



2021 Bright Formulary

(List of Covered Drugs)

Bright Health Individual and Family Plans

Illinois

PLEASE READ: This document contains information about the drugs Bright Health covers in their Individual and Family plans.

This formulary was updated on 09/21/2020. For more recent information or other questions, please contact us at 833-661-1988 or visit www.brighthealthplan.com.

Welcome to Bright

Enclosed you will find a list of the drugs included in our Bright Health Individual and Family plans from January 1, 2021 - December 31, 2021. As you review, be sure to have your medications on hand so you can confirm your prescriptions are covered and compare dosage and pricing of the drugs you take.

Keep in mind, this document includes a *comprehensive* list of drugs (formulary) included in our Individual and Family plans. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

As a Bright Health member, you must generally use in-network pharmacies to fill your prescriptions. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the 2021 calendar year.

Sincerely,
Your Bright Health team

Frequently Asked Questions:

What is a Formulary (drug list)?

A formulary is a list of covered drugs selected by Bright Health in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Bright Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and the prescription is filled at a Bright Health network pharmacy.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. These types of changes may occur without notice to you. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money, or we can ensure your safety.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. To get updated information about the drugs covered by Bright Health, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find the drugs you take in the formulary:

1. Medical Condition

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

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the end of the formulary. The Index provides an alphabetical list of all the drugs included in

this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Bright Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Bright Health before you fill your prescriptions. If you don't get approval, Bright Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Bright Health limits the amount of the drug that we will cover. For example, Bright Health provides 15 tablets every 25 days per prescription for Zolpidem Tartrate 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Bright Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Bright Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website, www.brighthealthplan.com. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Bright Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Bright Health Formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Bright Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Bright Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Bright Health.
- You can ask Bright Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Bright Health Formulary?

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

For more information

If you have questions about Bright Health please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Our Formulary (drug list)

The formulary below provides coverage information about the drugs covered by our Bright Individual and Family plans. If you have trouble finding your drug in the list, turn to the Index at the end of the formulary.

The first column of the chart lists the drug name. Brand name drugs are capitalized and generic drugs are listed in lower-case italics.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug tiers are how we divide prescription drugs into different levels of cost. How much you will pay will depend on your individual plan, however, here's what the drug tier tells you.

- Tier 1: Preventative drugs with no member cost share under the Affordable Care Act
- Tier 2: Generic Drugs
- Tier 3: Preferred Brand Drugs
- Tier 4: Non-Preferred Brand Drugs
- Tier 5: Specialty Drugs

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

This formulary was updated on 09/21/2020. For more recent information or other questions, please contact us at 833-661-1988 or visit www.brighthealthplan.com.

Bright Health Illinois

CURRENT AS OF 1/1/2021

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	
<i>methamphetamine hcl oral tablet 5 mg</i>	2	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	ST
*Analeptics***		
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	2	
<i>caffeine citrate oral solution 20 mg/ml</i>	2	
<i>caffeine-sodium benzoate injection solution 125-125 mg/ml</i>	2	
*Stimulants - Misc.***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg</i>	3	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	2	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	2	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA; SP
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	5	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; SP; QL (6 EA per 28 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	3	QL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	5	PA
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; SP
*Interleukin-6 Receptor Inhibitors***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	2	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>fenoprofen calcium oral tablet 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 EA per 5 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	
<i>nabumetone oral tablet 500 mg</i>	2	QL (120 EA per 30 days)
<i>nabumetone oral tablet 750 mg</i>	2	QL (60 EA per 30 days)
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	QL (60 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin sodium oral capsule 400 mg</i>	3	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	3	
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; SP; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; SP; QL (4 ML per 28 days)
ANALGESICS - NONNARCOTIC		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	3	QL (48 EA per 25 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	3	QL (48 EA per 25 days)
TENCON ORAL TABLET 50-325 MG	4	
*Salicylates***		
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	OTC; QL (100 EA per 30 days)
<i>aspirin oral tablet 325 mg</i>	1	OTC; QL (30 EA per 30 days)
<i>aspirin oral tablet delayed release 325 mg</i>	1	OTC; QL (30 EA per 30 days)
<i>diflunisal oral tablet 500 mg</i>	2	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	1	OTC; QL (100 EA per 30 days)
<i>salsalate oral tablet 500 mg</i>	2	
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	2	QL (390 EA per 30 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	QL (390 EA per 30 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	3	QL (48 EA per 25 days)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	4	QL (50 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	QL (180 EA per 30 days)
*Opioid Agonists***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	4	PA; QL (60 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	4	PA
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (240 EA per 30 days)
<i>hydromorphone hcl rectal suppository 3 mg</i>	4	
<i>levorphanol tartrate oral tablet 2 mg</i>	2	
<i>methadone hcl injection solution 10 mg/ml</i>	2	
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	2	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	QL (240 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	
<i>methadone hcl oral tablet soluble 40 mg</i>	2	QL (9 EA per 30 days)
METHADOSE ORAL TABLET SOLUBLE 40 MG	2	QL (9 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml</i>	4	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate intravenous solution 1 mg/ml</i>	2	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>	4	
<i>morphine sulfate rectal suppository 30 mg</i>	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	3	PA; QL (60 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 30 MG, 40 MG	3	PA; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG	3	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	PA
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	2	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
*Opioid Combinations***		
ENDOCET ORAL TABLET 2.5-325 MG	2	
ENDOCET ORAL TABLET 5-325 MG	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	2	QL (240 EA per 30 days)
*Opioid Partial Agonists***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	PA; SP
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	2	PA; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	2	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	3	PA; QL (4 EA per 28 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	3	
ANDROGENS-ANABOLIC		
*Anabolic Steroids***		
ANADROL-50 ORAL TABLET 50 MG	5	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	4	PA; QL (60 EA per 30 days)
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	PA
<i>methyltestosterone oral capsule 10 mg</i>	2	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	3	PA
ANORECTAL AGENTS		
*Intrarectal Steroids***		
COLOCORT RECTAL ENEMA 100 MG/60ML	2	
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %	4	
*Rectal Steroids***		
<i>hydrocortisone acetate rectal suppository 30 mg</i>	2	QL (12 EA per 30 days)
PROCTOCORT EXTERNAL CREAM 1 %	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
PROCTO-PAK RECTAL CREAM 1 %	2	
PROCTOZONE-HC RECTAL CREAM 2.5 %	2	
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	4	PA
EMVERM ORAL TABLET CHEWABLE 100 MG	4	QL (12 EA per 365 days)
<i>ivermectin oral tablet 3 mg</i>	2	QL (10 EA per 30 days)
ANTIANGINAL AGENTS		
*Antianginals-Other***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	4	PA; QL (60 EA per 30 days)
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin er oral capsule extended release 9 mg</i>	2	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	
ANTIANSIETY AGENTS		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antianxiety Agents - Misc.***		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	AGE (Max 64 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	
*Benzodiazepines***		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	
<i>procainamide hcl injection solution 100 mg/ml</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
*Antiarrhythmics Type I-B***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	5	PA
*Adrenergic Combinations***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	QL (1 EA per 28 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; SP
*Beta Adrenergics***		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	2	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	4	PA; QL (30 EA per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	4	PA; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	ST
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	2	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	4	PA; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	4	QL (4 GM per 30 days)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	2	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	QL (12.9 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	2	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	QL (30 EA per 30 days)
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	QL (13 GM per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	3	QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	4	QL (1 EA per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	QL (10.6 GM per 30 days)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	2	
*Direct Factor Xa Inhibitors***		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	2	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	PA
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	PA
*Thrombin Inhibitors - Selective Direct & Reversible***		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	PA; QL (60 EA per 30 days)
ANTICONVULSANTS		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	5	QL (10 EA per 30 days)
*Anticonvulsants - Misc.***		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
BANZEL ORAL SUSPENSION 40 MG/ML	4	
BANZEL ORAL TABLET 200 MG, 400 MG	4	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	PA
<i>pregabalin oral solution 20 mg/ml</i>	3	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
*Gaba Modulators***		
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>vigabatrin oral packet 500 mg</i>	5	PA; SP
*Hydantoins***		
DILANTIN ORAL CAPSULE 100 MG, 30 MG	4	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium injection solution 50 mg/ml</i>	2	
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	2	
*Modified Cyclics***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	PA
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	4	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	2	
<i>citalopram hydrobromide oral tablet 40 mg</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	3	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	3	PA
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	2	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	PA
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	2	AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (60 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg</i>	2	
<i>nortriptyline hcl oral capsule 75 mg</i>	2	AGE (Max 64 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>miglitol oral tablet 25 mg, 50 mg</i>	2	
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA
*Biguanides***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	2	
*Diabetic Other***		
GLUCAGON EMERGENCY INJECTION KIT 1 MG	1	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	2	ST; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	ST; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (30 EA per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	4	
*Human Insulin***		
APIDRA INJECTION SOLUTION 100 UNIT/ML	4	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	3	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	3	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	3	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	3	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	OTC
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	OTC
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	4	PA; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	AGE (Max 64 Years)
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg, 5 mg</i>	2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	AGE (Max 64 Years)
<i>tolbutamide oral tablet 500 mg</i>	2	
*Sulfonylurea-Thiazolidinedione Combinations***		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
*Thiazolidinedione-Biguanide Combinations***		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	2	QL (30 EA per 30 days)
ANTIDIARRHEALS		
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>loperamide hcl oral liquid 1 mg/5ml</i>	2	OTC
MOTOFEN ORAL TABLET 1-0.025 MG	4	PA
ANTIDOTES		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG	4	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; SP
FERRIPROX ORAL TABLET 500 MG	5	PA
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	PA; SP
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 100 MG, 50 MG	4	ST
<i>granisetron hcl oral tablet 1 mg</i>	4	QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	QL (200 ML per 21 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	QL (2 EA per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL (18 EA per 21 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	QL (18 EA per 21 days)
*Antiemetic Combinations***		
AKYNZEO ORAL CAPSULE 300-0.5 MG	5	PA; QL (2 EA per 28 days)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	3	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	AGE (Max 64 Years)
*Antiemetics - Miscellaneous***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	3	QL (60 EA per 30 days)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>	4	ST
<i>aprepitant oral capsule 80 mg</i>	2	ST
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	5	QL (4 EA per 28 days)
ANTIFUNGALS		
*Antifungals***		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>terbinafine hcl oral tablet 250 mg</i>	2	
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	2	
*Triazoles***		
CRESEMBA ORAL CAPSULE 186 MG	5	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	5	PA
<i>itraconazole oral solution 10 mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	PA
ANTI-HISTAMINES		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	2	
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	QL (300 ML per 30 days)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	2	OTC; QL (30 EA per 30 days)
<i>desloratadine oral tablet 5 mg</i>	2	
<i>eq allergy relief oral tablet 10 mg</i>	2	OTC; QL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 180 mg</i>	2	OTC; QL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 60 mg</i>	2	OTC; QL (60 EA per 30 days)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
*Antihistamines - Phenothiazines***		
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	AGE (Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	AGE (Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	2	QL (12 EA per 30 days)
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	3	QL (120 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
VASCEPA ORAL CAPSULE 1 GM	4	ST; QL (120 EA per 30 days)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	QL (378 GM per 30 days)
<i>colestipol hcl oral granules 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
PREVALITE ORAL POWDER 4 GM/DOSE	4	
WELCHOL ORAL PACKET 3.75 GM	2	
WELCHOL ORAL TABLET 625 MG	2	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>fenofibric acid oral tablet 105 mg</i>	2	
FIBRICOR ORAL TABLET 105 MG, 35 MG	2	
<i>gemfibrozil oral tablet 600 mg</i>	2	
TRIGLIDE ORAL TABLET 160 MG	4	PA
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium oral tablet 40 mg</i>	2	
<i>atorvastatin calcium oral tablet 80 mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	\$0 copay for members age 40 through 75
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	2	\$0 copay for members age 40 through 75

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin oral tablet 80 mg</i>	2	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	3	ST
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	2	QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	3	QL (30 EA per 30 days)
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	2	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
*Agents For Pheochromocytoma***		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	2	PA
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	ST
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	3	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>eprosartan mesylate oral tablet 600 mg</i>	2	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	2	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	QL (30 EA per 30 days)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	3	
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	3	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	3	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	2	
*Direct Renin Inhibitors***		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	QL (30 EA per 30 days)
*Dopamine D1 Receptor Agonists***		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	5	
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
*Vasodilators***		
<i>hydralazine hcl injection solution 20 mg/ml</i>	2	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
ANTI-INFECTIVE AGENTS - MISC.		

