



**Neighborhood  
Health Plan**  
OF RHODE ISLAND™

## **2024 INDIVIDUAL/FAMILY & SMALL GROUP DRUG FORMULARY**

**PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE  
PRESCRIPTION DRUGS WE COVER.**

Please refer to your “Certificate of Coverage or other plan materials” to determine if your drug is covered. This Drug Formulary does not guarantee coverage and is subject to change without notice. Members must use participating pharmacies to fill their prescription drugs.

Tiers are groups of drugs on our Drug List.

- Tier 0 drugs are drugs that qualify as an Affordable Care Act Preventative Drug
- Tier 1 drugs are generic drugs in the Adherence Drug Program
- Tier 2 drugs are generic drugs not included in the Adherence Drug Program
- Tier 3 drugs are preferred brand drugs
- Tier 4 drugs are non-preferred brand drugs
- Tier 5 drugs are preferred specialty drugs
- Tier 6 drugs are non-preferred specialty drugs

For the most recent information or other questions, please contact Neighborhood Member Services at 1-833-486-5274 (ITY 711).

## Neighborhood Health Plan 6T Exchange Formulary eff 01/01/2024

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS**

### **ANTI-OBESITY AGENTS**

|                      |        |                               |
|----------------------|--------|-------------------------------|
| SAXENDA INJ 18MG/3ML | Tier 6 | PA, QL (5 pens every 30 days) |
| WEGOVY INJ 0.5MG     | Tier 6 | PA, QL (4 pens every 28 days) |
| WEGOVY INJ 0.25MG    | Tier 6 | PA, QL (4 pens every 28 days) |
| WEGOVY INJ 1.7MG     | Tier 6 | PA, QL (4 pens every 28 days) |
| WEGOVY INJ 1MG       | Tier 6 | PA, QL (4 pens every 28 days) |
| WEGOVY INJ 2.4MG     | Tier 6 | PA, QL (4 pens every 28 days) |

### **ALTERNATIVE MEDICINES**

#### **ALTERNATIVE MEDICINE - M'S**

|                              |        |     |
|------------------------------|--------|-----|
| MELATONIN LIQ 1MG/4ML        | Tier 1 | OTC |
| <i>melatonin sub 5mg</i>     | Tier 1 | OTC |
| <i>melatonin tab 1 mg</i>    | Tier 1 | OTC |
| <i>melatonin tab 3mg</i>     | Tier 1 | OTC |
| <i>melatonin tab 5 mg</i>    | Tier 1 | OTC |
| <i>melatonin tab 10mg cr</i> | Tier 1 | OTC |

### **ANALGESICS**

#### **COX-2 INHIBITORS**

|                             |        |  |
|-----------------------------|--------|--|
| <i>celecoxib cap 50 mg</i>  | Tier 2 |  |
| <i>celecoxib cap 100 mg</i> | Tier 2 |  |
| <i>celecoxib cap 200 mg</i> | Tier 2 |  |

#### **GOUT**

|  |        |          |
|--|--------|----------|
| <i>allopurinol tab 100 mg</i>                  | Tier 2 |          |
| <i>allopurinol tab 300 mg</i>                  | Tier 2 |          |
| <i>colchicine tab 0.6 mg</i>                   | Tier 2 |          |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | Tier 2 |          |
| <i>febuxostat tab 40 mg</i>                    | Tier 2 | ST; PA** |
| <i>febuxostat tab 80 mg</i>                    | Tier 2 | ST; PA** |
| <i>probenecid tab 500 mg</i>                   | Tier 2 |          |

#### **NSAIDS**

|  |        |     |
|--|--------|-----|
| <i>advil jr st tab 100mg</i>                       | Tier 1 | OTC |
| <i>diclofenac potassium tab 50 mg</i>              | Tier 2 |     |
| <i>diclofenac sodium tab delayed release 25 mg</i> | Tier 2 |     |
| <i>diclofenac sodium tab delayed release 50 mg</i> | Tier 2 |     |
| <i>diclofenac sodium tab delayed release 75 mg</i> | Tier 2 |     |

**C** - As of 4/1/19 contraceptives are covered for 365 days    **OTC** - Over the counter    **PA** - Prior Authorization    **PA\*\*** - PA Applies if Step is Not Met    **QL** - Quantity Limits    **ST** - Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>diclofenac sodium tab er 24hr 100 mg</i>               | Tier 2           |                            |
| <i>etodolac cap 200 mg</i>                                | Tier 2           |                            |
| <i>etodolac cap 300 mg</i>                                | Tier 2           |                            |
| <i>etodolac tab 400 mg</i>                                | Tier 2           |                            |
| <i>etodolac tab 500 mg</i>                                | Tier 2           |                            |
| <i>etodolac tab er 24hr 400 mg</i>                        | Tier 2           |                            |
| <i>etodolac tab er 24hr 500 mg</i>                        | Tier 2           |                            |
| <i>etodolac tab er 24hr 600 mg</i>                        | Tier 2           |                            |
| <i>fenoprofen calcium tab 600 mg</i>                      | Tier 4           |                            |
| <i>flurbiprofen tab 50 mg</i>                             | Tier 2           |                            |
| <i>flurbiprofen tab 100 mg</i>                            | Tier 2           |                            |
| <i>ibuprofen jr chw 100mg</i>                             | Tier 1           | OTC                        |
| <i>ibuprofen susp 100 mg/5ml</i>                          | Tier 2           |                            |
| <i>ibuprofen tab 400 mg</i>                               | Tier 2           |                            |
| <i>ibuprofen tab 600 mg</i>                               | Tier 2           |                            |
| <i>ibuprofen tab 800 mg</i>                               | Tier 2           |                            |
| <i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i> | Tier 2           |                            |
| <i>ketorolac tromethamine inj 15 mg/ml</i>                | Tier 2           |                            |
| <i>ketorolac tromethamine inj 30 mg/ml</i>                | Tier 2           |                            |
| <i>ketorolac tromethamine tab 10 mg</i>                   | Tier 2           | QL (20 tabs every 30 days) |
| <i>meclofenamate sodium cap 50 mg</i>                     | Tier 2           |                            |
| <i>meclofenamate sodium cap 100 mg</i>                    | Tier 2           |                            |
| <i>mefenamic acid cap 250 mg</i>                          | Tier 2           |                            |
| <i>meloxicam tab 7.5 mg</i>                               | Tier 2           |                            |
| <i>meloxicam tab 15 mg</i>                                | Tier 2           |                            |
| <b>MOTRIN CHILD SUS 100/5ML</b>                           | Tier 1           | OTC                        |
| <i>motrin ib tab 200mg</i>                                | Tier 1           | OTC                        |
| <b>MOTRIN INFAN DRO 50/1.25</b>                           | Tier 1           | OTC                        |
| <i>nabumetone tab 500 mg</i>                              | Tier 2           |                            |
| <i>nabumetone tab 750 mg</i>                              | Tier 2           |                            |
| <i>naproxen sod tab 220mg</i>                             | Tier 1           | OTC                        |
| <i>naproxen tab 250 mg</i>                                | Tier 2           |                            |
| <i>naproxen tab 375 mg</i>                                | Tier 2           |                            |
| <i>naproxen tab 500 mg</i>                                | Tier 2           |                            |
| <i>oxaprozin tab 600 mg</i>                               | Tier 2           |                            |
| <i>piroxicam cap 10 mg</i>                                | Tier 2           |                            |
| <i>piroxicam cap 20 mg</i>                                | Tier 2           |                            |
| <i>sulindac tab 150 mg</i>                                | Tier 2           |                            |
| <i>sulindac tab 200 mg</i>                                | Tier 2           |                            |
| <i>tolmetin sodium cap 400 mg</i>                         | Tier 2           |                            |
| <i>tolmetin sodium tab 600 mg</i>                         | Tier 2           |                            |
| <i>wal-profen cap 200mg</i>                               | Tier 1           | OTC                        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|---|------------------|---|
| <b>NSAIDS, COMBINATIONS</b>                                     |                  |   |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>  | Tier 2           |   |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>  | Tier 2           |   |
| <b>OPIOID ANALGESICS</b>  |                  |   |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>              | Tier 2           | PA, QL (2700 mL every 30 days); Subject to initial 7-day limit  |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>                   | Tier 2           | PA, QL (400 tabs every 30 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>                   | Tier 2           | PA, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                   | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> | Tier 2           | ST, QL (300 caps every 30 days); Subject to initial 7-day limit |
| <i>butorphanol tartrate inj 1 mg/ml</i>                         | Tier 2           |   |
| <i>butorphanol tartrate inj 2 mg/ml</i>                         | Tier 2           |   |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i>                 | Tier 2           | QL (2 bottles every 30 days)                                    |
| CODEINE SULF TAB 60MG   | Tier 4           | PA, QL (42 tabs every 30 days); Subject to initial 7-day limit  |
| <i>codeine sulfate tab 30 mg</i>                                | Tier 2           | PA, QL (42 tabs every 30 days); Subject to initial 7-day limit  |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i>             | Tier 2           | PA, QL (120 lozenges every 30 days)                             |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i>             | Tier 2           | PA, QL (120 lozenges every 30 days)                             |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i>             | Tier 2           | PA, QL (120 lozenges every 30 days)                             |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i>             | Tier 2           | PA, QL (120 lozenges every 30 days)                             |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i>            | Tier 2           | PA, QL (120 lozenges every 30 days)                             |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i>            | Tier 2           | PA, QL (120 lozenges every 30 days)                             |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>fentanyl td patch 72hr 12 mcg/hr</i>                | Tier 2           | PA, QL (10 patches every 30 days)  |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>                | Tier 2           | PA, QL (10 patches every 30 days)  |
| <i>fentanyl td patch 72hr 37.5 mcg/hr</i>              | Tier 2           | PA, QL (10 patches every 30 days)  |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>                | Tier 2           | PA, QL (10 patches every 30 days); High Strength Requires PA                   |
| <i>fentanyl td patch 72hr 62.5 mcg/hr</i>              | Tier 2           | ST, PA; High Strength Requires PA  |
| <i>fentanyl td patch 72hr 75 mcg/hr</i>                | Tier 2           | PA, QL (10 patches every 30 days); High Strength Requires PA                   |
| <i>fentanyl td patch 72hr 87.5 mcg/hr</i>              | Tier 2           | ST, PA; High Strength Requires PA  |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>               | Tier 2           | PA, QL (10 patches every 30 days); High Strength Requires PA                   |
| <i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>  | Tier 2           | PA, QL (30 tabs every 30 days)   |
| <i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>  | Tier 2           | PA, QL (30 tabs every 30 days)   |
| <i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>  | Tier 2           | PA, QL (30 tabs every 30 days)   |
| <i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>  | Tier 2           | PA, QL (30 tabs every 30 days)   |
| <i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>  | Tier 2           | PA, QL (30 tabs every 30 days)   |
| <i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> | Tier 2           | PA, QL (Initial fill 30 tabs, then 60 tabs/30 days); High Strength Requires PA |
| <i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> | Tier 2           | PA, QL (Initial fill 30 tabs, then 60 tabs/30 days); High Strength Requires PA |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>  | Tier 2           | PA, QL (2700 mL every 30 days); Subject to initial 7-day limit                 |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>          | Tier 2           | PA, QL (240 tabs every 30 days); Subject to initial 7-day limit                |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>        | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit                |

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Step Therapy

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|---|------------------|---|
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>  | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i>      | Tier 2           | PA, QL (50 tabs every 30 days); Subject to initial 7-day limit  |
| <i>hydromorphone hcl inj 2 mg/ml</i>            | Tier 2           |   |
| <i>hydromorphone hcl tab 2 mg</i>               | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl tab 4 mg</i>               | Tier 2           | PA, QL (150 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl tab 8 mg</i>               | Tier 2           | PA, QL (60 tabs every 30 days); Subject to initial 7-day limit  |
| <i>hydromorphone hcl tab er 24hr 8 mg</i>       | Tier 2           | ST, QL (30 tabs every 30 days)                                  |
| <i>hydromorphone hcl tab er 24hr 12 mg</i>      | Tier 2           | ST, QL (30 tabs every 30 days)                                  |
| <i>hydromorphone hcl tab er 24hr 16 mg</i>      | Tier 2           | ST, QL (30 tabs every 30 days)                                  |
| <i>hydromorphone hcl tab er 24hr 32 mg</i>      | Tier 2           | ST, PA, QL (30 tabs every 30 days); High Strength Requires PA   |
| <i>methadone con 10mg/ml</i>                    | Tier 2           | PA, QL (60 mL every 30 days)                                    |
| <i>methadone hcl conc 10 mg/ml</i>              | Tier 2           | PA, QL (30 mL every 30 days)                                    |
| <i>methadone hcl soln 5 mg/5ml</i>              | Tier 2           | PA, QL (450 ml every 30 days)                                   |
| <i>methadone hcl soln 10 mg/5ml</i>             | Tier 2           | PA, QL (300 mL every 30 days)                                   |
| <i>methadone hcl tab 5 mg</i>                   | Tier 2           | PA, QL (90 tabs every 30 days)                                  |
| <i>methadone hcl tab 10 mg</i>                  | Tier 2           | PA, QL (30 tabs every 30 days)                                  |
| <i>methadone hcl tab for oral susp 40 mg</i>    | Tier 2           | PA, QL (9 tabs every 30 days)                                   |
| <i>methadose tab 40mg</i>                       | Tier 2           | PA, QL (9 tabs every 30 days)                                   |
| <i>morphine sulfate beads cap er 24hr 30 mg</i> | Tier 2           | PA, QL (30 caps every 30 days)                                  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|---|------------------|---|
| <i>morphine sulfate beads cap er 24hr 45 mg</i>         | Tier 2           | PA, QL (30 caps every 30 days)                                  |
| <i>morphine sulfate beads cap er 24hr 60 mg</i>         | Tier 2           | PA, QL (30 caps every 30 days)                                  |
| <i>morphine sulfate beads cap er 24hr 75 mg</i>         | Tier 2           | PA, QL (30 caps every 30 days)                                  |
| <i>morphine sulfate beads cap er 24hr 90 mg</i>         | Tier 2           | PA, QL (30 caps every 30 days)                                  |
| <i>morphine sulfate beads cap er 24hr 120 mg</i>        | Tier 2           | PA, QL (30 tabs every 30 days); High Strength Requires PA       |
| <i>morphine sulfate cap er 24hr 10 mg</i>               | Tier 2           | PA, QL (60 caps every 30 days)                                  |
| <i>morphine sulfate cap er 24hr 20 mg</i>               | Tier 2           | PA, QL (60 caps every 30 days)                                  |
| <i>morphine sulfate cap er 24hr 30 mg</i>               | Tier 2           | PA, QL (60 caps every 30 days)                                  |
| <i>morphine sulfate cap er 24hr 50 mg</i>               | Tier 2           | PA, QL (30 caps every 30 days)                                  |
| <i>morphine sulfate cap er 24hr 60 mg</i>               | Tier 2           | PA, QL (30 caps every 30 days)                                  |
| <i>morphine sulfate cap er 24hr 80 mg</i>               | Tier 2           | PA, QL (30 caps every 30 days)                                  |
| <i>morphine sulfate cap er 24hr 100 mg</i>              | Tier 2           | PA; High Strength Requires PA                                   |
| <i>morphine sulfate iv soln 4 mg/ml</i>                 | Tier 2           |   |
| <i>morphine sulfate iv soln 10 mg/ml</i>                | Tier 2           |   |
| <i>morphine sulfate oral soln 10 mg/5ml</i>             | Tier 2           | PA, QL (900 mL every 30 days); Subject to initial 7-day limit   |
| <i>morphine sulfate oral soln 20 mg/5ml</i>             | Tier 2           | PA, QL (675 mL every 30 days); Subject to initial 7-day limit   |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | Tier 2           | PA, QL (135 mL every 30 days); Subject to initial 7-day limit   |
| <i>morphine sulfate tab 15 mg</i>                       | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>morphine sulfate tab 30 mg</i>                       | Tier 2           | PA, QL (90 tabs every 30 days); Subject to initial 7-day limit  |
| <i>morphine sulfate tab er 15 mg</i>                    | Tier 2           | PA, QL (90 tabs every 30 days)                                  |

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| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|---|------------------|---|
| <i>morphine sulfate tab er 30 mg</i>            | Tier 2           | PA, QL (90 tabs every 30 days)                                  |
| <i>morphine sulfate tab er 60 mg</i>            | Tier 2           | PA, QL (90 tabs every 30 days); High Strength Requires PA       |
| <i>morphine sulfate tab er 100 mg</i>           | Tier 2           | PA, QL (60 tabs every 30 days); High Strength Requires PA       |
| <i>morphine sulfate tab er 200 mg</i>           | Tier 2           | PA, QL (60 tabs every 30 days); High Strength Requires PA       |
| <i>nalbuphine hcl inj 10 mg/ml</i>              | Tier 2           | PA  |
| <i>nalbuphine hcl inj 20 mg/ml</i>              | Tier 2           | PA  |
| NUCYNTA ER TAB 50MG                             | Tier 4           | PA, QL (60 tabs every 30 days)                                  |
| NUCYNTA ER TAB 100MG                            | Tier 4           | PA, QL (60 tabs every 30 days)                                  |
| NUCYNTA ER TAB 150MG                            | Tier 4           | PA, QL (90 tabs every 30 days); High Strength Requires PA       |
| NUCYNTA ER TAB 200MG                            | Tier 4           | PA, QL (60 tabs every 30 days); High Strength Requires PA       |
| NUCYNTA ER TAB 250MG                            | Tier 4           | PA, QL (60 tabs every 30 days); High Strength Requires PA       |
| NUCYNTA TAB 50MG                                | Tier 3           | PA, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA TAB 75MG                                | Tier 3           | PA, QL (90 tabs every 30 days); Subject to initial 7-day limit  |
| NUCYNTA TAB 100MG                               | Tier 3           | PA, QL (60 tabs every 30 days); Subject to initial 7-day limit  |
| <i>oxycodone hcl cap 5 mg</i>                   | Tier 2           | PA, QL (180 caps every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | Tier 2           | PA, QL (90 mL every 30 days); Subject to initial 7-day limit    |
| <i>oxycodone hcl soln 5 mg/5ml</i>              | Tier 2           | PA, QL (900 mL every 30 days); Subject to initial 7-day limit   |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|--|------------------|---|
| <i>oxycodone hcl tab 5 mg</i>                    | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tab 10 mg</i>                   | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tab 15 mg</i>                   | Tier 2           | PA, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tab 20 mg</i>                   | Tier 2           | PA, QL (90 tabs every 30 days); Subject to initial 7-day limit  |
| <i>oxycodone hcl tab 30 mg</i>                   | Tier 2           | PA, QL (60 tabs every 30 days); Subject to initial 7-day limit  |
| <i>oxycodone hcl tab er 12hr deter 10 mg</i>     | Tier 2           | PA, QL (60 tabs every 30 days)                                  |
| <i>oxycodone hcl tab er 12hr deter 20 mg</i>     | Tier 2           | PA, QL (60 tabs every 30 days)                                  |
| <i>oxycodone hcl tab er 12hr deter 40 mg</i>     | Tier 2           | PA; High Strength Requires PA                                   |
| <i>oxycodone hcl tab er 12hr deter 80 mg</i>     | Tier 2           | PA; High Strength Requires PA                                   |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | Tier 2           | PA, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>   | Tier 2           | PA, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | Tier 2           | PA, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>  | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl tab 5 mg</i>                  | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl tab 10 mg</i>                 | Tier 2           | PA, QL (90 tabs every 30 days); Subject to initial 7-day limit  |
| <i>oxymorphone hcl tab er 12hr 5 mg</i>          | Tier 2           | PA, QL (60 tabs every 30 days)                                  |

