethyl sulfoxide</b> )	Tier 4	PA
MEKINIST TAB 2MG ( <b>trametinib dimethyl sulfoxide</b> )	Tier 4	PA
NEXAVAR TAB 200MG ( <b>sorafenib tosylate</b> )	Tier 4	PA
SPRYCEL TAB 20MG ( <b>dasatinib</b> )	Tier 4	PA
SPRYCEL TAB 50MG ( <b>dasatinib</b> )	Tier 4	PA
SPRYCEL TAB 70MG ( <b>dasatinib</b> )	Tier 4	PA
SPRYCEL TAB 80MG ( <b>dasatinib</b> )	Tier 4	PA
SPRYCEL TAB 100MG ( <b>dasatinib</b> )	Tier 4	PA
SPRYCEL TAB 140MG ( <b>dasatinib</b> )	Tier 4	PA
STIVARGA TAB 40MG ( <b>regorafenib</b> )	Tier 4	PA
SUTENT CAP 12.5MG ( <b>sunitinib malate</b> )	Tier 4	PA
SUTENT CAP 25MG ( <b>sunitinib malate</b> )	Tier 4	PA
SUTENT CAP 37.5MG ( <b>sunitinib malate</b> )	Tier 4	PA
SUTENT CAP 50MG ( <b>sunitinib malate</b> )	Tier 4	PA
TAFINLAR CAP 50MG ( <b>dabrafenib mesylate</b> )	Tier 4	PA
TAFINLAR CAP 75MG ( <b>dabrafenib mesylate</b> )	Tier 4	PA
TAGRISSO TAB 40MG ( <b>osimertinib mesylate</b> )	Tier 4	PA
TAGRISSO TAB 80MG ( <b>osimertinib mesylate</b> )	Tier 4	PA
TARCEVA TAB 25MG ( <b>erlotinib hcl</b> )	Tier 4	PA
TARCEVA TAB 100MG ( <b>erlotinib hcl</b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARCEVA TAB 150MG ( <i>erlotinib hcl</i> )	Tier 4	PA
TASIGNA CAP 50MG ( <i>nilotinib hcl</i> )	Tier 4	PA
TASIGNA CAP 150MG ( <i>nilotinib hcl</i> )	Tier 4	PA
TASIGNA CAP 200MG ( <i>nilotinib hcl</i> )	Tier 4	PA
TYKERB TAB 250MG ( <i>lapatinib ditosylate</i> )	Tier 4	PA
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	Tier 4	PA
XALKORI CAP 200MG ( <i>crizotinib</i> )	Tier 4	PA
XALKORI CAP 250MG ( <i>crizotinib</i> )	Tier 4	PA
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	Tier 4	PA
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	Tier 4	PA
ZYDELIG TAB 100MG ( <i>idelalisib</i> )	Tier 4	PA
ZYDELIG TAB 150MG ( <i>idelalisib</i> )	Tier 4	PA
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	Tier 4	PA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ 2MU/0.5 ( <i>interferon gamma-1b</i> )	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU ( <i>interferon alfa-2b</i> )	Tier 4	PA
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
<i>tretinoin cap 10 mg</i>	Tier 4	PA
<b>CHEMOTHERAPY ADJUNCTS</b>		
KEPIVANCE INJ 6.25MG ( <i>palifermin</i> )	Tier 4	PA
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	MAIL
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1	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
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	MAIL

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

85

Tier 1 = Preferred Generic Drugs  
 Tier 2 = Preferred Brand Drugs  
 Tier 3 = Non-Preferred Brand and Generic Drugs  
 Tier 4 = Brand and Generic Specialty Drugs  
 Tier 5 = Preventative Drugs  
 DME = Coinsurance may apply

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

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Tier 1 = Preferred Generic Drugs  
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Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ropinirole hydrochloride tab 2 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 3 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 4 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 5 mg</i></b>	Tier 1	MAIL

**ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<b><i>rasagiline mesylate tab 0.5 mg (base equiv)</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL
<b><i>rasagiline mesylate tab 1 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>selegiline hcl cap 5 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>selegiline hcl tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

**ANTIPSYCHOTICS/ANTIMANIC AGENTS****ANTIMANIC AGENTS**

<b><i>lithium carbonate cap 150 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>lithium carbonate cap 300 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>lithium carbonate cap 600 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>lithium carbonate tab 300 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>lithium carbonate tab er 300 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>lithium carbonate tab er 450 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b>LITHIUM SOL 8MEQ/5ML</b>	Tier 1	MAIL; AGE (Min 6 years)

**ANTIPSYCHOTICS - MISC.**

<b><i>LATUDA TAB 20MG (lurasidone hcl)</i></b>	Tier 3	MAIL, PA
<b><i>LATUDA TAB 40MG (lurasidone hcl)</i></b>	Tier 3	MAIL, PA
<b><i>LATUDA TAB 60MG (lurasidone hcl)</i></b>	Tier 3	MAIL, PA
<b><i>LATUDA TAB 80MG (lurasidone hcl)</i></b>	Tier 3	MAIL, PA
<b><i>LATUDA TAB 120MG (lurasidone hcl)</i></b>	Tier 3	MAIL, PA
<b><i>VRAYLAR CAP 1.5MG (cariprazine hcl)</i></b>	Tier 3	MAIL, PA
<b><i>VRAYLAR CAP 3MG (cariprazine hcl)</i></b>	Tier 3	MAIL, PA
<b><i>VRAYLAR CAP 4.5MG (cariprazine hcl)</i></b>	Tier 3	MAIL, PA
<b><i>VRAYLAR CAP 6MG (cariprazine hcl)</i></b>	Tier 3	MAIL, PA
<b><i>ziprasidone hcl cap 20 mg</i></b>	Tier 3	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<b><i>ziprasidone hcl cap 40 mg</i></b>	Tier 3	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

**BENZISOXAZOLES**

FANAPT PAK ( <b><i>iloperidone</i></b> )	Tier 3	MAIL, PA
FANAPT TAB 1MG ( <b><i>iloperidone</i></b> )	Tier 3	MAIL, PA
FANAPT TAB 2MG ( <b><i>iloperidone</i></b> )	Tier 3	MAIL, PA
FANAPT TAB 4MG ( <b><i>iloperidone</i></b> )	Tier 3	MAIL, PA
FANAPT TAB 6MG ( <b><i>iloperidone</i></b> )	Tier 3	MAIL, PA
FANAPT TAB 8MG ( <b><i>iloperidone</i></b> )	Tier 3	MAIL, PA
FANAPT TAB 10MG ( <b><i>iloperidone</i></b> )	Tier 3	MAIL, PA
FANAPT TAB 12MG ( <b><i>iloperidone</i></b> )	Tier 3	MAIL, PA
INVEGA SUST INJ 39/0.25 ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (0.25 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (0.5 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (0.75 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1.5 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA TRINZ INJ 273MG ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (0.875 mL / 90 days), MAIL; AGE (Min 6 years)
INVEGA TRINZ INJ 410MG ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1.315 mL / 90 days), MAIL; AGE (Min 6 years)
INVEGA TRINZ INJ 546MG ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1.75 mL / 90 days), MAIL; AGE (Min 6 years)
INVEGA TRINZ INJ 819MG ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (2.65 mL / 90 days), MAIL; AGE (Min 6 years)
<b><i>paliperidone tab er 24hr 1.5 mg</i></b>	Tier 3	MAIL, PA
<b><i>paliperidone tab er 24hr 3 mg</i></b>	Tier 3	MAIL, PA
<b><i>paliperidone tab er 24hr 6 mg</i></b>	Tier 3	MAIL, PA
<b><i>paliperidone tab er 24hr 9 mg</i></b>	Tier 3	MAIL, PA

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 OTC - Over the counter    AGE - Age Limit    MED - Max 90 mg Morphine  
 EQ Dose per day

Tier 1 = Preferred Generic Drugs  
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 Tier 4 = Brand and Generic Specialty Drugs  
 Tier 5 = Preventative Drugs  
 DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>)</b>	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
<b>RISPERDAL INJ 25MG (<i>risperidone microspheres</i>)</b>	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
<b>RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>)</b>	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
<b>RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)</b>	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
<b><i>risperidone orally disintegrating tab 0.5 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 0.25 mg</i></b>	Tier 3	QL (60 ea / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 1 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 2 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 3 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 4 mg</i></b>	Tier 3	QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone soln 1 mg/ml</i></b>	Tier 1	QL (480 mL / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone tab 0.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone tab 0.25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone tab 1 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone tab 2 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone tab 3 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<b><i>risperidone tab 4 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
<b>BUTYROPHENONES</b>		
<b><i>haloperidol decanoate im soln 50 mg/ml</i></b>	Tier 1	AGE (Min 6 years)

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Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>haloperidol decanoate im soln 100 mg/ml</i></b>	Tier 1	AGE (Min 6 years)
<b><i>haloperidol lactate inj 5 mg/ml</i></b>	Tier 1	AGE (Min 6 years)
<b><i>haloperidol lactate oral conc 2 mg/ml</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 0.5 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 1 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 2 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 5 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 10 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 20 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b>DIBENZAPINES</b>		
<b><i>clozapine tab 25 mg</i></b>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
<b><i>clozapine tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
<b><i>clozapine tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
<b><i>clozapine tab 200 mg</i></b>	Tier 1	QL (120 tabs / 30 days); AGE (Min 6 years)
<b><i>loxapine succinate cap 5 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>loxapine succinate cap 10 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>loxapine succinate cap 25 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>loxapine succinate cap 50 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 2.5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 7.5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 10 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 15 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 20 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)

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Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>quetiapine fumarate tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 200 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 300 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 400 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 50 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 150 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 200 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 300 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 400 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
SAPHRIS SUB 2.5MG ( <b><i>asenapine maleate</i></b> )	Tier 2	MAIL, PA
SAPHRIS SUB 5MG ( <b><i>asenapine maleate</i></b> )	Tier 2	MAIL, PA
SAPHRIS SUB 10MG ( <b><i>asenapine maleate</i></b> )	Tier 2	MAIL, PA
ZYPREXA RELP INJ 210MG ( <b><i>olanzapine pamoate</i></b> )	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 300MG ( <b><i>olanzapine pamoate</i></b> )	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 405MG ( <b><i>olanzapine pamoate</i></b> )	Tier 3	QL (1 mL / 30 days); AGE (Min 6 years)

**PHENOTHIAZINES**

<b><i>chlorpromazine hcl tab 10 mg</i></b>	Tier 3	MAIL; AGE (Min 6 years)
<b><i>chlorpromazine hcl tab 25 mg</i></b>	Tier 3	MAIL; AGE (Min 6 years)
<b><i>chlorpromazine hcl tab 50 mg</i></b>	Tier 3	MAIL; AGE (Min 6 years)
<b><i>chlorpromazine hcl tab 100 mg</i></b>	Tier 3	MAIL; AGE (Min 6 years)
<b><i>chlorpromazine hcl tab 200 mg</i></b>	Tier 3	MAIL; AGE (Min 6 years)
<b><i>fluphenazine decanoate inj 25 mg/ml</i></b>	Tier 1	AGE (Min 6 years)

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EQ Dose per day

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Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fluphenazine hcl tab 1 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>fluphenazine hcl tab 2.5 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>fluphenazine hcl tab 5 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>fluphenazine hcl tab 10 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>perphenazine tab 2 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<b><i>perphenazine tab 4 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<b><i>perphenazine tab 8 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<b><i>perphenazine tab 16 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<b><i>prochlorperazine maleate tab 5 mg (base equivalent)</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>prochlorperazine maleate tab 10 mg (base equivalent)</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>prochlorperazine suppos 25 mg</i></b>	Tier 3	AGE (Min 6 years)
<b><i>thioridazine hcl tab 10 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<b><i>thioridazine hcl tab 25 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<b><i>thioridazine hcl tab 50 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<b><i>thioridazine hcl tab 100 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<b><i>trifluoperazine hcl tab 1 mg (base equivalent)</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>trifluoperazine hcl tab 2 mg (base equivalent)</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>trifluoperazine hcl tab 5 mg (base equivalent)</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>trifluoperazine hcl tab 10 mg (base equivalent)</i></b>	Tier 1	MAIL; AGE (Min 6 years)

### **QUINOLINONE DERIVATIVES**

<b>ABILIFY MAIN INJ 300MG (<i>aripiprazole</i>)</b>	Tier 2	QL (1 ea / 30 days), MAIL; AGE (Min 6 years)
<b>ABILIFY MAIN INJ 400MG (<i>aripiprazole</i>)</b>	Tier 2	QL (1 ea / 30 days), MAIL; AGE (Min 6 years)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    92  
EQ Dose per day

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>aripiprazole oral solution 1 mg/ml</i></b>	Tier 3	MAIL, PA
<b><i>aripiprazole orally disintegrating tab 10 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b><i>aripiprazole orally disintegrating tab 15 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b><i>aripiprazole tab 2 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b><i>aripiprazole tab 5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b><i>aripiprazole tab 10 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b><i>aripiprazole tab 15 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b><i>aripiprazole tab 20 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b><i>aripiprazole tab 30 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ARISTADA INJ 441MG/1. ( <b><i>aripiprazole lauroxil</i></b> )	Tier 2	QL (1.6 mL / 30 days), MAIL; AGE (Min 6 years)
ARISTADA INJ 662MG/2 ( <b><i>aripiprazole lauroxil</i></b> )	Tier 2	QL (2.4 mL / 30 days), MAIL; AGE (Min 6 years)
ARISTADA INJ 882MG/3 ( <b><i>aripiprazole lauroxil</i></b> )	Tier 2	QL (3.2 mL / 30 days), MAIL; AGE (Min 6 years)
<b>THIOXANTHENES</b>		
<b><i>thiothixene cap 1 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>thiothixene cap 2 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>thiothixene cap 5 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b><i>thiothixene cap 10 mg</i></b>	Tier 1	MAIL; AGE (Min 6 years)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>CHLORINE ANTISEPTICS</b>		
<b><i>chlorhexidine gluconate liquid 4%</i></b>	Tier 1	OTC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<b><i>abacavir sulfate soln 20 mg/ml (base equiv)</i></b>	Tier 1	QL (900 mL / 30 days)
<b><i>abacavir sulfate tab 300 mg (base equiv)</i></b>	Tier 1	QL (60 tabs / 30 days)

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Tier 1 = Preferred Generic Drugs  
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Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>abacavir sulfate-lamivudine tab 600-300 mg</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>APTIVUS CAP 250MG (tipranavir)</i></b>	Tier 2	QL (120 caps / 30 days)
<b><i>APTIVUS SOL (tipranavir)</i></b>	Tier 2	QL (300 mL / 30 days)
<b><i>atazanavir sulfate cap 150 mg (base equiv)</i></b>	Tier 1	QL (60 caps / 30 days)
<b><i>atazanavir sulfate cap 200 mg (base equiv)</i></b>	Tier 1	QL (60 caps / 30 days)
<b><i>atazanavir sulfate cap 300 mg (base equiv)</i></b>	Tier 1	QL (30 caps / 30 days)
<b><i>ATRIPLA TAB (efavirenz-emtricitabine-tenofovir disoproxil fumarate)</i></b>	Tier 2	QL (30 tabs / 30 days)
<b><i>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i></b>	Tier 2	QL (30 tabs / 30 days)
<b><i>CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)</i></b>	Tier 2	QL (30 tabs / 30 days)
<b><i>COMPLERA TAB (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)</i></b>	Tier 2	QL (30 tabs / 30 days)
<b><i>CRIXIVAN CAP 200MG (indinavir sulfate)</i></b>	Tier 2	QL (360 caps / 30 days)
<b><i>CRIXIVAN CAP 400MG (indinavir sulfate)</i></b>	Tier 2	QL (180 caps / 30 days)
<b><i>DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)</i></b>	Tier 2	QL (30 tabs / 30 days)
<b><i>DESCOVY TAB 200/25 (emtricitabine-tenofovir alafenamide fumarate)</i></b>	Tier 2	QL (30 tabs / 30 days)
<b><i>didanosine delayed release capsule 200 mg</i></b>	Tier 1	QL (60 caps / 30 days)
<b><i>didanosine delayed release capsule 250 mg</i></b>	Tier 1	QL (30 caps / 30 days)

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EQ Dose per day

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Tier 4 = Brand and Generic Specialty Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>didanosine delayed release capsule 400 mg</b>	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG ( <b>dolutegravir sodium-lamivudine</b> )	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG ( <b>rilpivirine hcl</b> )	Tier 2	QL (30 tabs / 30 days)
<b>efavirenz cap 50 mg</b>	Tier 1	QL (360 caps / 30 days)
<b>efavirenz cap 200 mg</b>	Tier 1	QL (90 caps / 30 days)
<b>efavirenz tab 600 mg</b>	Tier 1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG ( <b>emtricitabine</b> )	Tier 2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML ( <b>emtricitabine</b> )	Tier 2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150 ( <b>atazanavir sulfate-cobicistat</b> )	Tier 2	QL (30 tabs / 30 days)
<b>fosamprenavir calcium tab 700 mg (base equiv)</b>	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG ( <b>enfuvirtide</b> )	Tier 4	PA
GENVOYA TAB ( <b>elvitegravir-cobicistat-emtricitabine-t enofovir alafenamide</b> )	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG ( <b>etravirine</b> )	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG ( <b>etravirine</b> )	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG ( <b>etravirine</b> )	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG ( <b>saquinavir mesylate</b> )	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG ( <b>dolutegravir sodium-rilpivirine hcl</b> )	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG ( <b>lopinavir-ritonavir</b> )	Tier 2	QL (360 tabs / 30 days)