Drug Name	Drug Tier	Requirements/Limits
*Anti-Infective Agents - Misc.***		
IMPAVIDO ORAL CAPSULE 50 MG	4	SP
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	QL (90 EA per 30 days)
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	5	PA
ALINIA ORAL TABLET 500 MG	5	PA
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
*Carbapenem Combinations***		
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	
*Carbapenems***		
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
*Leprostotics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
*Oxazolidinones***		
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	4	
<i>linezolid oral tablet 600 mg</i>	3	QL (60 EA per 30 days)
SIVEXTRO ORAL TABLET 200 MG	4	PA; SP
*Polymyxins***		
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	3	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	3	QL (30 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>primaquine phosphate oral tablet 26.3 mg</i>	4	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	4	
ANTIMYASTHENIC AGENTS		
*Antimyasthenic Agents***		
<i>guanidine hcl oral tablet 125 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	4	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	4	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antimyasthenic/Cholinergic Agents***		
<i>guanidine hcl oral tablet 125 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	4	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	4	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>guanidine hcl oral tablet 125 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	4	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	4	
ANTIMYCOBACTERIAL AGENTS		
*Anti Tb Combinations***		
RIFAMATE ORAL CAPSULE 150-300 MG	4	
RIFATER ORAL TABLET 50-120-300 MG	4	
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral syrup 50 mg/5ml</i>	3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	PA
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG	4	
TRECTOR ORAL TABLET 250 MG	3	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
<i>busulfan intravenous solution 6 mg/ml</i>	4	PA; SP
<i>carboplatin intravenous solution 50 mg/5ml</i>	2	SP
<i>cisplatin intravenous solution 50 mg/50ml</i>	2	SP
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	2	SP
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	2	SP
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; SP; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; SP
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	3	PA; SP
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	2	
<i>flutamide oral capsule 125 mg</i>	2	
<i>nilutamide oral tablet 150 mg</i>	2	SP
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; SP
*Antimetabolites***		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	2	SP
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	PA; SP
<i>capecitabine oral tablet 150 mg</i>	5	PA; SP; QL (120 EA per 30 days)
<i>capecitabine oral tablet 500 mg</i>	5	PA; SP; QL (300 EA per 30 days)
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	2	SP
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 500 mg/10ml</i>	2	SP

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	4	PA; SP
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	4	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate oral tablet 2.5 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	
TABLOID ORAL TABLET 40 MG	5	PA; SP
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP; QL (120 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; SP; QL (240 EA per 30 days)
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; SP; QL (21 EA per 21 days)
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; SP; QL (30 EA per 30 days)
*Antineoplastic - Monoclonal Antibodies***		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	PA; SP

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR ORAL TABLET 10 MG	5	PA; SP; QL (30 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP; QL (30 EA per 30 days)
<i>temsirolimus intravenous solution 25 mg/ml</i>	5	PA
*Antineoplastic - Multikinase Inhibitors***		
NEXAVAR ORAL TABLET 200 MG	5	PA; SP; QL (120 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; SP; QL (30 EA per 30 days)
*Antineoplastic - Proteasome Inhibitors***		
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	5	PA; SP
*Antineoplastic - Tyrosine Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG	5	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; SP; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; SP; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; SP
ICLUSIG ORAL TABLET 15 MG	5	PA; SP; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; SP; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; SP; QL (90 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA; SP; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; SP; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; SP; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; SP; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; SP; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; SP; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; SP; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; SP
TYKERB ORAL TABLET 250 MG	5	PA; SP
VOTRIENT ORAL TABLET 200 MG	5	PA; SP; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; SP
*Antineoplastic Antibiotics***		
<i>adriamycin intravenous solution reconstituted 10 mg</i>	2	
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	2	
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	2	SP

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	2	SP
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	2	SP
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	2	SP
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	2	SP
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; SP
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	4	PA; SP
<i>hydroxyurea oral capsule 500 mg</i>	2	
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	PA; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	PA; SP
MATULANE ORAL CAPSULE 50 MG	5	PA; SP
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	2	
<i>exemestane oral tablet 25 mg</i>	2	
<i>letrozole oral tablet 2.5 mg</i>	2	QL (30 EA per 30 days)
*Estrogen Receptor Antagonist***		
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	5	PA; SP
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	4	SP
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
*Imidazotetrazines***		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	5	PA; SP

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL (60 EA per 30 days)
*Lhrh Analogs***		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	5	PA; SP
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA; SP
*Mitotic Inhibitors***		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	3	SP
<i>docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml</i>	2	SP
<i>docetaxel intravenous solution 20 mg/2ml, 80 mg/8ml</i>	2	SP
<i>etoposide intravenous solution 100 mg/5ml</i>	2	SP
<i>teniposide intravenous solution 10 mg/ml</i>	3	SP
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	2	SP
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	2	SP
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	2	SP
*Nitrogen Mustards***		
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	4	SP

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	2	SP
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	2	SP
LEUKERAN ORAL TABLET 2 MG	5	PA; SP
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	2	SP
<i>melphalan oral tablet 2 mg</i>	2	SP
*Nitrosoureas***		
<i>carmustine intravenous solution reconstituted 100 mg</i>	2	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	PA; SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	SP
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	5	PA; SP
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	5	PA; SP
*Topoisomerase I Inhibitors***		
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	5	SP
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG	5	PA; SP
ANTIPARKINSON AGENTS		
*Antiparkinson Anticholinergics***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate injection solution 1 mg/ml</i>	2	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone oral tablet 100 mg</i>	5	PA
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	4	
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	PA

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	ST; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	ST; QL (30 EA per 30 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
*Antipsychotics - Misc.***		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
*Benzisoxazoles***		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	5	PA
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	PA
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	
*Dibenzo-Oxepino Pyrroles***		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	PA
*Dibenzothiazepines***		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	2	
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	4	
<i>chlorpromazine hcl oral tablet 50 mg</i>	3	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
*Quinolinone Derivatives***		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	PA
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	5	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	QL (60 EA per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	5	QL (30 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	SP; QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	5	QL (360 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QL (180 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	5	QL (450 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 200-300 MG	5	PA; QL (30 EA per 30 days)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	5	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	SP; QL (60 EA per 30 days)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS ORAL TABLET 400 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	5	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	5	SP; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	SP; QL (30 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	5	QL (300 ML per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	5	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	5	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	5	QL (180 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	5	QL (1575 ML per 28 days)
NORVIR ORAL SOLUTION 80 MG/ML	5	QL (450 ML per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (480 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	5	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	QL (30 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	5	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	5	QL (60 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	5	QL (90 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	5	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	5	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	5	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	5	QL (480 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	5	QL (900 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	5	QL (603 ML per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	5	
<i>lamivudine oral solution 10 mg/ml</i>	2	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
*Cmv Agents***		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	5	PA
*Hepatitis B Agents***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	PA; SP
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; SP

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	5	PA; SP
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	SP; QL (1800 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	SP; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	4	
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	PA
<i>ribavirin oral capsule 200 mg</i>	4	PA; SP
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	2	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (10 EA per 5 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (120 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (20 EA per 5 days)
ASSORTED CLASSES		
*Antileptotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	5	SP
*Cyclosporine Analogs***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	
GENGRAF ORAL SOLUTION 100 MG/ML	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	5	PA
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; SP; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	5	PA; SP; QL (21 EA per 28 days)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	3	PA
*Irrigation Solutions***		
TIS-U-SOL IRRIGATION SOLUTION	2	
*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	
*Potassium Removing Resins***		
KIONEX ORAL SUSPENSION 15 GM/60ML	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	2	
*Purine Analogs***		
AZASAN ORAL TABLET 100 MG, 75 MG	4	PA
<i>azathioprine oral tablet 50 mg</i>	2	
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	2	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg</i>	2	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	4	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	4	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	2	QL (30 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>	2	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
CARDIOVASCULAR AGENTS - MISC.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	3	
*Prostaglandin Vasodilators***		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; SP

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; SP
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; SP
OPSUMIT ORAL TABLET 10 MG	5	PA; SP
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ALYQ ORAL TABLET 20 MG	5	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	5	PA; SP
<i>tadalafil (pah) oral tablet 20 mg</i>	5	PA; SP
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	2	