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| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>oxymorphone hcl tab er 12hr 7.5 mg</i>     | Tier 2           | PA, QL (60 tabs every 30 days)  |
| <i>oxymorphone hcl tab er 12hr 10 mg</i>      | Tier 2           | PA, QL (60 tabs every 30 days)  |
| <i>oxymorphone hcl tab er 12hr 15 mg</i>      | Tier 2           | PA, QL (60 tabs every 30 days)  |
| <i>oxymorphone hcl tab er 12hr 20 mg</i>      | Tier 2           | PA, QL (90 tabs every 30 days); High Strength Requires PA             |
| <i>oxymorphone hcl tab er 12hr 30 mg</i>      | Tier 2           | PA, QL (60 tabs every 30 days); High Strength Requires PA             |
| <i>oxymorphone hcl tab er 12hr 40 mg</i>      | Tier 2           | PA, QL (60 tabs every 30 days); High Strength Requires PA             |
| <i>tramadol hcl tab 50 mg</i>                 | Tier 2           | PA, QL (180 tabs every 30 days); Subject to initial 7-day limit       |
| <i>tramadol hcl tab er 24hr 100 mg</i>        | Tier 2           | PA, QL (30 tabs every 30 days)  |
| <i>tramadol hcl tab er 24hr 200 mg</i>        | Tier 2           | PA, QL (30 tabs every 30 days); High Strength Requires PA             |
| <i>tramadol hcl tab er 24hr 300 mg</i>        | Tier 2           | PA, QL (30 tabs every 30 days); High Strength Requires PA             |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | Tier 2           | PA, QL (40 tabs every 30 days); Subject to initial 7-day limit        |
| XTAMPZA ER CAP 9MG                            | Tier 3           | ST, QL (60 caps every 30 days)  |
| XTAMPZA ER CAP 13.5MG                         | Tier 3           | ST, QL (60 caps every 30 days)  |
| XTAMPZA ER CAP 18MG                           | Tier 3           | ST, QL (60 caps every 30 days)  |
| XTAMPZA ER CAP 27MG                           | Tier 3           | ST, QL (60 caps every 30 days)  |
| XTAMPZA ER CAP 36MG                           | Tier 3           | ST, PA, QL (90 caps every 30 days); High Strength Requires Prior Auth |
| <b>OPIOID PARTIAL AGONISTS</b>                |                  |   |
| BELBUCA MIS 75MCG                             | Tier 3           | ST, QL (60 films every 30 days)                                       |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| BELBUCA MIS 150MCG                                  | Tier 3           | ST, QL (60 films every 30 days)   |
| BELBUCA MIS 300MCG                                  | Tier 3           | ST, QL (60 films every 30 days)   |
| BELBUCA MIS 450MCG                                  | Tier 3           | ST, QL (60 films every 30 days)   |
| BELBUCA MIS 600MCG                                  | Tier 3           | ST, PA, QL (60 films every 30 days); High Strength Requires Prior Auth  |
| BELBUCA MIS 750MCG                                  | Tier 3           | ST, PA, QL (60 films every 30 days); High Strength Requires Prior Auth  |
| BELBUCA MIS 900MCG                                  | Tier 3           | ST, PA, QL (60 films every 30 days); High Strength Requires Prior Auth  |
| <i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> | Tier 2           |   |
| <i>buprenorphine td patch weekly 5 mcg/hr</i>       | Tier 2           | ST, QL (4 patches every 30 days)  |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i>     | Tier 2           | ST, QL (4 patches every 30 days)  |
| <i>buprenorphine td patch weekly 10 mcg/hr</i>      | Tier 2           | ST, QL (4 patches every 30 days)  |
| <i>buprenorphine td patch weekly 15 mcg/hr</i>      | Tier 2           | ST, PA, QL (4 patches every 30 days); High Strength Requires Prior Auth |
| <i>buprenorphine td patch weekly 20 mcg/hr</i>      | Tier 2           | ST, PA, QL (4 patches every 30 days); High Strength Requires Prior Auth |
| SUBLOCADE INJ 100/0.5                               | Tier 5           |   |
| SUBLOCADE INJ 300/1.5                               | Tier 5           |   |
| <b>SALICYLATES</b>                                  |                  |   |
| <i>diflunisal tab 500 mg</i>                        | Tier 2           |   |
| <b>ANALGESICS - NONNARCOTIC</b>                     |                  |   |
| <b>ANALGESIC COMBINATIONS</b>                       |                  |   |
| EXCEDRIN TAB MIGRAINE                               | Tier 1           | OTC   |
| <b>ANALGESICS OTHER</b>                             |                  |   |
| <i>acephen sup 325mg</i>                            | Tier 1           | OTC   |
| <i>acephen sup 650mg</i>                            | Tier 1           | OTC   |
| <i>acetaminophen soln 160 mg/5ml</i>                | Tier 1           | OTC   |
| <i>ed-apap liq 80mg/2.5</i>                         | Tier 1           | OTC   |
| FEVERALL INF SUP 80MG                               | Tier 1           | OTC   |

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Step Therapy

| <b>Drug Name</b>            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------|------------------|----------------------------|
| <i>non-aspirin chw 80mg</i> | Tier 1           | OTC                        |
| <i>pain/fever sup 120mg</i> | Tier 1           | OTC                        |
| <i>tgt apap dro infants</i> | Tier 1           | OTC                        |
| TYLENOL 8 HR TAB 650MG      | Tier 1           | OTC                        |
| TYLENOL INFA SUS 160/5ML    | Tier 1           | OTC                        |
| TYLENOL SORE LIQ THROAT     | Tier 1           | OTC                        |
| TYLENOL TAB 325MG           | Tier 1           | OTC                        |
| TYLENOL TAB 500MG           | Tier 1           | OTC                        |

### **SALICYLATES**

|                                |        |   |
|--------------------------------|--------|---|
| ALKA-SELTZER TAB 325MG         | Tier 1 | OTC   |
| ALKA-SELTZER TAB 500MG         | Tier 1 | OTC   |
| <i>aspirin chw 81mg</i>        | Tier 0 | QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered |
| <i>aspirin low tab 81mg ec</i> | Tier 0 | QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered |
| <i>aspirin tab 325mg</i>       | Tier 0 | OTC   |
| <i>aspirin tab 500 mg</i>      | Tier 1 | OTC   |
| <i>bayer asa tab 325mg</i>     | Tier 0 | OTC   |
| BAYER PLUS TAB 500MG           | Tier 1 | OTC   |
| BUFFERIN TAB 325MG             | Tier 1 | OTC   |
| ECOTRIN M/S TAB 500MG EC       | Tier 1 | OTC   |

### **ANESTHETICS**

#### **LOCAL ANESTHETICS**

|  |        |  |
|--|--------|--|
| <i>lidocaine hcl local inj 0.5%</i>                        | Tier 2 |  |
| <i>lidocaine hcl local inj 1%</i>                          | Tier 2 |  |
| <i>lidocaine hcl local inj 2%</i>                          | Tier 2 |  |
| <i>lidocaine hcl local preservative free (pf) inj 0.5%</i> | Tier 2 |  |
| <i>lidocaine hcl local preservative free (pf) inj 1%</i>   | Tier 2 |  |
| <i>lidocaine hcl local preservative free (pf) inj 2%</i>   | Tier 2 |  |

### **ANORECTAL AND RELATED PRODUCTS**

#### **RECTAL COMBINATIONS**

|                                  |        |     |
|----------------------------------|--------|-----|
| <i>hemorrhoidal cre</i>          | Tier 1 | OTC |
| <i>hemorrhoidal gel 0.25-50%</i> | Tier 1 | OTC |
| <i>hemorrhoidal sup</i>          | Tier 1 | OTC |

| Drug Name   | Drug Tier | Requirements/Limits          |
|---|-----------|------------------------------|
| <b>ANTACIDS</b>   |           |                              |
| <b>ANTACID COMBINATIONS</b>                                     |           |                              |
| <i>antacid plus sus gas rel</i>                                 | Tier 1    | OTC                          |
| <i>maalox advan sus max st</i>                                  | Tier 1    | OTC                          |
| <b>ANTACIDS - ALUMINUM SALTS</b>                                |           |                              |
| ALUM HYDROX SUS 320/5ML   | Tier 1    | OTC                          |
| <b>ANTACIDS - BICARBONATE</b>                                   |           |                              |
| <i>sodium bicarbonate tab 650 mg</i>                            | Tier 1    | OTC                          |
| <b>ANTACIDS - CALCIUM SALTS</b>                                 |           |                              |
| <i>cal antacid chw 1000mg</i>                                   | Tier 1    | OTC                          |
| <i>calc antacid chw 500mg</i>                                   | Tier 1    | OTC                          |
| <i>calc antacid chw 750mg</i>                                   | Tier 1    | OTC                          |
| CALCIUM CARB TAB 648MG  | Tier 1    | OTC                          |
| <i>calcium carbonate (antacid) susp 1250 mg/5ml</i>             | Tier 1    | OTC                          |
| <b>ANTHELMINTICS</b>  |           |                              |
| <b>ANTHELMINTICS</b>  |           |                              |
| <i>pinworm med sus 144mg/ml</i>                                 | Tier 1    | OTC                          |
| <b>ANTI-INFECTIVES</b>  |           |                              |
| <b>ANTHELMINTICS</b>  |           |                              |
| <i>albendazole tab 200 mg</i>                                   | Tier 4    | QL (336 tabs every 365 days) |
| EMVERM CHW 100MG  | Tier 4    | QL (12 tabs every 365 days)  |
| <i>ivermectin tab 3 mg</i>                                      | Tier 2    | PA                           |
| <i>praziquantel tab 600 mg</i>                                  | Tier 2    | QL (24 tabs every 365 days)  |
| <b>ANTI-BACTERIALS - MISCELLANEOUS</b>                          |           |                              |
| <i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>                | Tier 2    |                              |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>              | Tier 2    |                              |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> | Tier 2    |                              |
| <i>gentamicin sulfate inj 40 mg/ml</i>                          | Tier 2    |                              |
| <i>neomycin sulfate tab 500 mg</i>                              | Tier 2    |                              |
| <i>sulfadiazine tab 500 mg</i>                                  | Tier 2    |                              |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>         | Tier 2    |                              |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>              | Tier 2    |                              |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>             | Tier 2    |                              |
| <i>tinidazole tab 250 mg</i>                                    | Tier 2    |                              |
| <i>tinidazole tab 500 mg</i>                                    | Tier 2    |                              |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>tobramycin sulfate for inj 1.2 gm</i>                            | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 10 day course every 365 days |
| <i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)<br/>(base equiv)</i> | Tier 2           | QL (36 mL every day);<br>Initial limit allows up to a 10 day course every 365 days   |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)<br/>(base equiv)</i> | Tier 2           | QL (36 mL every day);<br>Initial limit allows up to a 10 day course every 365 days   |

### **ANTIFUNGALS**

|  |        |  |
|--|--------|--|
| <i>amphotericin b for iv soln 50 mg</i>        | Tier 2 | QL (3 vials every day);<br>Initial limit allows up to a 14 day course every 365 days |
| CRESEMBA CAP 74.5MG                            | Tier 4 |  |
| CRESEMBA CAP 186 MG                            | Tier 4 |  |
| <i>fluconazole for susp 10 mg/ml</i>           | Tier 2 |  |
| <i>fluconazole for susp 40 mg/ml</i>           | Tier 2 |  |
| <i>fluconazole tab 50 mg</i>                   | Tier 2 |  |
| <i>fluconazole tab 100 mg</i>                  | Tier 2 |  |
| <i>fluconazole tab 150 mg</i>                  | Tier 2 |  |
| <i>fluconazole tab 200 mg</i>                  | Tier 2 |  |
| <i>griseofulvin microsize susp 125 mg/5ml</i>  | Tier 2 |  |
| <i>griseofulvin microsize tab 500 mg</i>       | Tier 2 |  |
| <i>griseofulvin ultramicrosize tab 125 mg</i>  | Tier 2 |  |
| <i>griseofulvin ultramicrosize tab 250 mg</i>  | Tier 2 |  |
| <i>itraconazole cap 100 mg</i>                 | Tier 2 | PA   |
| <i>itraconazole oral soln 10 mg/ml</i>         | Tier 2 | PA   |
| <i>nystatin tab 500000 unit</i>                | Tier 2 |  |
| <i>posaconazole susp 40 mg/ml</i>              | Tier 2 | PA   |
| <i>posaconazole tab delayed release 100 mg</i> | Tier 4 | PA   |
| <i>terbinafine hcl tab 250 mg</i>              | Tier 2 |  |
| <i>voriconazole for susp 40 mg/ml</i>          | Tier 4 | PA   |
| <i>voriconazole tab 50 mg</i>                  | Tier 4 | PA   |
| <i>voriconazole tab 200 mg</i>                 | Tier 4 | PA   |

### **ANTIMALARIALS**

|  |        |  |
|--|--------|--|
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>       | Tier 2 |  |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>       | Tier 2 |  |
| <i>chloroquine phosphate tab 250 mg</i>              | Tier 2 |  |
| <i>chloroquine phosphate tab 500 mg</i>              | Tier 2 |  |
| COARTEM TAB 20-120MG                                 | Tier 4 |  |
| <i>mefloquine hcl tab 250 mg</i>                     | Tier 2 |  |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i> | Tier 2 |  |

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--|------------------|---------------------------------|
| <i>quinine sulfate cap 324 mg</i>                    | Tier 2           |                                 |
| <b>ANTIRETROVIRAL AGENTS</b>                         |                  |                                 |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>   | Tier 2           | QL (900 mL every 30 days)       |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>      | Tier 2           | QL (60 tabs every 30 days)      |
| APTIVUS CAP 250MG                                    | Tier 3           | QL (120 caps every 30 days)     |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i>    | Tier 2           | QL (30 caps every 30 days)      |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i>    | Tier 2           | QL (60 caps every 30 days)      |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>    | Tier 2           | QL (30 caps every 30 days)      |
| <i>darunavir tab 600 mg</i>                          | Tier 2           | QL (60 tabs every 30 days)      |
| <i>darunavir tab 800 mg</i>                          | Tier 2           | QL (30 tabs every 30 days)      |
| EDURANT TAB 25MG                                     | Tier 3           | QL (60 tabs every 30 days)      |
| <i>efavirenz cap 50 mg</i>                           | Tier 2           | QL (90 caps every 30 days)      |
| <i>efavirenz cap 200 mg</i>                          | Tier 2           | QL (90 caps every 30 days)      |
| <i>efavirenz tab 600 mg</i>                          | Tier 2           | QL (30 tabs every 30 days)      |
| <i>emtricitabine caps 200 mg</i>                     | Tier 2           | QL (30 caps every 30 days)      |
| EMTRIVA SOL 10MG/ML                                  | Tier 3           | QL (680 ml every 28 days)       |
| <i>etravirine tab 100 mg</i>                         | Tier 2           | QL (120 tabs every 30 days)     |
| <i>etravirine tab 200 mg</i>                         | Tier 2           | QL (60 tabs every 30 days)      |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | Tier 2           | QL (120 tabs every 30 days)     |
| FUZEON INJ 90MG                                      | Tier 5           | PA, QL (60 vials every 30 days) |
| INTELENCE TAB 25MG                                   | Tier 3           | QL (120 tabs every 30 days)     |
| ISENTRESS CHW 25MG                                   | Tier 3           | QL (180 tabs every 30 days)     |
| ISENTRESS CHW 100MG                                  | Tier 3           | QL (180 tabs every 30 days)     |
| ISENTRESS HD TAB 600MG                               | Tier 3           | QL (60 tabs every 30 days)      |
| ISENTRESS POW 100MG                                  | Tier 3           | QL (60 packets every 30 days)   |
| ISENTRESS TAB 400MG                                  | Tier 3           | QL (120 tabs every 30 days)     |
| <i>lamivudine oral soln 10 mg/ml</i>                 | Tier 2           | QL (960 ml every 30 days)       |
| <i>lamivudine tab 150 mg</i>                         | Tier 2           | QL (60 tabs every 30 days)      |

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Step Therapy

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| <i>lamivudine tab 300 mg</i>                    | Tier 2           | QL (30 tabs every 30 days)     |
| LEXIVA SUS 50MG/ML                              | Tier 3           | QL (1575 mL every 28 days)     |
| <i>maraviroc tab 150 mg</i>                     | Tier 2           | QL (60 tabs every 30 days)     |
| <i>maraviroc tab 300 mg</i>                     | Tier 2           | QL (120 tabs every 30 days)    |
| <i>nevirapine susp 50 mg/5ml</i>                | Tier 2           | QL (1200 mL every 30 days)     |
| <i>nevirapine tab 200 mg</i>                    | Tier 2           | QL (60 tabs every 30 days)     |
| <i>nevirapine tab er 24hr 100 mg</i>            | Tier 2           | QL (90 tabs every 30 days)     |
| <i>nevirapine tab er 24hr 400 mg</i>            | Tier 2           | QL (30 tabs every 30 days)     |
| NORVIR POW 100MG                                | Tier 3           | QL (360 packets every 30 days) |
| PREZISTA SUS 100MG/ML                           | Tier 3           | QL (400 ml every 30 days)      |
| PREZISTA TAB 75MG                               | Tier 3           | QL (300 tabs every 30 days)    |
| PREZISTA TAB 150MG                              | Tier 3           | QL (180 tabs every 30 days)    |
| RETROVIR INJ 10MG/ML                            | Tier 3           |                                |
| REYATAZ POW 50MG                                | Tier 3           | QL (180 packets every 30 days) |
| <i>ritonavir tab 100 mg</i>                     | Tier 2           | QL (360 tabs every 30 days)    |
| SELZENTRY SOL 20MG/ML                           | Tier 3           | QL (1840 mL every 30 days)     |
| SELZENTRY TAB 25MG                              | Tier 3           | QL (240 tabs every 30 days)    |
| SELZENTRY TAB 75MG                              | Tier 3           | QL (60 tabs every 30 days)     |
| <i>stavudine cap 15 mg</i>                      | Tier 2           | QL (60 caps every 30 days)     |
| <i>stavudine cap 20 mg</i>                      | Tier 2           | QL (60 caps every 30 days)     |
| <i>stavudine cap 30 mg</i>                      | Tier 2           | QL (60 caps every 30 days)     |
| <i>stavudine cap 40 mg</i>                      | Tier 2           | QL (60 caps every 30 days)     |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | Tier 2           | QL (30 tabs every 30 days)     |
| TIVICAY PD TAB 5MG                              | Tier 3           | QL (360 tabs every 30 days)    |
| TIVICAY TAB 10MG                                | Tier 3           | QL (240 tabs every 30 days)    |
| TIVICAY TAB 25MG                                | Tier 3           | QL (60 tabs every 30 days)     |
| TIVICAY TAB 50MG                                | Tier 3           | QL (60 tabs every 30 days)     |