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EQ Dose per day

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Tier 4 = Brand and Generic Specialty Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KALETRA TAB 200-50MG <b>(lopinavir-ritonavir)</b>	Tier 2	QL (180 tabs / 30 days)
<b>lamivudine oral soln 10 mg/ml</b>	Tier 1	QL (900 mL / 30 days)
<b>lamivudine tab 150 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>lamivudine tab 300 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>lamivudine-zidovudine tab 150-300 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b>	Tier 1	QL (30 mL / 30 days)
<b>nevirapine susp 50 mg/5ml</b>	Tier 1	QL (1200 mL / 30 days)
<b>nevirapine tab 200 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>nevirapine tab er 24hr 100 mg</b>	Tier 1	QL (120 tabs / 30 days)
<b>nevirapine tab er 24hr 400 mg</b>	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML <b>(ritonavir)</b>	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB <b>(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG <b>(doravirine)</b>	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 <b>(darunavir-cobicistat)</b>	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML <b>(darunavir ethanolate)</b>	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG <b>(darunavir ethanolate)</b>	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG <b>(darunavir ethanolate)</b>	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG <b>(darunavir ethanolate)</b>	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG <b>(darunavir ethanolate)</b>	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG <b>(delavirdine mesylate)</b>	Tier 2	QL (180 tabs / 30 days)
<b>ritonavir tab 100 mg</b>	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML <b>(maraviroc)</b>	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG <b>(maraviroc)</b>	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG <b>(maraviroc)</b>	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG <b>(maraviroc)</b>	Tier 2	QL (60 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELZENTRY TAB 300MG ( <b>maraviroc</b> )	Tier 2	QL (60 tabs / 30 days)
<b>stavudine cap 15 mg</b>	Tier 1	QL (60 caps / 30 days)
<b>stavudine cap 20 mg</b>	Tier 1	QL (60 caps / 30 days)
<b>stavudine cap 30 mg</b>	Tier 1	QL (60 caps / 30 days)
<b>stavudine cap 40 mg</b>	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB ( <b>elvitegravir-cobicistat-emtricitabine-tenofovir df</b> )	Tier 2	QL (30 tabs / 30 days)
SYMFI LO TAB ( <b>efavirenz-lamivudine-tenofovir disoproxil fumarate</b> )	Tier 2	QL (30 tabs / 30 days)
SYMFI TAB ( <b>efavirenz-lamivudine-tenofovir disoproxil fumarate</b> )	Tier 2	QL (30 tabs / 30 days)
SYM TUZA TAB ( <b>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</b> )	Tier 2	QL (30 tabs / 30 days)
<b>tenofovir disoproxil fumarate tab 300 mg</b>	Tier 1	QL (30 tabs / 30 days)
TIVICAY TAB 10MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB ( <b>abacavir-dolutegravir-lamivudine</b> )	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 ( <b>emtricitabine-tenofovir disoproxil fumarate</b> )	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 ( <b>emtricitabine-tenofovir disoproxil fumarate</b> )	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 ( <b>emtricitabine-tenofovir disoproxil fumarate</b> )	Tier 2	QL (30 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUVADA TAB 200-300 <b>(emtricitabine-tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG <b>(cobicistat)</b>	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG <b>(didanosine)</b>	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG <b>(nelfinavir mesylate)</b>	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG <b>(nelfinavir mesylate)</b>	Tier 2	QL (120 tabs / 30 days)
VIREAD TAB 150MG <b>(tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 200MG <b>(tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 250MG <b>(tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
<b>zidovudine cap 100 mg</b>	Tier 1	QL (180 caps / 30 days)
<b>zidovudine syrup 10 mg/ml</b>	Tier 1	QL (1800 mL / 30 days)
<b>zidovudine tab 300 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>CMV AGENTS</b>		
FOSCAVIR INJ 24MG/ML <b>(foscarnet sodium)</b>	Tier 3	PA
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b>	Tier 4	PA
<b>valganciclovir hcl tab 450 mg (base equivalent)</b>	Tier 4	PA
<b>HEPATITIS AGENTS</b>		
<b>adefovir dipivoxil tab 10 mg</b>	Tier 3	QL (30 tabs / 30 days)
BARACLUDE SOL <b>(entecavir)</b>	Tier 3	PA
DAKLINZA TAB 30MG <b>(daclatasvir dihydrochloride)</b>	Tier 4	PA
DAKLINZA TAB 60MG <b>(daclatasvir dihydrochloride)</b>	Tier 4	PA
<b>entecavir tab 0.5 mg</b>	Tier 3	QL (30 tabs / 30 days)
<b>entecavir tab 1 mg</b>	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML <b>(lamivudine (hbv))</b>	Tier 3	QL (1800 mL / 30 days)
<b>lamivudine tab 100 mg (hbv)</b>	Tier 1	QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEDIP-SOFOSB TAB 90-400MG	Tier 4	QL (28 tablets / 28 days), PA; Preferred
PEGASYS INJ ( <b>peginterferon alfa-2a</b> )	Tier 4	PA
PEGASYS INJ 180MCG/M ( <b>peginterferon alfa-2a</b> )	Tier 4	PA
<b>ribavirin cap 200 mg</b> (Ribasphere)	Tier 1	PA
<b>ribavirin tab 200 mg</b>	Tier 1	PA
SOFOS/VELPAT TAB 400-100	Tier 4	QL (28 tablets / 28 days), PA; Preferred
SOVALDI TAB 400MG ( <b>sofosbuvir</b> )	Tier 4	QL (28 tablets / 28 days), PA
TECHNIVIE TAB ( <b>ombitasvir-paritaprevir-ritonavir</b> )	Tier 4	QL (56 tablets / 28 days), PA
VOSEVI TAB ( <b>sofosbuvir-velpatasvir-voxilaprevir</b> )	Tier 4	QL (28 tablets / 28 days), PA
ZEPATIER TAB 50-100MG ( <b>elbasvir-grazoprevir</b> )	Tier 4	QL (28 tablets / 28 days), PA
<b>HERPES AGENTS</b>		
<b>acyclovir cap 200 mg</b>	Tier 1	QL (150 caps / 30 days)
<b>acyclovir susp 200 mg/5ml</b>	Tier 1	QL (750 mL / 30 days)
<b>acyclovir tab 400 mg</b>	Tier 1	QL (150 tabs / 30 days)
<b>acyclovir tab 800 mg</b>	Tier 1	QL (150 tabs / 30 days)
<b>famciclovir tab 125 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>famciclovir tab 250 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>famciclovir tab 500 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>valacyclovir hcl tab 1 gm</b>	Tier 1	QL (240 tabs / 30 days)
<b>valacyclovir hcl tab 500 mg</b>	Tier 1	QL (240 tabs / 30 days)
<b>INFLUENZA AGENTS</b>		
<b>oseltamivir phosphate cap 30 mg (base equiv)</b>	Tier 1	QL (20 caps / year)
<b>oseltamivir phosphate cap 45 mg (base equiv)</b>	Tier 1	QL (20 caps / year)
<b>oseltamivir phosphate cap 75 mg (base equiv)</b>	Tier 1	QL (20 caps / year)
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b>	Tier 1	QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE ( <b>zanamivir</b> )	Tier 2	QL (2 inhalers / year)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>rimantadine hydrochloride tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b>BETA BLOCKERS</b>		
<b><i>ALPHA-BETA BLOCKERS</i></b>		
<b><i>carvedilol tab 3.125 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>carvedilol tab 6.25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>carvedilol tab 12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>carvedilol tab 25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>labetalol hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>labetalol hcl tab 200 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>labetalol hcl tab 300 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>BETA BLOCKERS CARDIO-SELECTIVE</i></b>		
<b><i>acebutolol hcl cap 200 mg</i></b>	Tier 1	MAIL
<b><i>acebutolol hcl cap 400 mg</i></b>	Tier 1	MAIL
<b><i>atenolol tab 25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>atenolol tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>atenolol tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>betaxolol hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>betaxolol hcl tab 20 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>bisoprolol fumarate tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>bisoprolol fumarate tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG ( <b><i>nebivolol hcl</i></b> )	Tier 3	MAIL, PA
BYSTOLIC TAB 5MG ( <b><i>nebivolol hcl</i></b> )	Tier 3	MAIL, PA
BYSTOLIC TAB 10MG ( <b><i>nebivolol hcl</i></b> )	Tier 3	MAIL, PA

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 EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BYSTOLIC TAB 20MG ( <i>nebivolol hcl</i> )	Tier 3	MAIL, PA
<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
<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
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<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

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    MAIL - Available at mail-order    101  
 OTC - Over the counter    AGE - Age Limit    MED - Max 90 mg Morphine  
 EQ Dose per day

Tier 1 = Preferred Generic Drugs  
 Tier 2 = Preferred Brand Drugs  
 Tier 3 = Non-Preferred Brand and Generic Drugs  
 Tier 4 = Brand and Generic Specialty Drugs  
 Tier 5 = Preventative Drugs  
 DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>sotalol hcl (afib/afl) tab 120 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl (afib/afl) tab 160 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl tab 80 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl tab 120 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl tab 160 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl tab 240 mg</i></b>	Tier 1	MAIL
<b><i>timolol maleate tab 5 mg</i></b>	Tier 1	MAIL
<b><i>timolol maleate tab 10 mg</i></b>	Tier 1	MAIL
<b><i>timolol maleate tab 20 mg</i></b>	Tier 1	MAIL

**CALCIUM CHANNEL BLOCKERS****CALCIUM CHANNEL BLOCKERS**

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

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    102  
EQ Dose per day

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>diltiazem hcl extended release beads cap er 24hr 240 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 300 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 360 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 420 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>diltiazem hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 60 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 90 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 120 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 2.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isradipine cap 2.5 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>isradipine cap 5 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>nicardipine hcl cap 20 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>nicardipine hcl cap 30 mg</i></b>	Tier 1	QL (90 caps / 30 days), MAIL
<b><i>nifedipine cap 10 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>nifedipine cap 20 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>nifedipine tab er 24hr 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    103

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>nifedipine tab er 24hr 60 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr 90 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 90 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nimodipine cap 30 mg</i></b>	Tier 1	MAIL
<b><i>nisoldipine tab er 24hr 8.5 mg</i></b>	Tier 3	MAIL, PA
<b><i>nisoldipine tab er 24hr 17 mg</i></b>	Tier 3	MAIL, PA
<b><i>nisoldipine tab er 24hr 20 mg</i></b>	Tier 3	MAIL, PA
<b><i>nisoldipine tab er 24hr 25.5 mg</i></b>	Tier 3	MAIL, PA
<b><i>nisoldipine tab er 24hr 30 mg</i></b>	Tier 3	MAIL, PA
<b><i>nisoldipine tab er 24hr 34 mg</i></b>	Tier 3	MAIL, PA
<b><i>nisoldipine tab er 24hr 40 mg</i></b>	Tier 3	MAIL, PA
<b><i>verapamil hcl cap er 24hr 100 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 120 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 180 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 240 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 300 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 360 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl tab 40 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>verapamil hcl tab 80 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>verapamil hcl tab 120 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>verapamil hcl tab er 120 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    104

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>verapamil hcl tab er 180 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>verapamil hcl tab er 240 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL

**CARDIOTONICS****CARDIAC GLYCOSIDES**

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

**CARDIOVASCULAR AGENTS - MISC.****PERIPHERAL VASODILATORS**

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

ORENITRAM TAB 0.25MG ( <b><i>treprostinil diolamine</i></b> )	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 0.125MG ( <b><i>treprostinil diolamine</i></b> )	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 1MG ( <b><i>treprostinil diolamine</i></b> )	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 2.5MG ( <b><i>treprostinil diolamine</i></b> )	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 5MG ( <b><i>treprostinil diolamine</i></b> )	Tier 4	QL (90 tabs / 30 days), PA
REMODULIN INJ 1MG/ML ( <b><i>treprostinil</i></b> )	Tier 4	PA
REMODULIN INJ 2.5MG/ML ( <b><i>treprostinil</i></b> )	Tier 4	PA
REMODULIN INJ 5MG/ML ( <b><i>treprostinil</i></b> )	Tier 4	PA
<b><i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i></b>	Tier 4	PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    105

Tier 1 = Preferred Generic Drugs

Tier 2 = Preferred Brand Drugs

Tier 3 = Non-Preferred Brand and Generic Drugs

Tier 4 = Brand and Generic Specialty Drugs

Tier 5 = Preventative Drugs

DME = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i></b>	Tier 4	PA
<b><i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i></b>	Tier 4	PA
VENTAVIS SOL 10MCG/ML ( <b><i>iloprost</i></b> )	Tier 4	PA
VENTAVIS SOL 20MCG/ML ( <b><i>iloprost</i></b> )	Tier 4	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<b><i>ambrisentan tab 5 mg</i></b>	Tier 4	QL (30 tabs / 30 days), PA
<b><i>ambrisentan tab 10 mg</i></b>	Tier 4	QL (30 tabs / 30 days), PA
<b><i>bosentan tab 62.5 mg</i></b>	Tier 4	QL (60 tabs / 30 days), PA
<b><i>bosentan tab 125 mg</i></b>	Tier 4	QL (60 tabs / 30 days), PA
LETAIRIS TAB 5MG ( <b><i>ambrisentan</i></b> )	Tier 4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG ( <b><i>ambrisentan</i></b> )	Tier 4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG ( <b><i>macitentan</i></b> )	Tier 4	QL (30 tabs / 30 days), PA
TRACLEER TAB 32MG ( <b><i>bosentan</i></b> )	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 62.5MG ( <b><i>bosentan</i></b> )	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG ( <b><i>bosentan</i></b> )	Tier 4	QL (60 tabs / 30 days), PA
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<b><i>sildenafil citrate tab 20 mg</i></b>	Tier 4	QL (90 tabs / 30 days), PA
<b><i>tadalafil tab 20 mg (pah)</i></b>	Tier 4	QL (60 tabs / 30 days), PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB 200/800 ( <b><i>selexipag</i></b> )	Tier 4	QL (60 tabs / 30 days), PA

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 EQ Dose per day

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 Tier 2 = Preferred Brand Drugs  
 Tier 3 = Non-Preferred Brand and Generic Drugs  
 Tier 4 = Brand and Generic Specialty Drugs  
 Tier 5 = Preventative Drugs  
 DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 200MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA

### **PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

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

### **CEPHALOSPORINS**

#### **CEPHALOSPORINS - 1ST GENERATION**

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

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EQ Dose per day

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>cephalexin for susp 250 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<b><i>cefaclor cap 250 mg</i></b>	Tier 1	
<b><i>cefaclor cap 500 mg</i></b>	Tier 1	
<b><i>cefaclor for susp 125 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefaclor for susp 250 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefaclor for susp 375 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefprozil for susp 125 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefprozil for susp 250 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefprozil tab 250 mg</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefprozil tab 500 mg</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefuroxime axetil tab 250 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b><i>cefuroxime axetil tab 500 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<b><i>cefdinir cap 300 mg</i></b>	Tier 1	
<b><i>cefdinir for susp 125 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefdinir for susp 250 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefditoren pivoxil tab 200 mg (base equivalent)</i></b>	Tier 1	PA
<b><i>cefditoren pivoxil tab 400 mg (base equivalent)</i></b>	Tier 1	PA
<b><i>cefixime cap 400 mg</i></b>	Tier 3	
<b><i>cefixime for susp 100 mg/5ml</i></b>	Tier 3	AGE (Max 12 years)
<b><i>cefixime for susp 200 mg/5ml</i></b>	Tier 3	AGE (Max 12 years)
<b><i>cefpodoxime proxetil for susp 50 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefpodoxime proxetil for susp 100 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>cefpodoxime proxetil tab 100 mg</i></b>	Tier 1	
<b><i>cefpodoxime proxetil tab 200 mg</i></b>	Tier 1	
<b><i>ceftriaxone sodium for inj 1 gm</i></b>	Tier 1	
<b><i>SUPRAX CAP 400MG (cefixime)</i></b>	Tier 3	

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108

Tier 1 = Preferred Generic Drugs  
 Tier 2 = Preferred Brand Drugs  
 Tier 3 = Non-Preferred Brand and Generic Drugs  
 Tier 4 = Brand and Generic Specialty Drugs  
 Tier 5 = Preventative Drugs  
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
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**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

BALCOLTRA TAB 0.1-20 ( <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i> )	Tier 5	QL (28 tablets / 28 days), MAIL
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg -mg (Velivet)</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg (Tydemy)</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)</i>	Tier 5	QL (28 tablets / 28 days), MAIL
FALESSA KIT ( <i>levonorgestrel-ethinyl estradiol &amp; folic acid</i> )	Tier 5	QL (56 tablets / 28 days), MAIL
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg (Rivelsa)</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 5	QL (28 tablets / 28 days), MAIL

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 OTC - Over the counter    AGE - Age Limit    MED - Max 90 mg Morphine  
 EQ Dose per day

Tier 1 = Preferred Generic Drugs  
 Tier 2 = Preferred Brand Drugs  
 Tier 3 = Non-Preferred Brand and Generic Drugs  
 Tier 4 = Brand and Generic Specialty Drugs  
 Tier 5 = Preventative Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 <b>(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</b>	Tier 5	QL (28 tablets / 28 days), MAIL
NATAZIA TAB <b>(estradiol valerate-dienogest)</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Briellyn)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> (Nortrel 0.5/35 (28))	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Nortrel 1/35)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> (Tilia Fe)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> (Junel Fe 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> (Melodetta 24 Fe)	Tier 5	QL (28 tablets / 28 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> (Larin 24 Fe)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> (Nortrel 7/7/7)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> (Leena)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> (Low-ogestrel)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> (Ogestrel)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>TAYTULLA CAP 1MG/20MC (norethin acet &amp; estrad-fe)</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> (Xulane)	Tier 5	QL (3 patches / 28 days), MAIL
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b>	Tier 5	QL (1 ring / 28 days), MAIL
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b> (Eluryng)	Tier 5	QL (1 ring / 28 days), MAIL
<b>NUVARING MIS (etonogestrel-ethinyl estradiol)</b>	Tier 5	QL (1 ring / 28 days), MAIL
<b>COPPER CONTRACEPTIVES - IUD</b>		
<b>PARAGARD IUD T380A (copper (iud))</b>	Tier 5	QL (1 IUD in lifetime)
<b>EMERGENCY CONTRACEPTIVES</b>		
<b>ELLA TAB 30MG (ulipristal acetate)</b>	Tier 5	QL (1 tab / 30 days)
<b>levonorgestrel tab 1.5 mg</b> (My Way)	Tier 5	OTC, QL (1 tab / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG ( <i>etonogestrel</i> )	Tier 5	QL (1 implant in lifetime)
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SQ PROV INJ 104 ( <i>medroxyprogesterone acetate (contraceptive)</i> )	Tier 5	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	QL (1 injection / 90 days)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG ( <i>levonorgestrel (iud)</i> )	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG ( <i>levonorgestrel (iud)</i> )	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM ( <i>levonorgestrel (iud)</i> )	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG ( <i>levonorgestrel (iud)</i> )	Tier 5	QL (1 IUD in lifetime)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 3	PA
<i>cortisone acetate tab 25 mg</i>	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>dexamethasone tab 4 mg</i></b>	Tier 1	
<b><i>dexamethasone tab 6 mg</i></b>	Tier 1	
<b><i>hydrocortisone tab 5 mg</i></b>	Tier 1	
<b><i>hydrocortisone tab 10 mg</i></b>	Tier 1	
<b><i>hydrocortisone tab 20 mg</i></b>	Tier 1	
<b><i>methylprednisolone tab 4 mg</i></b>	Tier 1	
<b><i>methylprednisolone tab 8 mg</i></b>	Tier 1	
<b><i>methylprednisolone tab 16 mg</i></b>	Tier 1	
<b><i>methylprednisolone tab 32 mg</i></b>	Tier 1	
<b><i>methylprednisolone tab therapy pack 4 mg (21)</i></b>	Tier 1	
<b><i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i></b>	Tier 1	
<b><i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i></b>	Tier 1	
<b><i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i></b>	Tier 1	
<b><i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i></b>	Tier 1	
<b><i>prednisone oral soln 5 mg/5ml</i></b>	Tier 1	
<b><i>prednisone tab 1 mg</i></b>	Tier 1	
<b><i>prednisone tab 2.5 mg</i></b>	Tier 1	
<b><i>prednisone tab 5 mg</i></b>	Tier 1	
<b><i>prednisone tab 10 mg</i></b>	Tier 1	
<b><i>prednisone tab 20 mg</i></b>	Tier 1	
<b><i>prednisone tab 50 mg</i></b>	Tier 1	
<b><i>prednisone tab therapy pack 5 mg (21)</i></b>	Tier 1	
<b><i>prednisone tab therapy pack 5 mg (48)</i></b>	Tier 1	
<b><i>prednisone tab therapy pack 10 mg (21)</i></b>	Tier 1	
<b><i>prednisone tab therapy pack 10 mg (48)</i></b>	Tier 1	
<b>MINERALOCORTICOIDS</b>		
<b><i>fludrocortisone acetate tab 0.1 mg</i></b>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
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COUGH/COLD/ALLERGY
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ANTITUSSIVES
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<b>benzonatate cap 100 mg</b>	Tier 1	
<b>benzonatate cap 200 mg</b>	Tier 1	
<b>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</b>	Tier 1	
ROBITUSSIN SYP 7.5/5ML (dextromethorphan hbr)	Tier 1	OTC

COUGH/COLD/ALLERGY COMBINATIONS
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<b>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</b> (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)	Tier 1	OTC, QL (240 mL / 30 days)
<b>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</b> (All Day Allergy D)	Tier 1	OTC, QL (60 ea / 30 days)
<b>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</b> (Diabetic Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
<b>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</b> (Diabetic Tussin Maximum S)	Tier 1	OTC, QL (240 mL / 30 days)
<b>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</b> (Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
<b>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</b> (Mucus-dm)	Tier 1	OTC
<b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> (Cvs Cold & Cough Nighttim)	Tier 1	OTC, QL (240 mL / 30 days)
<b>diphenhydramine-phenylephrine tab 25-10 mg</b> (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
<b>guaifenesin-codeine soln 100-10 mg/5ml</b> (Guaiatussin Ac)	Tier 1	OTC, QL (240 mL / 30 days)
<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b> (Loratadine-d 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b> (Loratadine-d 24hr)	Tier 1	OTC, QL (30 tabs / 30 days)
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)