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefditoren pivoxil oral tablet 400 mg</i>	3	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
CONTRACEPTIVES		
*Combination Contraceptives - Oral***		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	1	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	1	
DELYLA ORAL TABLET 0.1-20 MG-MCG	1	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
GIANVI ORAL TABLET 3-0.02 MG	1	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25- 35 mg-mcg</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1- 35 MG-MCG	1	
ORSYTHIA ORAL TABLET 0.1-20 MG- MCG	1	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	
PORTIA-28 ORAL TABLET 0.15-30 MG- MCG	1	
RECLIPSEN ORAL TABLET 0.15-30 MG- MCG	1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	1	
ZARAH ORAL TABLET 3-0.03 MG	1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	1	PA
*Combination Contraceptives - Vaginal***		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	
*Copper Contraceptives - Iud***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	1	QL (1 EA per 300 days)
*Copper Contraceptives - Iud*** (New)		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	1	QL (1 EA per 300 days)
*Emergency Contraceptives***		
ELLA ORAL TABLET 30 MG	1	
<i>levonorgestrel oral tablet 1.5 mg</i>	1	OTC
TAKE ACTION ORAL TABLET 1.5 MG	1	OTC
*Extended-Cycle Contraceptives - Oral***		
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	1	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	QL (1 EA per 300 days)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	QL (1 ML per 90 days)
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	QL (1 EA per 300 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY	1	QL (1 EA per 365 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	QL (1 EA per 300 days)
*Progestin Contraceptives - Oral***		
ERRIN ORAL TABLET 0.35 MG	1	
HEATHER ORAL TABLET 0.35 MG	1	
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
*Triphasic Contraceptives - Oral***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
VELIVET ORAL TABLET 0.1/0.125/0.15-0.025 MG	1	
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>	5	
<i>cortisone acetate oral tablet 25 mg</i>	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
<i>prednisone oral solution 5 mg/5ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg</i>	2	
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	2	
*Antitussive-Expectorant***		
<i>cheratussin ac oral syrup 100-10 mg/5ml</i>	2	OTC
*Decongestant & Antihistamine***		
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	2	
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	3	
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	2	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	
*Non-Narc Antitussive-Antihistamine***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	2	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	2	
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	2	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	4	
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	2	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; SP; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; SP
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; SP; QL (112 EA per 28 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; SP
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external foam 1 %</i>	4	
<i>clindamycin phosphate external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	2	
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>ery external pad 2 %</i>	2	
<i>erythromycin external gel 2 %</i>	2	
<i>erythromycin external solution 2 %</i>	2	
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	ST
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	3	
*Acne Products***		
<i>adapalene external cream 0.1 %</i>	2	AGE (Max 34 Years)
<i>adapalene external gel 0.1 %, 0.3 %</i>	2	AGE (Max 34 Years)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	PA
AVITA EXTERNAL GEL 0.025 %	3	QL (45 GM per 30 days); AGE (Max 34 Years)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
DIFFERIN EXTERNAL LOTION 0.1 %	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	3	QL (45 GM per 30 days); AGE (Max 34 Years)
<i>tretinoin external gel 0.01 %</i>	3	QL (45 GM per 30 days); AGE (Max 34 Years)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	PA
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL OINTMENT 1 %	4	
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 %	4	ST
<i>gentamicin sulfate external cream 0.1 %</i>	2	
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>mupirocin external ointment 2 %</i>	2	
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	QL (60 ML per 30 days)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	
*Antifungals - Topical***		
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	3	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
MENTAX EXTERNAL CREAM 1 %	4	
<i>naftifine hcl external gel 1 %</i>	4	PA; QL (60 GM per 30 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel 1 %</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	3	
<i>fluorouracil external solution 2 %, 5 %</i>	3	
*Antipruritics - Topical***		
<i>doxepin hcl external cream 5 %</i>	4	
*Antipsoriatics - Systemic***		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
<i>methoxsalen rapid oral capsule 10 mg</i>	4	PA; SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; SP; QL (1 ML per 28 days)
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	4	
<i>calcipotriene external ointment 0.005 %</i>	3	
<i>calcipotriene external solution 0.005 %</i>	3	
<i>calcitriol external ointment 3 mcg/gm</i>	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	5	PA; AGE (Max 34 Years)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>selenium sulfide external shampoo 2.25 %</i>	2	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	3	PA
DENAVIR EXTERNAL CREAM 1 %	5	PA
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	2	
SSD EXTERNAL CREAM 1 %	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON EXTERNAL CREAM 85 MG/GM	3	QL (56.7 GM per 30 days)
*Corticosteroids - Topical***		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	
<i>amcinonide external cream 0.1 %</i>	4	
<i>amcinonide external lotion 0.1 %</i>	4	
<i>amcinonide external ointment 0.1 %</i>	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	QL (100 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	QL (100 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	2	QL (90 GM per 30 days)
<i>betamethasone valerate external foam 0.12 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	2	QL (90 GM per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	3	
<i>clobetasol propionate external ointment 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	3	
<i>clobetasol propionate external solution 0.05 %</i>	3	QL (100 ML per 30 days)
<i>clocortolone pivalate external cream 0.1 %</i>	4	
<i>desonide external cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desonide external lotion 0.05 %</i>	3	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>desonide external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	3	QL (200 GM per 30 days)
<i>desoximetasone external gel 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	QL (200 GM per 30 days)
<i>diflorasone diacetate external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	QL (120 ML per 30 days)
<i>flurandrenolide external cream 0.05 %</i>	4	PA
<i>flurandrenolide external lotion 0.05 %</i>	5	PA
<i>fluticasone propionate external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	5	
<i>fluticasone propionate external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>halcinonide external cream 0.1 %</i>	4	QL (100 GM per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>	3	QL (100 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	3	QL (100 GM per 30 days)
HALOG EXTERNAL OINTMENT 0.1 %	4	QL (100 GM per 30 days)
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone external cream 1 %</i>	2	QL (120 GM per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	QL (120 ML per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	2	QL (90 GM per 30 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	2	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	QL (120 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>prednicarbate external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>prednicarbate external ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	3	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	2	
<i>clotrimazole external solution 1 %</i>	2	
<i>econazole nitrate external cream 1 %</i>	2	QL (85 GM per 30 days)
ERTACZO EXTERNAL CREAM 2 %	4	
EXELDERM EXTERNAL CREAM 1 %	4	QL (60 GM per 30 days)
EXELDERM EXTERNAL SOLUTION 1 %	4	QL (30 ML per 30 days)
<i>ketconazole external cream 2 %</i>	2	QL (60 GM per 28 days)
<i>ketconazole external shampoo 2 %</i>	2	QL (120 ML per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
LUZU EXTERNAL CREAM 1 %	4	PA
<i>oxiconazole nitrate external cream 1 %</i>	4	
OXISTAT EXTERNAL LOTION 1 %	4	
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	2	QL (12 EA per 28 days)
*Keratolytic/Antimitotic Agents***		
<i>podofilox external solution 0.5 %</i>	2	
*Local Anesthetics - Topical***		
<i>lidocaine external ointment 5 %</i>	2	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external cream 3 %</i>	2	QL (85 GM per 30 days)
<i>lidocaine hcl external lotion 3 %</i>	2	QL (100 ML per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	QL (100 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	2	QL (90 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	2	QL (90 ML per 30 days)
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus external cream 1 %</i>	4	PA; QL (100 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	3	
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	4	PA
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external lotion 0.75 %</i>	3	
MIRVASO EXTERNAL GEL 0.33 %	4	PA
*Scabicides & Pediculicides***		
CROTAN EXTERNAL LOTION 10 %	2	ST
<i>lindane external shampoo 1 %</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>malathion external lotion 0.5 %</i>	2	
<i>permethrin external cream 5 %</i>	2	
SKLICE EXTERNAL LOTION 0.5 %	4	PA
<i>spinosad external suspension 0.9 %</i>	3	ST; QL (120 ML per 30 days)
ULESFIA EXTERNAL LOTION 5 %	4	ST; QL (454 GM per 30 days)
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	QL (30 GM per 30 days)
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	ST; QL (120 GM per 30 days)
*Wound Care - Growth Factor Agents***		
REGRANEX EXTERNAL GEL 0.01 %	5	PA
DIAGNOSTIC PRODUCTS		
*Diagnostic Drugs***		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	4	
*Diagnostic Tests***		
DIASTIX IN VITRO STRIP	3	OTC
ONETOUCH ULTRA BLUE IN VITRO STRIP	3	OTC; QL (200 EA per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	3	OTC
ONETOUCH VERIO IN VITRO STRIP	3	OTC; QL (200 EA per 30 days)
*Multiple Urine Tests***		
CHEMSTRIP 9 IN VITRO STRIP	3	OTC
KETO-DIASTIX IN VITRO STRIP	3	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
*Dietary Management Product Combinations***		
<i>av-vite fb forte oral tablet 2.5-25-2 mg</i>	2	
FOLBIC ORAL TABLET 2.5-25-2 MG	2	
<i>westab max oral tablet 2.5-25-2 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Nutritional Supplements***		
PKU AIR15 GOLD ORAL LIQUID	3	PA; OTC
PKU AIR15 GREEN ORAL LIQUID	3	PA; OTC
PKU AIR15 YELLOW ORAL LIQUID	3	PA; OTC
PKU AIR20 GOLD ORAL LIQUID	3	PA; OTC
PKU AIR20 GREEN ORAL LIQUID	3	PA; OTC
PKU AIR20 YELLOW ORAL LIQUID	3	PA; OTC
PKU COOLER 10 ORAL LIQUID	3	PA; OTC
PKU COOLER 15 ORAL LIQUID	3	PA; OTC
PKU COOLER 20 ORAL LIQUID	3	PA; OTC
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
*DIRECT-ACTING P2Y12 INHIBITORS***		
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 EA per 30 days)
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	QL (60 EA per 30 days)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	2	
*Loop Diuretics***		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>triamterene oral capsule 100 mg</i>	2	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	2	QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	PA

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	3	SP
<i>pamidronate disodium intravenous solution reconstituted 30 mg</i>	3	SP
<i>pamidronate disodium intravenous solution reconstituted 90 mg</i>	4	SP
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	2	
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	5	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	PA
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	3	
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; SP
*Growth Hormones***		
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
*Homocystinuria Treatment - Agents***		
CYSTADANE ORAL POWDER	5	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	3	PA
<i>paricalcitol oral capsule 4 mcg</i>	2	PA
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; SP
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL NASAL SOLUTION 2 MG/ML	4	
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	5	PA; SP
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	1	PA
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	5	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	5	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA; SP
*Vasopressin***		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	3	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	3	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate injection solution 4 mcg/ml</i>	5	PA; SP
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	4	
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
JINTELI ORAL TABLET 1-5 MG-MCG	1	QL (28 EA per 28 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	QL (28 EA per 28 days)
*Estrogens***		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	AGE (Max 64 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 EA per 28 days); AGE (Max 64 Years)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	4	AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	AGE (Max 64 Years)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG	4	QL (30 EA per 30 days)
FLUROQUINOLONES		
*Fluroquinolones***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	4	PA
BAXDELA ORAL TABLET 450 MG	4	PA; QL (28 EA per 14 days)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	4	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	
<i>ofloxacin oral tablet 400 mg</i>	2	
GASTROINTESTINAL AGENTS - MISC.		
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	QL (60 EA per 30 days)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	PA
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	4	PA
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	4	QL (180 EA per 30 days)
<i>mesalamine rectal enema 4 gm</i>	3	QL (1680 ML per 28 days)
<i>mesalamine rectal suppository 1000 mg</i>	5	PA
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	3	PA
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	2	PA
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	4	PA
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	5	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	5	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; QL (1 EA per 28 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	
*Anti-Infective Genitourinary Irrigants***		
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	2	
*Citrates***		
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML	2	OTC
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	2	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	2	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
*Genitourinary Irrigants***		
<i>acetic acid irrigation solution 0.25 %</i>	2	
RENACIDIN IRRIGATION SOLUTION	4	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	2	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	2	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG	5	PA

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	2	
*GLYCOPEPTIDES***		
*Glycopeptides***		
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 10 gm</i>	3	
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral capsule 0.6 mg</i>	3	
<i>colchicine oral tablet 0.6 mg</i>	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	2	
HEMATOLOGICAL AGENTS - MISC.		
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5	PA; SP
*Cyclopentyltriazolopyrimidine (Cptp) Derivatives***		
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 EA per 30 days)
*Glycoprotein Iib/Iiia Receptor Inhibitors***		
<i>eptifibatide intravenous solution 20 mg/10ml</i>	3	
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	QL (90 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	QL (60 EA per 30 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	AGE (Max 64 Years)
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	QL (30 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	QL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	
*Erythropoiesis-Stimulating Agents (Esas)***		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	5	PA; SP
*Erythropoietins***		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	5	PA; SP
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>	1	QL (30 EA per 30 days)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	OTC; QL (30 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; SP
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
HEMOSTATICS		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	4	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	
*HEPATITIS C AGENT - COMBINATIONS***		
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL TABLET 100-40 MG	5	PA; SP
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	4	PA; SP; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; SP
HYPNOTICS		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	2	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	QL (30 EA per 30 days)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	4	QL (30 EA per 30 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
*Selective Melatonin Receptor Agonists***		
HETLIOZ ORAL CAPSULE 20 MG	5	PA; SP
<i>ramelteon oral tablet 8 mg</i>	4	ST; QL (30 EA per 30 days)
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
*Insulin-Incretin Mimetic Combinations***		
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	4	PA
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; SP; QL (30 EA per 30 days)
LAXATIVES		
*Bowel Evacuant Combinations***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	3	\$0 copay for members age 50 through 74
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	3	\$0 copay for members age 50 through 74
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	\$0 copay for members age 50 through 74
*Laxatives - Miscellaneous***		
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	PA
<i>lactulose oral solution 10 gm/15ml</i>	2	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM	4	
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
*Lhrh/Gnrh Agonist Analog Combinations***		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG	5	PA; SP
MACROLIDES		
*Azithromycin***		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet 1 gm</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
*Erythromycins***		
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
*Fidaxomicin***		
DIFICID ORAL TABLET 200 MG	4	PA
MEDICAL DEVICES		
*Applicators,Cotton Balls,Etc***		
BD SWABS SINGLE USE BUTTERFLY PAD	3	OTC
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	1	QL (1 EA per 300 days)
*Condoms - Female***		
FC2 FEMALE CONDOM	1	OTC
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM	1	QL (1 EA per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	1	QL (1 EA per 300 days)
*Glucose Monitoring Test Supplies***		
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	3	
DEXCOM G4 PLAT PED RECEIVER DEVICE	3	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	3	
DEXCOM G4 PLATINUM RECEIVER DEVICE	3	
DEXCOM G4 PLATINUM TRANSMITTER	3	
DEXCOM G4 SENSOR	3	
DEXCOM G5 MOB/G4 PLAT SENSOR	3	
DEXCOM G5 MOBILE RECEIVER DEVICE	3	
DEXCOM G5 MOBILE TRANSMITTER	3	
DEXCOM G5 RECEIVER KIT DEVICE	3	
DEXCOM G6 RECEIVER DEVICE	3	
DEXCOM G6 SENSOR	3	
DEXCOM G6 TRANSMITTER	3	
DIASCREEN 10	2	OTC
FREESTYLE LIBRE 14 DAY READER DEVICE	3	QL (2 EA per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER SYSTM DEVICE	3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 SENSOR SYSTM	3	QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE	3	QL (2 EA per 28 days)
FREESTYLE LIBRE SENSOR SYSTEM	3	QL (2 EA per 28 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA LANCETS 30G	3	OTC
ONETOUCH DELICA LANCETS 33G	3	OTC
ONETOUCH DELICA LANCING DEV	3	OTC
ONETOUCH DELICA PLUS LANCET30G	3	OTC
ONETOUCH DELICA PLUS LANCET33G	3	OTC
ONETOUCH DELICA PLUS LANCING	3	OTC
ONETOUCH SURESOFT LANCING DEV	3	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	3	OTC
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION	3	OTC
ONETOUCH ULTRA MINI KIT W/DEVICE	3	OTC
ONETOUCH ULTRASOFT LANCETS	3	OTC
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	3	OTC
ONETOUCH VERIO IN VITRO SOLUTION	3	OTC
ONETOUCH VERIO KIT W/DEVICE	3	OTC
*Needles & Syringes***		
BD AUTOSHIELD DUO 30G X 5 MM	2	OTC
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	2	OTC
BD PEN NEEDLE MINI U/F 31G X 5 MM	2	OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM	2	OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	2	OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	2	OTC
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER PLUS FLO-VU	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
OPTICHAMBER FACE MASK-SMALL	3	OTC
PEDIATRIC PANDA MASK	3	OTC