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Step Therapy



| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|----------------------------------|------------------|-----------------------------|
| TROGARZO INJ 150MG/ML            | Tier 5           |                             |
| TYBOST TAB 150MG                 | Tier 3           | QL (30 tabs every 30 days)  |
| VIRACEPT TAB 250MG               | Tier 3           | QL (300 tabs every 30 days) |
| VIRACEPT TAB 625MG               | Tier 3           | QL (120 tabs every 30 days) |
| VIREAD POW 40MG/GM               | Tier 3           | QL (240 gm every 30 days)   |
| VIREAD TAB 150MG                 | Tier 3           | QL (30 tabs every 30 days)  |
| VIREAD TAB 200MG                 | Tier 3           | QL (30 tabs every 30 days)  |
| VIREAD TAB 250MG                 | Tier 3           | QL (30 tabs every 30 days)  |
| <i>zidovudine cap 100 mg</i>     | Tier 2           | QL (180 caps every 30 days) |
| <i>zidovudine syrup 10 mg/ml</i> | Tier 2           | QL (1920 ml every 30 days)  |
| <i>zidovudine tab 300 mg</i>     | Tier 2           | QL (60 tabs every 30 days)  |

### **ANTIRETROVIRAL COMBINATION AGENTS**

|   |        |   |
|---|--------|---|
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                 | Tier 2 | QL (30 tabs every 30 days)  |
| BIKTARVY TAB  | Tier 3 | QL (30 tabs every 30 days)  |
| CIMDUO TAB 300-300  | Tier 3 | QL (30 tabs every 30 days)  |
| DESCOVY TAB 120-15MG  | Tier 3 | QL (30 tabs every 30 days)  |
| DESCOVY TAB 200/25MG  | Tier 3 | QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis |
| DOVATO TAB 50-300MG   | Tier 3 | QL (30 tabs every 30 days)  |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | Tier 2 | QL (30 tabs every 30 days)  |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | Tier 2 | QL (30 tabs every 30 days)  |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | Tier 2 | QL (30 tabs every 30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | Tier 2 | QL (30 tabs every 30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | Tier 2 | QL (30 tabs every 30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | Tier 2 | QL (30 tabs every 30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | Tier 2 | QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis  |
| EVOTAZ TAB 300-150  | Tier 3 | QL (30 tabs every 30 days)  |
| GENVOYA TAB   | Tier 3 | QL (30 tabs every 30 days)  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>lamivudine-zidovudine tab 150-300 mg</i>                  | Tier 2           | QL (60 tabs every 30 days)  |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | Tier 2           | QL (480 ml every 30 days)   |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                     | Tier 2           | QL (300 tabs every 30 days) |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                     | Tier 2           | QL (120 tabs every 30 days) |
| ODEFSEY TAB  | Tier 3           | QL (30 tabs every 30 days)  |
| PREZCOBIX TAB 800-150  | Tier 3           | QL (30 tabs every 30 days)  |
| SYM TUZA TAB   | Tier 4           | QL (30 tabs every 30 days)  |
| TRIUMEQ PD TAB   | Tier 4           | QL (180 tabs every 30 days) |
| TRIUMEQ TAB  | Tier 4           | QL (30 tabs every 30 days)  |

### **ANTITUBERCULAR AGENTS**

|                                  |        |    |
|----------------------------------|--------|----|
| <i>cycloserine cap 250 mg</i>    | Tier 2 |    |
| <i>ethambutol hcl tab 100 mg</i> | Tier 2 |    |
| <i>ethambutol hcl tab 400 mg</i> | Tier 2 |    |
| <i>isoniazid inj 100 mg/ml</i>   | Tier 2 |    |
| <i>isoniazid syrup 50 mg/5ml</i> | Tier 2 |    |
| <i>isoniazid tab 100 mg</i>      | Tier 2 |    |
| <i>isoniazid tab 300 mg</i>      | Tier 2 |    |
| PRETOMANID TAB 200MG             | Tier 4 | PA |
| PRIFTIN TAB 150MG                | Tier 3 |    |
| <i>pyrazinamide tab 500 mg</i>   | Tier 2 |    |
| <i>rifabutin cap 150 mg</i>      | Tier 2 |    |
| <i>rifampin cap 150 mg</i>       | Tier 2 |    |
| <i>rifampin cap 300 mg</i>       | Tier 2 |    |
| <i>rifampin for inj 600 mg</i>   | Tier 2 |    |
| SIRTURO TAB 20MG                 | Tier 6 | PA |
| SIRTURO TAB 100MG                | Tier 6 | PA |
| TRECTOR TAB 250MG                | Tier 3 |    |

### **ANTIVIRALS**

|                                     |        |                                |
|-------------------------------------|--------|--------------------------------|
| <i>acyclovir cap 200 mg</i>         | Tier 2 |                                |
| <i>acyclovir susp 200 mg/5ml</i>    | Tier 2 |                                |
| <i>acyclovir tab 400 mg</i>         | Tier 2 |                                |
| <i>acyclovir tab 800 mg</i>         | Tier 2 |                                |
| <i>adefovir dipivoxil tab 10 mg</i> | Tier 5 |                                |
| BARACLUDE SOL                       | Tier 5 | PA, QL (630 mL every 30 days)  |
| <i>cidofovir iv inj 75 mg/ml</i>    | Tier 2 |                                |
| <i>entecavir tab 0.5 mg</i>         | Tier 5 | PA, QL (30 tabs every 30 days) |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--|------------------|---------------------------------|
| <i>entecavir tab 1 mg</i>                                  | Tier 5           | PA, QL (30 tabs every 30 days)  |
| <i>famciclovir tab 125 mg</i>                              | Tier 2           |                                 |
| <i>famciclovir tab 250 mg</i>                              | Tier 2           |                                 |
| <i>famciclovir tab 500 mg</i>                              | Tier 2           |                                 |
| <i>lamivudine tab 100 mg (hbv)</i>                         | Tier 2           |                                 |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>        | Tier 2           | QL (40 caps every 90 days)      |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>        | Tier 2           | QL (20 caps every 90 days)      |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>        | Tier 2           | QL (20 caps every 90 days)      |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | Tier 2           | QL (360 mL every 90 days)       |
| RELENZA MIS DISKHALE                                       | Tier 3           | QL (2 inhalers every 90 days)   |
| <i>rimantadine hydrochloride tab 100 mg</i>                | Tier 2           |                                 |
| <i>valacyclovir hcl tab 1 gm</i>                           | Tier 2           |                                 |
| <i>valacyclovir hcl tab 500 mg</i>                         | Tier 2           |                                 |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>   | Tier 5           | PA, QL (1000 mL every 30 days)  |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>     | Tier 5           | PA, QL (120 tabs every 30 days) |
| VEMLIDY TAB 25MG   | Tier 4           | PA, QL (30 tabs every 30 days)  |

### **CEPHALOSPORINS**

|                                       |        |  |
|---------------------------------------|--------|--|
| <i>cefaclor cap 250 mg</i>            | Tier 2 |  |
| <i>cefaclor cap 500 mg</i>            | Tier 2 |  |
| <i>cefaclor for susp 125 mg/5ml</i>   | Tier 2 |  |
| <i>cefaclor for susp 250 mg/5ml</i>   | Tier 2 |  |
| <i>cefaclor for susp 375 mg/5ml</i>   | Tier 2 |  |
| <i>cefadroxil cap 500 mg</i>          | Tier 2 |  |
| <i>cefadroxil for susp 250 mg/5ml</i> | Tier 2 |  |
| <i>cefadroxil for susp 500 mg/5ml</i> | Tier 2 |  |
| <i>cefadroxil tab 1 gm</i>            | Tier 2 |  |
| <i>cefazolin sodium for inj 1 gm</i>  | Tier 2 |  |
| <i>cefdinir cap 300 mg</i>            | Tier 2 |  |
| <i>cefdinir for susp 125 mg/5ml</i>   | Tier 2 |  |
| <i>cefdinir for susp 250 mg/5ml</i>   | Tier 2 |  |
| <i>cefepime hcl for inj 1 gm</i>      | Tier 2 |  |
| <i>cefepime hcl for iv soln 2 gm</i>  | Tier 2 |  |
| <i>cefixime cap 400 mg</i>            | Tier 2 |  |
| <i>cefixime for susp 100 mg/5ml</i>   | Tier 2 |  |

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>cefixime for susp 200 mg/5ml</i>             | Tier 2           |  |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i>  | Tier 2           |  |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> | Tier 2           |  |
| <i>cefpodoxime proxetil tab 100 mg</i>          | Tier 2           |  |
| <i>cefpodoxime proxetil tab 200 mg</i>          | Tier 2           |  |
| <i>cefprozil for susp 125 mg/5ml</i>            | Tier 2           |  |
| <i>cefprozil for susp 250 mg/5ml</i>            | Tier 2           |  |
| <i>cefprozil tab 250 mg</i>                     | Tier 2           |  |
| <i>cefprozil tab 500 mg</i>                     | Tier 2           |  |
| <i>ceftazidime for iv soln 2 gm</i>             | Tier 2           |  |
| <i>ceftriaxone sodium for inj 1 gm</i>          | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 14 day course every 365 days   |
| <i>ceftriaxone sodium for inj 2 gm</i>          | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 14 day course every 365 days   |
| <i>ceftriaxone sodium for inj 10 gm</i>         | Tier 2           | QL (0.5 vials every day);<br>Initial limit allows up to a 14 day course every 365 days |
| <i>ceftriaxone sodium for inj 250 mg</i>        | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 14 day course every 365 days   |
| <i>ceftriaxone sodium for inj 500 mg</i>        | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 14 day course every 365 days   |
| <i>ceftriaxone sodium for iv soln 1 gm</i>      | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 14 day course every 365 days   |
| <i>ceftriaxone sodium for iv soln 2 gm</i>      | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 14 day course every 365 days   |
| <i>cefuroxime axetil tab 250 mg</i>             | Tier 2           |  |
| <i>cefuroxime axetil tab 500 mg</i>             | Tier 2           |  |
| <i>cephalexin cap 250 mg</i>                    | Tier 2           |  |
| <i>cephalexin cap 500 mg</i>                    | Tier 2           |  |
| <i>cephalexin cap 750 mg</i>                    | Tier 2           |  |
| <i>cephalexin for susp 125 mg/5ml</i>           | Tier 2           |  |
| <i>cephalexin for susp 250 mg/5ml</i>           | Tier 2           |  |
| <i>cephalexin tab 250 mg</i>                    | Tier 2           |  |
| <i>cephalexin tab 500 mg</i>                    | Tier 2           |  |
| SUPRAX CHW 100MG                                | Tier 3           |  |
| SUPRAX CHW 200MG                                | Tier 3           |  |
| SUPRAX SUS 500/5ML                              | Tier 3           |  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>tazicef inj 1gm</i>                                      | Tier 2           |  |
| <b>ERYTHROMYCINS/MACROLIDES</b>                             |                  |  |
| <i>azithromycin for susp 100 mg/5ml</i>                     | Tier 2           |  |
| <i>azithromycin for susp 200 mg/5ml</i>                     | Tier 2           |  |
| <i>azithromycin powd pack for susp 1 gm</i>                 | Tier 2           |  |
| <i>azithromycin tab 250 mg</i>                              | Tier 2           |  |
| <i>azithromycin tab 500 mg</i>                              | Tier 2           |  |
| <i>azithromycin tab 600 mg</i>                              | Tier 2           |  |
| <i>clarithromycin for susp 125 mg/5ml</i>                   | Tier 2           |  |
| <i>clarithromycin for susp 250 mg/5ml</i>                   | Tier 2           |  |
| <i>clarithromycin tab 250 mg</i>                            | Tier 2           |  |
| <i>clarithromycin tab 500 mg</i>                            | Tier 2           |  |
| <i>clarithromycin tab er 24hr 500 mg</i>                    | Tier 2           |  |
| DIFICID SUS   | Tier 3           | PA   |
| DIFICID TAB 200MG   | Tier 3           | PA   |
| <i>ery-tab tab 250mg ec</i>                                 | Tier 2           |  |
| <i>ery-tab tab 333mg ec</i>                                 | Tier 2           |  |
| <i>ery-tab tab 500mg ec</i>                                 | Tier 2           |  |
| <i>erythrocin tab 250mg</i>                                 | Tier 2           |  |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>      | Tier 2           |  |
| <i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>      | Tier 2           |  |
| <i>erythromycin ethylsuccinate tab 400 mg</i>               | Tier 2           |  |
| <i>erythromycin tab 250 mg</i>                              | Tier 2           |  |
| <i>erythromycin tab 500 mg</i>                              | Tier 2           |  |
| <i>erythromycin w/ delayed release particles cap 250 mg</i> | Tier 2           |  |
| <b>FLUOROQUINOLONES</b>                                     |                  |  |
| BAXDELA TAB 450MG   | Tier 4           |  |
| CIPRO (10%) SUS 500MG/5                                     | Tier 4           |  |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i>            | Tier 2           |  |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i>            | Tier 2           |  |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i>            | Tier 2           |  |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i>            | Tier 2           |  |
| <i>levofloxacin iv soln 25 mg/ml</i>                        | Tier 2           | QL (40 mL every day);<br>Initial limit allows up to a 14 day course every 365 days |
| <i>levofloxacin oral soln 25 mg/ml</i>                      | Tier 2           |  |
| <i>levofloxacin tab 250 mg</i>                              | Tier 2           |  |
| <i>levofloxacin tab 500 mg</i>                              | Tier 2           |  |
| <i>levofloxacin tab 750 mg</i>                              | Tier 2           |  |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i>             | Tier 2           |  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|-----------------------------------|------------------|---------------------------------------|
| <i>ofloxacin tab 300 mg</i>       | Tier 2           |                                       |
| <i>ofloxacin tab 400 mg</i>       | Tier 2           |                                       |
| <b>HEPATITIS C</b>                |                  |                                       |
| EPCLUSA PAK 150-37.5              | Tier 5           | PA, QL (28 pellets every 28 days)     |
| EPCLUSA PAK 200-50MG              | Tier 5           | PA, QL (28 pellets every 28 days)     |
| EPCLUSA TAB 200-50MG              | Tier 5           | PA, QL (28 tabs every 28 days)        |
| EPCLUSA TAB 400-100               | Tier 5           | PA, QL (28 tabs every 28 days)        |
| HARVONI PAK                       | Tier 5           | PA, QL (28 pellets every 28 days)     |
| HARVONI PAK 45-200MG              | Tier 5           | PA, QL (28 pellets every 28 days)     |
| HARVONI TAB 45-200MG              | Tier 5           | PA, QL (28 tabs every 28 days)        |
| HARVONI TAB 90-400MG              | Tier 5           | PA, QL (28 tabs every 28 days)        |
| PEGASYS INJ                       | Tier 5           | PA                                    |
| PEGASYS INJ 180MCG/ML             | Tier 5           | PA                                    |
| <i>ribavirin cap 200 mg</i>       | Tier 2           |                                       |
| <i>ribavirin tab 200 mg</i>       | Tier 2           |                                       |
| SOVALDI PAK 150MG                 | Tier 6           | ST, PA, QL (28 pellets every 28 days) |
| SOVALDI PAK 200MG                 | Tier 6           | ST, PA, QL (28 pellets every 28 days) |
| SOVALDI TAB 200MG                 | Tier 6           | ST, PA, QL (28 tabs every 28 days)    |
| SOVALDI TAB 400MG                 | Tier 6           | ST, PA, QL (28 tabs every 28 days)    |
| VOSEVI TAB                        | Tier 5           | PA, QL (28 tabs every 28 days)        |
| ZEPATIER TAB 50-100MG             | Tier 6           | ST, PA, QL (28 tabs every 28 days)    |
| <b>MISCELLANEOUS</b>              |                  |                                       |
| ALINIA SUS 100/5ML                | Tier 4           | QL (540 mL every 30 days)             |
| <i>atovaquone susp 750 mg/5ml</i> | Tier 2           |                                       |
| <i>aztreonam for inj 1 gm</i>     | Tier 2           |                                       |
| <i>aztreonam for inj 2 gm</i>     | Tier 2           |                                       |
| <i>clindamycin hcl cap 75 mg</i>  | Tier 2           |                                       |
| <i>clindamycin hcl cap 150 mg</i> | Tier 2           |                                       |
| <i>clindamycin hcl cap 300 mg</i> | Tier 2           |                                       |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | Tier 2           |   |
| <i>clindamycin phosphate inj 9 gm/60ml</i>                       | Tier 2           |   |
| <i>clindamycin phosphate inj 300 mg/2ml</i>                      | Tier 2           |   |
| <i>clindamycin phosphate inj 600 mg/4ml</i>                      | Tier 2           |   |
| <i>dapsone tab 25 mg</i>   | Tier 2           |   |
| <i>dapsone tab 100 mg</i>  | Tier 2           |   |
| <i>ertapenem sodium for inj 1 gm (base equivalent)</i>           | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 14 day course every 365 days  |
| <i>linezolid for susp 100 mg/5ml</i>                             | Tier 2           |   |
| <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>                  | Tier 2           |   |
| <i>linezolid tab 600 mg</i>                                      | Tier 2           |   |
| <i>meropenem iv for soln 1 gm</i>                                | Tier 2           | QL (6 vials every day);<br>Initial limit allows up to a 14 day course every 365 days  |
| <i>meropenem iv for soln 500 mg</i>                              | Tier 2           | QL (12 vials every day);<br>Initial limit allows up to a 14 day course every 365 days |
| <i>methenamine hippurate tab 1 gm</i>                            | Tier 2           |   |
| <i>metronidazole cap 375 mg</i>                                  | Tier 2           |   |
| <i>metronidazole iv soln 500 mg/100ml</i>                        | Tier 2           |   |
| <i>metronidazole tab 250 mg</i>                                  | Tier 2           |   |
| <i>metronidazole tab 500 mg</i>                                  | Tier 2           |   |
| <i>nitazoxanide tab 500 mg</i>                                   | Tier 2           | QL (20 tabs every 30 days)  |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i>                 | Tier 2           | PA; High Risk Medications require PA for members age 70 and older                     |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i>                 | Tier 2           | PA; High Risk Medications require PA for members age 70 and older                     |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i>                | Tier 2           | PA; High Risk Medications require PA for members age 70 and older                     |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>    | Tier 2           | PA; High Risk Medications require PA for members age 70 and older                     |
| <i>nitrofurantoin susp 25 mg/5ml</i>                             | Tier 2           | PA; High Risk Medications require PA for members age 70 and older                     |
| <i>pentamidine isethionate for inj soln 300 mg</i>               | Tier 2           |   |
| <i>pentamidine isethionate for nebulization soln 300 mg</i>      | Tier 2           |   |
| <i>polymyxin b sulfate for inj 500000 unit</i>                   | Tier 2           |   |