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<b><i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i></b>	Tier 1	QL (240 mL / 30 days)
<b><i>promethazine-dm syrup 6.25-15 mg/5ml</i></b>	Tier 1	QL (240 mL / 30 days)
<b><i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i></b>	Tier 1	QL (240 mL / 30 days)
<b><i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i></b>	Tier 1	QL (240 mL / 30 days)
<b><i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i></b> (Ra Mucus Relief D)	Tier 1	OTC
<b>EXPECTORANTS</b>		
<b><i>guaifenesin liquid 100 mg/5ml</i></b>	Tier 1	OTC
<b><i>guaifenesin syrup 100 mg/5ml</i></b> (Robafen)	Tier 1	OTC
<b><i>guaifenesin tab 200 mg</i></b>	Tier 1	OTC
<b><i>guaifenesin tab 400 mg</i></b> (Sm Chest Congestion Relie)	Tier 1	OTC
<b><i>guaifenesin tab er 12hr 600 mg</i></b> (Gnp Mucus Er)	Tier 1	OTC, QL (60 ea / 30 days)
<b>MISC. RESPIRATORY INHALANTS</b>		
<b><i>sodium chloride soln nebu 0.9%</i></b>	Tier 1	
<b><i>sodium chloride soln nebu 3%</i></b> (Nebusal)	Tier 1	
<b><i>sodium chloride soln nebu 7%</i></b>	Tier 1	
<b>MUCOLYTICS</b>		
<b><i>acetylcysteine inhal soln 20%</i></b>	Tier 1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<b><i>ACNE MEDICAT LOT 5% (benzoyl peroxide)</i></b>	Tier 1	OTC
<b><i>ACNE MEDICAT LOT 10% (benzoyl peroxide)</i></b>	Tier 1	OTC
<b><i>adapalene lotion 0.1%</i></b>	Tier 1	QL (59 mL / 30 days), ST; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

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<b>benzoyl peroxide gel 5%</b> (Bp Gel)	Tier 1	OTC
<b>benzoyl peroxide gel 10%</b> (Clean & Clear Persa-gel M)	Tier 1	OTC
<b>benzoyl peroxide liq 5%</b> (Bp Wash)	Tier 1	OTC, QL (240 gm / 30 days)
<b>benzoyl peroxide liq 10%</b> (Benzoyl Peroxide Wash)	Tier 1	OTC, QL (240 gm / 30 days)
<b>benzoyl peroxide-erythromycin gel 5-3%</b>	Tier 3	PA
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	Tier 3	PA
<b>clindamycin phosphate gel 1%</b>	Tier 3	QL (60 gm / 30 days)
<b>clindamycin phosphate lotion 1%</b>	Tier 3	QL (60 mL / 30 days)
<b>clindamycin phosphate soln 1%</b>	Tier 1	QL (60 mL / 30 days)
<b>clindamycin phosphate-tretinoin gel 1.2-0.025%</b>	Tier 3	PA
<b>DIFFERIN GEL 0.1% (adapalene)</b>	Tier 1	OTC, QL (45 gm / 30 days)
<b>erythromycin soln 2%</b>	Tier 1	QL (60 mL / 30 days)
<b>isotretinoin cap 10 mg</b> (Claravis)	Tier 3	PA
<b>isotretinoin cap 20 mg</b> (Amnesteem)	Tier 3	PA
<b>isotretinoin cap 30 mg</b>	Tier 3	PA
<b>isotretinoin cap 40 mg</b>	Tier 3	PA
<b>sulfacetamide sodium lotion 10% (acne)</b>	Tier 1	
<b>sulfacetamide sodium-sulfur in urea emulsion 10-4%</b> (Bp Cleansing Wash)	Tier 1	
<b>tretinoin cream 0.1%</b>	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>tretinoin cream 0.05%</b>	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>tretinoin cream 0.025%</i></b>	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin gel 0.01%</i></b>	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin gel 0.025%</i> (Avita)</b>	Tier 3	QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>VELTIN GEL (<i>clindamycin phosphate-tretinoin</i>)</b>	Tier 3	PA
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
<b>VEREGEN OIN 15% (<i>sinecatechins</i>)</b>	Tier 3	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<b><i>diclofenac sodium gel 1%</i></b>	Tier 1	QL (200 gm / 30 days), PA
<b>ANTIBIOTICS - TOPICAL</b>		
<b>ALTABAX OIN 1% (<i>retapamulin</i>)</b>	Tier 3	PA
<b><i>bacitracin oint 500 unit/gm</i></b>	Tier 1	OTC
<b><i>bacitracin zinc oint 500 unit/gm</i></b>	Tier 1	OTC
<b><i>bacitracin-polymyxin b oint</i> (Double Antibiotic)</b>	Tier 1	OTC
<b>CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)</b>	Tier 3	
<b><i>gentamicin sulfate cream 0.1%</i></b>	Tier 1	
<b><i>gentamicin sulfate oint 0.1%</i></b>	Tier 1	
<b><i>mupirocin oint 2%</i></b>	Tier 1	QL (44 gm / 30 days)
<b><i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)</b>	Tier 1	OTC
<b><i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus)</b>	Tier 1	OTC

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<b>ANTIFUNGALS - TOPICAL</b>		
<b>ciclopirox olamine cream 0.77% (base equiv)</b>	Tier 1	QL (90 gm / 30 days)
<b>ciclopirox olamine susp 0.77% (base equiv)</b>	Tier 1	QL (60 mL / 25 days)
<b>ciclopirox solution 8%</b>	Tier 1	QL (6.6 mL / 25 days)
<b>clotrimazole cream 1%</b>	Tier 1	
<b>clotrimazole soln 1%</b>	Tier 1	
<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	Tier 1	QL (45 gm / 30 days)
<b>clotrimazole w/ betamethasone lotion 1-0.05%</b>	Tier 1	QL (60 mL / 30 days)
<b>econazole nitrate cream 1%</b>	Tier 3	PA
ERTACZO CRE 2% ( <b>sertaconazole nitrate</b> )	Tier 3	PA
EXELDERM CRE 1% ( <b>sulconazole nitrate</b> )	Tier 3	PA
EXELDERM SOL 1% ( <b>sulconazole nitrate</b> )	Tier 3	PA
<b>ketoconazole cream 2%</b>	Tier 1	QL (60 gm / 30 days)
<b>ketoconazole shampoo 2%</b>	Tier 1	QL (120 mL / 30 days)
<b>luliconazole cream 1%</b>	Tier 3	PA
MENTAX CRE 1% ( <b>butenafine hcl</b> )	Tier 2	
<b>miconazole nitrate aerosol pow 2%</b> (Lotrimin Af Deodorant Pow)	Tier 1	OTC
<b>miconazole nitrate cream 2%</b>	Tier 1	OTC
<b>miconazole nitrate ointment 2%</b> (Triple Paste Af)	Tier 1	OTC
<b>miconazole nitrate powder 2%</b> (Cvs Anti-fungal Powder)	Tier 1	OTC
<b>naftifine hcl cream 1%</b>	Tier 3	PA
<b>naftifine hcl gel 1%</b>	Tier 3	PA
NAFTIN GEL 1% ( <b>naftifine hcl</b> )	Tier 3	PA
NAFTIN GEL 2% ( <b>naftifine hcl</b> )	Tier 3	PA
<b>nystatin cream 100000 unit/gm</b>	Tier 1	QL (90 gm / 30 days)
<b>nystatin oint 100000 unit/gm</b>	Tier 1	QL (90 gm / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>nystatin topical powder 100000 unit/gm</i></b> (Nystop)	Tier 1	QL (30 gm / 30 days)
<b><i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>oxiconazole nitrate cream 1%</i></b>	Tier 3	QL (90 gm / 30 days), PA
OXISTAT LOT 1% ( <b><i>oxiconazole nitrate</i></b> )	Tier 3	PA
<b><i>sulconazole nitrate cream 1%</i></b>	Tier 3	PA
<b><i>terbinafine hcl cream 1%</i></b>	Tier 1	OTC, QL (30 gm / 30 days)
<b><i>tolnaftate aerosol pow 1%</i></b> (Cvs Af Spray Powder)	Tier 1	OTC
<b><i>tolnaftate cream 1%</i></b>	Tier 1	OTC
<b><i>tolnaftate powder 1%</i></b> (Anti-fungal Powder)	Tier 1	OTC
<b><i>tolnaftate soln 1%</i></b> (Mycocide Clinical Ns Anti)	Tier 1	OTC

**ANTI-HISTAMINES-TOPICAL**

<b><i>diphenhydramine-zinc acetate cream 2-0.1%</i></b> (Sm Anti-itch Extra Streng)	Tier 1	OTC
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**ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

<b><i>fluorouracil cream 5%</i></b>	Tier 3	
PANRETIN GEL 0.1% ( <b><i>alitretinoin</i></b> )	Tier 4	PA
PICATO GEL 0.05% ( <b><i>ingenol mebutate</i></b> )	Tier 3	PA
PICATO GEL 0.015% ( <b><i>ingenol mebutate</i></b> )	Tier 3	PA
TARGRETIN GEL 1% ( <b><i>bexarotene (topical)</i></b> )	Tier 4	PA

**ANTIPSORIATICS**

<b><i>acitretin cap 10 mg</i></b>	Tier 3	PA
<b><i>acitretin cap 17.5 mg</i></b>	Tier 3	PA
<b><i>acitretin cap 25 mg</i></b>	Tier 3	PA
<b><i>calcipotriene oint 0.005%</i></b>	Tier 3	PA
<b><i>calcipotriene soln 0.005% (50 mcg/ml)</i></b>	Tier 3	PA
<b><i>calcitriol oint 3 mcg/gm</i></b>	Tier 3	QL (100 gm / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    119

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
Tier 3 = Non-Preferred Brand and Generic Drugs  
Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX INJ 150MG/ML <b>(secukinumab)</b>	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE <b>(secukinumab)</b>	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML <b>(secukinumab)</b>	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE <b>(secukinumab)</b>	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% <b>(anthralin)</b>	Tier 2	QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE <b>(risankizumab-rzaa)</b>	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 <b>(ustekinumab)</b>	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML <b>(ustekinumab)</b>	Tier 4	PA; Preferred Brand
<b>tazarotene cream 0.1%</b>	Tier 3	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05% <b>(tazarotene)</b>	Tier 3	QL (60 gm / 30 days), PA
TAZORAC GEL 0.1% <b>(tazarotene)</b>	Tier 3	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05% <b>(tazarotene)</b>	Tier 3	QL (100 gm / 30 days), PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
<b>selenium sulfide lotion 1%</b> (Cvs Anti-dandruff)	Tier 1	OTC
<b>selenium sulfide lotion 2.5%</b>	Tier 1	
<b>ANTIVIRALS - TOPICAL</b>		
ABREVA CRE 10% <b>(docosanol)</b>	Tier 1	OTC, QL (2 gm / 30 days)
<b>acyclovir oint 5%</b>	Tier 3	PA
DENAVIR CRE 1% <b>(penciclovir)</b>	Tier 2	PA
<b>docosanol cream 10%</b>	Tier 1	OTC, QL (2 gm / 30 days)
<b>BURN PRODUCTS</b>		
<b>mafenide acetate packet for topical soln 5% (50 gm)</b>	Tier 1	
<b>silver sulfadiazine cream 1%</b>	Tier 1	QL (400 gm / 30 days)
SULFAMYLLON CRE 85MG/GM <b>(mafenide acetate)</b>	Tier 3	QL (454 gm / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at 120  
mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine  
EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CORTICOSTEROIDS - TOPICAL</b>		
<b><i>alclometasone dipropionate cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>alclometasone dipropionate oint 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>amcinonide cream 0.1%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>amcinonide lotion 0.1%</i></b>	Tier 3	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
<b><i>APEXICON E CRE 0.05% (diflorasone diacetate emollient base)</i></b>	Tier 3	QL (60 gm / 30 days), PA
<b><i>betamethasone dipropionate augmented cream 0.05%</i></b>	Tier 1	QL (50 gm / 30 days)
<b><i>betamethasone dipropionate augmented gel 0.05%</i></b>	Tier 1	QL (50 gm / 30 days)
<b><i>betamethasone dipropionate augmented lotion 0.05%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>betamethasone dipropionate augmented oint 0.05%</i></b>	Tier 1	QL (50 gm / 30 days)
<b><i>betamethasone dipropionate cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>betamethasone dipropionate lotion 0.05%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>betamethasone dipropionate oint 0.05%</i></b>	Tier 1	QL (45 gm / 30 days)
<b><i>betamethasone valerate cream 0.1% (base equivalent)</i></b>	Tier 1	QL (454 gm / 30 days)
<b><i>betamethasone valerate oint 0.1% (base equivalent)</i></b>	Tier 1	QL (45 gm / 30 days)
<b><i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i></b>	Tier 3	QL (100 gm / 30 days), PA
<b><i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i></b>	Tier 3	QL (120 gm / 30 days), PA
<b><i>clobetasol propionate cream 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>clobetasol propionate gel 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>clobetasol propionate oint 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>clobetasol propionate soln 0.05%</i></b>	Tier 3	QL (50 mL / 30 days)
CORDRAN 80X3 TAP 4MCG/CM <b><i>(flurandrenolide)</i></b>	Tier 3	PA

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    MAIL - Available at mail-order    121  
 OTC - Over the counter    AGE - Age Limit    MED - Max 90 mg Morphine  
 EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>desonide cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>desonide oint 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>desoximetasone cream 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>desoximetasone cream 0.25%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>desoximetasone gel 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>desoximetasone oint 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>desoximetasone oint 0.25%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>diflorasone diacetate cream 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>diflorasone diacetate oint 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>fluocinolone acetonide cream 0.025%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>fluocinolone acetonide oil 0.01% (body oil)</i></b>	Tier 3	QL (120 mL / 30 days)
<b><i>fluocinolone acetonide oil 0.01% (scalp oil)</i></b>	Tier 3	QL (120 mL / 30 days)
<b><i>fluocinolone acetonide oint 0.025%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>fluocinonide cream 0.05%</i></b>	Tier 1	QL (150 gm / 30 days)
<b><i>fluocinonide emulsified base cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>fluocinonide gel 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>fluocinonide oint 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>fluocinonide soln 0.05%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>flurandrenolide cream 0.05%</i></b>	Tier 3	QL (30 gm / 30 days)
<b><i>flurandrenolide lotion 0.05%</i></b>	Tier 3	QL (120 mL / 30 days)
<b><i>fluticasone propionate cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>fluticasone propionate oint 0.005%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>halcinonide cream 0.1%</i></b>	Tier 3	QL (60 gm / 30 days), PA
<b><i>halobetasol propionate cream 0.05%</i></b>	Tier 3	QL (50 gm / 30 days)
<b><i>halobetasol propionate oint 0.05%</i></b>	Tier 3	QL (50 gm / 30 days)
<b>HALOG CRE 0.1% (<i>halcinonide</i>)</b>	Tier 3	QL (60 gm / 30 days), PA
<b>HALOG OIN 0.1% (<i>halcinonide</i>)</b>	Tier 3	QL (60 gm / 30 days), PA
<b><i>hydrocortisone acetate cream 1% (Lanacort 10)</i></b>	Tier 1	OTC, QL (60 gm / 30 days)
<b><i>hydrocortisone cream 0.5%</i></b>	Tier 1	OTC, QL (60 gm / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>hydrocortisone cream 1%</b> (Ra Hydrocortisone Plus 12)	Tier 1	OTC, QL (60 gm / 30 days)
<b>hydrocortisone cream 2.5%</b>	Tier 1	QL (60 gm / 30 days)
<b>hydrocortisone gel 1%</b> (Cortizone-10)	Tier 1	OTC, QL (56 gm / 30 days)
<b>hydrocortisone lotion 1%</b> (Cvs Cortisone Maximum Str)	Tier 1	OTC, QL (120 gm / 30 days)
<b>hydrocortisone lotion 2.5%</b>	Tier 1	QL (60 mL / 30 days)
<b>hydrocortisone oint 0.5%</b>	Tier 1	OTC, QL (60 gm / 30 days)
<b>hydrocortisone oint 1%</b> (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
<b>hydrocortisone oint 2.5%</b>	Tier 1	QL (60 gm / 30 days)
<b>hydrocortisone valerate cream 0.2%</b>	Tier 1	QL (60 gm / 30 days)
<b>hydrocortisone-aloe vera cream 0.5%</b>	Tier 1	OTC, QL (60 gm / 30 days)
<b>hydrocortisone-aloe vera cream 1%</b> (Cortizone-10 Plus)	Tier 1	OTC
<b>mometasone furoate cream 0.1%</b>	Tier 1	QL (60 gm / 30 days)
<b>mometasone furoate oint 0.1%</b>	Tier 1	QL (60 gm / 30 days)
<b>mometasone furoate solution 0.1% (lotion)</b>	Tier 1	QL (60 mL / 30 days)
<b>prednicarbate cream 0.1%</b>	Tier 3	QL (60 gm / 30 days)
<b>prednicarbate oint 0.1%</b>	Tier 3	QL (60 gm / 30 days)
<b>TACLONEX SUS</b>	Tier 3	QL (120 gm / 30 days), PA
<b>(calcipotriene-betamethasone dipropionate)</b>		
<b>triamcinolone acetonide cream 0.1%</b>	Tier 1	QL (454 gm / 30 days)
<b>triamcinolone acetonide cream 0.5%</b>	Tier 1	QL (15 gm / 30 days)
<b>triamcinolone acetonide cream 0.025%</b>	Tier 1	QL (454 gm / 30 days)
<b>triamcinolone acetonide lotion 0.1%</b>	Tier 1	QL (60 mL / 30 days)
<b>triamcinolone acetonide lotion 0.025%</b>	Tier 1	QL (60 mL / 30 days)
<b>triamcinolone acetonide oint 0.1%</b>	Tier 1	QL (454 gm / 30 days)
<b>triamcinolone acetonide oint 0.5%</b>	Tier 1	QL (15 gm / 30 days)
<b>triamcinolone acetonide oint 0.025%</b>	Tier 1	QL (454 gm / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **MAIL** - Available at mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine EQ Dose per day    123

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ 300/2ML ( <i>dupilumab</i> )	Tier 4	PA
<b>EMOLLIENTS</b>		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 30 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	OTC, QL (225 gm / 30 days)
<b>ENZYMES - TOPICAL</b>		
SANTYL OIN 250/GM ( <i>collagenase</i> )	Tier 3	QL (30 gm / 30 days), PA
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 30 days), PA
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>tacrolimus oint 0.1%</i>	Tier 3	QL (30 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	Tier 3	QL (30 gm / 30 days), PA
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	OTC, QL (90 gm / 30 days)
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC
<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	OTC, QL (90 patches / 30 days)
<i>lidocaine patch 5%</i>	Tier 3	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)
SYNERA DIS 70-70MG ( <i>lidocaine-tetracaine</i> )	Tier 3	PA

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    MAIL - Available at mail-order    OTC - Over the counter    AGE - Age Limit    MED - Max 90 mg Morphine EQ Dose per day    124

Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISC. TOPICAL</b>		
DRYSOL SOL 20% ( <b>aluminum chloride</b> )	Tier 1	QL (60 mL / 30 days)
<b>menthol-zinc oxide oint 0.44-20%</b> (Zinc-oxyde Plus)	Tier 1	OTC
<b>skin protectants misc - cream</b> (Dermacerin)	Tier 1	OTC
<b>ROSACEA AGENTS</b>		
<b>metronidazole cream 0.75%</b>	Tier 1	QL (45 gm / 30 days)
<b>metronidazole gel 0.75%</b>	Tier 1	QL (45 gm / 30 days)
<b>metronidazole lotion 0.75%</b>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% ( <b>brimonidine tartrate (topical)</b> )	Tier 3	PA
<b>SCABICIDES &amp; PEDICULICIDES</b>		
EURAX CRE 10% ( <b>crotamiton</b> )	Tier 2	QL (60 gm / 30 days), ST; Prior use of permethrin 5% cream within the past 90 days.
<b>lindane shampoo 1%</b>	Tier 1	QL (60 mL / 30 days)
<b>malathion lotion 0.5%</b>	Tier 1	QL (59 mL / 30 days), ST; Prior use of permethrin 1% OR pyrethrins/piperonyl butoxide within the past 90 days.
<b>permethrin aerosol 0.5%</b> (Sm Bedding Lice Treatment)	Tier 1	OTC
<b>permethrin cream 5%</b>	Tier 1	QL (120 gm / 30 days)
<b>permethrin creme rinse 1%</b> (Lice Treatment)	Tier 1	OTC
<b>permethrin lotion 1%</b> (Sm Lice Treatment)	Tier 1	OTC
<b>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</b> (Stop Lice Complete Lice T)	Tier 1	OTC
<b>pyrethrins-piperonyl butoxide liq 0.3-3%</b> (Sb Lice Treatment)	Tier 1	OTC
<b>pyrethrins-piperonyl butoxide liq 0.33-4%</b> (Stop Lice Maximum Strengt)	Tier 1	OTC
<b>PA</b> - Prior Authorization <b>QL</b> - Quantity Limits <b>ST</b> - Step Therapy <b>MAIL</b> - Available at mail-order <b>OTC</b> - Over the counter <b>AGE</b> - Age Limit <b>MED</b> - Max 90 mg Morphine    125 EQ Dose per day		

Tier 1 = Preferred Generic Drugs

Tier 2 = Preferred Brand Drugs

Tier 3 = Non-Preferred Brand and Generic Drugs

Tier 4 = Brand and Generic Specialty Drugs

Tier 5 = Preventative Drugs

DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i></b> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION ( <b><i>permethrin &amp; pyrethrins-piperonyl butoxide</i></b> )	Tier 1	OTC
SKLICE LOT 0.5% ( <b><i>ivermectin (pediculicide)</i></b> )	Tier 3	QL (117 gm / 30 days), PA
<b><i>spinosad susp 0.9%</i></b>	Tier 3	ST; Prior use of permethrin 1% OR pyrethrins/piperonyl butoxide within the past 90 days.
<b>WOUND CARE PRODUCTS</b>		
REGANEX GEL 0.01% ( <b><i>becaplermin</i></b> )	Tier 3	QL (15 gm / 30 days), PA
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
THYROGEN INJ 1.1MG ( <b><i>thyrotropin alfa</i></b> )	Tier 4	PA
<b>DIAGNOSTIC TESTS</b>		
RELION KETON TES ( <b><i>acetone (urine) test</i></b> )	Tier 2	OTC
TRUE METRIX TES GLUCOSE ( <b><i>glucose blood</i></b> )	Tier 2	OTC, QL (200 strips / 30 days), ST; 100/month max quantity for non-insulin users
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP 3000UNIT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

**DIURETICS****CARBONIC ANHYDRASE INHIBITORS**

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

**DIURETIC COMBINATIONS**

ALDACTAZIDE TAB 50/50 ( <b><i>spironolactone &amp; hydrochlorothiazide</i></b> )	Tier 2	MAIL
<b><i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i></b>	Tier 1	MAIL
<b><i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i></b>	Tier 1	MAIL
<b><i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i></b>	Tier 1	MAIL

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 OTC - Over the counter    AGE - Age Limit    MED - Max 90 mg Morphine  
 EQ Dose per day

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 Tier 4 = Brand and Generic Specialty Drugs  
 Tier 5 = Preventative Drugs  
 DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i></b>	Tier 1	MAIL
<b>LOOP DIURETICS</b>		
<b><i>bumetanide tab 0.5 mg</i></b>	Tier 1	MAIL
<b><i>bumetanide tab 1 mg</i></b>	Tier 1	MAIL
<b><i>bumetanide tab 2 mg</i></b>	Tier 1	MAIL
<b><i>ethacrynic acid tab 25 mg</i></b>	Tier 3	MAIL
<b><i>furosemide oral soln 8 mg/ml</i></b>	Tier 1	MAIL; AGE (Max 12 years)
<b><i>furosemide oral soln 10 mg/ml</i></b>	Tier 1	MAIL; AGE (Max 12 years)
<b><i>furosemide tab 20 mg</i></b>	Tier 1	MAIL
<b><i>furosemide tab 40 mg</i></b>	Tier 1	MAIL
<b><i>furosemide tab 80 mg</i></b>	Tier 1	MAIL
<b><i>torseamide tab 5 mg</i></b>	Tier 1	MAIL
<b><i>torseamide tab 10 mg</i></b>	Tier 1	MAIL
<b><i>torseamide tab 20 mg</i></b>	Tier 1	MAIL
<b><i>torseamide tab 100 mg</i></b>	Tier 1	MAIL
<b>POTASSIUM SPARING DIURETICS</b>		
<b><i>amiloride hcl tab 5 mg</i></b>	Tier 1	MAIL
<b>DYRENIUM CAP 50MG (<i>triamterene</i>)</b>	Tier 3	MAIL
<b>DYRENIUM CAP 100MG (<i>triamterene</i>)</b>	Tier 3	MAIL
<b><i>spironolactone tab 25 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone tab 50 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone tab 100 mg</i></b>	Tier 1	MAIL
<b><i>triamterene cap 50 mg</i></b>	Tier 3	MAIL
<b><i>triamterene cap 100 mg</i></b>	Tier 3	MAIL
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<b><i>chlorothiazide tab 250 mg</i></b>	Tier 1	MAIL
<b><i>chlorothiazide tab 500 mg</i></b>	Tier 1	MAIL
<b><i>chlorthalidone tab 25 mg</i></b>	Tier 1	MAIL
<b><i>chlorthalidone tab 50 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide cap 12.5 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 12.5 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 25 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 50 mg</i></b>	Tier 1	MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>indapamide tab 1.25 mg</i></b>	Tier 1	MAIL
<b><i>indapamide tab 2.5 mg</i></b>	Tier 1	MAIL
<b><i>methyclothiazide tab 5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 2.5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 10 mg</i></b>	Tier 1	MAIL

**ENDOCRINE AND METABOLIC AGENTS - MISC.****BONE DENSITY REGULATORS**

<b><i>alendronate sodium tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>alendronate sodium tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>alendronate sodium tab 35 mg</i></b>	Tier 1	QL (4 tablets / 28 days), MAIL
<b><i>alendronate sodium tab 40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>alendronate sodium tab 70 mg</i></b>	Tier 1	QL (4 tablets / 28 days), MAIL
<b><i>calcitonin (salmon) nasal soln 200 unit/act</i></b>	Tier 1	QL (30 mL / 30 days), MAIL
<b><i>etidronate disodium tab 200 mg</i></b>	Tier 1	MAIL
<b><i>etidronate disodium tab 400 mg</i></b>	Tier 1	MAIL
<b>FORTEO SOL 600/2.4 (<i>teriparatide (recombinant)</i>)</b>	Tier 4	PA
<b><i>ibandronate sodium tab 150 mg (base equivalent)</i></b>	Tier 1	QL (1 tablet / 28 days), MAIL
<b>PROLIA SOL 60MG/ML (<i>denosumab</i>)</b>	Tier 4	PA
<b><i>risedronate sodium tab 5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>risedronate sodium tab 30 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>risedronate sodium tab 35 mg</i></b>	Tier 3	QL (4 tablets / 28 days), MAIL
<b><i>risedronate sodium tab 150 mg</i></b>	Tier 3	QL (1 tablet / 28 days), MAIL
<b>TYMLOS INJ (<i>abaloparatide</i>)</b>	Tier 4	PA
<b>XGEVA INJ (<i>denosumab</i>)</b>	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>zoledronic acid iv soln 5 mg/100ml</i></b>	Tier 4	PA
<b>FERTILITY REGULATORS</b>		
CHOR GONADOT INJ 10000UNT	Tier 4	PA
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG ( <b><i>cetrorelix acetate</i></b> )	Tier 4	PA
<b><i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i></b>	Tier 4	PA
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ 10MG ( <b><i>pegvisomant</i></b> )	Tier 4	PA
SOMAVERT INJ 15MG ( <b><i>pegvisomant</i></b> )	Tier 4	PA
SOMAVERT INJ 20MG ( <b><i>pegvisomant</i></b> )	Tier 4	PA
<b>GROWTH HORMONES</b>		
OMNITROPE INJ 5.8MG ( <b><i>somatropin</i></b> )	Tier 4	PA
OMNITROPE INJ 5/1.5ML ( <b><i>somatropin</i></b> )	Tier 4	PA
OMNITROPE INJ 10/1.5ML ( <b><i>somatropin</i></b> )	Tier 4	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
<b><i>raloxifene hcl tab 60 mg</i></b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML ( <b><i>mecasermin</i></b> )	Tier 4	PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPANETA KIT 3.75-5 ( <b><i>leuprolide acetate &amp; norethindrone acetate</i></b> )	Tier 4	PA
LUPANETA KIT 11.25-5 ( <b><i>leuprolide acetate &amp; norethindrone acetate</i></b> )	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG ( <b><i>leuprolide acetate (cpp) (3 month)</i></b> )	Tier 4	PA
LUPR DEP-PED INJ 7.5MG ( <b><i>leuprolide acetate (cpp)</i></b> )	Tier 4	PA
LUPR DEP-PED INJ 11.25MG ( <b><i>leuprolide acetate (cpp)</i></b> )	Tier 4	PA
LUPR DEP-PED INJ 11.25MG ( <b><i>leuprolide acetate (cpp) (3 month)</i></b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPR DEP-PED INJ 15MG ( <i>leuprolide acetate (cpp)</i> )	Tier 4	PA
SYNAREL SOL 2MG/ML ( <i>nafarelin acetate</i> )	Tier 4	PA
<b>METABOLIC MODIFIERS</b>		
<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 3	MAIL, PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	MAIL, PA
ELAPRASE INJ 6MG/3ML ( <i>idursulfase</i> )	Tier 4	PA
FABRAZYME INJ 5MG ( <i>agalsidase beta</i> )	Tier 4	PA
KUVAN TAB 100MG ( <i>sapropterin dihydrochloride</i> )	Tier 4	PA
<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 2MG ( <i>nitisinone</i> )	Tier 4	PA
ORFADIN CAP 5MG ( <i>nitisinone</i> )	Tier 4	PA
ORFADIN CAP 10MG ( <i>nitisinone</i> )	Tier 4	PA
ORFADIN CAP 20MG ( <i>nitisinone</i> )	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 2 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 4 mcg</i>	Tier 3	MAIL, PA
SENSIPAR TAB 30MG ( <i>cinacalcet hcl</i> )	Tier 4	PA
SENSIPAR TAB 60MG ( <i>cinacalcet hcl</i> )	Tier 4	PA
SENSIPAR TAB 90MG ( <i>cinacalcet hcl</i> )	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>POSTERIOR PITUITARY HORMONES</b>		
<b><i>desmopressin acetate nasal spray soln 0.01%</i></b>	Tier 3	MAIL, PA
<b><i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i></b>	Tier 3	MAIL, PA
<b><i>desmopressin acetate tab 0.1 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>desmopressin acetate tab 0.2 mg</i></b>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML ( <b><i>desmopressin acetate</i></b> )	Tier 4	PA
<b>PROLACTIN INHIBITORS</b>		
<b><i>cabergoline tab 0.5 mg</i></b>	Tier 1	MAIL
<b>SOMATOSTATIC AGENTS</b>		
<b><i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i></b>	Tier 4	PA
<b><i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i></b>	Tier 4	PA
<b><i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i></b>	Tier 4	PA
<b><i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i></b>	Tier 4	PA
<b><i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i></b>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG ( <b><i>octreotide acetate</i></b> )	Tier 4	PA
SANDOSTATIN KIT LAR 20MG ( <b><i>octreotide acetate</i></b> )	Tier 4	PA
SANDOSTATIN KIT LAR 30MG ( <b><i>octreotide acetate</i></b> )	Tier 4	PA
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
SAMSCA TAB 15MG ( <b><i>tolvaptan</i></b> )	Tier 4	PA
SAMSCA TAB 30MG ( <b><i>tolvaptan</i></b> )	Tier 4	PA
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
DUAVEE TAB 0.45-20 ( <b><i>conjugated estrogens-bazedoxifene</i></b> )	Tier 3	QL (30 tabs / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
<b>PREMPHASE TAB (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMPRO TAB (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMPRO TAB 0.3-1.5 (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMPRO TAB 0.45-1.5 (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMPRO TAB 0.625-5 (conjugated estrogens-medroxyprogesterone acetate)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>ESTROGENS</b>		
<b>estradiol tab 0.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>estradiol tab 1 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>estradiol tab 2 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>estropipate tab 0.75 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>estropipate tab 1.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>estropipate tab 3 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>MENEST TAB 0.3MG (esterified estrogens)</b>	Tier 2	QL (30 tabs / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MENEST TAB 0.625MG (<i>esterified estrogens</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>MENEST TAB 1.25MG (<i>esterified estrogens</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 0.3MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 0.9MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 0.45MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 0.625MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b>PREMARIN TAB 1.25MG (<i>estrogens, conjugated</i>)</b>	Tier 2	QL (30 tabs / 30 days), MAIL

**FLUOROQUINOLONES****FLUOROQUINOLONES**

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

**GASTROINTESTINAL AGENTS - MISC.****ANTIPLATULENTS**

<b><i>simethicone cap 125 mg</i> (Cvs Gas Relief)</b>	Tier 1	OTC
<b><i>simethicone cap 180 mg</i></b>	Tier 1	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>simethicone chew tab 80 mg</i></b>	Tier 1	OTC
<b><i>simethicone chew tab 125 mg</i></b> (Cvs Gas Relief Extra Stre)	Tier 1	OTC
<b><i>simethicone liquid 40 mg/0.6ml</i></b> (Cvs Gas Relief Drops Extr)	Tier 1	OTC
<b><i>simethicone susp 40 mg/0.6ml</i></b> (Gas Relief)	Tier 1	OTC
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<b><i>ursodiol cap 300 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>ursodiol tab 250 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ursodiol tab 500 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<b>AMITIZA CAP 8MCG (<i>lubiprostone</i>)</b>	Tier 3	MAIL, PA
<b>AMITIZA CAP 24MCG (<i>lubiprostone</i>)</b>	Tier 3	MAIL, PA
<b>GASTROINTESTINAL STIMULANTS</b>		
<b><i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i></b>	Tier 1	
<b><i>metoclopramide hcl tab 5 mg (base equivalent)</i></b>	Tier 1	QL (180 tabs / 30 days)
<b><i>metoclopramide hcl tab 10 mg (base equivalent)</i></b>	Tier 1	QL (180 tabs / 30 days)
<b>INFLAMMATORY BOWEL AGENTS</b>		
<b>APRISO CAP 0.375GM (<i>mesalamine</i>)</b>	Tier 2	QL (120 caps / 30 days), MAIL
<b><i>balsalazide disodium cap 750 mg</i></b>	Tier 1	QL (270 caps / 30 days), MAIL
<b>CIMZIA KIT (<i>certolizumab pegol</i>)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>CIMZIA KIT STARTER (<i>certolizumab pegol</i>)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIMZIA PREFL KIT 200MG/ML <b>(certolizumab pegol)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG <b>(olsalazine sodium)</b>	Tier 3	MAIL
<b>mesalamine cap er 24hr 0.375 gm</b>	Tier 1	QL (120 caps / 30 days), MAIL
<b>mesalamine enema 4 gm</b>	Tier 3	
<b>mesalamine tab delayed release 800 mg</b>	Tier 3	MAIL
REMICADE INJ 100MG <b>(infliximab)</b>	Tier 4	PA
STELARA INJ 5MG/ML <b>(ustekinumab (iv))</b>	Tier 4	PA; Preferred Brand
<b>sulfasalazine tab 500 mg</b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>sulfasalazine tab delayed release 500 mg</b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>INTESTINAL ACIDIFIERS</b>		
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	Tier 1	MAIL
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<b>alosetron hcl tab 0.5 mg (base equiv)</b>	Tier 3	MAIL, PA
<b>alosetron hcl tab 1 mg (base equiv)</b>	Tier 3	MAIL, PA
LINZESS CAP 72MCG <b>(linaclotide)</b>	Tier 3	MAIL, PA
LINZESS CAP 145MCG <b>(linaclotide)</b>	Tier 3	MAIL, PA
LINZESS CAP 290MCG <b>(linaclotide)</b>	Tier 3	MAIL, PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB 12.5MG <b>(naloxegol oxalate)</b>	Tier 3	PA
MOVANTIK TAB 25MG <b>(naloxegol oxalate)</b>	Tier 3	PA
RELISTOR INJ 12/0.6ML <b>(methylnaltrexone bromide)</b>	Tier 4	PA
RELISTOR TAB 150MG <b>(methylnaltrexone bromide)</b>	Tier 4	PA

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    MAIL - Available at mail-order    OTC - Over the counter    AGE - Age Limit    MED - Max 90 mg Morphine EQ Dose per day    136

Tier 1 = Preferred Generic Drugs  
Tier 2 = Preferred Brand Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)</b>	Tier 3	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<b><i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i></b>	Tier 1	QL (360 caps / 30 days), MAIL
<b><i>lanthanum carbonate chew tab 500 mg (elemental)</i></b>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<b><i>lanthanum carbonate chew tab 750 mg (elemental)</i></b>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<b><i>lanthanum carbonate chew tab 1000 mg (elemental)</i></b>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<b><i>sevelamer carbonate packet 0.8 gm</i></b>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<b><i>sevelamer carbonate packet 2.4 gm</i></b>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<b><i>sevelamer carbonate tab 800 mg</i></b>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<b>VELPHORO CHW 500MG (<i>sucroferri oxyhydroxide</i>)</b>	Tier 3	MAIL, PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<b><i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i></b>	Tier 1	
<b><i>potassium citrate tab er 5 meq (540 mg)</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>potassium citrate tab er 10 meq (1080 mg)</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>potassium citrate tab er 15 meq (1620 mg)</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i></b>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG ( <i>cysteamine bitartrate</i> )	Tier 4	PA
CYSTAGON CAP 150MG ( <i>cysteamine bitartrate</i> )	Tier 4	PA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	Tier 3	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<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>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, PA
<i>silodosin cap 8 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, PA
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<b>URINARY ANALGESICS</b>		
<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)
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>GOUT AGENTS</b>		
<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)