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
*Ergot Combinations***		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	QL (40 EA per 28 days)
*Migraine Products***		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	4	QL (8 ML per 30 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	ST; QL (9 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	2	ST
<i>frovatriptan succinate oral tablet 2.5 mg</i>	4	ST; QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	PA; QL (12 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	PA; QL (24 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	PA; QL (12 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	3	PA; QL (12 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	4	QL (6 EA per 30 days)
MINERALS & ELECTROLYTES		
*Fluoride***		
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>	1	\$0 copay for 5 yrs of age and younger
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	\$0 copay for 5 yrs of age and younger
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	1	\$0 copay for 5 yrs of age and younger

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	1	
*Magnesium***		
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 40 gm/1000ml</i>	2	
*Potassium***		
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	3	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
*Sodium***		
<i>sodium chloride intravenous solution 0.9 %</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	
*Saliva Stimulants***		

Drug Name	Drug Tier	Requirements/Limits
<i>cevimeline hcl oral capsule 30 mg</i>	2	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
*Steroids - Mouth/Throat***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
MULTIVITAMINS		
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	2	
*Ped Mv W/ Fluoride***		
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	2	
MVC-FLUORIDE ORAL TABLET CHEWABLE 1 MG	2	
<i>poly-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
*Ped Vitamins Acid W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	2	
<i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>	2	
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	2	
<i>vitamins acid-fluoride oral solution 0.25 mg/ml</i>	2	
*Prenatal Mv & Min W/Fe-Fa***		
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	3	
CITRANATAL RX ORAL TABLET 27-1 MG	3	
PRENATABS RX ORAL TABLET 29-1 MG	2	
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 350 mg</i>	2	AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	AGE (Max 64 Years)
<i>metaxalone oral tablet 400 mg</i>	2	AGE (Max 64 Years)
<i>metaxalone oral tablet 800 mg</i>	3	PA; AGE (Max 64 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	QL (90 EA per 30 days)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (15 ML per 30 days)
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>olopatadine hcl nasal solution 0.6 %</i>	2	QL (31 GM per 30 days)
*Nasal Steroids***		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	4	ST
<i>budesonide nasal suspension 32 mcg/act</i>	2	QL (8.43 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	3	ST
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	ST
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB***		
*Neprilysin Inhib (Arni)- Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; QL (60 EA per 30 days)
NEUROMUSCULAR AGENTS		
*Benzothiazoles***		
<i>riluzole oral tablet 50 mg</i>	5	SP
*Neuromuscular Blocking Agent - Neurotoxins***		
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT	5	PA; SP
OPHTHALMIC AGENTS		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	QL (8 ML per 30 days)
*Beta-Blockers - Ophthalmic Combinations***		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	4	PA
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	2	

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	2	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	2	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	2	
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
*Ophthalmic Antiallergic***		
ALOCRIAL OPHTHALMIC SOLUTION 2 %	4	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	4	PA
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	QL (6 ML per 30 days)
BEPREVE OPHTHALMIC SOLUTION 1.5 %	4	PA
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	4	PA
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	4	PA
*Ophthalmic Antibiotics***		
AZASITE OPHTHALMIC SOLUTION 1 %	4	PA
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 %	4	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	PA
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %	4	PA
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	4	QL (15 ML per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
*Ophthalmic Immunomodulators***		
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
*Ophthalmic Local Anesthetics***		
ALTAINE OPHTHALMIC SOLUTION 0.5 %	2	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	4	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	4	QL (3.5 GM per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	QL (5 ML per 30 days)
*Ophthalmic Steroids***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %	4	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
FML OPHTHALMIC OINTMENT 0.1 %	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	3	QL (5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	2	QL (5 ML per 30 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	4	ST; QL (7.5 ML per 30 days)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	QL (5 ML per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	ST; QL (30 EA per 30 days)
*OREXIN RECEPTOR ANTAGONISTS***		
*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	ST; QL (30 EA per 30 days)
OTIC AGENTS		
*Otic Agents - Miscellaneous***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid otic solution 2 %</i>	2	
*Otic Anti-Infectives***		
<i>ofloxacin otic solution 0.3 %</i>	2	
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	PA
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	4	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
*Otic Steroids***		
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
OXYTOCICS		
*Oxytocics***		
METHERGINE ORAL TABLET 0.2 MG	2	
<i>oxytocin injection solution 10 unit/ml</i>	4	
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA; SP
PASSIVE IMMUNIZING AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	5	PA; SP
*PCSK9 INHIBITORS***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	5	PA; QL (2 ML per 28 days)
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	2	QL (28 EA per 14 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	PA
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; SP
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG	5	PA; SP; QL (60 EA per 30 days)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG	5	PA; SP; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; SP; QL (120 EA per 30 days)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG	5	PA; SP; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; SP; QL (120 EA per 30 days)
*POTASSIUM REMOVING AGENTS***		
*Potassium Removing Agents***		
KIONEX ORAL SUSPENSION 15 GM/60ML	2	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG	4	QL (30 EA per 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	3	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	3	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA
*Movement Disorder Drug Therapy***		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; SP
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; SP
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	5	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; SP
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA
TECFIDERA ORAL 120 & 240 MG	5	PA; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	5	PA; SP
*Multiple Sclerosis Agents - Potassium Channel Blockers***		

PA- Prior Authorization ST- Step Therapy QL- Quantity Limit SP- Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; SP
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	5	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; SP
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	QL (49 EA per 365 days)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>	2	
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral tablet 1 mg</i>	4	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	\$0 limited to 2 treatment cycles/year
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	\$0 limited to 2 treatment cycles/year; QL (180 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	\$0 limited to 2 treatment cycles/year; QL (53 EA per 28 days)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	1	OTC; QL (810 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC; QL (810 EA per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	\$0 limited to 2 treatment cycles/year; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24hr</i>	1	\$0 limited to 2 treatment cycles/year; OTC
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year; OTC; QL (90 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	1	\$0 limited to 2 treatment cycles/year
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	\$0 limited to 2 treatment cycles/year
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA ORAL CAPSULE 0.5 MG	5	PA; SP
*PULMONARY FIBROSIS AGENTS***		
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE 267 MG	5	PA; SP
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; SP
RESPIRATORY AGENTS - MISC.		
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*SEROTONIN MODULATORS***		
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	PA
*SINUS NODE INHIBITORS**		
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*STERIODS - MOUTH/THROAT/DENTAL***		
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	4	
TETRACYCLINES		
*Tetracyclines***		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	3	
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
EUTHYROX ORAL TABLET 25 MCG	2	
LEVO-T ORAL TABLET 25 MCG	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 195 MG, 32.5 MG	2	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG	2	
WESTHROID ORAL TABLET 65 MG	2	
TOXOIDS		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	\$0 copay for 18 years of age and younger
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	\$0 copay for 18 years of age and younger
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	\$0 copay for 18 years of age and younger
KINRIX INTRAMUSCULAR SUSPENSION	1	\$0 copay for 18 years of age and younger
PEDIARIX INTRAMUSCULAR SUSPENSION	1	\$0 copay for 18 years of age and younger
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	\$0 copay for 19 years of age and older
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	\$0 copay for 19 years of age and older

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	2	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine intravenous solution 20 mg/2ml</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 15 mg/ml</i>	2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	2	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension 1 gm/10ml</i>	3	PA
<i>sucralfate oral tablet 1 gm</i>	2	
*Proton Pump Inhibitors***		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	ST; QL (30 EA per 30 days)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	2	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
URINARY ANTI-INFECTIVES		
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	2	
MONUROL ORAL PACKET 3 GM	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	2	AGE (Max 64 Years)
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	3	ST
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	3	ST
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	3	ST
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	3	ST
<i>tropium chloride oral tablet 20 mg</i>	3	ST
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	3	ST
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	3	ST
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	3	ST
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	ST
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	3	ST
<i>tropium chloride oral tablet 20 mg</i>	3	ST
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
*Urinary Antispasmodics - Cholinergic Agonists*** (New)		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>	2	
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)		
<i>flavoxate hcl oral tablet 100 mg</i>	2	
VACCINES		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
*Bacterial Vaccines***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	\$0 copay for 18 years of age and younger
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	\$0 copay for 18 years of age and younger
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	1	
PREVNAR 13 INTRAMUSCULAR SUSPENSION	1	QL (5 ML per 365 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
*Viral Vaccine Combinations***		
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	\$0 copay for 19 years of age and older
*Viral Vaccines***		
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	1	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	1	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
IPOL INJECTION INJECTABLE	1	\$0 copay for 18 years of age and younger
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	\$0 copay for 18 years of age and younger
ROTATEQ ORAL SOLUTION	1	\$0 copay for 18 years of age and younger
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	\$0 copay for 19 years of age and older; QL (1 EA per 1 day)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	\$0 copay for 19 years of age and older
VAGINAL PRODUCTS		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal suppository 80 mg</i>	2	
*Miscellaneous Vaginal Products***		
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
*Spermicides***		
OPTIONS CONCEPTROL VAGINAL GEL 4 %	1	OTC
TODAY SPONGE VAGINAL 1000 MG	1	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	1	OTC
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
ESTRING VAGINAL RING 2 MG	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	4	
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %, 8 %	5	PA
ENDOMETRIN VAGINAL INSERT 100 MG	4	PA
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (4 EA per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	4	QL (4 EA per 30 days)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
VITAMINS		
*Vitamin B-3***		

PA- Prior Authorization **ST-** Step Therapy **QL-** Quantity Limit **SP-** Specialty Pharmacy

Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet 500 mg</i>	2	OTC
*Vitamin B-6***		
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	2	OTC
*Vitamin D***		
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	2	OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>	2	