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Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>pyrimethamine tab 25 mg</i>                             | Tier 4           | PA   |
| <i>trimethoprim tab 100 mg</i>                             | Tier 2           |  |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i>         | Tier 2           | QL (80 caps every 10 days)   |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i>         | Tier 2           | QL (80 caps every 10 days)   |
| <i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>   | Tier 2           | QL (2 vials every day);<br>Initial limit allows up to a 14 day course every 365 days     |
| <i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>   | Tier 2           | QL (0.3 bottles every day);<br>Initial limit allows up to a 14 day course every 365 days |
| <i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>  | Tier 2           | QL (0.3 bottles every day);<br>Initial limit allows up to a 14 day course every 365 days |
| <i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> | Tier 2           | QL (4 vials every day);<br>Initial limit allows up to a 14 day course every 365 days     |
| <i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> | Tier 2           | QL (4 vials every day);<br>Initial limit allows up to a 14 day course every 365 days     |

## **PENICILLINS**

|   |        |  |
|---|--------|--|
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>     | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>       | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>   | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>           | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>           | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>           | Tier 2 |  |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> | Tier 2 |  |
| <i>amoxicillin (trihydrate) cap 250 mg</i>                      | Tier 2 |  |
| <i>amoxicillin (trihydrate) cap 500 mg</i>                      | Tier 2 |  |
| <i>amoxicillin (trihydrate) chew tab 125 mg</i>                 | Tier 2 |  |
| <i>amoxicillin (trihydrate) chew tab 250 mg</i>                 | Tier 2 |  |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>             | Tier 2 |  |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>             | Tier 2 |  |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>             | Tier 2 |  |



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>                 | Tier 2           |                            |
| <i>amoxicillin (trihydrate) tab 500 mg</i>                          | Tier 2           |                            |
| <i>amoxicillin (trihydrate) tab 875 mg</i>                          | Tier 2           |                            |
| <i>ampicillin cap 500 mg</i>  | Tier 2           |                            |
| <i>ampicillin sodium for inj 1 gm</i>                               | Tier 2           |                            |
| <i>ampicillin sodium for inj 2 gm</i>                               | Tier 2           |                            |
| <i>dicloxacillin sodium cap 250 mg</i>                              | Tier 2           |                            |
| <i>dicloxacillin sodium cap 500 mg</i>                              | Tier 2           |                            |
| <i>penicillin g potassium for inj 5000000 unit</i>                  | Tier 2           |                            |
| <i>penicillin g potassium for inj 20000000 unit</i>                 | Tier 2           |                            |
| <i>penicillin g sodium for inj 5000000 unit</i>                     | Tier 2           |                            |
| <i>penicillin v potassium for soln 125 mg/5ml</i>                   | Tier 2           |                            |
| <i>penicillin v potassium for soln 250 mg/5ml</i>                   | Tier 2           |                            |
| <i>penicillin v potassium tab 250 mg</i>                            | Tier 2           |                            |
| <i>penicillin v potassium tab 500 mg</i>                            | Tier 2           |                            |
| <i>pfizerpen inj 20000000</i>                                       | Tier 2           |                            |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | Tier 2           |                            |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>  | Tier 2           |                            |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>  | Tier 2           |                            |

**TETRACYCLINES**

|   |        |  |
|---|--------|--|
| <i>avidoxy tab 100mg</i>                          | Tier 2 |  |
| <i>demeclocycline hcl tab 150 mg</i>              | Tier 2 |  |
| <i>demeclocycline hcl tab 300 mg</i>              | Tier 2 |  |
| <i>doxy 100 inj 100mg</i>                         | Tier 2 |  |
| <i>doxycycline hyclate cap 50 mg</i>              | Tier 2 |  |
| <i>doxycycline hyclate cap 100 mg</i>             | Tier 2 |  |
| <i>doxycycline hyclate for inj 100 mg</i>         | Tier 2 |  |
| <i>doxycycline hyclate tab 20 mg</i>              | Tier 2 |  |
| <i>doxycycline hyclate tab 100 mg</i>             | Tier 2 |  |
| <i>doxycycline monohydrate cap 50 mg</i>          | Tier 2 |  |
| <i>doxycycline monohydrate cap 100 mg</i>         | Tier 2 |  |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i> | Tier 2 |  |
| <i>doxycycline monohydrate tab 50 mg</i>          | Tier 2 |  |
| <i>doxycycline monohydrate tab 75 mg</i>          | Tier 2 |  |
| <i>doxycycline monohydrate tab 150 mg</i>         | Tier 2 |  |
| <i>minocycline hcl cap 50 mg</i>                  | Tier 2 |  |
| <i>minocycline hcl cap 75 mg</i>                  | Tier 2 |  |
| <i>minocycline hcl cap 100 mg</i>                 | Tier 2 |  |
| <i>minocycline hcl tab 50 mg</i>                  | Tier 2 |  |
| <i>minocycline hcl tab 75 mg</i>                  | Tier 2 |  |

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Step Therapy

| Drug Name                          | Drug Tier | Requirements/Limits         |
|------------------------------------|-----------|-----------------------------|
| <i>minocycline hcl tab 100 mg</i>  | Tier 2    |                             |
| <i>tetracycline hcl cap 250 mg</i> | Tier 2    | QL (120 caps every 30 days) |
| <i>tetracycline hcl cap 500 mg</i> | Tier 2    | QL (120 caps every 30 days) |

## ANTIDIARRHEAL/PROBIOTIC AGENTS

### ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

|                                  |        |     |
|----------------------------------|--------|-----|
| <i>soothe tab 262mg</i>          | Tier 1 | OTC |
| <i>stomach relf chw 262mg</i>    | Tier 1 | OTC |
| <i>stomach relf sus 262/15ml</i> | Tier 1 | OTC |
| <i>stomach relf sus 525/15ml</i> | Tier 1 | OTC |

### ANTIPERISTALTIC AGENTS

|   |        |     |
|---|--------|-----|
| ANTI-DIARRHE LIQ 1MG/5ML                              | Tier 1 | OTC |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | Tier 2 |     |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>     | Tier 2 |     |
| IMODIUM A-D CAP 2MG                                   | Tier 1 | OTC |
| IMODIUM A-D SOL 1MG/7.5                               | Tier 1 | OTC |
| IMODIUM A-D TAB 2MG                                   | Tier 1 | OTC |
| MOTOFEN TAB 1-0.025                                   | Tier 4 |     |

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

|   |        |  |
|---|--------|--|
| <i>busulfan inj 6 mg/ml</i>                     | Tier 2 |  |
| <i>carmustine for inj 100 mg</i>                | Tier 2 |  |
| <i>cyclophosphamide cap 25 mg</i>               | Tier 2 |  |
| <i>cyclophosphamide cap 50 mg</i>               | Tier 2 |  |
| <i>cyclophosphamide for inj 1 gm</i>            | Tier 5 |  |
| <i>cyclophosphamide for inj 2 gm</i>            | Tier 5 |  |
| <i>cyclophosphamide for inj 500 mg</i>          | Tier 5 |  |
| <i>dacarbazine for inj 100 mg</i>               | Tier 2 |  |
| <i>dacarbazine for inj 200 mg</i>               | Tier 2 |  |
| EMCYT CAP 140MG                                 | Tier 5 |  |
| GLEOSTINE CAP 10MG                              | Tier 5 |  |
| GLEOSTINE CAP 40MG                              | Tier 5 |  |
| GLEOSTINE CAP 100MG                             | Tier 5 |  |
| GLIADEL WAF 7.7MG                               | Tier 3 |  |
| <i>ifosfamide for inj 1 gm</i>                  | Tier 2 |  |
| <i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>   | Tier 2 |  |
| <i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>   | Tier 2 |  |
| LEUKERAN TAB 2MG                                | Tier 3 |  |
| MATULANE CAP 50MG                               | Tier 3 |  |
| <i>melphalan hcl for inj 50 mg (base equiv)</i> | Tier 2 |  |
| <i>melphalan tab 2 mg</i>                       | Tier 2 |  |

| <b>Drug Name</b>        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------|------------------|----------------------------|
| TEMODAR INJ 100MG       | Tier 5           | PA                         |
| temozolomide cap 5 mg   | Tier 5           | PA                         |
| temozolomide cap 20 mg  | Tier 5           | PA                         |
| temozolomide cap 100 mg | Tier 5           | PA                         |
| temozolomide cap 140 mg | Tier 5           | PA                         |
| temozolomide cap 180 mg | Tier 5           | PA                         |
| temozolomide cap 250 mg | Tier 5           | PA                         |

### **ANTIBIOTICS**

|   |        |  |
|---|--------|--|
| adriamycin inj 50mg                                     | Tier 2 |  |
| bleomycin sulfate for inj 15 unit                       | Tier 2 |  |
| bleomycin sulfate for inj 30 unit                       | Tier 2 |  |
| daunorubicin hcl iv soln 20 mg/4ml (base equiv)         | Tier 2 |  |
| doxorubicin hcl for inj 10 mg                           | Tier 2 |  |
| doxorubicin hcl inj 2 mg/ml                             | Tier 2 |  |
| doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml | Tier 2 |  |
| idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)                | Tier 2 |  |
| idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)              | Tier 2 |  |
| idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)              | Tier 2 |  |
| mitomycin for iv soln 5 mg                              | Tier 2 |  |
| mitomycin for iv soln 20 mg                             | Tier 2 |  |
| mitomycin for iv soln 40 mg                             | Tier 2 |  |
| mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)          | Tier 5 |  |
| mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)        | Tier 5 |  |
| mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)          | Tier 5 |  |

### **ANTIMETABOLITES**

|   |        |    |
|---|--------|----|
| azacitidine for inj 100 mg                  | Tier 5 | PA |
| capecitabine tab 150 mg                     | Tier 5 | PA |
| capecitabine tab 500 mg                     | Tier 5 | PA |
| cladribine iv soln 10 mg/10ml (1 mg/ml)     | Tier 2 |    |
| clofarabine iv soln 1 mg/ml                 | Tier 2 |    |
| cytarabine inj 20 mg/ml                     | Tier 2 |    |
| cytarabine inj pf 20 mg/ml                  | Tier 2 |    |
| cytarabine inj pf 100 mg/ml                 | Tier 2 |    |
| decitabine for inj 50 mg                    | Tier 5 | PA |
| fludarabine phosphate for inj 50 mg         | Tier 2 |    |
| fludarabine phosphate inj 25 mg/ml          | Tier 2 |    |
| fluorouracil iv soln 1 gm/20ml (50 mg/ml)   | Tier 2 |    |
| fluorouracil iv soln 2.5 gm/50ml (50 mg/ml) | Tier 2 |    |
| fluorouracil iv soln 5 gm/100ml (50 mg/ml)  | Tier 2 |    |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>                   | Tier 2           |                            |
| <i>gemcitabine hcl for inj 1 gm</i>                                  | Tier 5           |                            |
| <i>gemcitabine hcl for inj 2 gm</i>                                  | Tier 5           |                            |
| <i>gemcitabine hcl for inj 200 mg</i>                                | Tier 5           |                            |
| <i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)<br/>(base equiv)</i>   | Tier 5           |                            |
| <i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)<br/>(base equiv)</i>   | Tier 5           |                            |
| <i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)<br/>(base equiv)</i> | Tier 5           |                            |
| <i>mercaptopurine tab 50 mg</i>                                      | Tier 2           |                            |
| <i>methotrexate sodium for inj 1 gm</i>                              | Tier 2           |                            |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>                  | Tier 2           |                            |
| <i>methotrexate sodium inj 250 mg/10ml (25<br/>mg/ml)</i>            | Tier 2           |                            |
| <i>methotrexate sodium inj pf 50 mg/2ml (25<br/>mg/ml)</i>           | Tier 2           |                            |
| <i>methotrexate sodium inj pf 250 mg/10ml (25<br/>mg/ml)</i>         | Tier 2           |                            |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25<br/>mg/ml)</i>        | Tier 2           |                            |
| <i>pemetrexed disodium for iv soln 100 mg (base<br/>equiv)</i>       | Tier 5           |                            |
| <i>pemetrexed disodium for iv soln 500 mg (base<br/>equiv)</i>       | Tier 5           |                            |
| TABLOID TAB 40MG   | Tier 3           |                            |

### **ANTIMITOTIC, TAXOIDS**

|   |        |  |
|---|--------|--|
| <i>docetaxel for inj conc 20 mg/ml</i>              | Tier 2 |  |
| <i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>  | Tier 2 |  |
| <i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i> | Tier 2 |  |
| <i>docetaxel soln for iv infusion 20 mg/2ml</i>     | Tier 2 |  |
| <i>docetaxel soln for iv infusion 80 mg/8ml</i>     | Tier 2 |  |
| <i>docetaxel soln for iv infusion 160 mg/16ml</i>   | Tier 2 |  |
| <i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>       | Tier 2 |  |
| <i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>   | Tier 2 |  |
| <i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>     | Tier 2 |  |
| <i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>     | Tier 2 |  |

### **ANTIMITOTIC, VINCA ALKALOIDS**

|   |        |  |
|---|--------|--|
| <i>vinblastine sulfate inj 1 mg/ml</i>                                | Tier 2 |  |
| <i>vincristine sulfate iv soln 1 mg/ml</i>                            | Tier 2 |  |
| <i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>                 | Tier 2 |  |
| <i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)<br/>(base equiv)</i> | Tier 2 |  |

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b> |                  |                                 |
| VENCLEXTA TAB 10MG                      | Tier 5           | PA, QL (120 tabs every 30 days) |
| VENCLEXTA TAB 50MG                      | Tier 5           | PA, QL (120 tabs every 30 days) |
| VENCLEXTA TAB 100MG                     | Tier 5           | PA, QL (180 tabs every 30 days) |
| VENCLEXTA TAB START PK                  | Tier 5           | PA, QL (1 pack every 28 days)   |
| <b>BIOLOGIC RESPONSE MODIFIERS</b>      |                  |                                 |
| ERBITUX INJ 100MG                       | Tier 5           | PA                              |
| ERBITUX INJ 200MG                       | Tier 5           | PA                              |
| ERIVEDGE CAP 150MG                      | Tier 5           | PA, QL (30 caps every 30 days)  |
| GAZYVA INJ 25MG/ML                      | Tier 5           | PA                              |
| KADCYLA INJ 100MG                       | Tier 5           | PA                              |
| KADCYLA INJ 160MG                       | Tier 5           | PA                              |
| KEYTRUDA INJ 100MG/4ML                  | Tier 5           | PA                              |
| POLIVY INJ 30MG                         | Tier 6           | PA                              |
| POLIVY INJ 140MG                        | Tier 6           | PA                              |
| POMALYST CAP 1MG                        | Tier 5           | PA, QL (21 caps every 28 days)  |
| POMALYST CAP 2MG                        | Tier 5           | PA, QL (21 caps every 28 days)  |
| POMALYST CAP 3MG                        | Tier 5           | PA, QL (21 caps every 28 days)  |
| POMALYST CAP 4MG                        | Tier 5           | PA, QL (21 caps every 28 days)  |
| REVLIMID CAP 2.5MG                      | Tier 5           | PA, QL (28 caps every 28 days)  |
| REVLIMID CAP 5MG                        | Tier 5           | PA, QL (28 caps every 28 days)  |
| REVLIMID CAP 10MG                       | Tier 5           | PA, QL (28 caps every 28 days)  |
| REVLIMID CAP 15MG                       | Tier 5           | PA, QL (28 caps every 28 days)  |
| REVLIMID CAP 20MG                       | Tier 5           | PA, QL (21 caps every 28 days)  |
| REVLIMID CAP 25MG                       | Tier 5           | PA, QL (21 caps every 28 days)  |
| THALOMID CAP 50MG                       | Tier 5           | PA, QL (28 caps every 28 days)  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--------------------|------------------|--------------------------------|
| THALOMID CAP 100MG | Tier 5           | PA, QL (28 caps every 28 days) |
| THALOMID CAP 150MG | Tier 5           | PA, QL (56 caps every 28 days) |
| THALOMID CAP 200MG | Tier 5           | PA, QL (56 caps every 28 days) |
| TICE BCG INJ       | Tier 3           |                                |

### **HORMONAL ANTINEOPLASTIC AGENTS**

|  |        |   |
|--|--------|---|
| <i>abiraterone acetate tab 250 mg</i>                  | Tier 5 | PA, QL (120 tabs every 30 days)   |
| <i>abiraterone acetate tab 500 mg</i>                  | Tier 5 | PA, QL (60 tabs every 30 days)  |
| <i>anastrozole tab 1 mg</i>                            | Tier 2 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>bicalutamide tab 50 mg</i>                          | Tier 2 |   |
| ELIGARD INJ 7.5MG                                      | Tier 5 | PA  |
| ELIGARD INJ 22.5MG                                     | Tier 5 | PA  |
| ELIGARD INJ 30MG                                       | Tier 5 | PA  |
| ELIGARD INJ 45MG                                       | Tier 5 | PA  |
| ERLEADA TAB 60MG                                       | Tier 5 | PA, QL (120 tabs every 30 days)   |
| ERLEADA TAB 240MG                                      | Tier 5 | PA, QL (30 tabs every 30 days)  |
| <i>exemestane tab 25 mg</i>                            | Tier 2 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>fulvestrant inj soln pref syr 250 mg/5ml</i>        | Tier 5 | PA  |
| <i>letrozole tab 2.5 mg</i>                            | Tier 2 |   |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> | Tier 5 | PA  |
| LYSODREN TAB 500MG                                     | Tier 3 |   |
| <i>megestrol acetate susp 40 mg/ml</i>                 | Tier 2 |   |
| <i>megestrol acetate tab 20 mg</i>                     | Tier 2 |   |
| <i>megestrol acetate tab 40 mg</i>                     | Tier 2 |   |
| <i>nilutamide tab 150 mg</i>                           | Tier 2 |   |
| NUBEQA TAB 300MG                                       | Tier 5 | PA, QL (120 tabs every 30 days)   |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i>   | Tier 0 | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>  | Tier 0           | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>toremifene citrate tab 60 mg (base equivalent)</i> | Tier 2           |   |
| XTANDI CAP 40MG                                       | Tier 5           | PA, QL (120 caps every 30 days)   |
| XTANDI TAB 40MG                                       | Tier 5           | PA, QL (120 tabs every 30 days)   |
| XTANDI TAB 80MG                                       | Tier 5           | PA, QL (60 tabs every 30 days)  |
| YONSA TAB 125MG                                       | Tier 5           | PA, QL (120 tabs every 30 days)   |