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

**URICOSURICS**

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

ADVATE INJ 250UNIT ( <b><i>antihemophilic factor rahf-pfm</i></b> )	Tier 4	PA
ADVATE INJ 500UNIT ( <b><i>antihemophilic factor rahf-pfm</i></b> )	Tier 4	PA
ADVATE INJ 1000UNIT ( <b><i>antihemophilic factor rahf-pfm</i></b> )	Tier 4	PA
ADVATE INJ 1500UNIT ( <b><i>antihemophilic factor rahf-pfm</i></b> )	Tier 4	PA
ADVATE INJ 2000UNIT ( <b><i>antihemophilic factor rahf-pfm</i></b> )	Tier 4	PA
ADVATE INJ 3000UNIT ( <b><i>antihemophilic factor rahf-pfm</i></b> )	Tier 4	PA
ADVATE INJ 4000UNIT ( <b><i>antihemophilic factor rahf-pfm</i></b> )	Tier 4	PA
ALPHANINE SD INJ 500UNIT ( <b><i>coagulation factor ix</i></b> )	Tier 4	PA
ALPHANINE SD INJ 1500UNIT ( <b><i>coagulation factor ix</i></b> )	Tier 4	PA
ALPROLIX INJ 250UNIT ( <b><i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i></b> )	Tier 4	PA
ALPROLIX INJ 500UNIT ( <b><i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i></b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALPROLIX INJ 1000UNIT ( <b><i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i></b> )	Tier 4	PA
ALPROLIX INJ 2000UNIT ( <b><i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i></b> )	Tier 4	PA
ALPROLIX INJ 3000UNIT ( <b><i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i></b> )	Tier 4	PA
ALPROLIX INJ 4000UNIT ( <b><i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i></b> )	Tier 4	PA
BENEFIX INJ 250UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
BENEFIX INJ 500UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
BENEFIX INJ 1000UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
BENEFIX INJ 2000UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
BENEFIX INJ 3000UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
FEIBA INJ ( <b><i>antiinhibitor coagulant complex</i></b> )	Tier 4	PA
HELIXATE FS INJ 500UNIT ( <b><i>antihemophilic factor (recombinant)</i></b> )	Tier 4	PA
HEMLIBRA INJ 30MG/ML ( <b><i>emicizumab-kxwh</i></b> )	Tier 4	PA
HEMLIBRA INJ 60/0.4 ( <b><i>emicizumab-kxwh</i></b> )	Tier 4	PA
HEMLIBRA INJ 105/0.7 ( <b><i>emicizumab-kxwh</i></b> )	Tier 4	PA
HEMLIBRA INJ 150/ML ( <b><i>emicizumab-kxwh</i></b> )	Tier 4	PA
HEMOFIL M INJ 1700UNIT ( <b><i>antihemophilic factor (human)</i></b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMATE-P SOL 500-1200 <b>(antihemophilic factor/von willebrand factor complex (human))</b>	Tier 4	PA
HUMATE-P SOL 2400UNIT <b>(antihemophilic factor/von willebrand factor complex (human))</b>	Tier 4	PA
KOATE-DVI INJ 250UNIT <b>(antihemophilic factor (human))</b>	Tier 4	PA
KOATE-DVI INJ 500UNIT <b>(antihemophilic factor (human))</b>	Tier 4	PA
KOATE-DVI INJ 1000UNIT <b>(antihemophilic factor (human))</b>	Tier 4	PA
KOGENATE FS INJ 250UNIT <b>(antihemophilic factor (recombinant))</b>	Tier 4	PA
KOGENATE FS INJ 1000UNIT <b>(antihemophilic factor (recombinant))</b>	Tier 4	PA
KOVALTRY INJ 250UNIT <b>(antihemophilic factor (recombinant))</b>	Tier 4	PA
KOVALTRY INJ 500UNIT <b>(antihemophilic factor (recombinant))</b>	Tier 4	PA
KOVALTRY INJ 1000UNIT <b>(antihemophilic factor (recombinant))</b>	Tier 4	PA
KOVALTRY INJ 2000UNIT <b>(antihemophilic factor (recombinant))</b>	Tier 4	PA
KOVALTRY INJ 3000UNIT <b>(antihemophilic factor (recombinant))</b>	Tier 4	PA
MONOCLATE-P INJ 1000UNIT <b>(antihemophilic factor (human))</b>	Tier 4	PA
NOVOEIGHT INJ 1500UNIT <b>(antihemophilic factor (recombinant))</b>	Tier 4	PA
NOVOSEVEN RT INJ 1MG <b>(coagulation factor viia (recombinant))</b>	Tier 4	PA
NOVOSEVEN RT INJ 2MG <b>(coagulation factor viia (recombinant))</b>	Tier 4	PA
NOVOSEVEN RT INJ 5MG <b>(coagulation factor viia (recombinant))</b>	Tier 4	PA
NOVOSEVEN RT INJ 8MG <b>(coagulation factor viia (recombinant))</b>	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUWIQ INJ 250UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ INJ 500UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ INJ 1000UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ INJ 2000UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ INJ 2500UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ INJ 3000UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ INJ 4000UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ KIT 250UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ KIT 500UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ KIT 1000UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ KIT 2000UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ KIT 2500UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
NUWIQ KIT 3000UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUWIK KIT 4000UNIT ( <b><i>antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)</i></b> )	Tier 4	PA
PROFILNINE INJ 1500UNIT ( <b><i>factor ix complex</i></b> )	Tier 4	PA
RECOMBINATE INJ ( <b><i>antihemophilic factor (recombinant)</i></b> )	Tier 4	PA
RECOMBINATE INJ 220-400 ( <b><i>antihemophilic factor (recombinant)</i></b> )	Tier 4	PA
RECOMBINATE INJ 401-800 ( <b><i>antihemophilic factor (recombinant)</i></b> )	Tier 4	PA
RECOMBINATE INJ 801-1240 ( <b><i>antihemophilic factor (recombinant)</i></b> )	Tier 4	PA
RIXUBIS INJ 250 UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
RIXUBIS INJ 500UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
RIXUBIS INJ 1000UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
RIXUBIS INJ 2000UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
RIXUBIS INJ 3000UNIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	Tier 4	PA
XYNTHA SOLOF INJ 500UNIT ( <b><i>antihemophilic factor (recombinant) plasma/albumin free</i></b> )	Tier 4	PA
XYNTHA SOLOF INJ 1000UNIT ( <b><i>antihemophilic factor (recombinant) plasma/albumin free</i></b> )	Tier 4	PA
XYNTHA SOLOF INJ 2000UNIT ( <b><i>antihemophilic factor (recombinant) plasma/albumin free</i></b> )	Tier 4	PA
XYNTHA SOLOF INJ 3000UNIT ( <b><i>antihemophilic factor (recombinant) plasma/albumin free</i></b> )	Tier 4	PA
XYNTHA SOLOF KIT 250UNIT ( <b><i>antihemophilic factor (recombinant) plasma/albumin free</i></b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ 30MG/3ML ( <i>icatibant acetate</i> )	Tier 4	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 4	PA
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ 500UNIT ( <i>c1 esterase inhibitor (human)</i> )	Tier 4	PA
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>PLASMA KALLIKREIN INHIBITORS</b>		
TAKHZYRO INJ 300/2ML ( <i>lanadelumab-flyo</i> )	Tier 4	PA
<b>PLATELET AGGREGATION INHIBITORS</b>		
<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	MAIL, PA
BRILINTA TAB 60MG ( <i>ticagrelor</i> )	Tier 3	QL (60 tabs / 30 days), MAIL, PA
BRILINTA TAB 90MG ( <i>ticagrelor</i> )	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<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, PA
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ZONTIVITY TAB 2.08MG ( <i>vorapaxar sulfate</i> )	Tier 3	QL (30 tabs / 30 days), MAIL, PA

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Drug Name	Drug Tier	Requirements/Limits
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**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 sl tab 500 mcg</i> (Cvs B-12)	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<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	OTC, QL (30 caps / 30 days), 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	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), 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

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ARANESP INJ 200MCG ( <b>darbepoetin alfa</b> )	Tier 4	PA
ARANESP INJ 300MCG ( <b>darbepoetin alfa</b> )	Tier 4	PA
ARANESP INJ 500MCG ( <b>darbepoetin alfa</b> )	Tier 4	PA
EPOGEN INJ 3000/ML ( <b>epoetin alfa</b> )	Tier 4	PA
EPOGEN INJ 4000/ML ( <b>epoetin alfa</b> )	Tier 4	PA
EPOGEN INJ 10000/ML ( <b>epoetin alfa</b> )	Tier 4	PA
EPOGEN INJ 20000/ML ( <b>epoetin alfa</b> )	Tier 4	PA
LEUKINE INJ 250MCG ( <b>sargramostim</b> )	Tier 4	PA
NEULASTA INJ 6MG/0.6M ( <b>pegfilgrastim</b> )	Tier 4	PA
NEUPOGEN INJ 300/0.5 ( <b>filgrastim</b> )	Tier 4	PA
NEUPOGEN INJ 300MCG ( <b>filgrastim</b> )	Tier 4	PA
NEUPOGEN INJ 480/0.8 ( <b>filgrastim</b> )	Tier 4	PA
NEUPOGEN INJ 480MCG ( <b>filgrastim</b> )	Tier 4	PA
NIVESTYM INJ 300MCG ( <b>filgrastim-aafi</b> )	Tier 4	PA
NIVESTYM INJ 480MCG ( <b>filgrastim-aafi</b> )	Tier 4	PA
PROCRIT INJ 2000/ML ( <b>epoetin alfa</b> )	Tier 4	PA
PROCRIT INJ 3000/ML ( <b>epoetin alfa</b> )	Tier 4	PA
PROCRIT INJ 40000/ML ( <b>epoetin alfa</b> )	Tier 4	PA
PROMACTA TAB 12.5MG ( <b>eltrombopag olamine</b> )	Tier 4	PA
PROMACTA TAB 25MG ( <b>eltrombopag olamine</b> )	Tier 4	PA
PROMACTA TAB 50MG ( <b>eltrombopag olamine</b> )	Tier 4	PA
PROMACTA TAB 75MG ( <b>eltrombopag olamine</b> )	Tier 4	PA
RETACRIT INJ 2000UNIT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 3000UNIT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 4000UNIT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 10000UNT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 40000UNT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
ZARXIO INJ 300/0.5 ( <b>filgrastim-sndz</b> )	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZARXIO INJ 480/0.8 ( <b>filgrastim-sndz</b> )	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML ( <b>pegfilgrastim-bmez</b> )	Tier 4	MAIL, PA
<b>HEMATOPOIETIC MIXTURES</b>		
<b>fe fumarate w/ b12-vit c-fa-ifc cap</b> <b>110-0.015-75-0.5-240 mg</b> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP 150MG ( <b>polysaccharide</b> <b>iron-folic acid-vit b12</b> )	Tier 1	OTC
<b>iron combination cap</b> (Chromagen)	Tier 1	QL (60 caps / 30 days)
<b>iron polysacch complex-vit b12-fa cap</b> <b>150-0.025-1 mg</b> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
<b>Hematopoietic Growth Factors</b>		
FULPHILA INJ 6/0.6ML ( <b>pegfilgrastim-jmdb</b> )	Tier 4	PA
NIVESTYM INJ 300/0.5 ( <b>filgrastim-aafi</b> )	Tier 4	PA
NIVESTYM INJ 480/0.8 ( <b>filgrastim-aafi</b> )	Tier 4	PA
UDENYCA INJ 6MG/.6ML ( <b>pegfilgrastim-cbqv</b> )	Tier 4	PA
<b>IRON</b>		
<b>carbonyl iron susp 15 mg/1.25ml</b> <b>(elemental iron)</b> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETTs TAB 325MG ( <b>ferrous</b> <b>fumarate</b> )	Tier 1	OTC, MAIL
<b>ferrous fumarate tab 324 mg (106 mg</b> <b>elemental fe)</b>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<b>ferrous gluconate tab 240 mg (27 mg</b> <b>elemental fe)</b> (Ferate)	Tier 1	OTC, MAIL
<b>ferrous gluconate tab 324 mg (37.5</b> <b>mg elemental iron)</b>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab 200 mg (65</b> <b>mg elemental fe)</b> (Px Iron)	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab er 45 mg (fe</b> <b>equivalent)</b> (Slow-release Iron)	Tier 1	OTC, MAIL

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EQ Dose per day

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

**HEMOSTATICS****HEMOSTATICS - SYSTEMIC**

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

**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS****ANTI-HISTAMINE HYPNOTICS**

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

**BARBITURATE HYPNOTICS**

<b><i>phenobarbital elixir 20 mg/5ml</i></b>	Tier 1	QL (1500 mL / 30 days); AGE (Max 12 years)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>phenobarbital tab 15 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 16.2 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 32.4 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 64.8 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>phenobarbital tab 97.2 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>phenobarbital tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>HYPNOTICS - TRICYCLIC AGENTS</i></b>		
<b><i>doxepin hcl (sleep) tab 3 mg (base equiv)</i></b>	Tier 3	MAIL, PA
<b><i>doxepin hcl (sleep) tab 6 mg (base equiv)</i></b>	Tier 3	MAIL, PA
<b>SILENOR TAB 3MG (<i>doxepin hcl (sleep)</i>)</b>	Tier 3	MAIL, PA
<b>SILENOR TAB 6MG (<i>doxepin hcl (sleep)</i>)</b>	Tier 3	MAIL, PA
<b><i>NON-BARBITURATE HYPNOTICS</i></b>		
<b><i>estazolam tab 1 mg</i></b>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<b><i>estazolam tab 2 mg</i></b>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<b><i>eszopiclone tab 1 mg</i></b>	Tier 3	QL (30 tabs / 30 days); AGE (Min 18 years)
<b><i>eszopiclone tab 2 mg</i></b>	Tier 3	QL (30 tabs / 30 days); AGE (Min 18 years)
<b><i>eszopiclone tab 3 mg</i></b>	Tier 3	QL (30 tabs / 30 days); AGE (Min 18 years)
<b><i>flurazepam hcl cap 15 mg</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<b><i>flurazepam hcl cap 30 mg</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<b><i>temazepam cap 15 mg</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
<b><i>temazepam cap 30 mg</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>triazolam tab 0.25 mg</i></b>	Tier 1	QL (60 tabs / 30 days); AGE (Min 18 years)
<b><i>triazolam tab 0.125 mg</i></b>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<b><i>zaleplon cap 5 mg</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
<b><i>zaleplon cap 10 mg</i></b>	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
<b><i>zolpidem tartrate tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<b><i>zolpidem tartrate tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)

**OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA TAB 5MG ( <b><i>suvorexant</i></b> )	Tier 3	PA
BELSOMRA TAB 10MG ( <b><i>suvorexant</i></b> )	Tier 3	PA
BELSOMRA TAB 15MG ( <b><i>suvorexant</i></b> )	Tier 3	PA
BELSOMRA TAB 20MG ( <b><i>suvorexant</i></b> )	Tier 3	PA

**SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ CAP 20MG ( <b><i>tasimelteon</i></b> )	Tier 4	PA
<b><i>ramelteon tab 8 mg</i></b>	Tier 3	MAIL, PA
ROZEREM TAB 8MG ( <b><i>ramelteon</i></b> )	Tier 3	MAIL, PA

**LAXATIVES****BULK LAXATIVES**

<b><i>calcium polycarbophil tab 625 mg</i></b>	Tier 1	OTC
<b><i>corn dextrin oral powder</i></b> (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% ( <b><i>psyllium</i></b> )	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% ( <b><i>psyllium</i></b> )	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% ( <b><i>psyllium</i></b> )	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG ( <b><i>psyllium</i></b> )	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% ( <b><i>psyllium</i></b> )	Tier 1	OTC, MAIL
METAMUCIL WAF ( <b><i>psyllium</i></b> )	Tier 1	OTC, MAIL
<b><i>methylcellulose tab 500 mg</i></b> (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% ( <b><i>psyllium</i></b> )	Tier 1	OTC, MAIL
<b><i>psyllium cap 0.52 gm</i></b> (Fiber Laxative)	Tier 1	OTC, MAIL

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EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>psyllium cap 400 mg</b> (Reguloid)	Tier 1	OTC, MAIL
<b>psyllium powder 28.3%</b> (Gnp Natural Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 30.9%</b> (Konsyl)	Tier 1	OTC, MAIL
<b>psyllium powder 33%</b> (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
<b>psyllium powder 48.57%</b> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 58.6%</b> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 95%</b> (Qc Natural Vegetable)	Tier 1	OTC, MAIL
<b>psyllium powder 100%</b>	Tier 1	OTC, MAIL
UNIFIBER POW ( <b>cellulose</b> )	Tier 1	OTC
<b>wheat dextrin oral powder</b> (Clear Soluble Fiber)	Tier 1	OTC

**LAXATIVE COMBINATIONS**

CLENPIQ SOL ( <b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b> )	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
GOLYTELY SOL ( <b>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</b> )	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG ( <b>sennosides-docusate sodium</b> )	Tier 1	OTC, MAIL
MOVIPREP SOL ( <b>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</b> )	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b>	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</b>	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b>	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
PLENVU SOL ( <b>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</b> )	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
PREPOPIK PAK ( <b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b> )	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>sennosides-docusate sodium tab 8.6-50 mg</i></b>	Tier 1	OTC, MAIL
<b><i>SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)</i></b>	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
<b>LAXATIVES - MISCELLANEOUS</b>		
<b><i>glycerin suppos 1.2 gm</i></b> (Gnp Glycerin Child)	Tier 1	OTC
<b><i>glycerin suppos 2 gm</i></b> (Cvs Glycerin Adult)	Tier 1	OTC
<b><i>glycerin suppos 2.1 gm</i></b> (Gnp Glycerin Adult)	Tier 1	OTC
<b><i>glycerin suppos 80.7%</i></b> (Ra Glycerin Child)	Tier 1	OTC
<b><i>lactulose solution 10 gm/15ml</i></b>	Tier 1	MAIL
<b><i>polyethylene glycol 3350 oral packet</i></b> (Ra Laxative)	Tier 1	OTC, QL (60 packets / 30 days)
<b><i>polyethylene glycol 3350 oral powder</i></b> (Ra Laxative)	Tier 1	OTC, QL (527 gm / 30 days)
<b>LUBRICANT LAXATIVES</b>		
<b><i>mineral oil</i></b>	Tier 1	OTC
<b><i>mineral oil enema</i></b>	Tier 1	OTC
<b>SALINE LAXATIVES</b>		
<b><i>magnesium citrate soln</i></b> (Gnp Magnesium Citrate)	Tier 1	OTC
<b><i>magnesium hydroxide susp 400 mg/5ml</i></b> (Milk Of Magnesia)	Tier 1	OTC
<b><i>magnesium hydroxide susp concentrate 2400 mg/10ml</i></b> (Milk Of Magnesia Concentr)	Tier 1	OTC
<b><i>OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)</i></b>	Tier 3	PA
<b><i>sodium phosphates - enema</i></b>	Tier 1	OTC
<b>STIMULANT LAXATIVES</b>		
<b><i>bisacodyl suppos 10 mg</i></b> (Cvs Gentle Laxative)	Tier 1	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>bisacodyl tab delayed release 5 mg</b> (Stimulant Laxative)	Tier 1	OTC
<b>sennosides chew tab 15 mg</b> (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
<b>sennosides syrup 8.8 mg/5ml</b>	Tier 1	OTC, MAIL
<b>sennosides tab 8.6 mg</b> (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
<b>sennosides tab 25 mg</b> (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL

**SURFACTANT LAXATIVES**

<b>docusate calcium cap 240 mg</b> (Stool Softener)	Tier 1	OTC
<b>docusate sodium cap 50 mg</b> (Ra Col-rite)	Tier 1	OTC
<b>docusate sodium cap 100 mg</b> (Stool Softener)	Tier 1	OTC
<b>docusate sodium cap 250 mg</b>	Tier 1	OTC
<b>docusate sodium liquid 150 mg/15ml</b> (Silace)	Tier 1	OTC
<b>docusate sodium syrup 60 mg/15ml</b> (Silace)	Tier 1	OTC
<b>docusate sodium tab 100 mg</b> (Dok)	Tier 1	OTC
DOCUSOL PLUS ENE 20-283	Tier 1	OTC
<b>(benzocaine-docusate sodium)</b>		
PEDIA-LAX LIQ 50MG ( <b>docusate sodium</b> )	Tier 1	OTC

**MACROLIDES****AZITHROMYCIN**

<b>azithromycin for susp 100 mg/5ml</b>	Tier 1	AGE (Max 12 years)
<b>azithromycin for susp 200 mg/5ml</b>	Tier 1	AGE (Max 12 years)
<b>azithromycin powd pack for susp 1 gm</b>	Tier 1	QL (2 packets / 30 days)
<b>azithromycin tab 250 mg</b>	Tier 1	QL (12 tabs / 30 days)
<b>azithromycin tab 500 mg</b>	Tier 1	QL (6 tabs / 30 days)
<b>azithromycin tab 600 mg</b>	Tier 1	QL (60 tabs / 30 days)