Index

A

abacavir sulfate	50	alclometasone dipropionate	67	amphetamine- dextroamphetamine	1
abacavir sulfate-lamivudine	47	alendronate sodium	73	amphotericin b	27
abacavir-lamivudine- zidovudine	47	alfuzosin hcl er.....	79	ampicillin.....	98
ABILIFY MAINTENA.....	47	ALIMTA.....	37	ANADROL-50	9
abiraterone acetate	37	ALINIA.....	34	anagrelide hcl	81
ABRAXANE.....	42	aliskiren fumarate	33	anastrozole.....	41
acamprosate calcium	100	allopurinol.....	80	ANORO ELLIPTA	12
acarbose.....	21	almotriptan malate	88	ANZEMET	26
acebutolol hcl	53	ALOCRIL	93	APIDRA	22
acetaminophen-codeine ...	6	alogliptin benzoate	22	APIDRA SOLOSTAR	22
acetaminophen-codeine #2	6	ALOMIDE	93	APOKYN	44
acetaminophen-codeine #3	6	alose tron hcl.....	78	apraclonidine hcl	95
acetaminophen-codeine #4	6	alprazolam	11	aprepitant	27
acetazolamide	72	ALTABAX.....	65	APRI	57
acetazolamide er.....	72	ALTACAINE.....	94	APTIOM.....	16
acetic acid	79, 97	ALTAVERA.....	57	APTIVUS	49
acetylcysteine.....	62	alyacen 1/35	57	ARCALYST	4
acitretin.....	66	alyacen 7/7/7	61	ARCAPTA NEOHALER	13
ACTHIB	110	ALYQ.....	56	aripiprazole.....	47
ACTIMMUNE.....	41	amantadine hcl	44	armodafinil	2
acyclovir.....	51, 66	ambrisentan	56	ARMOUR THYROID.....	105
ADACEL.....	106	amcinonide.....	67	ARNUITY ELLIPTA	14
adapalene.....	64	amikacin sulfate.....	2	ASHLYNA.....	60
adapalene-benzoyl peroxide	64	amiloride hcl.....	73	ASMANEX (120 METERED DOSES).....	14
adc/f (0.5mg/ml)	90	amiloride- hydrochlorothiazide	72	ASMANEX (30 METERED DOSES).....	14
adefovir dipivoxil.....	50	aminocaproic acid.....	82	ASMANEX (60 METERED DOSES).....	14
ADEMPAS	56	amiodarone hcl	12	ASMANEX HFA.....	14
adriamycin.....	40	AMITIZA	77	aspirin	6
ADRIAMYCIN	40	amitriptyline hcl	21	aspirin adult low strength..	6
ADRUCIL	37	amlodipine besy-benazepril hcl	30	aspirin-dipyridamole er...	81
ADVAIR DISKUS	12	amlodipine besylate	54	atazanavir sulfate.....	49
ADVAIR HFA.....	12	amlodipine besylate- valsartan.....	31	atenolol.....	53
AEROCHAMBER PLUS FLO- VU.....	87	amlodipine-atorvastatin..	55	atenolol-chlorthalidone ...	33
AFEDITAB CR	54	amlodipine-olmesartan...	31	atomoxetine hcl.....	1
AFINITOR	39	amlodipine-valsartan-hctz	32	atorvastatin calcium.....	29
AKYNZEO.....	26	ammonium lactate.....	69	atovaquone	34
albendazole.....	10	AMNESTEEM	64	atovaquone-proguanil hcl	35
albuterol sulfate.....	13	amoxapine	21	ATRIPLA.....	47
albuterol sulfate er.....	13	amoxicillin.....	98	atropine sulfate.....	93
albuterol sulfate hfa.....	13	amoxicillin-pot clavulanate	98	ATROVENT HFA	14
		amoxicillin-pot clavulanate er	98	AUBAGIO	101
		amphetamine-dextroamphet er	1	AUGMENTIN.....	98
				AVIANE.....	57
				AVITA	64
				AVONEX PEN.....	101

AVONEX PREFILLED.....	101	betaxolol hcl.....	53, 92	calcium acetate (phos binder).....	78
av-vite fb forte	71	bethanechol chloride.....	109	candesartan cilexetil.....	32
AZASAN	53	BETOPTIC-S	92	candesartan cilexetil-hctz	31
AZASITE.....	93	bexarotene.....	43	capecitabine	37
azathioprine.....	53	BEXSERO	110	CAPRELSA	39
azelaic acid	70	bicalutamide.....	37	captopril.....	31
azelastine hcl	91, 93	BIKTARVY	48	captopril- hydrochlorothiazide.....	30
azithromycin	84, 85	bimatoprost.....	96	carbamazepine.....	17
AZOPT.....	94	bisoprolol fumarate.....	53	carbamazepine er	17
B		bisoprolol- hydrochlorothiazide	33	carbidopa	44
bacitracin.....	93	bleomycin sulfate	40	carbidopa-levodopa.....	44
bacitracin-polymyxin b....	94	BLEPHAMIDE S.O.P.....	95	carbidopa-levodopa er ...	44
bacitra-neomycin- polymyxin-hc.....	95	BOOSTRIX.....	106	carbinoxamine maleate...	28
baclofen	91	bosentan.....	56	carboplatin	37
balsalazide disodium.....	78	BOSULIF	39	carisoprodol.....	91
BANZEL	17	BREO ELLIPTA.....	12	carmustine	43
BARACLUDGE	50	BRILINTA	72, 80	carteolol hcl.....	92
BAXDELA	77	brimonidine tartrate.....	95	CARTIA XT.....	54
BD AUTOSHIELD DUO	87	BRIVIACT	17	carvedilol	53
BD INSULIN SYRINGE U/F	87	bromfenac sodium (once- daily)	95	CAYA	85
BD PEN NEEDLE MICRO U/F	87	bromocriptine mesylate ..	44	cefaclor.....	56
BD PEN NEEDLE MINI U/F	87	BROVANA.....	13	cefadroxil	56
BD PEN NEEDLE NANO U/F	87	budesonide.....	15, 61, 91	cefdinir	57
BD PEN NEEDLE SHORT U/F	87	budesonide-formoterol fumarate.....	12	cefditoren pivoxil	57
BD SWABS SINGLE USE BUTTERFLY	85	bumetanide.....	73	cefixime	57
BD VEO INSULIN SYR U/F 1/2UNIT	87	buprenorphine	9	cefpodoxime proxetil	57
BD VEO INSULIN SYRINGE U/F.....	87	buprenorphine hcl	9	cefprozil	57
BECONASE AQ.....	91	buprenorphine hcl-naloxone hcl	9	ceftriaxone sodium	57
BELSOMRA.....	96	bupropion hcl.....	19	cefuroxime axetil	57
benazepril hcl.....	31	bupropion hcl er (smoking det)	102	celecoxib.....	4
benazepril- hydrochlorothiazide	30	bupropion hcl er (sr).....	19	CELONTIN	18
benzonatate.....	62	bupropion hcl er (xl)	19	cephalexin.....	56
benzoyl peroxide- erythromycin.....	64	bupirone hcl.....	11	cetirizine hcl	28
benztropine mesylate.....	44	busulfan	37	cevimeline hcl	90
BEPREVE	93	butalbital-apap-caff-cod ...	6	CHANTIX	102
BESIVANCE	93	butalbital-apap-caffeine....	6	CHANTIX CONTINUING MONTH PAK	102
betamethasone dipropionate	67	butalbital-aspirin-caffeine .	6	CHANTIX STARTING MONTH PAK.....	102
betamethasone dipropionate aug.....	67	BYSTOLIC	53	CHATEAL.....	57
betamethasone valerate..	67	C		CHEMET	25
BETASERON	101	cabergoline	74	CHEMSTRIP 9.....	71
		caffeine citrate	1	cheratussin ac.....	62
		caffeine-sodium benzoate .	1	chlordiazepoxide hcl.....	11
		calcipotriene	66	chlordiazepoxide- amitriptyline	100
		calcipotriene-betameth diprop	71	chlorhexidine gluconate ..	89
		calcitonin (salmon)	74	chloroquine phosphate....	35
		calcitriol.....	66, 75	chlorothiazide	73
				chlorpromazine hcl.....	46

chlorthalidone.....	73	COLOCORT.....	9	desloratadine.....	28
chlorzoxazone.....	91	COMBIGAN.....	92	desmopressin ace spray	
cholestyramine.....	29	COMBIVENT RESPIMAT...	12	refrig.....	75
cholestyramine light.....	29	COMPLERA.....	48	desmopressin acetate....	76
ciclopirox.....	65	CORLANOR.....	104	desonide.....	67, 68
ciclopirox olamine.....	65	CORLOPAM.....	33	desoximetasone.....	68
cilostazol.....	81	cortisone acetate.....	61	desvenlafaxine succinate er	
CILOXAN.....	93	CORTISPORIN.....	65	.....	20
cimetidine.....	107	CORTISPORIN-TC.....	97	dexamethasone.....	61
cimetidine hcl.....	107	COSENTYX.....	66	DEXAMETHASONE	
CIMZIA.....	78	COSENTYX (300 MG DOSE)		INTENSOL.....	61
CIMZIA PREFILLED.....	78	.....	66	dexamethasone sodium	
CIMZIA STARTER KIT.....	78	CREON.....	72	phosphate.....	61, 96
cinacalcet hcl.....	74	CRESEMBA.....	27	DEXCOM G4 PLAT PED	
CIPRO.....	77	CRINONE.....	112	RCV/SHARE.....	86
CIPRO HC.....	97	CRIXIVAN.....	49	DEXCOM G4 PLAT PED	
ciprofloxacin hcl.....	77, 93	cromolyn sodium.....	77, 93	RECEIVER.....	86
ciprofloxacin-		CROTAN.....	70	DEXCOM G4 PLATINUM	
dexamethasone.....	97	cyanocobalamin.....	81	RCV/SHARE.....	86
cisplatin.....	37	CYCLAFEM 1/35.....	57	DEXCOM G4 PLATINUM	
citalopram hydrobromide.	20	CYCLAFEM 7/7/7.....	61	RECEIVER.....	86
CITRANATAL B-CALM.....	90	cyclobenzaprine hcl.....	91	DEXCOM G4 PLATINUM	
CITRANATAL RX.....	90	cyclopentolate hcl.....	93	TRANSMITTER.....	86
CLARAVIS.....	64	cyclophosphamide....	42, 43	DEXCOM G4 SENSOR.....	86
clarithromycin.....	85	CYCLOSET.....	22	DEXCOM G5 MOB/G4 PLAT	
clarithromycin er.....	85	cyclosporine.....	52	SENSOR.....	86
clemastine fumarate.....	28	cyclosporine modified....	52	DEXCOM G5 MOBILE	
CLEOCIN.....	112	cyproheptadine hcl.....	28	RECEIVER.....	86
clindamycin hcl.....	34	CYSTADANE.....	74	DEXCOM G5 MOBILE	
clindamycin palmitate hcl	35	CYSTAGON.....	79	TRANSMITTER.....	86
clindamycin phos-benzoyl		cytarabine (pf).....	37	DEXCOM G5 RECEIVER KIT	
perox.....	64	CYTRA-3.....	79	.....	86
clindamycin phosphate...	64, 112	D		DEXCOM G6 RECEIVER...	86
clobazam.....	16	dacarbazine.....	41	DEXCOM G6 SENSOR.....	86
clobetasol propionate.....	67	dalfampridine er.....	102	DEXCOM G6 TRANSMITTER	
clocortolone pivalate.....	67	DALIRESP.....	14	.....	86
clomipramine hcl.....	21	danazol.....	9	DEXILANT.....	107
clonazepam.....	16	dantrolene sodium.....	91	dexmethylphenidate hcl....	2
clonidine.....	32	dapsone.....	34	dexmethylphenidate hcl er	2
clonidine hcl.....	32	DAPTACEL.....	106	dextroamphetamine sulfate	
clopidogrel bisulfate.....	81	darifenacin hydrobromide er		.....	1
clorazepate dipotassium..	11	.....	108, 109	dextroamphetamine sulfate	
clotrimazole.....	69, 89	DASETTA 1/35.....	57	er.....	1
clotrimazole-betamethasone		DASETTA 7/7/7.....	61	DIASCREEN 10.....	86
.....	65	DDAVP RHINAL TUBE.....	75	DIASTIX.....	71
clozapine.....	46	deferasirox.....	26	diazepam.....	11
COARTEM.....	35	DELYLA.....	57	diclofenac potassium.....	4
codeine sulfate.....	7	demeclocycline hcl.....	105	diclofenac sodium. 4, 65, 95	
colchicine.....	80	DENAVIR.....	66	diclofenac sodium er.....	4
colchicine-probenecid.....	80	DEPO-ESTRADIOL.....	76	diclofenac-misoprostol....	4
colestipol hcl.....	29	DEPO-MEDROL.....	61	dicloxacillin sodium.....	98
		desipramine hcl.....	21	dicyclomine hcl.....	107