### **KINASE INHIBITORS**

|   |        |                                 |
|---|--------|---------------------------------|
| ALECENSA CAP 150MG                                | Tier 5 | PA, QL (240 caps every 30 days) |
| CABOMETYX TAB 20MG                                | Tier 5 | PA, QL (30 tabs every 30 days)  |
| CABOMETYX TAB 40MG                                | Tier 5 | PA, QL (30 tabs every 30 days)  |
| CABOMETYX TAB 60MG                                | Tier 5 | PA, QL (30 tabs every 30 days)  |
| CALQUENCE TAB 100MG                               | Tier 6 | PA, QL (60 tabs every 30 days)  |
| CAPRELSA TAB 100MG                                | Tier 5 | PA, QL (60 tabs every 30 days)  |
| CAPRELSA TAB 300MG                                | Tier 5 | PA, QL (30 tabs every 30 days)  |
| COMETRIQ KIT 60MG                                 | Tier 5 | PA, QL (1 kit every 28 days)    |
| COMETRIQ KIT 100MG                                | Tier 5 | PA, QL (1 kit every 28 days)    |
| COMETRIQ KIT 140MG                                | Tier 5 | PA, QL (1 kit every 28 days)    |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i>  | Tier 5 | PA, QL (60 tabs every 30 days)  |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> | Tier 5 | PA, QL (30 tabs every 30 days)  |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> | Tier 5 | PA, QL (30 tabs every 30 days)  |
| <i>everolimus tab 2.5 mg</i>                      | Tier 5 | PA, QL (30 tabs every 30 days)  |
| <i>everolimus tab 5 mg</i>                        | Tier 5 | PA, QL (30 tabs every 30 days)  |
| <i>everolimus tab 7.5 mg</i>                      | Tier 5 | PA, QL (30 tabs every 30 days)  |

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Step Therapy

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|---|------------------|---|
| <i>everolimus tab 10 mg</i>                           | Tier 5           | PA, QL (30 tabs every 30 days)              |
| <i>everolimus tab for oral susp 2 mg</i>              | Tier 5           | PA, QL (60 tabs every 30 days)              |
| <i>everolimus tab for oral susp 3 mg</i>              | Tier 5           | PA, QL (90 tabs every 30 days)              |
| <i>everolimus tab for oral susp 5 mg</i>              | Tier 5           | PA, QL (60 tabs every 30 days)              |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | Tier 5           | PA, QL (120 tabs every 30 days)             |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | Tier 5           | PA, QL (60 tabs every 30 days)              |
| IMBRUVICA CAP 70MG                                    | Tier 5           | PA, QL (30 caps every 30 days)              |
| IMBRUVICA CAP 140MG                                   | Tier 5           | PA, QL (90 caps every 30 days)              |
| IMBRUVICA SUS 70MG/ML                                 | Tier 5           | PA, QL (216 ml every 36 days)               |
| IMBRUVICA TAB 140MG                                   | Tier 5           | PA, QL (30 tabs every 30 days)              |
| IMBRUVICA TAB 280MG                                   | Tier 5           | PA, QL (30 tabs every 30 days)              |
| IMBRUVICA TAB 420MG                                   | Tier 5           | PA, QL (30 tabs every 30 days)              |
| INLYTA TAB 1MG  | Tier 5           | PA, QL (240 tabs every 30 days)             |
| INLYTA TAB 5MG  | Tier 5           | PA, QL (120 tabs every 30 days)             |
| JAKAFI TAB 5MG  | Tier 5           | PA, QL (60 tabs every 30 days)              |
| JAKAFI TAB 10MG                                       | Tier 5           | PA, QL (60 tabs every 30 days)              |
| JAKAFI TAB 15MG                                       | Tier 5           | PA, QL (60 tabs every 30 days)              |
| JAKAFI TAB 20MG                                       | Tier 5           | PA, QL (60 tabs every 30 days)              |
| JAKAFI TAB 25MG                                       | Tier 5           | PA, QL (60 tabs every 30 days)              |
| KISQALI TAB 200DOSE                                   | Tier 5           | PA, QL (21 tabs every 28 days); 200 mg dose |
| KISQALI TAB 400DOSE                                   | Tier 5           | PA, QL (42 tabs every 28 days); 400 mg dose |
| KISQALI TAB 600DOSE                                   | Tier 5           | PA, QL (63 tabs every 28 days); 600 mg dose |

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Step Therapy



| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i>    | Tier 5           | PA, QL (180 tabs every 30 days)   |
| LENVIMA CAP 4MG  | Tier 5           | PA, QL (30 caps every 30 days)    |
| LENVIMA CAP 8 MG                                       | Tier 5           | PA, QL (60 caps every 30 days)    |
| LENVIMA CAP 10 MG                                      | Tier 5           | PA, QL (30 caps every 30 days)    |
| LENVIMA CAP 12MG                                       | Tier 5           | PA, QL (90 caps every 30 days)    |
| LENVIMA CAP 14 MG                                      | Tier 5           | PA, QL (60 caps every 30 days)    |
| LENVIMA CAP 18 MG                                      | Tier 5           | PA, QL (90 caps every 30 days)    |
| LENVIMA CAP 20 MG                                      | Tier 5           | PA, QL (60 caps every 30 days)    |
| LENVIMA CAP 24 MG                                      | Tier 5           | PA, QL (90 caps every 30 days)    |
| LORBRENA TAB 25MG                                      | Tier 6           | PA, QL (90 tabs every 30 days)    |
| LORBRENA TAB 100MG                                     | Tier 6           | PA, QL (30 tabs every 30 days)    |
| MEKINIST SOL 0.05/ML                                   | Tier 5           | PA, QL (12 bottles every 28 days) |
| MEKINIST TAB 0.5MG                                     | Tier 5           | PA, QL (90 tabs every 30 days)    |
| MEKINIST TAB 2MG                                       | Tier 5           | PA, QL (30 tabs every 30 days)    |
| <i>pazopanib hcl tab 200 mg (base equiv)</i>           | Tier 5           | PA, QL (120 tabs every 30 days)   |
| RYDAPT CAP 25MG  | Tier 6           | PA, QL (224 caps every 28 days)   |
| <i>sorafenib tosylate tab 200 mg (base equivalent)</i> | Tier 5           | PA, QL (120 tabs every 30 days)   |
| SPRYCEL TAB 20MG                                       | Tier 5           | PA, QL (90 tabs every 30 days)    |
| SPRYCEL TAB 50MG                                       | Tier 5           | PA, QL (30 tabs every 30 days)    |
| SPRYCEL TAB 70MG                                       | Tier 5           | PA, QL (30 tabs every 30 days)    |
| SPRYCEL TAB 80MG                                       | Tier 5           | PA, QL (30 tabs every 30 days)    |
| SPRYCEL TAB 100MG                                      | Tier 5           | PA, QL (30 tabs every 30 days)    |

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| SPRYCEL TAB 140MG                                     | Tier 5           | PA, QL (30 tabs every 30 days)   |
| STIVARGA TAB 40MG                                     | Tier 5           | PA, QL (84 tabs every 28 days)   |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i> | Tier 5           | PA, QL (30 caps every 30 days)   |
| <i>sunitinib malate cap 25 mg (base equivalent)</i>   | Tier 5           | PA, QL (30 caps every 30 days)   |
| <i>sunitinib malate cap 37.5 mg (base equivalent)</i> | Tier 5           | PA, QL (30 caps every 30 days)   |
| <i>sunitinib malate cap 50 mg (base equivalent)</i>   | Tier 5           | PA, QL (30 caps every 30 days)   |
| TAFINLAR CAP 50MG                                     | Tier 5           | PA, QL (120 caps every 30 days)  |
| TAFINLAR CAP 75MG                                     | Tier 5           | PA, QL (120 caps every 30 days)  |
| TAFINLAR TAB 10MG                                     | Tier 5           | PA, QL (4 bottles every 28 days) |
| TUKYSA TAB 50MG                                       | Tier 6           | PA, QL (120 tabs every 30 days)  |
| TUKYSA TAB 150MG                                      | Tier 6           | PA, QL (120 tabs every 30 days)  |
| VERZENIO TAB 50MG                                     | Tier 5           | PA, QL (56 tabs every 28 days)   |
| VERZENIO TAB 100MG                                    | Tier 5           | PA, QL (56 tabs every 28 days)   |
| VERZENIO TAB 150MG                                    | Tier 5           | PA, QL (56 tabs every 28 days)   |
| VERZENIO TAB 200MG                                    | Tier 5           | PA, QL (56 tabs every 28 days)   |
| VITRAKVI CAP 25MG                                     | Tier 6           | PA, QL (180 caps every 30 days)  |
| VITRAKVI CAP 100MG                                    | Tier 6           | PA, QL (60 caps every 30 days)   |
| VITRAKVI SOL 20MG/ML                                  | Tier 6           | PA, QL (300 mL every 30 days)    |
| VOTRIENT TAB 200MG                                    | Tier 5           | PA, QL (120 tabs every 30 days)  |
| XALKORI CAP 200MG                                     | Tier 5           | PA, QL (120 caps every 30 days)  |
| XALKORI CAP 250MG                                     | Tier 5           | PA, QL (120 caps every 30 days)  |
| ZELBORAF TAB 240MG                                    | Tier 5           | PA, QL (240 tabs every 30 days)  |

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Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|-------------------|------------------|--------------------------------|
| ZYDELIG TAB 100MG | Tier 5           | PA, QL (60 tabs every 30 days) |
| ZYDELIG TAB 150MG | Tier 5           | PA, QL (60 tabs every 30 days) |
| ZYKADIA TAB 150MG | Tier 5           | PA, QL (90 tabs every 30 days) |

### **MISCELLANEOUS**

|  |        |                                 |
|--|--------|---------------------------------|
| <i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i> | Tier 2 |                                 |
| <i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>  | Tier 2 |                                 |
| <i>bexarotene cap 75 mg</i>                          | Tier 5 | PA                              |
| <i>hydroxyurea cap 500 mg</i>                        | Tier 2 |                                 |
| IDHIFA TAB 50MG                                      | Tier 5 | PA, QL (30 tabs every 30 days)  |
| IDHIFA TAB 100MG                                     | Tier 5 | PA, QL (30 tabs every 30 days)  |
| LYNPARZA TAB 100MG                                   | Tier 5 | PA, QL (120 tabs every 30 days) |
| LYNPARZA TAB 150MG                                   | Tier 5 | PA, QL (120 tabs every 30 days) |
| NIPENT INJ 10MG                                      | Tier 3 |                                 |
| ODOMZO CAP 200MG                                     | Tier 5 | PA, QL (30 caps every 30 days)  |
| ONCASPAR INJ 750/ML                                  | Tier 5 | PA                              |
| PHOTOFRIN INJ 75MG                                   | Tier 3 |                                 |
| <i>tretinoin cap 10 mg</i>                           | Tier 2 |                                 |
| ZEJULA CAP 100MG                                     | Tier 5 | PA, QL (90 caps every 30 days)  |
| ZEJULA TAB 100MG                                     | Tier 5 | PA, QL (30 tabs every 30 days)  |
| ZEJULA TAB 200MG                                     | Tier 5 | PA, QL (30 tabs every 30 days)  |
| ZEJULA TAB 300MG                                     | Tier 5 | PA, QL (30 tabs every 30 days)  |
| ZOLINZA CAP 100MG                                    | Tier 5 | PA, QL (120 caps every 30 days) |

### **PLATINUM-BASED AGENTS**

|   |        |  |
|---|--------|--|
| <i>carboplatin iv soln 50 mg/5ml</i>        | Tier 2 |  |
| <i>carboplatin iv soln 150 mg/15ml</i>      | Tier 2 |  |
| <i>carboplatin iv soln 450 mg/45ml</i>      | Tier 2 |  |
| <i>carboplatin iv soln 600 mg/60ml</i>      | Tier 2 |  |
| <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>   | Tier 2 |  |
| <i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> | Tier 2 |  |
| <i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> | Tier 2 |  |

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>oxaliplatin for iv inj 50 mg</i>    | Tier 5           |                            |
| <i>oxaliplatin for iv inj 100 mg</i>   | Tier 5           |                            |
| <i>oxaliplatin iv soln 50 mg/10ml</i>  | Tier 5           |                            |
| <i>oxaliplatin iv soln 100 mg/20ml</i> | Tier 5           |                            |
| <i>paraplatin inj 1000mg</i>           | Tier 2           |                            |

### **PROTECTIVE AGENTS**

|   |        |  |
|---|--------|--|
| <i>dexrazoxane hcl for inj 250 mg (base equivalent)</i> | Tier 2 |  |
| <i>dexrazoxane hcl for inj 500 mg (base equivalent)</i> | Tier 2 |  |
| <i>leucovorin calcium for inj 50 mg</i>                 | Tier 2 |  |
| <i>leucovorin calcium for inj 100 mg</i>                | Tier 2 |  |
| <i>leucovorin calcium for inj 200 mg</i>                | Tier 2 |  |
| <i>leucovorin calcium for inj 350 mg</i>                | Tier 2 |  |
| <i>leucovorin calcium for inj 500 mg</i>                | Tier 2 |  |
| <i>leucovorin calcium tab 5 mg</i>                      | Tier 2 |  |
| <i>leucovorin calcium tab 10 mg</i>                     | Tier 2 |  |
| <i>leucovorin calcium tab 15 mg</i>                     | Tier 2 |  |
| <i>leucovorin calcium tab 25 mg</i>                     | Tier 2 |  |
| <i>mesna inj 100 mg/ml</i>                              | Tier 2 |  |
| MESNEX TAB 400MG  | Tier 5 |  |

### **TOPOISOMERASE INHIBITORS**

|  |        |  |
|--|--------|--|
| <i>etoposide cap 50 mg</i>                       | Tier 2 |  |
| <i>etoposide inj 1 gm/50ml (20 mg/ml)</i>        | Tier 2 |  |
| <i>etoposide inj 100 mg/5ml (20 mg/ml)</i>       | Tier 2 |  |
| <i>etoposide inj 500 mg/25ml (20 mg/ml)</i>      | Tier 2 |  |
| <i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>   | Tier 5 |  |
| <i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>  | Tier 5 |  |
| <i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i> | Tier 2 |  |
| <i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> | Tier 5 |  |
| <i>topotecan hcl for inj 4 mg (base equiv)</i>   | Tier 2 |  |

### **ANTIVIRALS**

#### **ANTIVIRAL COMBINATIONS**

|                      |        |                            |
|----------------------|--------|----------------------------|
| PAXLOVID TAB 150-100 | Tier 4 | QL (40 ea every 30 days)   |
| PAXLOVID TAB 150-100 | Tier 4 | QL (40 tabs every 30 days) |
| PAXLOVID TAB 300-100 | Tier 4 | QL (40 ea every 30 days)   |
| PAXLOVID TAB 300-100 | Tier 4 | QL (40 tabs every 30 days) |

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

|   |        |  |
|---|--------|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | Tier 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>   | Tier 1 |  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>             | Tier 1           |                            |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>             | Tier 1           |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>            | Tier 1           |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>            | Tier 1           |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>         | Tier 1           |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | Tier 1           |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | Tier 1           |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>          | Tier 1           |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  | Tier 1           |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | Tier 1           |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> | Tier 1           |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> | Tier 1           |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | Tier 1           |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | Tier 1           |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          | Tier 1           |                            |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>               | Tier 1           |                            |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                 | Tier 1           |                            |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i>                 | Tier 1           |                            |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i>                 | Tier 1           |                            |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>                 | Tier 1           |                            |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i>                 | Tier 1           |                            |

### **ACE INHIBITORS**

|                                     |        |  |
|-------------------------------------|--------|--|
| <i>benazepril hcl tab 5 mg</i>      | Tier 1 |  |
| <i>benazepril hcl tab 10 mg</i>     | Tier 1 |  |
| <i>benazepril hcl tab 20 mg</i>     | Tier 1 |  |
| <i>benazepril hcl tab 40 mg</i>     | Tier 1 |  |
| <i>captopril tab 12.5 mg</i>        | Tier 1 |  |
| <i>captopril tab 25 mg</i>          | Tier 1 |  |
| <i>captopril tab 50 mg</i>          | Tier 1 |  |
| <i>captopril tab 100 mg</i>         | Tier 1 |  |
| <i>enalapril maleate tab 2.5 mg</i> | Tier 1 |  |
| <i>enalapril maleate tab 5 mg</i>   | Tier 1 |  |
| <i>enalapril maleate tab 10 mg</i>  | Tier 1 |  |

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------|------------------|----------------------------|
| <i>enalapril maleate tab 20 mg</i>   | Tier 1           |                            |
| <i>fosinopril sodium tab 10 mg</i>   | Tier 1           |                            |
| <i>fosinopril sodium tab 20 mg</i>   | Tier 1           |                            |
| <i>fosinopril sodium tab 40 mg</i>   | Tier 1           |                            |
| <i>lisinopril tab 2.5 mg</i>         | Tier 1           |                            |
| <i>lisinopril tab 5 mg</i>           | Tier 1           |                            |
| <i>lisinopril tab 10 mg</i>          | Tier 1           |                            |
| <i>lisinopril tab 20 mg</i>          | Tier 1           |                            |
| <i>lisinopril tab 30 mg</i>          | Tier 1           |                            |
| <i>lisinopril tab 40 mg</i>          | Tier 1           |                            |
| <i>moexipril hcl tab 7.5 mg</i>      | Tier 1           |                            |
| <i>moexipril hcl tab 15 mg</i>       | Tier 1           |                            |
| <i>perindopril erbumine tab 2 mg</i> | Tier 1           |                            |
| <i>perindopril erbumine tab 4 mg</i> | Tier 1           |                            |
| <i>perindopril erbumine tab 8 mg</i> | Tier 1           |                            |
| <i>quinapril hcl tab 5 mg</i>        | Tier 1           |                            |
| <i>quinapril hcl tab 10 mg</i>       | Tier 1           |                            |
| <i>quinapril hcl tab 20 mg</i>       | Tier 1           |                            |
| <i>quinapril hcl tab 40 mg</i>       | Tier 1           |                            |
| <i>ramipril cap 1.25 mg</i>          | Tier 1           |                            |
| <i>ramipril cap 2.5 mg</i>           | Tier 1           |                            |
| <i>ramipril cap 5 mg</i>             | Tier 1           |                            |
| <i>ramipril cap 10 mg</i>            | Tier 1           |                            |
| <i>trandolapril tab 1 mg</i>         | Tier 1           |                            |
| <i>trandolapril tab 2 mg</i>         | Tier 1           |                            |
| <i>trandolapril tab 4 mg</i>         | Tier 1           |                            |