**CLARITHROMYCIN**

<b>clarithromycin for susp 125 mg/5ml</b>	Tier 1	AGE (Max 12 years)
<b>clarithromycin for susp 250 mg/5ml</b>	Tier 1	AGE (Max 12 years)
<b>clarithromycin tab 250 mg</b>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>clarithromycin tab 500 mg</b>	Tier 1	
<b>ERYTHROMYCINS</b>		
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b>	Tier 3	AGE (Max 12 years)
<b>erythromycin ethylsuccinate tab 400 mg</b>	Tier 3	
<b>erythromycin stearate tab 250 mg</b> (Erythrocin Stearate)	Tier 3	
<b>erythromycin tab 250 mg</b>	Tier 3	
<b>erythromycin tab 500 mg</b>	Tier 3	
<b>erythromycin tab delayed release 250 mg</b> (Ery-tab)	Tier 3	
<b>erythromycin tab delayed release 333 mg</b> (Ery-tab)	Tier 3	
<b>erythromycin tab delayed release 500 mg</b> (Ery-tab)	Tier 3	
<b>FIDAXOMICIN</b>		
DIFICID TAB 200MG ( <b>fidaxomicin</b> )	Tier 4	PA
<b>MEDICAL DEVICES</b>		
<b>Parenteral Therapy Supplies</b>		
BD U-500 MIS 31GX6MM ( <b>insulin syringe/needle u-500</b> )	DME	QL (150 ea / 30 days)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CAYA DPR ( <b>diaphragm arc-spring</b> )	Tier 5	
FC2 FEMALE MIS CONDOM ( <b>condoms - female</b> )	Tier 5	OTC
FEMCAP MIS 22MM ( <b>cervical caps</b> )	Tier 5	
FEMCAP MIS 26MM ( <b>cervical caps</b> )	Tier 5	
FEMCAP MIS 30MM ( <b>cervical caps</b> )	Tier 5	
OMNIFLEX DPR ( <b>diaphragms</b> )	Tier 5	
WIDE-SEAL DPR KIT 60 ( <b>diaphragm wide seal</b> )	Tier 5	
WIDE-SEAL DPR KIT 65 ( <b>diaphragm wide seal</b> )	Tier 5	
WIDE-SEAL DPR KIT 70 ( <b>diaphragm wide seal</b> )	Tier 5	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WIDE-SEAL DPR KIT 75 ( <b>diaphragm wide seal</b> )	Tier 5	
WIDE-SEAL DPR KIT 80 ( <b>diaphragm wide seal</b> )	Tier 5	
WIDE-SEAL DPR KIT 85 ( <b>diaphragm wide seal</b> )	Tier 5	
WIDE-SEAL DPR KIT 90 ( <b>diaphragm wide seal</b> )	Tier 5	
WIDE-SEAL DPR KIT 95 ( <b>diaphragm wide seal</b> )	Tier 5	
<b>DIABETIC SUPPLIES</b>		
DEXCOM G5 MIS RECEIVER ( <b>continuous blood glucose system receiver</b> )	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT ( <b>continuous blood glucose system transmitter</b> )	Tier 2	QL (1 box / 90 days), PA
DEXCOM G6 MIS RECEIVER ( <b>continuous blood glucose system receiver</b> )	Tier 2	QL (1 each / year), PA
DEXCOM G6 MIS SENSOR ( <b>continuous blood glucose system sensor</b> )	Tier 2	QL (3 boxes / 30 days), PA
DEXCOM G6 MIS TRANSMIT ( <b>continuous blood glucose system transmitter</b> )	Tier 2	QL (1 box / 90 days), PA
FREESTYLE KIT SENSOR ( <b>continuous blood glucose system sensor</b> )	Tier 2	QL (2 boxes / 30 days), PA
FREESTYLE KIT SENSOR ( <b>continuous blood glucose system sensor</b> )	Tier 2	QL (3 boxes / 30 days), PA
FREESTYLE MIS READER ( <b>continuous blood glucose system receiver</b> )	Tier 2	QL (1 each / year), PA
G5/G4 MIS SENSOR ( <b>continuous blood glucose system sensor</b> )	Tier 2	QL (4 boxes / 30 days), PA
LANCETS MIS 30G	DME	OTC
TRUE METRIX KIT AIR ( <b>blood glucose monitoring supplies</b> )	DME	OTC, QL (1 box / year)
<b>MISC. DEVICES</b>		
ALCOHOL PREP PAD MED 70% ( <b>alcohol swabs</b> )	Tier 1	OTC, QL (200 ea / 30 days)
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN SYRG MIS 0.3/29G ( <b>insulin syringe/needle u-100</b> )	DME	OTC, QL (150 ea / 30 days); TECHLITE

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PULMONEB LT MIS NEBULIZE <i>(respiratory therapy supplies)</i>	Tier 2	QL (1 each / 30 days)
<b>MIGRAINE PRODUCTS</b>		
<b>MIGRAINE COMBINATIONS</b>		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG ( <i>ergotamine tartrate</i> )	Tier 3	
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>frovatriptan succinate tab 2.5 mg (base equivalent)</i></b>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>naratriptan hcl tab 1 mg (base equiv)</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>naratriptan hcl tab 2.5 mg (base equiv)</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>rizatriptan benzoate tab 5 mg (base equivalent)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>rizatriptan benzoate tab 10 mg (base equivalent)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>sumatriptan succinate inj 6 mg/0.5ml</i></b>	Tier 3	QL (2 mL / 30 days)
<b><i>sumatriptan succinate tab 25 mg</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>sumatriptan succinate tab 50 mg</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>sumatriptan succinate tab 100 mg</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>zolmitriptan orally disintegrating tab 2.5 mg</i></b>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan orally disintegrating tab 5 mg</i></b>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan tab 2.5 mg</i></b>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>zolmitriptan tab 5 mg</i></b>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b>ZOMIG SPR 2.5MG (<i>zolmitriptan</i>)</b>	Tier 3	QL (2 mL / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b>ZOMIG SPR 5MG (<i>zolmitriptan</i>)</b>	Tier 3	QL (2 mL / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

**MINERALS & ELECTROLYTES****CALCIUM**

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

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EQ Dose per day

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</b> (Calcium 500/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</b> (Oysco 500+d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 250 mg-125 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-125 unit</b> (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-200 unit</b> (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-400 unit</b> (Oystercal-d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-600 unit</b> (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 600 mg-200 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 600 mg-400 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 600 mg-800 unit</b> (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d cap 600 mg-200 unit</b> (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d chew tab 600 mg-400 unit</b> (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 250 mg-125 unit</b> (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 500 mg-125 unit</b> (Calcium 500 + D)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 500 mg-200 unit</b> (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 500 mg-400 unit</b>	Tier 1	OTC, MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>calcium carbonate-vitamin d tab 600 mg-125 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 600 mg-200 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 600 mg-400 unit</b>	Tier 1	OTC, MAIL
CALCIUM CITR TAB 200MG	Tier 1	OTC, MAIL
<b>calcium citrate tab 950 mg (200 mg elemental ca)</b> (Calcitrate)	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> (Calcium Citrate + D3)	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</b> (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
CALCIUM TAB 600MG	Tier 1	OTC, MAIL
<b>calcium-magnesium-zinc tab 333-133-5 mg</b>	Tier 1	OTC, MAIL
CALTRATE 600 CHW 600-800 ( <b>calcium carbonate-cholecalciferol</b> )	Tier 1	OTC, MAIL
<b>oyster shell calcium tab 500 mg</b>	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG ( <b>calcium carbonate-ergocalciferol</b> )	Tier 1	OTC, MAIL
RISACAL-D TAB ( <b>calcium &amp; phosphorus w/ vitamin d</b> )	Tier 1	OTC
<b>ELECTROLYTE MIXTURES</b>		
<b>oral electrolyte solution</b>	Tier 1	OTC
<b>FLUORIDE</b>		
FLUORABON DRO ( <b>sodium fluoride</b> )	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b>	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b> (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b> (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

**MAGNESIUM**

<b>MAG64 TAB 64MG (magnesium chloride)</b>	Tier 1	OTC
<b>MAGDELAY TAB 70MG (magnesium chloride)</b>	Tier 1	OTC
<b>magnesium chloride tab dr 64 mg (elemental mg)</b> (Magdelay)	Tier 1	OTC
<b>magnesium gluconate tab 27.5 mg (elemental mg)</b>	Tier 1	OTC
<b>magnesium gluconate tab 500 mg (27 mg elemental mg)</b> (Mag-g)	Tier 1	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>magnesium oxide cap 500 mg (elemental mg)</i></b>	Tier 1	OTC, MAIL
<b><i>magnesium oxide tab 250 mg (mg supplement)</i></b>	Tier 1	OTC, MAIL
<b><i>magnesium oxide tab 400 mg (240 mg elemental mg)</i></b>	Tier 1	OTC, MAIL
<b><i>magnesium oxide tab 400 mg (241.3 mg elemental mg) (Magnesium-oxide)</i></b>	Tier 1	OTC, MAIL
<b><i>magnesium oxide tab 500 mg (mg supplement)</i></b>	Tier 1	OTC, MAIL
<b><i>magnesium tab 250 mg</i></b>	Tier 1	OTC, MAIL
<b>PHOSPHATE</b>		
<b><i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (Virt-phos 250 Neutral)</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>POTASSIUM</b>		
<b><i>potassium bicarbonate effer tab 25 meq (Klor-con/ef)</i></b>	Tier 1	QL (60 ea / 30 days), MAIL
<b><i>potassium chloride cap er 8 meq</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>potassium chloride cap er 10 meq</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>potassium chloride microencapsulated crys er tab 10 meq</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>potassium chloride microencapsulated crys er tab 20 meq</i></b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b><i>potassium chloride oral soln 10% (20 meq/15ml)</i></b>	Tier 3	MAIL
<b><i>potassium chloride oral soln 20% (40 meq/15ml)</i></b>	Tier 3	MAIL
<b><i>potassium chloride tab er 8 meq (600 mg)</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>potassium chloride tab er 10 meq</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>potassium chloride tab er 20 meq (1500 mg)</i></b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>SODIUM</b>		
<b><i>sodium chloride tab 1 gm</i></b>	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<b>ZINC</b>		
<b><i>zinc sulfate cap 220 mg (50 mg elemental zn)</i></b> (Zinc-220)	Tier 1	OTC, MAIL
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
D-PENAMINE TAB 125MG ( <b><i>penicillamine</i></b> )	Tier 2	
DEPEN TITRA TAB 250MG ( <b><i>penicillamine</i></b> )	Tier 2	
<b><i>penicillamine tab 250 mg</i></b>	Tier 1	
<b>IMMUNOMODULATORS</b>		
REVLIMID CAP 2.5MG ( <b><i>lenalidomide</i></b> )	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 5MG ( <b><i>lenalidomide</i></b> )	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 10MG ( <b><i>lenalidomide</i></b> )	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 15MG ( <b><i>lenalidomide</i></b> )	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 20MG ( <b><i>lenalidomide</i></b> )	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 25MG ( <b><i>lenalidomide</i></b> )	Tier 4	QL (30 caps / 30 days), PA
THALOMID CAP 50MG ( <b><i>thalidomide</i></b> )	Tier 4	PA
THALOMID CAP 100MG ( <b><i>thalidomide</i></b> )	Tier 4	PA
THALOMID CAP 150MG ( <b><i>thalidomide</i></b> )	Tier 4	PA
THALOMID CAP 200MG ( <b><i>thalidomide</i></b> )	Tier 4	PA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<b><i>azathioprine tab 50 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b><i>cyclosporine cap 25 mg</i></b>	Tier 1	MAIL
<b><i>cyclosporine cap 100 mg</i></b>	Tier 1	MAIL
<b><i>cyclosporine modified cap 25 mg</i></b>	Tier 1	MAIL
<b><i>cyclosporine modified cap 50 mg</i></b>	Tier 1	MAIL
<b><i>cyclosporine modified cap 100 mg</i></b>	Tier 1	MAIL
<b><i>cyclosporine modified oral soln 100 mg/ml</i></b>	Tier 1	MAIL
<b><i>mycophenolate mofetil cap 250 mg</i></b>	Tier 1	MAIL
<b><i>mycophenolate mofetil tab 500 mg</i></b>	Tier 1	MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i></b>	Tier 3	MAIL
<b><i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i></b>	Tier 3	MAIL
<b><i>NEORAL CAP 25MG (cyclosporine modified (for microemulsion))</i></b>	Tier 2	MAIL
<b><i>NEORAL CAP 100MG (cyclosporine modified (for microemulsion))</i></b>	Tier 2	MAIL
<b><i>NULOJIX INJ 250MG (belatacept)</i></b>	Tier 3	PA
<b><i>RAPAMUNE SOL 1MG/ML (sirolimus)</i></b>	Tier 3	MAIL
<b><i>SANDIMMUNE CAP 25MG (cyclosporine)</i></b>	Tier 2	MAIL
<b><i>SANDIMMUNE CAP 100MG (cyclosporine)</i></b>	Tier 2	MAIL
<b><i>sirolimus oral soln 1 mg/ml</i></b>	Tier 3	MAIL
<b><i>sirolimus tab 0.5 mg</i></b>	Tier 3	MAIL
<b><i>sirolimus tab 1 mg</i></b>	Tier 3	MAIL
<b><i>sirolimus tab 2 mg</i></b>	Tier 3	MAIL
<b><i>tacrolimus cap 0.5 mg</i></b>	Tier 1	MAIL
<b><i>tacrolimus cap 1 mg</i></b>	Tier 1	MAIL
<b><i>tacrolimus cap 5 mg</i></b>	Tier 1	MAIL
<b><i>ZORTRESS TAB 0.5MG (everolimus (immunosuppressant))</i></b>	Tier 4	PA
<b><i>ZORTRESS TAB 0.25MG (everolimus (immunosuppressant))</i></b>	Tier 4	PA
<b><i>ZORTRESS TAB 0.75MG (everolimus (immunosuppressant))</i></b>	Tier 4	PA
<b><i>ZORTRESS TAB 1MG (everolimus (immunosuppressant))</i></b>	Tier 4	PA
<b>IRRIGATION SOLUTIONS</b>		
<b><i>irrigation solution, physiological (Physiolyte)</i></b>	Tier 1	
<b><i>water for irrigation, sterile irrigation soln</i></b>	Tier 1	
<b>POTASSIUM REMOVING AGENTS</b>		
<b><i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i></b>	Tier 1	
<b><i>sodium polystyrene sulfonate powder</i></b>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG ( <i>miconazole (mouth-throat)</i> )	Tier 3	PA
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<b>DENTAL PRODUCTS</b>		
<i>sodium fluoride cream 1.1% (Sf 5000 Plus)</i>	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f) (Sf)</i>	Tier 1	MAIL
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	MAIL, PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b-complex w/ c &amp; folic acid cap 1 mg (Virt-caps)</i>	Tier 1	
<i>b-complex w/ c &amp; folic acid tab (Vita-bee/c)</i>	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 0.8 mg (Rena-vite)</i>	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 5 mg (Folbee Plus)</i>	Tier 1	
<b>MULTIPLE VITAMINS W/ IRON</b>		
<i>multiple vitamins w/ iron tab (Stress Formula W/iron)</i>	Tier 1	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<b>multiple vitamins w/ minerals cap</b> (V-c Forte)	Tier 1	
<b>multiple vitamins w/ minerals liquid</b> (Multivitamin & Mineral)	Tier 1	OTC
<b>multiple vitamins w/ minerals tab</b> (Ocuville/lutein)	Tier 1	OTC
<b>MULTIVITAMINS</b>		
<b>MULTI VITAMI TAB D-3</b>	Tier 1	OTC
<b>multiple vitamin cap</b> (Mv-one)	Tier 1	OTC
<b>multiple vitamin tab</b> (Daily Vite)	Tier 1	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</b> (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days)
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> (Mvw Complete Formulation)	Tier 1	OTC
<b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> (Polyvitamin/iron)	Tier 1	OTC
<b>pediatric multiple vitamin w/ minerals &amp; c drops 45 mg/ml</b> (Aquadeks)	Tier 1	OTC
<b>PED MV W/ FLUORIDE</b>		
<b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b> (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
<b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
<b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i></b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<b><i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i></b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<b>PED MV W/ IRON</b>		
<b><i>ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)</i></b>	Tier 1	OTC
<b><i>pediatric multiple vitamins w/ iron chew tab 15 mg</i></b> (Chewable Vite With Iron/c)	Tier 1	OTC
<b><i>pediatric multiple vitamins w/ iron drops 10 mg/ml</i></b> (Bprotected Pedia Poly-vit)	Tier 1	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<b><i>MULT VITAM DRO (pediatric multiple vitamins)</i></b>	Tier 2	OTC, QL (50 / 30 days)
<b><i>pediatric multiple vitamin liq</i></b> (Multi-delyn)	Tier 1	OTC
<b><i>pediatric multiple vitamin w/ c &amp; fa chew tab</i></b> (Chewable Vite Childrens)	Tier 1	OTC
<b><i>pediatric multiple vitamin w/ c soln 35 mg/ml</i></b> (Bprotected Pedia Poly-vit)	Tier 1	OTC
<b><i>pediatric multiple vitamin w/ extra c &amp; fa chew tab</i></b> (Land Before Time Multivit)	Tier 1	OTC
<b>PEDIATRIC VITAMINS</b>		
<b><i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i></b> (Bprotected Pedia Tri-vite)	Tier 1	OTC, QL (50 / 30 days)
<b><i>TRI-VI-SOL SOL (pediatric vitamins adc)</i></b>	Tier 2	OTC, QL (50 / 30 days)
<b>PRENATAL VITAMINS</b>		
<b><i>BE WELL PAK ROUNDED (prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid)</i></b>	Tier 1	OTC
<b><i>BRAINSTRONG MIS PRENATAL (prenatal mv &amp; min w/fe carbonyl-fa-dha)</i></b>	Tier 1	OTC, QL (30 tabs / 30 days)
<b><i>CALNA TAB (prenatal vitamin)</i></b>	Tier 1	OTC, QL (30 tabs / 30 days)

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CENTRUM SPEC PAK PRENATAL ( <b><i>prenatal mv &amp; min w/fe fumarate-fa-dha</i></b> )	Tier 1	OTC, QL (30 tabs / 30 days)
CO-NATAL FA TAB 29-1MG ( <b><i>prenatal vit w/ ferrous fumarate-folic acid</i></b> )	Tier 1	QL (30 tabs / 30 days)
CVS PRENATAL CHW GUMMY ( <b><i>prenatal multivitamins &amp; minerals w/ folic acid-fish oil</i></b> )	Tier 1	OTC, QL (30 tabs / 30 days)
ENFAMIL MIS EXPECTA ( <b><i>prenatal mv &amp; min w/fe fumarate-fa-dha</i></b> )	Tier 1	OTC, QL (60 tabs / 30 days)
EZFE FORTE CAP ( <b><i>prenatal without vit a w/ iron polysaccharide complex-fa</i></b> )	Tier 1	OTC, QL (30 caps / 30 days)
KPN PRENATAL TAB ( <b><i>prenatal multivit-min w/fe-fa</i></b> )	Tier 1	OTC, QL (30 tabs / 30 days)
MYNATAL CAP ( <b><i>prenatal multivit-min w/fe-fa</i></b> )	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB ( <b><i>prenatal vit w/ docusate-iron carbonyl-folic acid</i></b> )	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS ( <b><i>prenatal vit w/ docusate-fe fumarate-folic acid</i></b> )	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG ( <b><i>prenatal vit w/ ferrous fumarate-folic acid</i></b> )	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB ( <b><i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i></b> )	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL ( <b><i>prenatal vitamins w/ ferrous succinate-folic acid</i></b> )	Tier 1	OTC, QL (30 tabs / 30 days)
O-CAL TAB PRENATAL ( <b><i>prenatal vit w/ ferrous fumarate-folic acid</i></b> )	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL ( <b><i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i></b> )	Tier 1	OTC, QL (30 caps / 30 days)
PERRY PRENAT CAP ( <b><i>prenatal vit w/ ferrous fumarate-folic acid</i></b> )	Tier 1	OTC, QL (30 caps / 30 days)
PRENAT MULTI CAP +DHA ( <b><i>prenatal mv &amp; min w/fe fumarate-fa-dha</i></b> )	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL 19 TAB 29-1MG ( <b><i>prenatal vit w/ docusate-fe fumarate-folic acid</i></b> )	Tier 1	QL (30 tabs / 30 days)