didanosine	50	EDURANT	49	esomeprazole magnesium	
DIFFERIN	64	efavirenz	49	.....	107
DIFICID	85	eletriptan hydrobromide .	88	estazolam	83
diflorasone diacetate	68	ELIGARD	42	estradiol	76, 112
diflunisal	6	ELIQUIS	15	estradiol valerate	76
digoxin	55	ELLA	60	estradiol-norethindrone acet	
dihydroergotamine mesylate		ELMIRON	79	.....	76
.....	88	ELURYNG	59	ESTRING	112
DILANTIN	18	EMCYT	41	ESTROGEL	76
diltiazem hcl	54	EMOQUETTE	58	eszopiclone	83
diltiazem hcl er	54	EMSAM	19	ethacrynic acid	73
diltiazem hcl er beads	54	emtricitabine	50	ethambutol hcl	36
diltiazem hcl er coated		EMTRIVA	50	ethosuximide	18
beads	54	EMVERM	10	etodolac	4
dilt-xr	54	enalapril maleate	31	etodolac er	4
dimethyl fumarate	101	enalapril-		etonogestrel-ethinyl	
DIPENTUM	78	hydrochlorothiazide	30	estradiol	59
diphenhydramine hcl	28	ENBREL	5	etoposide	42
diphenoxylate-atropine ...	25	ENBREL SURECLICK	5	EUTHYROX	105
diphtheria-tetanus toxoids		ENDOCET	8	everolimus	39, 52
dt	106	ENDOMETRIN	112	EXELDERM	69
dipyridamole	81	ENGERIX-B	110	exemestane	41
disopyramide phosphate ..	11	enoxaparin sodium	16	ezetimibe	30
disulfiram	100	ENPRESSE-28	61	ezetimibe-simvastatin	30
divalproex sodium	19	ENSKYCE	58	F	
divalproex sodium er	18	entacapone	45	FALMINA	58
docetaxel	42	entecavir	51	famciclovir	51
dofetilide	12	ENTRESTO	92	famotidine	107
donepezil hcl	100	enulose	78	FARYDAK	38
dorzolamide hcl	94	epinastine hcl	93	FC2 FEMALE CONDOM	85
dorzolamide hcl-timolol mal		epinephrine	112	febuxostat	80
.....	92	EPIPEN JR 2-PAK	112	felbamate	18
doxazosin mesylate	33	epirubicin hcl	41	felodipine er	54
doxepin hcl	21, 66, 83	EPIVIR HBV	51	FEMCAP	85
doxercalciferol	75	eplerenone	33	fenofibrate	29
doxorubicin hcl	41	eprosartan mesylate	32	fenofibrate micronized	29
doxorubicin hcl liposomal	41	eptifibatide	80	fenofibric acid	29
doxycycline hyclate	105	eq allergy relief	28	fenopropfen calcium	4
doxycycline monohydrate		ergoloid mesylates	102	fentanyl	7
.....	105	ergotamine-caffeine	88	FERRIPROX	26
dronabinol	27	erlotinib hcl	39	FETZIMA	20
drospiren-eth estrad-		ERRIN	60	fexofenadine hcl	28
levomefol	58	ERTACZO	69	FIASP	22
drospirenone-ethinyl		ery	64	FIASP FLEXTOUCH	22
estradiol	58	ERY-TAB	85	FIASP PENFILL	22
DUAVEE	76	ERYTHROCIN STEARATE .	85	FIBRICOR	29
duloxetine hcl	20	erythromycin	64, 93	finasteride	79
DUREZOL	96	erythromycin base	85	flavoxate hcl	109
dutasteride	79	erythromycin ethylsuccinate		flecainide acetate	12
DYSPORT	92	.....	85	FLEXICHAMBER CHILD	
E		ESBRIET	103	MASK/SMALL	87
econazole nitrate	69	escitalopram oxalate	20	FLOVENT DISKUS	15

FLOVENT HFA	15	FREESTYLE LIBRE READER	86	griseofulvin ultramicrosized	27
FLUAD.....	110	.....	86	guanfacine hcl.....	32
FLUBLOK QUADRIVALENT		FREESTYLE LIBRE SENSOR		guanfacine hcl er.....	1
.....	110	SYSTEM	86	guanidine hcl	35, 36
FLUCELVAX QUADRIVALENT		frovatriptan succinate ...	88	GYNAZOLE-1.....	111
.....	110	fulvestrant	41	H	
fluconazole.....	27	furosemide.....	73	HAILEY 24 FE.....	58
flucytosine	27	FUZEON.....	48	halcinonide.....	68
fludrocortisone acetate...	62	FYCOMPA	16	halobetasol propionate ...	68
FLULAVAL QUADRIVALENT		G		HALOG.....	68
.....	110, 111	gabapentin.....	17	haloperidol	46
flunisolide	91	galantamine hydrobromide		haloperidol decanoate ...	46
fluocinolone acetonide ...	68,	.....	100	haloperidol lactate	46
97		galantamine hydrobromide		HAVRIX.....	111
fluocinolone acetonide scalp		er	100	HEATHER	60
.....	68	GARDASIL 9	111	heparin sodium (porcine) 15	
fluocinonide	68	gatifloxacin.....	94	heparin sodium (porcine) pf	
fluoritab	88	GAVILYTE-C	84	.....	16
fluorometholone.....	96	GAVILYTE-G	84	HERCEPTIN.....	38
fluorouracil.....	37, 66	GAVILYTE-N WITH FLAVOR		HETLIOZ	83
fluoxetine hcl.....	20	PACK.....	84	HIBERIX.....	110
fluphenazine decanoate...	46	gemcitabine hcl.....	38	HOMATROPAIRE	93
fluphenazine hcl.....	46	gemfibrozil	29	HUMIRA	3
flurandrenolide	68	generlac	78	HUMIRA PEN.....	3
flurazepam hcl.....	83	GENGRAF.....	52	HUMIRA PEN-CD/UC/HS	
flurbiprofen	4	GENTAK.....	94	STARTER.....	3
flurbiprofen sodium	95	gentamicin in saline	2	HUMIRA PEN-PS/UV/ADOL	
flutamide.....	37	gentamicin sulfate 2, 65, 94		HS START.....	3
fluticasone propionate	68, 91	GENVOYA.....	48	hydralazine hcl.....	33
fluticasone-salmeterol.....	13	GIANVI	58	hydrochlorothiazide.....	73
fluvastatin sodium.....	29	GILENYA	103	hydrocodone bitartrate er .7	
fluvoxamine maleate	20	GILOTRIF.....	39	hydrocodone-	
FLUZONE HIGH-DOSE... 111		glatiramer acetate	102	acetaminophen.....	6
FLUZONE QUADRIVALENT		GLATOPA	102	hydrocodone-homatropine	
.....	111	GLEOSTINE	43	.....	62
FML	96	GLIADEL WAFER.....	43	hydrocodone-ibuprofen	6
FOLBIC.....	71	glimepiride	25	hydrocortisone	61, 69
folic acid.....	81	glipizide	25	hydrocortisone acetate	9
fondaparinux sodium	16	glipizide er	25	hydrocortisone butyr lipo	
FOSAMAX PLUS D	73	glipizide-metformin hcl... 24		base	68
fosamprenavir calcium ...	49	GLUCAGEN DIAGNOSTIC 71		hydrocortisone butyrate..	68
fosinopril sodium.....	31	GLUCAGON EMERGENCY. 22		hydrocortisone valerate ..	69
fosinopril sodium-hctz.....	30	glyburide	25	hydrocortisone-acetic acid	
FRAGMIN	16	glyburide micronized.....	25	.....	97
FREESTYLE LIBRE 14 DAY		glyburide-metformin	25	hydromorphone hcl	7
READER.....	86	glycopyrrolate.....	108	hydromorphone hcl er	7
FREESTYLE LIBRE 14 DAY		GOLYTELY	84	hydroxychloroquine sulfate	
SENSOR	86	goodsense aspirin.....	6	.....	35
FREESTYLE LIBRE 2		goodsense nicotine	102	hydroxyurea	41
READER SYSTM	86	granisetron hcl.....	26	hydroxyzine hcl	11
FREESTYLE LIBRE 2		griseofulvin microsize.....	27	hydroxyzine pamoate	11
SENSOR SYSTM	86				

hyoscyamine sulfate	107	ivermectin.....	10	LENVIMA (14 MG DAILY DOSE)	40
HYQVIA	97	J		LENVIMA (18 MG DAILY DOSE)	40
I		JAKAFI.....	42	LENVIMA (20 MG DAILY DOSE)	40
ibandronate sodium.....	74	JANUMET	22	LENVIMA (24 MG DAILY DOSE)	40
IBRANCE	63	JANUMET XR.....	22	LENVIMA (4 MG DAILY DOSE)	40
ibuprofen.....	4, 5	JANUVIA	22	LENVIMA (8 MG DAILY DOSE)	40
icatibant acetate	80	JARDIANCE	24	LESSINA	58
ICLUSIG	39	JINTELI.....	76	letrozole.....	41
idarubicin hcl.....	41	JULUCA.....	48	leucovorin calcium	41
IDHIFA	83	JUNEL 1.5/30.....	58	LEUKERAN.....	43
ifosfamide.....	43	JUNEL 1/20	58	LEUKINE	82
imatinib mesylate.....	39, 40	JUNEL FE 1.5/30	58	leuprolide acetate	42
IMBRUVICA.....	40	JUNEL FE 1/20	58	levabuterol hcl.....	13
imipenem-cilastatin	34	K		LEVEMIR	23
imipramine hcl.....	21	KALETRA.....	48	LEVEMIR FLEXTOUCH	23
imiquimod.....	70	ketoconazole	27, 69	levetiracetam.....	17
IMPAVIDO.....	34	KETO-DIASTIX	71	levetiracetam er	17
INCRELEX	75	ketorolac tromethamine ..	5, 95	levobunolol hcl	92
indapamide	73	KEVZARA	4	levocetirizine	
indomethacin	5	KINRIX	106	dihydrochloride.....	28
INFANRIX	106	KIONEX	52, 99	levofloxacin	77, 94
INLYTA.....	40	KISQALI (200 MG DOSE)	63	levonorgest-eth estrad 91-	
insulin asp prot & asp		KISQALI (400 MG DOSE)	63	day	60
flexpen.....	23	KISQALI (600 MG DOSE)	63	levonorgestrel	60
insulin aspart	23	KLOR-CON M15.....	89	levonorgestrel-ethinyl	
insulin aspart flexpen.....	23	KLOR-CON M20.....	89	estrad.....	58
insulin aspart penfill	23	KRISTALOSE.....	84	LEVORA 0.15/30 (28).....	58
insulin aspart prot & aspart		KURVELO	58	levorphanol tartrate	7
.....	23	KYLEENA.....	60	LEVO-T	105
INTELENCE	49	KYPROLIS	39	levothyroxine sodium ...	106
INTRAROSA	112	L		LEVOXYL	106
INTRON A	41	labetalol hcl.....	53	LEXIVA	49
INVEGA SUSTENNA	45	lactulose	84	lidocaine	70
INVIRASE	49	LAMICTAL ODT.....	17	lidocaine hcl.....	70
INVOKAMET	104	lamivudine	50, 51	lidocaine hcl (cardiac) pf.	12
INVOKAMET XR.....	104	lamivudine-zidovudine....	48	lidocaine hcl	
INVOKANA	24	lamotrigine.....	17	urethral/mucosal	70
IOPIDINE.....	95	lamotrigine er	17	lidocaine viscous hcl.....	89
IPOL	111	lansoprazole	107	lidocaine-prilocaine	71
ipratropium bromide .	14, 91	LANTUS	23	LILETTA (52 MG)	60
ipratropium-albuterol.....	13	LANTUS SOLOSTAR	23	lindane	70
irbesartan.....	32	LARIN 1.5/30.....	58	linezolid	35
irbesartan-		LASTACFT	93	LINZESS	77
hydrochlorothiazide	31	latanoprost.....	96	liothyronine sodium.....	106
ISENTRESS	48	LATUDA	45	lisinopril	31
isoniazid	36	leflunomide	5		
isosorbide dinitrate.....	10	LENVIMA (10 MG DAILY DOSE)	40		
isosorbide mononitrate....	10	LENVIMA (12 MG DAILY DOSE)	40		
isosorbide mononitrate er	10				
isotretinoin.....	64				
isradipine.....	54				
itraconazole	27				