**ALDOSTERONE RECEPTOR ANTAGONISTS**

|                             |        |  |
|-----------------------------|--------|--|
| <i>eplerenone tab 25 mg</i> | Tier 2 |  |
| <i>eplerenone tab 50 mg</i> | Tier 2 |  |

**ALPHA BLOCKERS**

|                              |        |  |
|------------------------------|--------|--|
| <i>prazosin hcl cap 1 mg</i> | Tier 2 |  |
| <i>prazosin hcl cap 2 mg</i> | Tier 2 |  |
| <i>prazosin hcl cap 5 mg</i> | Tier 2 |  |

**ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

|  |        |  |
|--|--------|--|
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>  | Tier 1 |  |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>  | Tier 1 |  |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | Tier 1 |  |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | Tier 1 |  |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>            | Tier 1 |  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                   | Tier 1           |                            |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                  | Tier 1           |                            |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                  | Tier 1           |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>     | Tier 1           |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>     | Tier 1           |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>       | Tier 1           |                            |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | Tier 1           |                            |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | Tier 1           |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | Tier 1           |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | Tier 1           |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | Tier 1           |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>      | Tier 1           |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>      | Tier 1           |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>        | Tier 1           |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>   | Tier 1           |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>   | Tier 1           |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>     | Tier 1           |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>  | Tier 1           |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>    | Tier 1           |                            |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                           | Tier 1           |                            |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                          | Tier 1           |                            |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                           | Tier 1           |                            |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                          | Tier 1           |                            |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>               | Tier 1           |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>               | Tier 1           |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                 | Tier 1           |                            |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                 | Tier 1           |                            |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>                | Tier 1           |                            |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                  | Tier 1           |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>             | Tier 1           |                            |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>               | Tier 1           |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                       |                  |                            |
| <i>candesartan cilexetil tab 4 mg</i>                            | Tier 1           |                            |
| <i>candesartan cilexetil tab 8 mg</i>                            | Tier 1           |                            |
| <i>candesartan cilexetil tab 16 mg</i>                           | Tier 1           |                            |
| <i>candesartan cilexetil tab 32 mg</i>                           | Tier 1           |                            |
| <i>irbesartan tab 75 mg</i>                                      | Tier 1           |                            |
| <i>irbesartan tab 150 mg</i>                                     | Tier 1           |                            |
| <i>irbesartan tab 300 mg</i>                                     | Tier 1           |                            |
| <i>losartan potassium tab 25 mg</i>                              | Tier 1           |                            |
| <i>losartan potassium tab 50 mg</i>                              | Tier 1           |                            |
| <i>losartan potassium tab 100 mg</i>                             | Tier 1           |                            |
| <i>olmesartan medoxomil tab 5 mg</i>                             | Tier 1           |                            |
| <i>olmesartan medoxomil tab 20 mg</i>                            | Tier 1           |                            |
| <i>olmesartan medoxomil tab 40 mg</i>                            | Tier 1           |                            |
| <i>telmisartan tab 20 mg</i>                                     | Tier 1           |                            |
| <i>telmisartan tab 40 mg</i>                                     | Tier 1           |                            |
| <i>telmisartan tab 80 mg</i>                                     | Tier 1           |                            |
| <i>valsartan tab 40 mg</i>                                       | Tier 1           |                            |
| <i>valsartan tab 80 mg</i>                                       | Tier 1           |                            |
| <i>valsartan tab 160 mg</i>                                      | Tier 1           |                            |
| <i>valsartan tab 320 mg</i>                                      | Tier 1           |                            |
| <b>ANTIARRHYTHMICS</b>   |                  |                            |
| <i>amiodarone hcl tab 200 mg</i>                                 | Tier 2           |                            |
| <i>amiodarone hcl tab 400 mg</i>                                 | Tier 2           |                            |
| <i>disopyramide phosphate cap 100 mg</i>                         | Tier 2           |                            |
| <i>disopyramide phosphate cap 150 mg</i>                         | Tier 2           |                            |
| <i>dofetilide cap 125 mcg (0.125 mg)</i>                         | Tier 2           | PA                         |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>                          | Tier 2           | PA                         |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>                           | Tier 2           | PA                         |
| <i>flecainide acetate tab 50 mg</i>                              | Tier 2           |                            |
| <i>flecainide acetate tab 100 mg</i>                             | Tier 2           |                            |
| <i>flecainide acetate tab 150 mg</i>                             | Tier 2           |                            |
| <i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i> | Tier 2           |                            |
| <i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>  | Tier 2           |                            |
| MULTAQ TAB 400MG   | Tier 4           | PA                         |
| NORPACE CAP 100MG CR   | Tier 3           |                            |
| NORPACE CAP 150MG CR   | Tier 3           |                            |
| <i>pacerone tab 100mg</i>  | Tier 2           |                            |
| <i>pacerone tab 200mg</i>  | Tier 2           |                            |

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| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>procainamide hcl inj 100 mg/ml</i>     | Tier 2           |                            |
| <i>propafenone hcl cap er 12hr 225 mg</i> | Tier 2           |                            |
| <i>propafenone hcl cap er 12hr 325 mg</i> | Tier 2           |                            |
| <i>propafenone hcl cap er 12hr 425 mg</i> | Tier 2           |                            |
| <i>propafenone hcl tab 150 mg</i>         | Tier 2           |                            |
| <i>propafenone hcl tab 225 mg</i>         | Tier 2           |                            |
| <i>propafenone hcl tab 300 mg</i>         | Tier 2           |                            |
| <i>sotalol hcl (afib/af) tab 80 mg</i>    | Tier 2           |                            |
| <i>sotalol hcl (afib/af) tab 120 mg</i>   | Tier 2           |                            |
| <i>sotalol hcl (afib/af) tab 160 mg</i>   | Tier 2           |                            |
| <i>sotalol hcl tab 80 mg</i>              | Tier 2           |                            |
| <i>sotalol hcl tab 120 mg</i>             | Tier 2           |                            |
| <i>sotalol hcl tab 160 mg</i>             | Tier 2           |                            |
| <i>sotalol hcl tab 240 mg</i>             | Tier 2           |                            |

### **ANTILIPEMICS, BILE ACID RESINS**

|   |        |  |
|---|--------|--|
| <i>cholestyramine light powder 4 gm/dose</i>    | Tier 2 |  |
| <i>cholestyramine light powder packets 4 gm</i> | Tier 2 |  |
| <i>cholestyramine powder 4 gm/dose</i>          | Tier 2 |  |
| <i>cholestyramine powder packets 4 gm</i>       | Tier 2 |  |
| <i>colesevelam hcl packet for susp 3.75 gm</i>  | Tier 2 |  |
| <i>colesevelam hcl tab 625 mg</i>               | Tier 2 |  |
| <i>colestipol hcl granule packets 5 gm</i>      | Tier 2 |  |
| <i>colestipol hcl granules 5 gm</i>             | Tier 2 |  |
| <i>colestipol hcl tab 1 gm</i>                  | Tier 2 |  |
| <i>prevalite pow 4gm</i>                        | Tier 2 |  |

### **ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR**

|                            |        |  |
|----------------------------|--------|--|
| <i>ezetimibe tab 10 mg</i> | Tier 2 |  |
|----------------------------|--------|--|

### **ANTILIPEMICS, FIBRATES**

|  |        |  |
|--|--------|--|
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>  | Tier 2 |  |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | Tier 2 |  |
| <i>fenofibrate cap 150 mg</i>                                    | Tier 2 |  |
| <i>fenofibrate micronized cap 43 mg</i>                          | Tier 2 |  |
| <i>fenofibrate micronized cap 67 mg</i>                          | Tier 2 |  |
| <i>fenofibrate micronized cap 134 mg</i>                         | Tier 2 |  |
| <i>fenofibrate micronized cap 200 mg</i>                         | Tier 2 |  |
| <i>fenofibrate tab 48 mg</i>                                     | Tier 2 |  |
| <i>fenofibrate tab 54 mg</i>                                     | Tier 2 |  |
| <i>fenofibrate tab 145 mg</i>                                    | Tier 2 |  |
| <i>fenofibrate tab 160 mg</i>                                    | Tier 2 |  |
| <i>gemfibrozil tab 600 mg</i>                                    | Tier 2 |  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b> |                  |   |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                      | Tier 2           |   |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                      | Tier 2           |   |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                      | Tier 2           |   |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                      | Tier 2           |   |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>              |                  |   |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i>        | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i>        | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i>        | Tier 1           | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i>        | Tier 1           | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i>          | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i>          | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>lovastatin tab 10 mg</i>                                    | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>lovastatin tab 20 mg</i>                                    | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>lovastatin tab 40 mg</i>                                    | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>pravastatin sodium tab 10 mg</i>                            | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>pravastatin sodium tab 20 mg</i>                            | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>pravastatin sodium tab 40 mg</i>                            | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>pravastatin sodium tab 80 mg</i>                            | Tier 0           | \$0 copay for members age 40 through 75   |

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Step Therapy

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---------------------------------------|------------------|---|
| <i>rosuvastatin calcium tab 5 mg</i>  | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>rosuvastatin calcium tab 10 mg</i> | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>rosuvastatin calcium tab 20 mg</i> | Tier 1           | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease           |
| <i>rosuvastatin calcium tab 40 mg</i> | Tier 1           | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease           |
| <i>simvastatin tab 5 mg</i>           | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>simvastatin tab 10 mg</i>          | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>simvastatin tab 20 mg</i>          | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>simvastatin tab 40 mg</i>          | Tier 0           | \$0 copay for members age 40 through 75   |
| <i>simvastatin tab 80 mg</i>          | Tier 1           | ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |

#### **ANTILIPEMICS, MISCELLANEOUS**

|   |        |
|---|--------|
| <i>niacin tab er 500 mg (antihyperlipidemic)</i>  | Tier 2 |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i>  | Tier 2 |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> | Tier 2 |

#### **ANTILIPEMICS, OMEGA-3 FATTY ACIDS**

|                                   |        |
|-----------------------------------|--------|
| <i>icosapent ethyl cap 0.5 gm</i> | Tier 2 |
|-----------------------------------|--------|

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>icosapent ethyl cap 1 gm</i>                             | Tier 2           | Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                   | Tier 2           |  |
| <b>ANTILIPEMICS, PCSK9 INHIBITORS</b>                       |                  |  |
| REPATHA INJ 140MG/ML  | Tier 5           | PA, QL (3 syringes every 28 days)  |
| REPATHA PUSH INJ 420/3.5                                    | Tier 5           | PA, QL (1 injection every 28 days)   |
| REPATHA SURE INJ 140MG/ML                                   | Tier 5           | PA, QL (3 pens every 28 days)  |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                   |                  |  |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>           | Tier 2           |  |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>          | Tier 2           |  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> | Tier 2           |  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>   | Tier 2           |  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>  | Tier 2           |  |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>    | Tier 2           |  |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>   | Tier 2           |  |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>   | Tier 2           |  |
| <b>BETA-BLOCKERS</b>  |                  |  |
| <i>acebutolol hcl cap 200 mg</i>                            | Tier 2           |  |
| <i>acebutolol hcl cap 400 mg</i>                            | Tier 2           |  |
| <i>atenolol tab 25 mg</i>                                   | Tier 2           |  |
| <i>atenolol tab 50 mg</i>                                   | Tier 2           |  |
| <i>atenolol tab 100 mg</i>                                  | Tier 2           |  |
| <i>betaxolol hcl tab 10 mg</i>                              | Tier 2           |  |
| <i>betaxolol hcl tab 20 mg</i>                              | Tier 2           |  |
| <i>bisoprolol fumarate tab 5 mg</i>                         | Tier 2           |  |
| <i>bisoprolol fumarate tab 10 mg</i>                        | Tier 2           |  |
| <i>carvedilol phosphate cap er 24hr 10 mg</i>               | Tier 2           |  |
| <i>carvedilol phosphate cap er 24hr 20 mg</i>               | Tier 2           |  |
| <i>carvedilol phosphate cap er 24hr 40 mg</i>               | Tier 2           |  |
| <i>carvedilol phosphate cap er 24hr 80 mg</i>               | Tier 2           |  |
| <i>carvedilol tab 3.125 mg</i>                              | Tier 2           |  |
| <i>carvedilol tab 6.25 mg</i>                               | Tier 2           |  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>carvedilol tab 12.5 mg</i>                                   | Tier 2           |                            |
| <i>carvedilol tab 25 mg</i>                                     | Tier 2           |                            |
| <i>labetalol hcl tab 100 mg</i>                                 | Tier 2           |                            |
| <i>labetalol hcl tab 200 mg</i>                                 | Tier 2           |                            |
| <i>labetalol hcl tab 300 mg</i>                                 | Tier 2           |                            |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>  | Tier 2           |                            |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>  | Tier 2           |                            |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | Tier 2           |                            |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> | Tier 2           |                            |
| <i>metoprolol tartrate tab 25 mg</i>                            | Tier 2           |                            |
| <i>metoprolol tartrate tab 50 mg</i>                            | Tier 2           |                            |
| <i>metoprolol tartrate tab 100 mg</i>                           | Tier 2           |                            |
| <i>nadolol tab 20 mg</i>  | Tier 2           |                            |
| <i>nadolol tab 40 mg</i>  | Tier 2           |                            |
| <i>nadolol tab 80 mg</i>  | Tier 2           |                            |
| <i>nebivolol hcl tab 2.5 mg (base equivalent)</i>               | Tier 2           |                            |
| <i>nebivolol hcl tab 5 mg (base equivalent)</i>                 | Tier 2           |                            |
| <i>nebivolol hcl tab 10 mg (base equivalent)</i>                | Tier 2           |                            |
| <i>nebivolol hcl tab 20 mg (base equivalent)</i>                | Tier 2           |                            |
| <i>pindolol tab 5 mg</i>  | Tier 2           |                            |
| <i>pindolol tab 10 mg</i>                                       | Tier 2           |                            |
| <i>propranolol hcl cap er 24hr 60 mg</i>                        | Tier 2           |                            |
| <i>propranolol hcl cap er 24hr 80 mg</i>                        | Tier 2           |                            |
| <i>propranolol hcl cap er 24hr 120 mg</i>                       | Tier 2           |                            |
| <i>propranolol hcl cap er 24hr 160 mg</i>                       | Tier 2           |                            |
| <i>propranolol hcl oral soln 20 mg/5ml</i>                      | Tier 2           |                            |
| <i>propranolol hcl oral soln 40 mg/5ml</i>                      | Tier 2           |                            |
| <i>propranolol hcl tab 10 mg</i>                                | Tier 2           |                            |
| <i>propranolol hcl tab 20 mg</i>                                | Tier 2           |                            |
| <i>propranolol hcl tab 40 mg</i>                                | Tier 2           |                            |
| <i>propranolol hcl tab 60 mg</i>                                | Tier 2           |                            |
| <i>propranolol hcl tab 80 mg</i>                                | Tier 2           |                            |
| <i>timolol maleate tab 5 mg</i>                                 | Tier 2           |                            |
| <i>timolol maleate tab 10 mg</i>                                | Tier 2           |                            |
| <i>timolol maleate tab 20 mg</i>                                | Tier 2           |                            |

**CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

|   |        |  |
|---|--------|--|
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> | Tier 1 |  |
|---|--------|--|

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>   | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>   | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>   | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>   | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>  | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>  | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>  | Tier 1           |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>  | Tier 1           |                            |