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

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

**MUSCULOSKELETAL THERAPY AGENTS****CENTRAL MUSCLE RELAXANTS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>tizanidine hcl tab 2 mg (base equivalent)</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<b><i>tizanidine hcl tab 4 mg (base equivalent)</i></b>	Tier 1	QL (270 tabs / 30 days), MAIL; AGE (Max 64 years)
<b><i>DIRECT MUSCLE RELAXANTS</i></b>		
<b><i>dantrolene sodium cap 25 mg</i></b>	Tier 1	
<b><i>dantrolene sodium cap 50 mg</i></b>	Tier 1	
<b><i>dantrolene sodium cap 100 mg</i></b>	Tier 1	
<b><i>VISCOSUPPLEMENTS</i></b>		
<b><i>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</i></b>	Tier 4	QL (3 syringes / 180 days), PA
<b><i>VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))</i></b>	Tier 4	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b><i>NASAL AGENTS - MISC.</i></b>		
<b><i>saline nasal spray 0.65% (Cvs Saline Nasal Spray)</i></b>	Tier 1	OTC
<b><i>NASAL ANTIALLERGY</i></b>		
<b><i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i></b>	Tier 1	QL (30 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<b><i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i></b>	Tier 1	OTC, QL (52 mL / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>olopatadine hcl nasal soln 0.6%</i></b>	Tier 3	QL (30.5 gm / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<b>NASAL ANTICHOLINERGICS</b>		
<b><i>ipratropium bromide nasal soln 0.03%</i> <b>(21 mcg/spray)</b></b>	Tier 1	QL (30 mL / 30 days), MAIL
<b><i>ipratropium bromide nasal soln 0.06%</i> <b>(42 mcg/spray)</b></b>	Tier 1	QL (15 mL / 30 days), MAIL
<b>NASAL STEROIDS</b>		
<b><i>budesonide nasal susp 32 mcg/act</i> (Ra Budesonide Nasal Spray)</b>	Tier 1	OTC, QL (1 bottle / 30 days), MAIL
<b><i>flunisolide nasal soln 25 mcg/act</i> <b>(0.025%)</b></b>	Tier 1	QL (25 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<b><i>fluticasone propionate nasal susp 50 mcg/act</i></b>	Tier 1	QL (16 gm / 30 days), MAIL; AGE (Min 4 years)
<b>OMNARIS SPR (<i>ciclesonide (nasal)</i>)</b>	Tier 3	MAIL, PA
<b><i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)</b>	Tier 1	OTC, QL (16.9 mL / 30 days), MAIL
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<b>NASAL DECON SYP 30MG/5ML <b>(<i>pseudoephedrine hcl</i>)</b></b>	Tier 1	OTC
<b>NASAL DECONG LIQ 30MG/5ML <b>(<i>pseudoephedrine hcl</i>)</b></b>	Tier 1	OTC
<b><i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)</b>	Tier 1	OTC

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mail-order    **OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine    174  
EQ Dose per day

Tier 1 = Preferred Generic Drugs  
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Tier 4 = Brand and Generic Specialty Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>phenylephrine hcl tab 10 mg</i></b> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<b><i>pseudoephedrine hcl liq 15 mg/5ml</i></b> (Childrens Silfedrine)	Tier 1	OTC
<b><i>pseudoephedrine hcl tab 30 mg</i></b> (Cvs Nasal Decongestant)	Tier 1	OTC
<b><i>pseudoephedrine hcl tab 60 mg</i></b>	Tier 1	OTC
<b><i>pseudoephedrine hcl tab er 12hr 120 mg</i></b> (12 Hour Decongestant)	Tier 1	OTC
<b><i>SUDAFED PE SOL CHILDREN (phenylephrine hcl (oral))</i></b>	Tier 1	OTC
<b>NEUROMUSCULAR AGENTS</b>		
<b><i>ALS AGENTS</i></b>		
<b><i>riluzole tab 50 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<b><i>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</i></b>		
<b><i>BOTOX INJ 100UNIT (onabotulinumtoxin)</i></b>	Tier 4	PA
<b><i>BOTOX INJ 200UNIT (onabotulinumtoxin)</i></b>	Tier 4	PA
<b>NUTRIENTS</b>		
<b><i>MISC. NUTRITIONAL SUBSTANCES</i></b>		
<b><i>docosahexaenoic acid cap 200 mg</i></b> (Prenatal Dha)	Tier 1	OTC, QL (30 caps / 30 days)
<b><i>omega-3 fatty acids cap 300 mg</i></b>	Tier 1	OTC
<b><i>omega-3 fatty acids cap 500 mg</i></b>	Tier 1	OTC
<b><i>omega-3 fatty acids cap 1000 mg</i></b>	Tier 1	OTC
<b><i>omega-3 fatty acids cap 1200 mg</i></b>	Tier 1	OTC
<b><i>omega-3 fatty acids cap delayed release 1000 mg</i></b> (Hm Fish Oil)	Tier 1	OTC
<b><i>omega-3 fatty acids cap delayed release 1200 mg</i></b> (Cvs Fish Oil)	Tier 1	OTC
<b>OPHTHALMIC AGENTS</b>		
<b><i>ARTIFICIAL TEARS AND LUBRICANTS</i></b>		
<b><i>artificial tear ophth ointment</i></b> (Akwa Tears)	Tier 1	OTC, MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>artificial tear ophth solution</b> (Sm Artificial Tears)	Tier 1	OTC, MAIL
<b>carboxymethylcellulose sodium (pf) ophth soln 0.5%</b> (Hm Lubricating Plus)	Tier 1	OTC, MAIL
<b>carboxymethylcellulose sodium ophth soln 0.5%</b> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> (Cvs Natural Tears)	Tier 1	OTC, MAIL
<b>dextran 70-hypromellose ophth soln 0.1-0.3%</b> (Artificial Tears)	Tier 1	OTC, MAIL
<b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
<b>hypromellose ophth soln 0.3%</b> (Pure & Gentle Lubricant)	Tier 1	OTC, MAIL
<b>LACRISERT MIS 5MG OP (artificial tear insert)</b>	Tier 3	MAIL, PA
<b>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</b> (Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>polyvinyl alcohol ophth soln 1.4%</b> (Artificial Tears)	Tier 1	OTC, MAIL
<b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</b> (Gnp Artificial Tears)	Tier 1	OTC, MAIL
<b>propylene glycol-glycerin ophth soln 1-0.3%</b> (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>white petrolatum-mineral oil ophth ointment</b> (Genteal Tears Night-time)	Tier 1	OTC, MAIL
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<b>betaxolol hcl ophth soln 0.5%</b>	Tier 1	MAIL
<b>carteolol hcl ophth soln 1%</b>	Tier 1	QL (15 mL / 30 days), MAIL
<b>COMBIGAN SOL 0.2/0.5% (brimonidine tartrate-timolol maleate)</b>	Tier 2	QL (10 mL / 30 days), MAIL
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>levobunolol hcl ophth soln 0.5%</b>	Tier 1	QL (15 mL / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>timolol maleate ophth gel forming soln 0.5%</i></b>	Tier 3	QL (5 mL / 30 days), MAIL
<b><i>timolol maleate ophth gel forming soln 0.25%</i></b>	Tier 3	QL (5 mL / 30 days), MAIL
<b><i>timolol maleate ophth soln 0.5%</i></b>	Tier 1	QL (10 mL / 30 days), MAIL
<b><i>timolol maleate ophth soln 0.25%</i></b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
<b><i>cyclopentolate hcl ophth soln 1%</i></b>	Tier 1	QL (15 / 30 days), MAIL
<b><i>tropicamide ophth soln 0.5%</i></b>	Tier 1	MAIL
<b><i>tropicamide ophth soln 1%</i></b>	Tier 1	MAIL
<b>MIOTICS</b>		
PHOSPHOLINE SOL 0.125%OP <b><i>(echothiophate iodide)</i></b>	Tier 2	MAIL
<b><i>pilocarpine hcl ophth soln 1%</i></b>	Tier 1	MAIL
<b><i>pilocarpine hcl ophth soln 2%</i></b>	Tier 1	MAIL
<b><i>pilocarpine hcl ophth soln 4%</i></b>	Tier 1	MAIL
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<b><i>apraclonidine hcl ophth soln 0.5%</i></b> <b><i>(base equivalent)</i></b>	Tier 1	
<b><i>brimonidine tartrate ophth soln 0.2%</i></b>	Tier 1	QL (15 mL / 30 days), MAIL
<b><i>brimonidine tartrate ophth soln 0.15%</i></b>	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% <b><i>(brinzolamide-brimonidine tartrate)</i></b>	Tier 3	QL (8 mL / 30 days), MAIL
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1% <b><i>(azithromycin ophth))</i></b>	Tier 3	PA
<b><i>bacitracin ophth oint 500 unit/gm</i></b>	Tier 1	
<b><i>bacitracin-polymyxin b ophth oint</i></b> <b><i>(Polycin)</i></b>	Tier 1	
BESIVANCE SUS 0.6% <b><i>(besifloxacin hcl)</i></b>	Tier 3	PA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOTEMAX GEL 0.5% ( <b>loteprednol etabonate</b> )	Tier 3	PA
LOTEMAX OIN 0.5% ( <b>loteprednol etabonate</b> )	Tier 3	PA
LOTEMAX SUS 0.5% ( <b>loteprednol etabonate</b> )	Tier 3	PA
<b>loteprednol etabonate ophth susp 0.5%</b>	Tier 3	PA
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b>	Tier 1	
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b>	Tier 1	
<b>prednisolone acetate ophth susp 1%</b>	Tier 1	
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b>	Tier 1	
TOBRADEX OIN 0.3-0.1% ( <b>tobramycin-dexamethasone</b> )	Tier 2	QL (3.5 gm / 30 days)
<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b>	Tier 1	QL (10 mL / 30 days)
<b>OPHTHALMICS - MISC.</b>		
ALOCRI SOL 2% ( <b>nedocromil sodium (ophth)</b> )	Tier 3	MAIL, PA
ALOMIDE SOL 0.1% OP ( <b>lodoxamide tromethamine</b> )	Tier 3	MAIL, PA
<b>azelastine hcl ophth soln 0.05%</b>	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP ( <b>brinzolamide</b> )	Tier 2	QL (10 mL / 30 days), MAIL
BEPREVE DRO 1.5% ( <b>bepotastine besilate</b> )	Tier 3	MAIL, PA
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	Tier 3	
<b>cromolyn sodium ophth soln 4%</b>	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% ( <b>cysteamine hcl</b> )	Tier 3	MAIL, PA
<b>diclofenac sodium ophth soln 0.1%</b>	Tier 1	
<b>dorzolamide hcl ophth soln 2%</b>	Tier 1	QL (10 mL / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMADINE SOL 0.05% OP ( <b>emedastine difumarate</b> )	Tier 3	MAIL, PA
<b>epinastine hcl ophth soln 0.05%</b>	Tier 1	QL (5 mL / 30 days), MAIL
<b>flurbiprofen sodium ophth soln 0.03%</b>	Tier 1	
<b>ketorolac tromethamine ophth soln 0.4%</b>	Tier 1	QL (10 mL / 30 days)
<b>ketorolac tromethamine ophth soln 0.5%</b>	Tier 1	QL (10 mL / 30 days)
<b>ketotifen fumarate ophth soln 0.025% (base equiv)</b>	Tier 1	OTC, QL (5 mL / 30 days), MAIL
LASTACFT SOL 0.25% ( <b>alcaftadine</b> )	Tier 3	MAIL, PA
NEVANAC SUS 0.1% ( <b>nepafenac</b> )	Tier 3	PA
<b>olopatadine hcl ophth soln 0.1% (base equivalent)</b>	Tier 3	QL (5 mL / 30 days), MAIL, PA
<b>olopatadine hcl ophth soln 0.2% (base equivalent)</b>	Tier 3	QL (2.5 mL / 30 days), MAIL, PA
<b>sodium chloride hypertonic ophth oint 5%</b> (Cvs Sodium Chloride)	Tier 1	OTC
<b>sodium chloride hypertonic ophth soln 5%</b> (Cvs Sodium Chloride)	Tier 1	OTC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<b>bimatoprost ophth soln 0.03%</b>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<b>latanoprost ophth soln 0.005%</b>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% ( <b>bimatoprost</b> )	Tier 3	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
TRAVATAN Z DRO 0.004% ( <b>travoprost</b> )	Tier 2	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i></b>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<b><i>ZIOPTAN DRO 0.0015% (tafluprost)</i></b>	Tier 2	QL (30 ea / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.

**OTIC AGENTS****OTIC AGENTS - MISCELLANEOUS**

<b><i>acetic acid otic soln 2%</i></b>	Tier 1	
<b><i>carbamide peroxide 6.5% otic soln (Ear Drops Earwax Removal)</i></b>	Tier 1	OTC
<b><i>isopropyl alcohol-glycerin otic liquid 95-5% (Ra Ear Drying Agent)</i></b>	Tier 1	OTC

**OTIC ANTI-INFECTIVES**

<b><i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i></b>	Tier 1	QL (14 ea / 30 days)
<b><i>ofloxacin otic soln 0.3%</i></b>	Tier 1	QL (5 mL / 30 days)

**OTIC COMBINATIONS**

<b><i>CIPRO HC SUS OTIC (ciprofloxacin-hydrocortisone)</i></b>	Tier 3	PA
<b><i>CIPRODEX SUS 0.3-0.1% (ciprofloxacin-dexamethasone)</i></b>	Tier 3	PA
<b><i>COLY-MYCIN S SUS OTIC (neomycin-colistin-hc-thonzonium)</i></b>	Tier 3	
<b><i>neomycin-polymyxin-hc otic soln 1%</i></b>	Tier 1	
<b><i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i></b>	Tier 1	

**OTIC STEROIDS**

<b><i>fluocinolone acetonide (otic) oil 0.01%</i></b>	Tier 1	
<b><i>hydrocortisone w/ acetic acid otic soln 1-2%</i></b>	Tier 1	

**OXYTOCICS****OXYTOCICS**

<b><i>methylergonovine maleate tab 0.2 mg</i></b>	Tier 3	
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Drug Name	Drug Tier	Requirements/Limits
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CARIMUNE NF INJ 12GM ( <i>immune globulin (human) iv</i> )	Tier 4	PA
FLEBOGAMMA INJ DIF 5% ( <i>immune globulin (human) iv</i> )	Tier 4	PA
GAMASTAN INJ ( <i>immune globulin (human) im</i> )	Tier 4	PA
GAMMAGARD INJ 1GM/10ML ( <i>immune globulin (human) iv or subcutaneous</i> )	Tier 4	PA
GAMMAGARD SD INJ 10GM HU ( <i>immune globulin (human) iv</i> )	Tier 4	PA
HIZENTRA INJ 2GM/10ML ( <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	
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ 50MG ( <i>palivizumab</i> )	Tier 4	PA
SYNAGIS INJ 100MG/ML ( <i>palivizumab</i> )	Tier 4	PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HYQVIA INJ 30-2400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)</b>	Tier 4	PA

**PENICILLINS****AMINOPENICILLINS**

<b><i>amoxicillin (trihydrate) cap 250 mg</i></b>	Tier 1	
<b><i>amoxicillin (trihydrate) cap 500 mg</i></b>	Tier 1	
<b><i>amoxicillin (trihydrate) chew tab 125 mg</i></b>	Tier 1	AGE (Max 12 years)
<b><i>amoxicillin (trihydrate) chew tab 250 mg</i></b>	Tier 1	AGE (Max 12 years)
<b><i>amoxicillin (trihydrate) for susp 125 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>amoxicillin (trihydrate) for susp 200 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>amoxicillin (trihydrate) for susp 250 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>amoxicillin (trihydrate) for susp 400 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>amoxicillin (trihydrate) tab 500 mg</i></b>	Tier 3	
<b><i>amoxicillin (trihydrate) tab 875 mg</i></b>	Tier 1	
<b><i>ampicillin cap 500 mg</i></b>	Tier 1	

**NATURAL PENICILLINS**

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

**PENICILLIN COMBINATIONS**

<b><i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i></b>	Tier 3	AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i></b>	Tier 3	AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)

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EQ Dose per day

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i></b>	Tier 3	AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i></b>	Tier 1	AGE (Max 12 years)
<b><i>amoxicillin &amp; k clavulanate tab 250-125 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b><i>amoxicillin &amp; k clavulanate tab 500-125 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b><i>amoxicillin &amp; k clavulanate tab 875-125 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b><i>AUGMENTIN SUS 125/5ML (amoxicillin &amp; pot clavulanate)</i></b>	Tier 3	AGE (Max 12 years)
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<b><i>dicloxacillin sodium cap 250 mg</i></b>	Tier 1	
<b><i>dicloxacillin sodium cap 500 mg</i></b>	Tier 1	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<b><i>hydroxyprogesterone caproate im in oil 250 mg/ml</i></b>	Tier 4	PA
<b><i>medroxyprogesterone acetate tab 2.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>medroxyprogesterone acetate tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>medroxyprogesterone acetate tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>norethindrone acetate tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>progesterone micronized cap 100 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>progesterone micronized cap 200 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<b><i>acamprosate calcium tab delayed release 333 mg</i></b>	Tier 1	MAIL