lisinopril- hydrochlorothiazide	30	MENEST	76	mirtazapine	19
lithium	45	MENTAX	65	MIRVASO	70
lithium carbonate	45	MENVEO	110	misoprostol	108
lithium carbonate er	45	meprobamate	11	MITIGARE	80
LIVALO	29	mercaptapurine	38	modafinil	2
loperamide hcl	25	meropenem	34	moexipril hcl	31
lopinavir-ritonavir	48	mesalamine	78	mometasone furoate	69, 91
lorazepam	11	mesalamine er	78	MONO-LINYAH	58
losartan potassium	32	MESNEX	43	montelukast sodium	14
losartan potassium-hctz	31	metaproterenol sulfate	13	MONUROL	108
LOTEMAX	96	metaxalone	91	morphine sulfate	7, 8
loteprednol etabonate	96	metformin hcl	22	morphine sulfate (concentrate)	7
lovastatin	29	metformin hcl er	22	morphine sulfate (pf)	7
LOW-OGESTREL	58	methadone hcl	7	morphine sulfate er	7
loxapine succinate	46	METHADONE HCL INTENSOL	7	MOTOFEN	25
LUMIGAN	96	METHADOSE	7	moxifloxacin hcl	77, 94
LUPANETA PACK	84	methamphetamine hcl	1	multivitamin/fluoride	90
LUPRON DEPOT (1-MONTH)	42	methazolamide	72	multi-vitamin/fluoride	90
LUPRON DEPOT (3-MONTH)	42	methenamine hippurate	108	multi-vitamin/fluoride/iron	90
LUPRON DEPOT (4-MONTH)	42	METHERGINE	97	mupirocin	65
LUPRON DEPOT (6-MONTH)	42	methimazole	105	MVC-FLUORIDE	90
LUTERA	58	methocarbamol	91	mycophenolate mofetil	52
LUZU	70	methotrexate	38	mycophenolate sodium	52
LYNPARZA	99	methotrexate sodium	38	MYORISAN	64
LYSODREN	37	methotrexate sodium (pf)	38	N	
M		methoxsalen rapid	66	nabumetone	5
magnesium sulfate	89	methscopolamine bromide	108	nadolol	53
malathion	71	methyl dopa	32	nadolol-bendroflumethiazide	33
maprotiline hcl	19	methylphenidate hcl	2	naftifine hcl	65
marlissa	58	methylphenidate hcl er	2	nalbuphine hcl	9
MARPLAN	19	methylphenidate hcl er (cd)	2	naloxone hcl	26
MATULANE	41	methylphenidate hcl er (la)	2	naltrexone hcl	26
MATZIM LA	54	methylprednisolone	61	naproxen	5
MAVYRET	82	methyltestosterone	9	naproxen dr	5
meclizine hcl	26	metoclopramide hcl	77	naproxen sodium	5
meclofenamate sodium	5	metolazone	73	naratriptan hcl	88
medroxyprogesterone acetate	60, 100	metoprolol succinate er	53	NARCAN	26
mefenamic acid	5	metoprolol tartrate	53	NATACYN	94
mefloquine hcl	35	metoprolol- hydrochlorothiazide	33	nateglinide	24
megestrol acetate	43	metronidazole	34, 70, 112	NATURE-THROID	106
MEKINIST	38	metronidazole in nacl	34	NAYZILAM	16
meloxicam	5	mexiletine hcl	12	NECON 0.5/35 (28)	58
melphalan	43	MIACALCIN	74	NECON 1/35 (28)	58
melphalan hcl	43	midodrine hcl	112	nefazodone hcl	19, 104
memantine hcl	102	miglitol	21	neomycin sulfate	2
MENACTRA	110	MINITRAN	10	neomycin-polymyxin b gu	79
		minocycline hcl	105	neomycin-polymyxin- dexameth	95
		minoxidil	33		

neomycin-polymyxin-gramicidin.....	94	nortriptyline hcl.....	21	ONETOUCH ULTRA	71
neomycin-polymyxin-hc .95, 97		NORVIR	49	ONETOUCH ULTRA 2	87
NEUPRO	44	NOVOLIN 70/30	23	ONETOUCH ULTRA BLUE .	71
NEVANAC.....	95	NOVOLIN 70/30 RELION .	23	ONETOUCH ULTRA CONTROL	87
nevirapine.....	49	NOVOLIN N	23	ONETOUCH ULTRA MINI .	87
nevirapine er.....	49	NOVOLIN N RELION	23	ONETOUCH ULTRASOFT LANCETS	87
NEXAVAR.....	39	NOVOLIN R	23	ONETOUCH VERIO	71, 87
NEXPLANON	60	NOVOLIN R RELION	23	ONETOUCH VERIO FLEX SYSTEM	87
niacin.....	113	NOVOLOG	24	ONGLYZA	22
nicardipine hcl	54	NOVOLOG FLEXPEN	23	OPSUMIT.....	56
nicotine	103	NOVOLOG MIX 70/30	23	OPTICHAMBER FACE MASK-SMALL	87
nicotine polacrilex .	102, 103	NOVOLOG MIX 70/30 FLEXPEN	23	OPTIONS CONCEPTROL	112
nicotine step 3.....	103	NOVOLOG PENFILL	23	ORENITRAM.....	55
NICOTROL	103	np thyroid	106	ORKAMBI	63
NICOTROL NS.....	103	NUCYNTA ER	8	orphenadrine citrate er ...	91
NIFEDICAL XL.....	54	NYAMYC.....	65	ORSYTHIA	59
nifedipine er.....	54	nystatin	27, 65, 89	oseltamivir phosphate	51
nifedipine er osmotic release	55	nystatin-triamcinolone....	65	OSMOPREP	84
nilutamide	37	NYSTOP	65	OTEZLA.....	99
nimodipine.....	55	O		oxaliplatin	37
nisoldipine er.....	55	octreotide acetate	75	oxandrolone.....	9
NITRO-BID.....	10	ofloxacin	77, 94, 97	oxaprozin	5
NITRO-DUR.....	10	olanzapine.....	47	oxazepam.....	11
nitrofurantoin	108	olmesartan medoxomil ...	32	oxcarbazepine.....	17
nitrofurantoin macrocrystal	108	olmesartan medoxomil-hctz	32	oxiconazole nitrate.....	70
nitrofurantoin monohyd macro	108	olmesartan-amlodipine-hctz	32	OXISTAT	70
nitroglycerin.....	10	olopatadine hcl	91	oxybutynin chloride108, 109	
nitroglycerin er	10	omega-3-acid ethyl esters	28	oxybutynin chloride er .	108, 109
nitroglycerin in d5w	10	omeprazole	107	oxycodone hcl	8
nizatidine.....	107	OMNARIS	91	oxycodone hcl er	8
NORA-BE	60	OMNIFLEX DIAPHRAGM ..	85	oxycodone-acetaminophen	8
NORDITROPIN FLEXPRO ..	74	OMNITROPE	74	oxycodone-aspirin.....	8
norethin ace-eth estrad-fe	58	ondansetron	26	oxycodone-ibuprofen.....	8
norethindrone.....	60	ondansetron hcl	26	OXYCONTIN.....	8
norethindrone acetate... 100		ONETOUCH DELICA LANCETS 30G	87	oxymorphone hcl	8
norethindrone-eth estradiol	76	ONETOUCH DELICA LANCETS 33G	87	oxymorphone hcl er	8
norethin-eth estradiol-fe .	59	ONETOUCH DELICA LANCING DEV	87	oxytocin.....	97
norgestimate-eth estradiol	59	ONETOUCH DELICA PLUS LANCET30G.....	87	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	24
norgestim-eth estrad triphasic	61	ONETOUCH DELICA PLUS LANCET33G.....	87	OZEMPIC (1 MG/DOSE) ..	24
NORPACE CR	11	ONETOUCH DELICA PLUS LANCING.....	87	P	
NORTREL 0.5/35 (28)	59	ONETOUCH SURESOFT LANCING DEV	87	paliperidone er	45
NORTREL 1/35 (21)	59			pamidronate disodium	74
NORTREL 7/7/7	61			pantoprazole sodium	107