### **CALCIUM CHANNEL BLOCKERS**

|  |        |  |
|--|--------|--|
| <i>amlodipine besylate tab 2.5 mg (base equivalent)</i>        | Tier 2 |  |
| <i>amlodipine besylate tab 5 mg (base equivalent)</i>          | Tier 2 |  |
| <i>amlodipine besylate tab 10 mg (base equivalent)</i>         | Tier 2 |  |
| <i>cartia xt cap 120/24hr</i>                                  | Tier 2 |  |
| <i>cartia xt cap 180/24hr</i>                                  | Tier 2 |  |
| <i>cartia xt cap 240/24hr</i>                                  | Tier 2 |  |
| <i>cartia xt cap 300/24hr</i>                                  | Tier 2 |  |
| <i>dilt-xr cap 120mg</i>                                       | Tier 2 |  |
| <i>dilt-xr cap 180mg</i>                                       | Tier 2 |  |
| <i>dilt-xr cap 240mg</i>                                       | Tier 2 |  |
| <i>diltiazem hcl cap er 12hr 60 mg</i>                         | Tier 2 |  |
| <i>diltiazem hcl cap er 12hr 90 mg</i>                         | Tier 2 |  |
| <i>diltiazem hcl cap er 12hr 120 mg</i>                        | Tier 2 |  |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>           | Tier 2 |  |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>           | Tier 2 |  |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>           | Tier 2 |  |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>           | Tier 2 |  |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i>           | Tier 2 |  |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | Tier 2 |  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | Tier 2           |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | Tier 2           |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | Tier 2           |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | Tier 2           |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | Tier 2           |                            |
| <i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>               | Tier 2           |                            |
| <i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>             | Tier 2           |                            |
| <i>diltiazem hcl tab 30 mg</i>                                 | Tier 2           |                            |
| <i>diltiazem hcl tab 60 mg</i>                                 | Tier 2           |                            |
| <i>diltiazem hcl tab 90 mg</i>                                 | Tier 2           |                            |
| <i>diltiazem hcl tab 120 mg</i>                                | Tier 2           |                            |
| <i>diltiazem hcl tab er 24hr 120 mg</i>                        | Tier 2           |                            |
| <i>felodipine tab er 24hr 2.5 mg</i>                           | Tier 2           |                            |
| <i>felodipine tab er 24hr 5 mg</i>                             | Tier 2           |                            |
| <i>felodipine tab er 24hr 10 mg</i>                            | Tier 2           |                            |
| <i>isradipine cap 2.5 mg</i>                                   | Tier 2           |                            |
| <i>isradipine cap 5 mg</i>                                     | Tier 2           |                            |
| <i>matzim la tab 180mg/24</i>                                  | Tier 2           |                            |
| <i>matzim la tab 240mg/24</i>                                  | Tier 2           |                            |
| <i>matzim la tab 300mg/24</i>                                  | Tier 2           |                            |
| <i>matzim la tab 360mg/24</i>                                  | Tier 2           |                            |
| <i>matzim la tab 420mg/24</i>                                  | Tier 2           |                            |
| <i>nicardipine hcl cap 20 mg</i>                               | Tier 2           |                            |
| <i>nicardipine hcl cap 30 mg</i>                               | Tier 2           |                            |
| <i>nifedipine tab er 24hr 30 mg</i>                            | Tier 2           |                            |
| <i>nifedipine tab er 24hr 60 mg</i>                            | Tier 2           |                            |
| <i>nifedipine tab er 24hr 90 mg</i>                            | Tier 2           |                            |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i>            | Tier 2           |                            |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i>            | Tier 2           |                            |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i>            | Tier 2           |                            |
| <i>nimodipine cap 30 mg</i>                                    | Tier 2           |                            |
| <i>nisoldipine tab er 24hr 8.5 mg</i>                          | Tier 2           |                            |
| <i>nisoldipine tab er 24hr 17 mg</i>                           | Tier 2           |                            |
| <i>nisoldipine tab er 24hr 20 mg</i>                           | Tier 2           |                            |
| <i>nisoldipine tab er 24hr 25.5 mg</i>                         | Tier 2           |                            |
| <i>nisoldipine tab er 24hr 30 mg</i>                           | Tier 2           |                            |
| <i>nisoldipine tab er 24hr 34 mg</i>                           | Tier 2           |                            |
| <i>nisoldipine tab er 24hr 40 mg</i>                           | Tier 2           |                            |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>taztia xt cap 120mg/24</i>                          | Tier 2           |                            |
| <i>taztia xt cap 180mg/24</i>                          | Tier 2           |                            |
| <i>taztia xt cap 240mg/24</i>                          | Tier 2           |                            |
| <i>taztia xt cap 300mg er</i>                          | Tier 2           |                            |
| <i>taztia xt cap 360mg/24</i>                          | Tier 2           |                            |
| <i>verapamil hcl cap er 24hr 100 mg</i>                | Tier 2           |                            |
| <i>verapamil hcl cap er 24hr 120 mg</i>                | Tier 2           |                            |
| <i>verapamil hcl cap er 24hr 180 mg</i>                | Tier 2           |                            |
| <i>verapamil hcl cap er 24hr 200 mg</i>                | Tier 2           |                            |
| <i>verapamil hcl cap er 24hr 240 mg</i>                | Tier 2           |                            |
| <i>verapamil hcl cap er 24hr 300 mg</i>                | Tier 2           |                            |
| <i>verapamil hcl cap er 24hr 360 mg</i>                | Tier 2           |                            |
| <i>verapamil hcl tab 40 mg</i>                         | Tier 2           |                            |
| <i>verapamil hcl tab 80 mg</i>                         | Tier 2           |                            |
| <i>verapamil hcl tab 120 mg</i>                        | Tier 2           |                            |
| <i>verapamil hcl tab er 120 mg</i>                     | Tier 2           |                            |
| <i>verapamil hcl tab er 180 mg</i>                     | Tier 2           |                            |
| <i>verapamil hcl tab er 240 mg</i>                     | Tier 2           |                            |
| <b>DIGITALIS GLYCOSIDES</b>                            |                  |                            |
| <i>digoxin oral soln 0.05 mg/ml</i>                    | Tier 2           |                            |
| <i>digoxin tab 62.5 mcg (0.0625 mg)</i>                | Tier 2           |                            |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                  | Tier 2           |                            |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                   | Tier 2           |                            |
| <b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>            |                  |                            |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i> | Tier 2           |                            |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i> | Tier 2           |                            |
| <b>DIURETICS</b>                                       |                  |                            |
| <i>acetazolamide cap er 12hr 500 mg</i>                | Tier 2           |                            |
| <i>acetazolamide tab 125 mg</i>                        | Tier 2           |                            |
| <i>acetazolamide tab 250 mg</i>                        | Tier 2           |                            |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> | Tier 2           |                            |
| <i>amiloride hcl tab 5 mg</i>                          | Tier 2           |                            |
| <i>bumetanide tab 0.5 mg</i>                           | Tier 2           |                            |
| <i>bumetanide tab 1 mg</i>                             | Tier 2           |                            |
| <i>bumetanide tab 2 mg</i>                             | Tier 2           |                            |
| <i>chlorthalidone tab 25 mg</i>                        | Tier 2           |                            |
| <i>chlorthalidone tab 50 mg</i>                        | Tier 2           |                            |
| <b>DIURIL SUS 250/5ML</b>                              | Tier 4           |                            |
| <i>ethacrynic acid tab 25 mg</i>                       | Tier 4           |                            |
| <i>furosemide inj 10 mg/ml</i>                         | Tier 2           |                            |
| <i>furosemide oral soln 8 mg/ml</i>                    | Tier 2           |                            |
| <i>furosemide oral soln 10 mg/ml</i>                   | Tier 2           |                            |



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>furosemide tab 20 mg</i>                                  | Tier 2           |                            |
| <i>furosemide tab 40 mg</i>                                  | Tier 2           |                            |
| <i>furosemide tab 80 mg</i>                                  | Tier 2           |                            |
| <i>hydrochlorothiazide cap 12.5 mg</i>                       | Tier 2           |                            |
| <i>hydrochlorothiazide tab 12.5 mg</i>                       | Tier 2           |                            |
| <i>hydrochlorothiazide tab 25 mg</i>                         | Tier 2           |                            |
| <i>hydrochlorothiazide tab 50 mg</i>                         | Tier 2           |                            |
| <i>indapamide tab 1.25 mg</i>                                | Tier 2           |                            |
| <i>indapamide tab 2.5 mg</i>                                 | Tier 2           |                            |
| <i>mannitol iv soln 20%</i>                                  | Tier 2           |                            |
| <i>mannitol iv soln 25%</i>                                  | Tier 2           |                            |
| <i>methazolamide tab 25 mg</i>                               | Tier 2           |                            |
| <i>methazolamide tab 50 mg</i>                               | Tier 2           |                            |
| <i>metolazone tab 2.5 mg</i>                                 | Tier 2           |                            |
| <i>metolazone tab 5 mg</i>                                   | Tier 2           |                            |
| <i>metolazone tab 10 mg</i>                                  | Tier 2           |                            |
| <i>osmitrol inj 10%</i>                                      | Tier 2           |                            |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> | Tier 2           |                            |
| <i>spironolactone tab 25 mg</i>                              | Tier 2           |                            |
| <i>spironolactone tab 50 mg</i>                              | Tier 2           |                            |
| <i>spironolactone tab 100 mg</i>                             | Tier 2           |                            |
| <i>toremide tab 5 mg</i>                                     | Tier 2           |                            |
| <i>toremide tab 10 mg</i>                                    | Tier 2           |                            |
| <i>toremide tab 20 mg</i>                                    | Tier 2           |                            |
| <i>toremide tab 100 mg</i>                                   | Tier 2           |                            |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>  | Tier 2           |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>  | Tier 2           |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>    | Tier 2           |                            |
| <i>triamterene cap 50 mg</i>                                 | Tier 2           |                            |
| <i>triamterene cap 100 mg</i>                                | Tier 2           |                            |
| <b>HEART FAILURE</b>   |                  |                            |
| <i>CORLANOR SOL 5MG/5ML</i>                                  | Tier 3           |                            |
| <i>CORLANOR TAB 5MG</i>                                      | Tier 3           |                            |
| <i>CORLANOR TAB 7.5MG</i>                                    | Tier 3           |                            |
| <i>ENTRESTO TAB 24-26MG</i>                                  | Tier 3           |                            |
| <i>ENTRESTO TAB 49-51MG</i>                                  | Tier 3           |                            |
| <i>ENTRESTO TAB 97-103MG</i>                                 | Tier 3           |                            |
| <b>MISCELLANEOUS</b>   |                  |                            |
| <i>clonidine hcl tab 0.1 mg</i>                              | Tier 2           |                            |

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Step Therapy

| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--|------------------|---------------------------------|
| <i>clonidine hcl tab 0.2 mg</i>              | Tier 2           |                                 |
| <i>clonidine hcl tab 0.3 mg</i>              | Tier 2           |                                 |
| <i>clonidine td patch weekly 0.1 mg/24hr</i> | Tier 2           |                                 |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> | Tier 2           |                                 |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> | Tier 2           |                                 |
| <i>guanfacine hcl tab 1 mg</i>               | Tier 2           |                                 |
| <i>guanfacine hcl tab 2 mg</i>               | Tier 2           |                                 |
| <i>hydralazine hcl tab 10 mg</i>             | Tier 2           |                                 |
| <i>hydralazine hcl tab 25 mg</i>             | Tier 2           |                                 |
| <i>hydralazine hcl tab 50 mg</i>             | Tier 2           |                                 |
| <i>hydralazine hcl tab 100 mg</i>            | Tier 2           |                                 |
| <i>methyldopa tab 250 mg</i>                 | Tier 2           |                                 |
| <i>methyldopa tab 500 mg</i>                 | Tier 2           |                                 |
| <i>midodrine hcl tab 2.5 mg</i>              | Tier 2           |                                 |
| <i>midodrine hcl tab 5 mg</i>                | Tier 2           |                                 |
| <i>midodrine hcl tab 10 mg</i>               | Tier 2           |                                 |
| <i>minoxidil tab 2.5 mg</i>                  | Tier 2           |                                 |
| <i>minoxidil tab 10 mg</i>                   | Tier 2           |                                 |
| <i>phenoxybenzamine hcl cap 10 mg</i>        | Tier 5           | PA, QL (360 caps every 30 days) |
| <i>ranolazine tab er 12hr 500 mg</i>         | Tier 2           | ST; PA**                        |
| <i>ranolazine tab er 12hr 1000 mg</i>        | Tier 2           | ST; PA**                        |

### **NITRATES**

|  |        |  |
|--|--------|--|
| <i>isosorbide dinitrate tab 5 mg</i>             | Tier 2 |  |
| <i>isosorbide dinitrate tab 10 mg</i>            | Tier 2 |  |
| <i>isosorbide dinitrate tab 20 mg</i>            | Tier 2 |  |
| <i>isosorbide dinitrate tab 30 mg</i>            | Tier 2 |  |
| <i>isosorbide mononitrate tab 10 mg</i>          | Tier 2 |  |
| <i>isosorbide mononitrate tab 20 mg</i>          | Tier 2 |  |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i>  | Tier 2 |  |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i>  | Tier 2 |  |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> | Tier 2 |  |
| NITRO-BID OIN 2%                                 | Tier 4 |  |
| NITRO-DUR DIS 0.3MG/HR                           | Tier 3 |  |
| NITRO-DUR DIS 0.8MG/HR                           | Tier 3 |  |
| <i>nitroglycerin sl tab 0.3 mg</i>               | Tier 2 |  |
| <i>nitroglycerin sl tab 0.4 mg</i>               | Tier 2 |  |
| <i>nitroglycerin sl tab 0.6 mg</i>               | Tier 2 |  |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>     | Tier 2 |  |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>     | Tier 2 |  |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>     | Tier 2 |  |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>     | Tier 2 |  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>        | Tier 2           |                                   |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                           |                  |                                   |
| ADEMPAS TAB 0.5MG  | Tier 6           | PA, QL (90 tabs every 30 days)    |
| ADEMPAS TAB 1.5MG  | Tier 6           | PA, QL (90 tabs every 30 days)    |
| ADEMPAS TAB 1MG  | Tier 6           | PA, QL (90 tabs every 30 days)    |
| ADEMPAS TAB 2.5MG  | Tier 6           | PA, QL (90 tabs every 30 days)    |
| ADEMPAS TAB 2MG  | Tier 6           | PA, QL (90 tabs every 30 days)    |
| <i>ambrisentan tab 5 mg</i>                                      | Tier 5           | PA, QL (30 tabs every 30 days)    |
| <i>ambrisentan tab 10 mg</i>                                     | Tier 5           | PA, QL (30 tabs every 30 days)    |
| <i>bosentan tab 62.5 mg</i>                                      | Tier 5           | PA, QL (60 tabs every 30 days)    |
| <i>bosentan tab 125 mg</i>                                       | Tier 5           | PA, QL (60 tabs every 30 days)    |
| OPSUMIT TAB 10MG   | Tier 5           | PA, QL (30 tabs every 30 days)    |
| ORENITRAM TAB 0.25MG   | Tier 5           | PA                                |
| ORENITRAM TAB 0.125MG  | Tier 5           | PA                                |
| ORENITRAM TAB 1MG  | Tier 5           | PA                                |
| ORENITRAM TAB 2.5MG  | Tier 5           | PA                                |
| ORENITRAM TAB 5MG  | Tier 5           | PA                                |
| ORENITRAM TAB MONTH 1  | Tier 5           | PA                                |
| ORENITRAM TAB MONTH 2  | Tier 5           | PA                                |
| ORENITRAM TAB MONTH 3  | Tier 5           | PA                                |
| REMODULIN INJ 1MG/ML   | Tier 6           | PA                                |
| REMODULIN INJ 2.5MG/ML   | Tier 6           | PA                                |
| REMODULIN INJ 5MG/ML   | Tier 6           | PA                                |
| REMODULIN INJ 10MG/ML  | Tier 6           | PA                                |
| <i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i> | Tier 5           | PA                                |
| <i>sildenafil citrate tab 20 mg</i>                              | Tier 5           | PA, QL (360 tabs every 30 days)   |
| <i>tadalafil tab 20 mg (pah)</i>                                 | Tier 6           | PA, QL (60 tabs every 30 days)    |
| TYVASO REFIL SOL 0.6MG/ML  | Tier 5           | PA, QL (28 ampules every 28 days) |

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 50  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---------------------------|------------------|------------------------------------|
| TYVASO SOL 0.6MG/ML       | Tier 5           | PA, QL (28 ampules every 28 days)  |
| TYVASO START SOL 0.6MG/ML | Tier 5           | PA, QL (28 ampules every 28 days)  |
| UPTRAVI INJ 1800MCG       | Tier 5           | PA                                 |
| UPTRAVI PACK TAB 200/800  | Tier 5           | PA, QL (1 pack every 28 days)      |
| UPTRAVI TAB 200MCG        | Tier 5           | PA, QL (140 tabs every 28 days)    |
| UPTRAVI TAB 400MCG        | Tier 5           | PA, QL (60 tabs every 30 days)     |
| UPTRAVI TAB 600MCG        | Tier 5           | PA, QL (60 tabs every 30 days)     |
| UPTRAVI TAB 800MCG        | Tier 5           | PA, QL (60 tabs every 30 days)     |
| UPTRAVI TAB 1000MCG       | Tier 5           | PA, QL (60 tabs every 30 days)     |
| UPTRAVI TAB 1200MCG       | Tier 5           | PA, QL (60 tabs every 30 days)     |
| UPTRAVI TAB 1400MCG       | Tier 5           | PA, QL (60 tabs every 30 days)     |
| UPTRAVI TAB 1600MCG       | Tier 5           | PA, QL (60 tabs every 30 days)     |
| VENTAVIS SOL 10MCG/ML     | Tier 5           | PA, QL (270 ampules every 30 days) |
| VENTAVIS SOL 20MCG/ML     | Tier 5           | PA, QL (270 ampules every 30 days) |

## **CENTRAL NERVOUS SYSTEM**

### **ALCOHOL DETERRENTS**

|   |        |    |
|---|--------|----|
| <i>acamprosate calcium tab delayed release 333 mg</i> | Tier 2 | PA |
| <i>disulfiram tab 250 mg</i>                          | Tier 2 |    |
| <i>disulfiram tab 500 mg</i>                          | Tier 2 |    |

### **ANTI-ANXIETY**

|   |        |                             |
|---|--------|-----------------------------|
| ALPRAZOLAM CON 1 MG/ML                              | Tier 3 | QL (300 mL every 30 days)   |
| <i>alprazolam orally disintegrating tab 0.5 mg</i>  | Tier 2 | QL (150 tabs every 30 days) |
| <i>alprazolam orally disintegrating tab 0.25 mg</i> | Tier 2 | QL (150 tabs every 30 days) |
| <i>alprazolam orally disintegrating tab 1 mg</i>    | Tier 2 | QL (150 tabs every 30 days) |
| <i>alprazolam orally disintegrating tab 2 mg</i>    | Tier 2 | QL (150 tabs every 30 days) |

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---------------------------------------|------------------|-----------------------------|
| <i>alprazolam tab 0.5 mg</i>          | Tier 2           | QL (150 tabs every 30 days) |
| <i>alprazolam tab 0.25 mg</i>         | Tier 2           | QL (150 tabs every 30 days) |
| <i>alprazolam tab 1 mg</i>            | Tier 2           | QL (150 tabs every 30 days) |
| <i>alprazolam tab 2 mg</i>            | Tier 2           | QL (150 tabs every 30 days) |
| <i>buspirone hcl tab 5 mg</i>         | Tier 2           |                             |
| <i>buspirone hcl tab 7.5 mg</i>       | Tier 2           |                             |
| <i>buspirone hcl tab 10 mg</i>        | Tier 2           |                             |
| <i>buspirone hcl tab 15 mg</i>        | Tier 2           |                             |
| <i>buspirone hcl tab 30 mg</i>        | Tier 2           |                             |
| <i>chlordiazepoxide hcl cap 5 mg</i>  | Tier 2           | QL (360 caps every 30 days) |
| <i>chlordiazepoxide hcl cap 10 mg</i> | Tier 2           | QL (360 caps every 30 days) |
| <i>chlordiazepoxide hcl cap 25 mg</i> | Tier 2           | QL (360 caps every 30 days) |
| <i>fluvoxamine maleate tab 25 mg</i>  | Tier 2           |                             |
| <i>fluvoxamine maleate tab 50 mg</i>  | Tier 2           |                             |
| <i>fluvoxamine maleate tab 100 mg</i> | Tier 2           |                             |
| <i>lorazepam conc 2 mg/ml</i>         | Tier 2           | QL (150 mL every 30 days)   |
| <i>lorazepam tab 0.5 mg</i>           | Tier 2           | QL (150 tabs every 30 days) |
| <i>lorazepam tab 1 mg</i>             | Tier 2           | QL (150 tabs every 30 days) |
| <i>lorazepam tab 2 mg</i>             | Tier 2           | QL (150 tabs every 30 days) |
| <i>meprobamate tab 200 mg</i>         | Tier 2           |                             |
| <i>meprobamate tab 400 mg</i>         | Tier 2           |                             |
| <i>oxazepam cap 10 mg</i>             | Tier 2           | QL (120 caps every 30 days) |
| <i>oxazepam cap 15 mg</i>             | Tier 2           | QL (120 caps every 30 days) |
| <i>oxazepam cap 30 mg</i>             | Tier 2           | QL (120 caps every 30 days) |