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Tier 4 = Brand and Generic Specialty Drugs  
Tier 5 = Preventative Drugs  
DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>disulfiram tab 250 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>disulfiram tab 500 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTI-CATAPLECTIC AGENTS</b>		
<b>XYREM SOL 500MG/ML (<i>sodium oxybate</i>)</b>	Tier 4	PA
<b>ANTIDEMENTIA AGENTS</b>		
<b><i>donepezil hydrochloride orally disintegrating tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>donepezil hydrochloride orally disintegrating tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>donepezil hydrochloride tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>donepezil hydrochloride tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>galantamine hydrobromide cap er 24hr 8 mg</i></b>	Tier 1	MAIL
<b><i>galantamine hydrobromide cap er 24hr 16 mg</i></b>	Tier 1	MAIL
<b><i>galantamine hydrobromide cap er 24hr 24 mg</i></b>	Tier 1	MAIL
<b><i>galantamine hydrobromide tab 4 mg</i></b>	Tier 1	MAIL
<b><i>galantamine hydrobromide tab 8 mg</i></b>	Tier 1	MAIL
<b><i>galantamine hydrobromide tab 12 mg</i></b>	Tier 1	MAIL
<b><i>memantine hcl cap er 24hr 7 mg</i></b>	Tier 3	MAIL, PA
<b><i>memantine hcl cap er 24hr 14 mg</i></b>	Tier 3	MAIL, PA
<b><i>memantine hcl cap er 24hr 21 mg</i></b>	Tier 3	MAIL, PA
<b><i>memantine hcl cap er 24hr 28 mg</i></b>	Tier 3	MAIL, PA
<b><i>memantine hcl oral solution 2 mg/ml</i></b>	Tier 1	MAIL
<b><i>memantine hcl tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>memantine hcl tab 5 mg (28) &amp; 10 mg (21) titration pak</i></b>	Tier 1	QL (49 tabs / year)
<b><i>memantine hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i></b>	Tier 3	MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>rivastigmine tartrate cap 3 mg (base equivalent)</i></b>	Tier 3	MAIL
<b><i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i></b>	Tier 3	MAIL
<b><i>rivastigmine tartrate cap 6 mg (base equivalent)</i></b>	Tier 3	MAIL
<b><i>rivastigmine td patch 24hr 4.6 mg/24hr</i></b>	Tier 3	MAIL, PA
<b><i>rivastigmine td patch 24hr 9.5 mg/24hr</i></b>	Tier 3	MAIL, PA
<b><i>rivastigmine td patch 24hr 13.3 mg/24hr</i></b>	Tier 3	MAIL, PA
<b>FIBROMYALGIA AGENTS</b>		
<b><i>SAVELLA MIS TITR PAK (milnacipran hcl)</i></b>	Tier 3	MAIL, PA
<b><i>SAVELLA TAB 12.5MG (milnacipran hcl)</i></b>	Tier 3	MAIL, PA
<b><i>SAVELLA TAB 25MG (milnacipran hcl)</i></b>	Tier 3	MAIL, PA
<b><i>SAVELLA TAB 50MG (milnacipran hcl)</i></b>	Tier 3	MAIL, PA
<b><i>SAVELLA TAB 100MG (milnacipran hcl)</i></b>	Tier 3	MAIL, PA
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<b><i>tetrabenazine tab 12.5 mg</i></b>	Tier 4	PA
<b><i>tetrabenazine tab 25 mg</i></b>	Tier 4	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b><i>AUBAGIO TAB 7MG (teriflunomide)</i></b>	Tier 4	PA
<b><i>AUBAGIO TAB 14MG (teriflunomide)</i></b>	Tier 4	PA
<b><i>AVONEX KIT 30MCG (interferon beta-1a)</i></b>	Tier 4	PA
<b><i>AVONEX PEN KIT 30MCG (interferon beta-1a)</i></b>	Tier 4	PA
<b><i>AVONEX PREFL KIT 30MCG (interferon beta-1a)</i></b>	Tier 4	PA
<b><i>dalfampridine tab er 12hr 10 mg</i></b>	Tier 4	PA
<b><i>EXTAVIA INJ 0.3MG (interferon beta-1b)</i></b>	Tier 4	PA
<b><i>GILENYA CAP 0.5MG (fingolimod hcl)</i></b>	Tier 4	PA
<b><i>glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)</i></b>	Tier 4	PA
<b><i>glatiramer acetate soln prefilled syringe 40 mg/ml</i></b>	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLEGRIDY INJ ( <b>peginterferon beta-1a</b> )	Tier 4	PA
PLEGRIDY INJ PEN ( <b>peginterferon beta-1a</b> )	Tier 4	PA
PLEGRIDY INJ STARTER ( <b>peginterferon beta-1a</b> )	Tier 4	PA
PLEGRIDY PEN INJ STARTER ( <b>peginterferon beta-1a</b> )	Tier 4	PA
TECFIDERA CAP 120MG ( <b>dimethyl fumarate</b> )	Tier 4	PA
TECFIDERA CAP 240MG ( <b>dimethyl fumarate</b> )	Tier 4	PA
TECFIDERA MIS STARTER ( <b>dimethyl fumarate</b> )	Tier 4	PA
TYSABRI INJ 300/15ML ( <b>natalizumab</b> )	Tier 4	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>ergoloid mesylates tab 1 mg</b>	Tier 3	MAIL, PA
<b>pimozide tab 1 mg</b>	Tier 1	QL (300 tabs / 30 days), MAIL
<b>pimozide tab 2 mg</b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>SMOKING DETERRENTS</b>		
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG ( <b>varenicline tartrate</b> )	Tier 5	QL (53 tabs / year), MAIL
CHANTIX TAB 0.5MG ( <b>varenicline tartrate</b> )	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG ( <b>varenicline tartrate</b> )	Tier 5	QL (60 tabs / 30 days), MAIL
<b>nicotine polacrilex gum 2 mg</b>	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<b>nicotine polacrilex gum 4 mg</b> (Cvs Nicotine Polacrilex)	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<b>nicotine polacrilex lozenge 2 mg</b> (Cvs Nicotine Lozenge)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
<b>nicotine polacrilex lozenge 4 mg</b> (Eq Nicotine Polacrilex)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICOTINE SYS KIT TRANSDER	Tier 5	OTC, QL (56 patches / 30 days), MAIL
<b><i>nicotine td patch 24hr 7 mg/24hr</i></b> (Nicotine Transdermal Syst)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<b><i>nicotine td patch 24hr 14 mg/24hr</i></b> (Hm Nicotine Transdermal S)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<b><i>nicotine td patch 24hr 21 mg/24hr</i></b> (Cvs Nicotine Transdermal)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
NICOTROL INH ( <b><i>nicotine</i></b> )	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML ( <b><i>nicotine</i></b> )	Tier 5	QL (40 mL / 30 days), MAIL

**RESPIRATORY AGENTS - MISC.****ALPHA-PROTEINASE INHIBITOR (HUMAN)**

GLASSIA INJ ( <b><i>alpha1-proteinase inhibitor (human)</i></b> )	Tier 4	PA
PROLASTIN-C INJ 1000MG ( <b><i>alpha1-proteinase inhibitor (human)</i></b> )	Tier 4	PA

**CYSTIC FIBROSIS AGENTS**

KALYDECO PAK 50MG ( <b><i>ivacaftor</i></b> )	Tier 4	PA
KALYDECO PAK 75MG ( <b><i>ivacaftor</i></b> )	Tier 4	PA
KALYDECO TAB 150MG ( <b><i>ivacaftor</i></b> )	Tier 4	PA
PULMOZYME SOL 1MG/ML ( <b><i>dornase alfa</i></b> )	Tier 4	PA

**PULMONARY FIBROSIS AGENTS**

ESBRIET CAP 267MG ( <b><i>pirfenidone</i></b> )	Tier 4	PA
ESBRIET TAB 267MG ( <b><i>pirfenidone</i></b> )	Tier 4	PA
ESBRIET TAB 801MG ( <b><i>pirfenidone</i></b> )	Tier 4	PA

**SULFONAMIDES****SULFONAMIDES**

SULFADIAZINE TAB 500MG	Tier 3	
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**TETRACYCLINES****TETRACYCLINES**

<b><i>demeclocycline hcl tab 150 mg</i></b>	Tier 3	
<b><i>demeclocycline hcl tab 300 mg</i></b>	Tier 3	
<b><i>doxycycline hyclate cap 50 mg</i></b>	Tier 1	
<b><i>doxycycline hyclate cap 100 mg</i></b>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>doxycycline hyclate tab 20 mg</i></b>	Tier 1	
<b><i>doxycycline monohydrate cap 50 mg</i></b>	Tier 1	
<b><i>doxycycline monohydrate cap 100 mg</i></b>	Tier 1	
<b><i>doxycycline monohydrate tab 100 mg</i></b>	Tier 1	
<b><i>minocycline hcl cap 50 mg</i></b>	Tier 1	
<b><i>minocycline hcl cap 100 mg</i></b>	Tier 1	
<b><i>tetracycline hcl cap 250 mg</i></b>	Tier 3	
<b><i>tetracycline hcl cap 500 mg</i></b>	Tier 3	

**THYROID AGENTS****ANTITHYROID AGENTS**

<b><i>methimazole tab 5 mg</i></b>	Tier 1	MAIL
<b><i>methimazole tab 10 mg</i></b>	Tier 1	MAIL
<b><i>propylthiouracil tab 50 mg</i></b>	Tier 1	MAIL

**THYROID HORMONES**

<b>ARMOUR THYRO TAB 15MG (<i>thyroid</i>)</b>	Tier 2	MAIL
<b>ARMOUR THYRO TAB 30MG (<i>thyroid</i>)</b>	Tier 2	MAIL
<b>ARMOUR THYRO TAB 60MG (<i>thyroid</i>)</b>	Tier 2	MAIL
<b>ARMOUR THYRO TAB 90MG (<i>thyroid</i>)</b>	Tier 2	MAIL
<b>ARMOUR THYRO TAB 120MG (<i>thyroid</i>)</b>	Tier 2	MAIL
<b>ARMOUR THYRO TAB 180MG (<i>thyroid</i>)</b>	Tier 2	MAIL
<b>ARMOUR THYRO TAB 240MG (<i>thyroid</i>)</b>	Tier 2	MAIL
<b>ARMOUR THYRO TAB 300MG (<i>thyroid</i>)</b>	Tier 2	MAIL
<b><i>levothyroxine sodium tab 25 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 50 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 75 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 88 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 100 mcg</i></b>	Tier 1	MAIL
<b><i>levothyroxine sodium tab 112 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 125 mcg</i></b> (Levoxyl)	Tier 1	MAIL
<b><i>levothyroxine sodium tab 137 mcg</i></b> (Levoxyl)	Tier 1	MAIL

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

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

**TOXOIDS****TOXOID COMBINATIONS**

ADACEL INJ ( <b>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</b> )	Tier 5	Prior history of prenatal vitamins in past 90 days required
BOOSTRIX INJ ( <b>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</b> )	Tier 5	Members who are not pregnant must go through provider office
TDVAX INJ 2-2 LF ( <b>tetanus-diphtheria toxoids (td)</b> )	Tier 5	QL (Max 1 injection / 10 years); AGE (Min 7 years)

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ 5-2LF ( <i>tetanus-diphtheria toxoids (td)</i> )	Tier 5	QL (Max 1 injection / 10 years); AGE (Min 7 years)

**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS****ANTISPASMODICS**

<i>dicyclomine hcl cap 10 mg</i>	Tier 1	AGE (Max 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	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</i> (Hyosyne)	Tier 1	MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	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 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	MAIL; AGE (Max 12 years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i></b>	Tier 1	MAIL; AGE (Max 12 years)
<b><i>ranitidine hcl tab 75 mg</i></b> (Sm Acid Reducer)	Tier 1	OTC, MAIL
<b><i>ranitidine hcl tab 150 mg</i></b>	Tier 1	MAIL
<b><i>ranitidine hcl tab 300 mg</i></b>	Tier 1	MAIL
<b>MISC. ANTI-ULCER</b>		
<b><i>sucralfate tab 1 gm</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR <b><i>(dexlansoprazole)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
DEXILANT CAP 60MG DR <b><i>(dexlansoprazole)</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b><i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i></b> (Sm Esomeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days), MAIL
FIRST-OMEPRASUS 2MG/ML <b><i>(omeprazole)</i></b>	Tier 1	QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<b><i>lansoprazole cap delayed release 15 mg</i></b>	Tier 3	QL (60 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>lansoprazole cap delayed release 30 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b><i>omeprazole cap delayed release 10 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>omeprazole cap delayed release 20 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>omeprazole cap delayed release 40 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i></b> (Cvs Omeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days)
<b><i>pantoprazole sodium ec tab 20 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>pantoprazole sodium ec tab 40 mg (base equiv)</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>PRILOSEC OTC TAB 20MG (omeprazole magnesium)</i></b>	Tier 1	OTC, QL (60 tabs / 30 days)
<b><i>rabeprazole sodium ec tab 20 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

**ULCER DRUGS - PROSTAGLANDINS**

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

**URINARY ANTI-INFECTIVES****URINARY ANTI-INFECTIVES**

<b><i>methenamine hippurate tab 1 gm</i></b>	Tier 1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MONUROL PAK GRANULES (<i>fosfomycin tromethamine</i>)</b>	Tier 3	
<b><i>nitrofurantoin macrocrystalline cap 50 mg</i></b>	Tier 1	QL (60 caps / 30 days); AGE (Max 64 years)
<b><i>nitrofurantoin macrocrystalline cap 100 mg</i></b>	Tier 1	QL (120 caps / 30 days); AGE (Max 64 years)
<b><i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i></b>	Tier 1	QL (60 caps / 30 days); AGE (Max 64 years)
<b><i>nitrofurantoin susp 25 mg/5ml</i></b>	Tier 3	AGE (Max 12 years)

**URINARY ANTISPASMODICS****URINARY ANTISPASMODIC - ANTIMUSCARINICS  
(ANTICHOLINERGIC)**

<b><i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of tolterodine AND trospium in the past 90 days.
<b><i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of tolterodine AND trospium in the past 90 days.
<b><i>oxybutynin chloride syrup 5 mg/5ml</i></b>	Tier 1	QL (600 mL / 30 days), MAIL
<b><i>oxybutynin chloride tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>oxybutynin chloride tab er 24hr 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>oxybutynin chloride tab er 24hr 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>oxybutynin chloride tab er 24hr 15 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>solifenacin succinate tab 5 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<b><i>solifenacin succinate tab 10 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>tolterodine tartrate tab 1 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
<b><i>tolterodine tartrate tab 2 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG ( <b><i>fesoterodine fumarate</i></b> )	Tier 3	QL (30 tabs / 30 days), MAIL, PA
TOVIAZ TAB 8MG ( <b><i>fesoterodine fumarate</i></b> )	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b><i>trospium chloride cap er 24hr 60 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of tolterodine AND trospium in the past 90 days.
<b><i>trospium chloride tab 20 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
VESICARE TAB 5MG ( <b><i>solifenacin succinate</i></b> )	Tier 3	QL (60 tabs / 30 days), MAIL, PA
VESICARE TAB 10MG ( <b><i>solifenacin succinate</i></b> )	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB 25MG ( <b><i>mirabegron</i></b> )	Tier 3	QL (30 tabs / 30 days), MAIL, PA
MYRBETRIQ TAB 50MG ( <b><i>mirabegron</i></b> )	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<b><i>bethanechol chloride tab 5 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>bethanechol chloride tab 10 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>bethanechol chloride tab 25 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>bethanechol chloride tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<b><i>flavoxate hcl tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
PNEUMOVAX 23 INJ 25/0.5 <b>(pneumococcal vac polyvalent)</b>	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ <b>(pneumococcal 13-valent conjugate vaccine)</b>	Tier 5	QL (Max 4 injections per lifetime)
<b>VIRAL VACCINES</b>		
AFLURIA QUAD INJ 2019-20 <b>(influenza virus vaccine split quadrivalent)</b>	Tier 5	QL (Max 1 Injection per year)
ENGRIX-B INJ 10/0.5ML <b>(hepatitis b vaccine (recomb))</b>	Tier 5	QL (Maximum 3 injections per lifetime)
ENGRIX-B INJ 20MCG/ML <b>(hepatitis b vaccine (recomb))</b>	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 <b>(influenza virus vaccine split quadrivalent)</b>	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 <b>(influenza virus vac recomb hemagglutinin (ha) quadrivalent)</b>	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 <b>(influenza virus vaccine tissue-cultured subunit quadrivalent)</b>	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 <b>(influenza virus vaccine split quadrivalent)</b>	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2019-20 <b>(influenza virus vaccine live quadrivalent)</b>	Tier 5	QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 <b>(influenza virus vaccine split quadrivalent)</b>	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT <b>(hepatitis a vaccine)</b>	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT <b>(hepatitis a vaccine)</b>	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML <b>(hepatitis b vaccine recombinant adjuvanted)</b>	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG <b>(hepatitis b vaccine recombinant adjuvanted)</b>	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 <b>(hepatitis b vaccine (recomb))</b>	Tier 5	QL (Maximum 3 injections per lifetime)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RECOMBIVA HB INJ 10MCG/ML ( <b>hepatitis b vaccine (recomb)</b> )	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML ( <b>zoster vaccine recombinant adjuvanted</b> )	Tier 5	QL (Max 2 injections per lifetime); AGE (Min 50 years)
TWINRIX INJ ( <b>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</b> )	Tier 5	QL (Max 3 injections per lifetime); AGE (Min 18 years)
VAQTA INJ 25/0.5ML ( <b>hepatitis a vaccine</b> )	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML ( <b>hepatitis a vaccine</b> )	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ ( <b>zoster vaccine live</b> )	Tier 5	QL (Max 1 injection per lifetime); AGE (Min 50 years)

**VAGINAL PRODUCTS****SPERMICIDES**

ENCARE SUP 100MG ( <b>nonoxynol-9</b> )	Tier 5	OTC
GYNOL II GEL 3% ( <b>nonoxynol-9</b> )	Tier 5	OTC
<b>nonoxynol-9 gel 4%</b> (Vcf Vaginal Contraceptive)	Tier 5	OTC
SHUR-SEAL GEL 2% ( <b>nonoxynol-9</b> )	Tier 5	OTC
TODAY SPONGE MIS ( <b>nonoxynol-9</b> )	Tier 5	OTC
VCF VAGINAL AER CONTRACP ( <b>nonoxynol-9</b> )	Tier 5	OTC
VCF VAGINAL MIS CONTRACP ( <b>nonoxynol-9</b> )	Tier 5	OTC

**VAGINAL ANTI-INFECTIVES**

<b>clindamycin phosphate vaginal cream 2%</b>	Tier 1	QL (40 gm / 30 days)
<b>clotrimazole vaginal cream 1%</b>	Tier 1	OTC
<b>clotrimazole vaginal cream 2%</b> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% ( <b>butoconazole nitrate (one dose)</b> )	Tier 2	
<b>metronidazole vaginal gel 0.75%</b>	Tier 1	QL (70 gm / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i></b> (Sm Miconazole 3)	Tier 1	OTC
<b><i>miconazole nitrate vaginal cream 2%</i></b> (Miconazole 7)	Tier 1	OTC
<b><i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i></b> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<b><i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i></b> (Gnp Miconazole 3)	Tier 1	OTC
<b><i>miconazole nitrate vaginal suppos 100 mg</i></b> (Miconazole 7)	Tier 1	OTC
<b><i>MONISTAT 7 KIT COMBO PK (miconazole nitrate vaginal)</i></b>	Tier 1	OTC
<b><i>terconazole vaginal cream 0.4%</i></b>	Tier 1	
<b><i>terconazole vaginal cream 0.8%</i></b>	Tier 1	
<b><i>terconazole vaginal suppos 80 mg</i></b>	Tier 3	
<b><i>tioconazole vaginal oint 6.5%</i></b> (Ra Tioconazole 1)	Tier 1	OTC
<b>VAGINAL ESTROGENS</b>		
<b><i>estradiol vaginal cream 0.1 mg/gm</i></b>	Tier 1	QL (42.5 gm / 30 days), MAIL
<b><i>estradiol vaginal tab 10 mcg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL
<b><i>PREMARIN VAG CRE 0.625MG (estrogens, conjugated vaginal)</i></b>	Tier 2	QL (30 gm / 30 days), MAIL
<b>VAGINAL PROGESTINS</b>		
<b><i>PROGESTERONE SUP VGS 100 (progesterone (vaginal))</i></b>	Tier 3	PA
<b><i>PROGESTERONE SUP VGS 200 (progesterone (vaginal))</i></b>	Tier 3	PA
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<b><i>EPIPEN 2-PAK INJ 0.3MG (epinephrine (anaphylaxis))</i></b>	Tier 2	QL (2 ea / 30 days)
<b><i>EPIPEN-JR INJ 0.15MG (epinephrine (anaphylaxis))</i></b>	Tier 2	QL (2 ea / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
NORTHERA CAP 100MG ( <i>droxidopa</i> )	Tier 4	PA
NORTHERA CAP 200MG ( <i>droxidopa</i> )	Tier 4	PA
NORTHERA CAP 300MG ( <i>droxidopa</i> )	Tier 4	PA
<b>VASOPRESSORS</b>		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i> (D 1000)	Tier 1	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i> (D2000 Ultra Strength)	Tier 1	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i> (D 5000)	Tier 1	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i> (Kp Vitamin D)	Tier 1	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i> (Cvs D3)	Tier 1	OTC
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i> (D3 Maximum Strength)	Tier 1	OTC
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>WATER SOLUBLE VITAMINS</b>		
<b><i>ascorbic acid tab 500 mg</i></b> (Hm Vitamin C/rose Hips)	Tier 1	OTC
<b><i>niacin cap er 250 mg</i></b>	Tier 1	OTC
<b><i>niacin cap er 500 mg</i></b>	Tier 1	OTC
<b><i>niacin tab 50 mg</i></b>	Tier 1	OTC
<b><i>niacin tab 100 mg</i></b>	Tier 1	OTC
<b><i>niacin tab 250 mg</i></b>	Tier 1	OTC
<b><i>niacin tab 500 mg</i></b>	Tier 1	OTC
<b><i>niacin tab er 250 mg</i></b>	Tier 1	OTC
<b><i>niacin tab er 500 mg</i></b>	Tier 1	OTC
<b><i>niacin tab er 750 mg</i></b>	Tier 1	OTC
<b><i>niacinamide tab 500 mg</i></b>	Tier 1	OTC
<b><i>pyridoxine hcl tab 25 mg</i></b>	Tier 1	OTC
<b><i>pyridoxine hcl tab 50 mg</i></b>	Tier 1	OTC
<b><i>pyridoxine hcl tab 100 mg</i></b>	Tier 1	OTC
<b><i>pyridoxine hcl tab er 200 mg</i></b>	Tier 1	OTC
<b><i>riboflavin tab 100 mg</i></b> (Cvs Vitamin B-2)	Tier 1	OTC
<b><i>thiamine hcl tab 50 mg</i></b>	Tier 1	OTC
<b><i>thiamine hcl tab 100 mg</i></b>	Tier 1	OTC
<b><i>thiamine hcl tab 250 mg</i></b>	Tier 1	OTC

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**A**

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**abacavir**  
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