paroxetine hcl.....	20	PKU AIR15 YELLOW	72	primaquine phosphate	35
paroxetine hcl er.....	20	PKU AIR20 GOLD.....	72	primidone.....	18
PASER.....	36	PKU AIR20 GREEN.....	72	probenecid	80
PAXIL.....	20	PKU AIR20 YELLOW	72	procainamide hcl	11
PEDIARIX	106	PKU COOLER 10.....	72	prochlorperazine.....	47
PEDIATRIC PANDA MASK.	87	PKU COOLER 15.....	72	prochlorperazine edisylate	
PEDVAX HIB.....	110	PKU COOLER 20.....	72	.....	47
peg-3350/electrolytes....	84	PLEGRIDY	101	prochlorperazine maleate	47
peg-		PLEGRIDY STARTER PACK		PROCRIT	81
3350/electrolytes/ascorba		.....	101	PROCTOCORT	9
t.....	84	PNEUMOVAX 23	110	PROCTO-PAK	10
PEGANONE.....	18	podofilox.....	70	PROCTOZONE-HC	10
PEGASYS	51	polyethylene glycol 3350	84	progesterone micronized	100
PEGINTRON	51	polymyxin b sulfate	35	PROLIA	75
peg-kcl-nacl-nasulf-na asc-c		polymyxin b-trimethoprim		PROMACTA	82
.....	84	.....	94	promethazine hcl.....	28
penicillamine	51	poly-vitamin/fluoride.....	90	promethazine vc.....	62
penicillin v potassium.....	98	POMALYST	38	promethazine vc/codeine	63
PENTACEL.....	106	PORTIA-28	59	promethazine-codeine	63
pentamidine isethionate ..	34	posaconazole.....	27	promethazine-dm	63
pentoxifylline er	80	potassium chloride.....	89	promethazine-	
PERFOROMIST.....	13	potassium chloride crys er		phenylephrine	62
perindopril erbumine	31	.....	89	PROMETHEGAN	28
permethrin.....	71	potassium chloride er	89	propafenone hcl.....	12
perphenazine	47	potassium citrate er.....	79	propafenone hcl er.....	12
perphenazine-amitriptyline		potassium citrate-citric acid		proparacaine hcl.....	94
.....	102	.....	79	propranolol hcl	53
phenazopyridine hcl.....	80	PRADAXA	16	propranolol hcl er	53
phenelzine sulfate	19	PRALUENT.....	98	propranolol-hctz	33
phenobarbital	82	pramipexole dihydrochloride		propylthiouracil	105
phenoxybenzamine hcl....	31	.....	45	PROQUAD.....	110
phenytoin	18	pramipexole dihydrochloride		protriptyline hcl.....	21
phenytoin sodium.....	18	er	45	pseudoeph-bromphen-dm	63
phenytoin sodium extended		prasugrel hcl	81	PULMICORT FLEXHALER..	15
.....	18	pravastatin sodium	29	PULMOZYME	103
PHOSLYRA	78	prazosin hcl.....	33	pyrazinamide	36
PHOSPHOLINE IODIDE....	93	PRED MILD.....	96	pyridostigmine bromide .	35,
phytonadione	113	prednicarbate	69	36	
pilocarpine hcl	90, 93	prednisolone.....	62	pyridostigmine bromide er	
pimecrolimus.....	70	prednisolone acetate.....	96	.....	35, 36
pimozide.....	102	prednisolone sodium		pyridoxine hcl	113
pindolol	53	phosphate.....	62, 96	pyrimethamine.....	35
pioglitazone hcl.....	25	prednisone	62	Q	
pioglitazone hcl-glimepiride		PREDNISON INTENSOL .	62	quetiapine fumarate.....	46
.....	25	pregabalin.....	18	quinapril hcl.....	31
pioglitazone hcl-metformin		PREMARIN.....	76, 112	quinapril-	
hcl.....	25	PRENATABS RX	90	hydrochlorothiazide....	30
PIRMELLA 1/35	59	PREVALITE	29	quinidine gluconate er	11
PIRMELLA 7/7/7.....	61	PREVNAR 13.....	110	quinidine sulfate	11
piroxicam.....	5	PREZCOBIX	48	quinine sulfate	35
PKU AIR15 GOLD	72	PREZISTA	49	QVAR REDIHALER.....	15
PKU AIR15 GREEN.....	72	PRIFTIN	36		

R		
rabeprazole sodium	108	
rалoxifene hcl.....	75	
ramelteon.....	83	
ramipril	31	
ranitidine hcl	107	
ranolazine er	10	
rasagiline mesylate.....	44	
RECLIPSEN	59	
RECOMBIVAX HB.....	111	
RECTIV.....	9	
REGONOL	35, 36	
REGRANEX.....	71	
RELENZA DISKHALER	51	
RENACIDIN	79	
repaglinide.....	24	
RESTASIS	94	
REVLIMID	52	
REXULTI	47	
ribavirin.....	51	
RIDAURA	4	
rifabutin	36	
RIFAMATE.....	36	
rifampin.....	36	
RIFATER	36	
riluzole	92	
rimantadine hcl.....	51	
RINVOQ.....	3	
risedronate sodium.....	74	
risperidone.....	45, 46	
ritonavir	49	
rivastigmine tartrate.....	100	
rizatriptan benzoate	88	
ropinirole hcl	45	
ropinirole hcl er	45	
rosuvastatin calcium. 29, 30		
ROTARIX	111	
ROTATEQ.....	111	
RYBELSUS	24	
S		
salsalate.....	6	
SANDIMMUNE.....	52	
SANDOSTATIN LAR DEPOT		
.....	75	
SANTYL	69	
SAPHRIS.....	46	
SAVELLA.....	101	
scopolamine.....	26	
selegiline hcl	44	
selenium sulfide.....	66	
SELZENTRY.....	48	
SEREVENT DISKUS.....	13	
sertraline hcl	20	
sevelamer carbonate.....	78	
sevelamer hcl	78	
SHINGRIX	111	
SIGNIFOR	75	
SIGNIFOR LAR	75	
sildenafil citrate	56	
silodosin	79	
silver sulfadiazine.....	66	
SIMBRINZA	92	
simvastatin	30	
sirolimus.....	52	
SIRTURO.....	36	
SIVEXTRO	35	
SKLICE	71	
SKYLA	60	
SKYRIZI (150 MG DOSE) 66		
sod citrate-citric acid.....	79	
sodium chloride.....	62, 89	
sodium fluoride	88, 89	
sodium polystyrene		
sulfonate.....	53, 99	
sofosbuvir-velpatasvir	82	
solifenacin succinate	108,	
109		
SOMATULINE DEPOT.....	75	
SOMAVERT.....	74	
sorbitol	79	
sorbitol-mannitol	79	
SORINE	54	
sotalol hcl	54	
sotalol hcl (af)	54	
spinosad	71	
SPIRIVA HANDIHALER....	14	
SPIRIVA RESPIMAT	14	
spironolactone	73	
spironolactone-hctz	72	
SPRINTEC 28	59	
SPRYCEL.....	40	
SRONYX.....	59	
SSD	66	
SSKI	62	
stavudine.....	50	
STELARA.....	66	
streptomycin sulfate	2	
STRIBILD.....	48	
STRIVERDI RESPIMAT	13	
sucralfate.....	107	
sulfacetamide sodium.....	96	
sulfacetamide-prednisolone		
.....	95	
sulfadiazine	105	
sulfamethoxazole-		
trimethoprim.....	34	
SULFAMYLON	67	
sulfasalazine	78	
sulindac	5	
sumatriptan.....	88	
sumatriptan succinate	88	
SUPRAX	57	
SUPREP BOWEL PREP KIT 84		
SUTENT	39	
SYEDA	59	
SYMDEKO.....	64	
SYMLINPEN 120	21	
SYMLINPEN 60	21	
SYNAGIS	97	
SYNAREL.....	75	
SYNJARDY	104	
SYNJARDY XR	104	
SYNTHROID	106	
T		
TABLOID	38	
tacrolimus	52, 70	
tadalafil.....	56	
tadalafil (pah)	56	
TAFINLAR.....	38	
TAKE ACTION.....	60	
tamoxifen citrate	37	
tamsulosin hcl.....	79	
TASIGNA	40	
TAZORAC	66	
TAZTIA XT.....	55	
TDVAX	106	
TECFIDERA	101	
telmisartan	32	
telmisartan-hctz	32	
temazepam	83	
TEMODAR.....	41	
temozolomide	41	
temsirolimus.....	39	
TENCON	6	
teniposide	42	
TENIVAC	106	
tenofovir disoproxil		
fumarate.....	50	
terazosin hcl	33	
terbinafine hcl.....	27	
terbutaline sulfate.....	13	
terconazole.....	111, 112	
testosterone	9	
testosterone cypionate	9	
testosterone enanthate.....	9	
tetrabenazine.....	101	

tetracycline hcl	105	trifluoperazine hcl.....	47	VIIIBRYD.....	19, 104
THALOMID	51	trifluridine	94	VIIIBRYD STARTER PACK	19,
theophylline	15	TRIGLIDE.....	29	104	
theophylline er	15	trihexyphenidyl hcl	44	VIMPAT	18
thioridazine hcl	47	trimethobenzamide hcl ...	26	vinblastine sulfate.....	42
thiothixene.....	47	trimethoprim	34	vincristine sulfate	42
tiagabine hcl	18	trimipramine maleate.....	21	vinorelbine tartrate	42
timolol maleate.....	54, 92	TRINTELLIX	19, 104	VIRACEPT.....	49
tinidazole.....	34	TRI-SPRINTEC	61	VIREAD.....	50
TIS-U-SOL	52	tri-vitamin/fluoride	90	vitamin d (ergocalciferol)	
TIVICAY.....	48	tri-vite/fluoride	90	.....	113
tizanidine hcl.....	91	TRIVORA (28).....	61	vitamin d3.....	113
TOBRADEX.....	95	tropicamide	93	vitamins acd-fluoride.....	90
tobramycin	2, 94	trospium chloride	109	VIVITROL	26
tobramycin sulfate	2	trospium chloride er.....	109	voriconazole	27
tobramycin-dexamethasone		TRULICITY.....	24	VOSEVI.....	82
.....	95	TRUMENBA.....	110	VOTRIENT	40
TODAY SPONGE	112	TRUVADA.....	48	VYVANSE.....	1
tolbutamide.....	25	TUZISTRA XR	63	W	
tolcapone.....	44	TWINRIX.....	110	warfarin sodium	15
tolmetin sodium.....	5	TYKERB	40	WELCHOL.....	29
tolterodine tartrate 108, 109		U		westab max.....	71
tolterodine tartrate er .. 108,	109	ULESFIA	71	WESTHROID	106
topiramate	18	UNITHROID	106	WIDE-SEAL DIAPHRAGM	60
topotecan hcl	43	UPTRAVI	103	.....	85
toremifene citrate	37	ursodiol	77	WIDE-SEAL DIAPHRAGM	65
torsemide	73	V		.....	85
TOUJEO MAX SOLOSTAR .24		valacyclovir hcl	51	WIDE-SEAL DIAPHRAGM	70
TOUJEO SOLOSTAR	24	valganciclovir hcl.....	50	.....	86
TOVIAZ	108, 109	valproic acid.....	19	WIDE-SEAL DIAPHRAGM	75
TRADJENTA.....	22	valsartan	32	.....	86
tramadol hcl.....	8	valsartan-		WIDE-SEAL DIAPHRAGM	80
tramadol hcl er	8	hydrochlorothiazide	32	.....	86
tramadol hcl er (biphasic). 8		vancomycin hcl	80	WIDE-SEAL DIAPHRAGM	85
trandolapril	31	VAQTA.....	111	.....	86
trandolapril-verapamil hcl er		VARIVAX.....	111	WIDE-SEAL DIAPHRAGM	90
.....	30	VARUBI (180 MG DOSE) .	27	.....	86
tranexamic acid	82	VASCEPA	29	WIDE-SEAL DIAPHRAGM	95
tranylcypromine sulfate... 19		VASOSTRICT	76	.....	86
travoprost (bak free)	96	VCF VAGINAL		X	
trazodone hcl	19, 104	CONTRACEPTIVE	112	XALKORI	40
TRECTOR	36	VELIVET.....	61	XARELTO.....	15
TRELEGY ELLIPTA.....	13	VEMLIDY.....	51	XARELTO STARTER PACK	15
TRELSTAR MIXJECT	42	venlafaxine hcl.....	21	XIFAXAN	34
TRESIBA FLEXTOUCH.....	24	venlafaxine hcl er	20	XIGDUO XR	104
tretinoin	43, 64	VENTAVIS	55	XOLAIR	13
triamcinolone acetonide .69,	90, 91, 105	VENTOLIN HFA.....	14	XULANE	59
triamterene.....	73	verapamil hcl.....	55	XULTOPHY.....	83
triamterene-hctz	73	verapamil hcl er	55	Z	
triazolam	83	VICTOZA.....	24	zafirlukast	14
		VIDEX	50	zaleplon	83
		vigabatrin	18	ZARAH	59

ZARXIO	82	ZIOPTAN.....	96	ZONTIVITY	100
ZELBORAF	38	ziprasidone hcl.....	45	ZOSTAVAX	111
ZENATANE	65	ZIRGAN	94	ZOVIA 1/35E (28).....	59
ZENPEP	72	ZOLINZA.....	38	ZYDELIG	99
ZERVIATE	93	zolmitriptan.....	88	ZYKADIA	40
zidovudine	50	zolpidem tartrate.....	83	ZYTIGA	37
ZIEXTENZO.....	82	zolpidem tartrate er	83		
zileuton er	12	zonisamide.....	18		