### **ANTIDEMENTIA**

|  |        |  |
|--|--------|--|
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>  | Tier 2 |  |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> | Tier 2 |  |
| <i>donepezil hydrochloride tab 5 mg</i>                        | Tier 2 |  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                           |
|--|------------------|--|
| <i>donepezil hydrochloride tab 10 mg</i>                           | Tier 2           |  |
| <i>donepezil hydrochloride tab 23 mg</i>                           | Tier 2           |  |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i>                   | Tier 2           |  |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i>                  | Tier 2           |  |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i>                  | Tier 2           |  |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i>                  | Tier 2           |  |
| <i>galantamine hydrobromide tab 4 mg</i>                           | Tier 2           |  |
| <i>galantamine hydrobromide tab 8 mg</i>                           | Tier 2           |  |
| <i>galantamine hydrobromide tab 12 mg</i>                          | Tier 2           |  |
| <i>memantine hcl cap er 24hr 7 mg</i>                              | Tier 2           | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl cap er 24hr 14 mg</i>                             | Tier 2           | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl cap er 24hr 21 mg</i>                             | Tier 2           | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl cap er 24hr 28 mg</i>                             | Tier 2           | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl oral solution 2 mg/ml</i>                         | Tier 2           | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl tab 5 mg</i>                                      | Tier 2           | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl tab 10 mg</i>                                     | Tier 2           | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> | Tier 2           | PA; PA applies for members less than 30 years of age |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>          | Tier 2           | PA   |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>            | Tier 2           | PA   |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>          | Tier 2           | PA   |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>            | Tier 2           | PA   |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>                      | Tier 2           | PA   |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>                      | Tier 2           | PA   |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>                     | Tier 2           | PA   |

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <b>ANTIDEPRESSANTS</b>                                |                  |   |
| <i>amitriptyline hcl tab 10 mg</i>                    | Tier 2           | QL (150 tabs every 30 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tab 25 mg</i>                    | Tier 2           | QL (60 tabs every 30 days); QL applies to members age 65 and older  |
| <i>amitriptyline hcl tab 50 mg</i>                    | Tier 2           | QL (30 tabs every 30 days); QL applies to members age 65 and older  |
| <i>amitriptyline hcl tab 75 mg</i>                    | Tier 2           | PA; High strength requires PA for members age 65 and older          |
| <i>amitriptyline hcl tab 100 mg</i>                   | Tier 2           | PA; High strength requires PA for members age 65 and older          |
| <i>amitriptyline hcl tab 150 mg</i>                   | Tier 2           | PA; High strength requires PA for members age 65 and older          |
| <i>amoxapine tab 25 mg</i>                            | Tier 2           | QL (90 tabs every 30 days); QL applies to members age 65 and older  |
| <i>amoxapine tab 50 mg</i>                            | Tier 2           | QL (90 tabs every 30 days); QL applies to members age 65 and older  |
| <i>amoxapine tab 100 mg</i>                           | Tier 2           | QL (90 tabs every 30 days); QL applies to members age 65 and older  |
| <i>amoxapine tab 150 mg</i>                           | Tier 2           | QL (60 tabs every 30 days); QL applies to members age 65 and older  |
| <i>bupropion hcl tab 75 mg</i>                        | Tier 2           |   |
| <i>bupropion hcl tab 100 mg</i>                       | Tier 2           |   |
| <i>bupropion hcl tab er 12hr 100 mg</i>               | Tier 2           |   |
| <i>bupropion hcl tab er 12hr 150 mg</i>               | Tier 2           |   |
| <i>bupropion hcl tab er 12hr 200 mg</i>               | Tier 2           |   |
| <i>bupropion hcl tab er 24hr 150 mg</i>               | Tier 2           |   |
| <i>bupropion hcl tab er 24hr 300 mg</i>               | Tier 2           |   |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>    | Tier 2           |   |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i> | Tier 2           |   |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i> | Tier 2           |   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i>           | Tier 2           |   |
| <i>clomipramine hcl cap 25 mg</i>                               | Tier 2           | QL (150 caps every 30 days); QL applies to members age 65 and older |
| <i>clomipramine hcl cap 50 mg</i>                               | Tier 2           | QL (150 caps every 30 days); QL applies to members age 65 and older |
| <i>clomipramine hcl cap 75 mg</i>                               | Tier 2           | QL (90 caps every 30 days); QL applies to members age 65 and older  |
| <i>desipramine hcl tab 10 mg</i>                                | Tier 2           | QL (90 tabs every 30 days); QL applies to members age 65 and older  |
| <i>desipramine hcl tab 25 mg</i>                                | Tier 2           | QL (90 tabs every 30 days); QL applies to members age 65 and older  |
| <i>desipramine hcl tab 50 mg</i>                                | Tier 2           | QL (90 tabs every 30 days); QL applies to members age 65 and older  |
| <i>desipramine hcl tab 75 mg</i>                                | Tier 2           | QL (60 tabs every 30 days); QL applies to members age 65 and older  |
| <i>desipramine hcl tab 100 mg</i>                               | Tier 2           | QL (30 tabs every 30 days); QL applies to members age 65 and older  |
| <i>desipramine hcl tab 150 mg</i>                               | Tier 2           | QL (30 tabs every 30 days); QL applies to members age 65 and older  |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>  | Tier 2           | ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**           |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>  | Tier 2           | ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**           |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> | Tier 2           | ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**           |
| <i>doxepin hcl cap 10 mg</i>                                    | Tier 2           | QL (90 caps every 30 days); QL applies to members age 65 and older  |
| <i>doxepin hcl cap 25 mg</i>                                    | Tier 2           | QL (90 caps every 30 days); QL applies to members age 65 and older  |



| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>doxepin hcl cap 50 mg</i>                           | Tier 2           | QL (90 caps every 30 days); QL applies to members age 65 and older |
| <i>doxepin hcl cap 75 mg</i>                           | Tier 2           | QL (60 caps every 30 days); QL applies to members age 65 and older |
| <i>doxepin hcl cap 100 mg</i>                          | Tier 2           | QL (30 caps every 30 days); QL applies to members age 65 and older |
| <i>doxepin hcl cap 150 mg</i>                          | Tier 2           | QL (30 caps every 30 days); QL applies to members age 65 and older |
| <i>doxepin hcl conc 10 mg/ml</i>                       | Tier 2           | QL (450 mL every 30 days); QL applies to members age 65 and older  |
| <i>duloxetine hcl cap 20 mg</i>                        | Tier 2           |  |
| <i>duloxetine hcl cap 30 mg</i>                        | Tier 2           |  |
| <i>duloxetine hcl cap 60 mg</i>                        | Tier 2           |  |
| EMSAM DIS 6MG/24HR                                     | Tier 4           | PA   |
| EMSAM DIS 9MG/24HR                                     | Tier 4           | PA   |
| EMSAM DIS 12MG/24H                                     | Tier 4           | PA   |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | Tier 2           |  |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i>      | Tier 2           |  |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i>     | Tier 2           |  |
| <i>escitalopram oxalate tab 20 mg (base equiv)</i>     | Tier 2           |  |
| FETZIMA CAP 20MG                                       | Tier 4           | ST, QL (30 caps every 30 days); PA**                               |
| FETZIMA CAP 40MG                                       | Tier 4           | ST, QL (30 caps every 30 days); PA**                               |
| FETZIMA CAP 80MG                                       | Tier 4           | ST, QL (30 caps every 30 days); PA**                               |
| FETZIMA CAP 120MG                                      | Tier 4           | ST, QL (30 caps every 30 days); PA**                               |
| FETZIMA CAP TITRATIO                                   | Tier 4           | ST, QL (30 caps every 30 days); PA**                               |
| <i>fluoxetine hcl cap 10 mg</i>                        | Tier 2           |  |
| <i>fluoxetine hcl cap 20 mg</i>                        | Tier 2           |  |
| <i>fluoxetine hcl cap 40 mg</i>                        | Tier 2           |  |
| <i>fluoxetine hcl cap delayed release 90 mg</i>        | Tier 2           |  |
| <i>fluoxetine hcl solution 20 mg/5ml</i>               | Tier 2           |  |
| <i>fluoxetine hcl tab 10 mg</i>                        | Tier 2           | (generic Sarafem not covered)                                      |

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>fluoxetine hcl tab 20 mg</i>                    | Tier 2           | (generic Sarafem not covered)  |
| <i>fluvoxamine maleate cap er 24hr 100 mg</i>      | Tier 2           |  |
| <i>fluvoxamine maleate cap er 24hr 150 mg</i>      | Tier 2           |  |
| <i>imipramine hcl tab 10 mg</i>                    | Tier 2           | QL (120 tabs every 30 days); QL applies to members age 65 and older              |
| <i>imipramine hcl tab 25 mg</i>                    | Tier 2           | QL (120 tabs every 30 days); QL applies to members age 65 and older              |
| <i>imipramine hcl tab 50 mg</i>                    | Tier 2           | QL (60 tabs every 30 days); QL applies to members age 65 and older               |
| <i>imipramine pamoate cap 75 mg</i>                | Tier 2           | QL (30 caps every 30 days); QL applies to members age 65 and older               |
| <i>imipramine pamoate cap 100 mg</i>               | Tier 2           | QL (30 caps every 30 days); QL applies to members age 65 and older               |
| <i>imipramine pamoate cap 125 mg</i>               | Tier 2           | PA, QL (Max DD of 200mg); High strength requires PA for members age 65 and older |
| <i>imipramine pamoate cap 150 mg</i>               | Tier 2           | PA, QL (Max DD of 200mg); High strength requires PA for members age 65 and older |
| <b>MARPLAN TAB 10MG</b>                            | Tier 4           |  |
| <i>mirtazapine orally disintegrating tab 15 mg</i> | Tier 2           |  |
| <i>mirtazapine orally disintegrating tab 30 mg</i> | Tier 2           |  |
| <i>mirtazapine orally disintegrating tab 45 mg</i> | Tier 2           |  |
| <i>mirtazapine tab 7.5 mg</i>                      | Tier 2           |  |
| <i>mirtazapine tab 15 mg</i>                       | Tier 2           |  |
| <i>mirtazapine tab 30 mg</i>                       | Tier 2           |  |
| <i>mirtazapine tab 45 mg</i>                       | Tier 2           |  |
| <i>nefazodone hcl tab 50 mg</i>                    | Tier 2           |  |
| <i>nefazodone hcl tab 100 mg</i>                   | Tier 2           |  |
| <i>nefazodone hcl tab 150 mg</i>                   | Tier 2           |  |
| <i>nefazodone hcl tab 200 mg</i>                   | Tier 2           |  |
| <i>nefazodone hcl tab 250 mg</i>                   | Tier 2           |  |
| <i>nortriptyline hcl cap 10 mg</i>                 | Tier 2           | QL (150 caps every 30 days); QL applies to members age 65 and older              |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>nortriptyline hcl cap 25 mg</i>                           | Tier 2           | QL (60 caps every 30 days); QL applies to members age 65 and older               |
| <i>nortriptyline hcl cap 50 mg</i>                           | Tier 2           | QL (30 caps every 30 days); QL applies to members age 65 and older               |
| <i>nortriptyline hcl cap 75 mg</i>                           | Tier 2           | PA, QL (Max DD of 150mg); High strength requires PA for members age 65 and older |
| <i>nortriptyline hcl soln 10 mg/5ml</i>                      | Tier 2           | QL (750 mL every 30 days); QL applies to members age 65 and older                |
| <i>paroxetine hcl tab 10 mg</i>                              | Tier 2           |  |
| <i>paroxetine hcl tab 20 mg</i>                              | Tier 2           |  |
| <i>paroxetine hcl tab 30 mg</i>                              | Tier 2           |  |
| <i>paroxetine hcl tab 40 mg</i>                              | Tier 2           |  |
| <i>paroxetine hcl tab er 24hr 12.5 mg</i>                    | Tier 2           |  |
| <i>paroxetine hcl tab er 24hr 25 mg</i>                      | Tier 2           |  |
| <i>paroxetine hcl tab er 24hr 37.5 mg</i>                    | Tier 2           |  |
| <i>phenelzine sulfate tab 15 mg</i>                          | Tier 2           |  |
| <i>protriptyline hcl tab 5 mg</i>                            | Tier 2           | QL (90 tabs every 30 days); QL applies to members age 65 and older               |
| <i>protriptyline hcl tab 10 mg</i>                           | Tier 2           | QL (60 tabs every 30 days); QL applies to members age 65 and older               |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | Tier 2           |  |
| <i>sertraline hcl tab 25 mg</i>                              | Tier 2           |  |
| <i>sertraline hcl tab 50 mg</i>                              | Tier 2           |  |
| <i>sertraline hcl tab 100 mg</i>                             | Tier 2           |  |
| <i>tranylcypromine sulfate tab 10 mg</i>                     | Tier 2           |  |
| <i>trazodone hcl tab 50 mg</i>                               | Tier 2           |  |
| <i>trazodone hcl tab 100 mg</i>                              | Tier 2           |  |
| <i>trazodone hcl tab 150 mg</i>                              | Tier 2           |  |
| <i>trazodone hcl tab 300 mg</i>                              | Tier 2           |  |
| <i>trimipramine maleate cap 25 mg</i>                        | Tier 2           | QL (60 caps every 30 days); QL applies to members age 65 and older               |
| <i>trimipramine maleate cap 50 mg</i>                        | Tier 2           | QL (60 caps every 30 days); QL applies to members age 65 and older               |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>trimipramine maleate cap 100 mg</i>                              | Tier 2           | QL (30 caps every 30 days); QL applies to members age 65 and older |
| TRINTELLIX TAB 5MG  | Tier 4           | ST; PA**   |
| TRINTELLIX TAB 10MG   | Tier 4           | ST; PA**   |
| TRINTELLIX TAB 20MG   | Tier 4           | ST; PA**   |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>        | Tier 2           |  |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>          | Tier 2           |  |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>         | Tier 2           |  |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i>                  | Tier 2           |  |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>                | Tier 2           |  |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i>                  | Tier 2           |  |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i>                  | Tier 2           |  |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i>                 | Tier 2           |  |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>        | Tier 2           |  |
| <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>          | Tier 2           |  |
| <i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>         | Tier 2           |  |
| VIIBRYD KIT STARTER   | Tier 4           |  |
| <i>vilazodone hcl tab 10 mg</i>                                     | Tier 2           |  |
| <i>vilazodone hcl tab 20 mg</i>                                     | Tier 2           |  |
| <i>vilazodone hcl tab 40 mg</i>                                     | Tier 2           |  |
| <b>ANTIPARKINSONIAN AGENTS</b>                                      |                  |  |
| <i>amantadine hcl cap 100 mg</i>                                    | Tier 2           |  |
| <i>amantadine hcl soln 50 mg/5ml</i>                                | Tier 2           |  |
| <i>amantadine hcl tab 100 mg</i>                                    | Tier 2           |  |
| APOKYN INJ 10MG/ML  | Tier 6           | PA, QL (20 cartridges every 30 days)                               |
| <i>benztropine mesylate inj 1 mg/ml</i>                             | Tier 2           |  |
| <i>benztropine mesylate tab 0.5 mg</i>                              | Tier 2           |  |
| <i>benztropine mesylate tab 1 mg</i>                                | Tier 2           |  |
| <i>benztropine mesylate tab 2 mg</i>                                | Tier 2           |  |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i>            | Tier 2           |  |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>          | Tier 2           |  |
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> | Tier 2           |  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> | Tier 2           |                                 |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> | Tier 2           |                                 |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                       | Tier 2           |                                 |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                       | Tier 2           |                                 |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                       | Tier 2           |                                 |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                    | Tier 2           |                                 |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                    | Tier 2           |                                 |
| <i>carbidopa tab 25 mg</i>  | Tier 2           |                                 |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>            | Tier 2           |                                 |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>           | Tier 2           |                                 |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>             | Tier 2           |                                 |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>          | Tier 2           |                                 |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>           | Tier 2           |                                 |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>             | Tier 2           |                                 |
| <i>entacapone tab 200 mg</i>  | Tier 2           |                                 |
| INBRIJA CAP 42MG  | Tier 5           | PA, QL (300 caps every 30 days) |
| NEUPRO DIS 1MG/24HR   | Tier 3           |                                 |
| NEUPRO DIS 2MG/24HR   | Tier 3           |                                 |
| NEUPRO DIS 3MG/24HR   | Tier 3           |                                 |
| NEUPRO DIS 4MG/24HR   | Tier 3           |                                 |
| NEUPRO DIS 6MG/24HR   | Tier 3           |                                 |
| NEUPRO DIS 8MG/24HR   | Tier 3           |                                 |
| ONGENTYS CAP 25MG   | Tier 4           | PA                              |
| ONGENTYS CAP 50MG   | Tier 4           | PA                              |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>                       | Tier 2           |                                 |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>                      | Tier 2           |                                 |
| <i>pramipexole dihydrochloride tab 0.75 mg</i>                      | Tier 2           |                                 |
| <i>pramipexole dihydrochloride tab 0.125 mg</i>                     | Tier 2           |                                 |
| <i>pramipexole dihydrochloride tab 1 mg</i>                         | Tier 2           |                                 |
| <i>pramipexole dihydrochloride tab 1.5 mg</i>                       | Tier 2           |                                 |
| <i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>              | Tier 2           |                                 |
| <i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>             | Tier 2           |                                 |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>  | Tier 2           |                            |
| <i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> | Tier 2           |                            |
| <i>pramipexole dihydrochloride tab er 24hr 3 mg</i>    | Tier 2           |                            |
| <i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> | Tier 2           |                            |
| <i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>  | Tier 2           |                            |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i>     | Tier 2           |                            |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i>       | Tier 2           |                            |
| <i>ropinirole hydrochloride tab 0.5 mg</i>             | Tier 2           |                            |
| <i>ropinirole hydrochloride tab 0.25 mg</i>            | Tier 2           |                            |
| <i>ropinirole hydrochloride tab 1 mg</i>               | Tier 2           |                            |
| <i>ropinirole hydrochloride tab 2 mg</i>               | Tier 2           |                            |
| <i>ropinirole hydrochloride tab 3 mg</i>               | Tier 2           |                            |
| <i>ropinirole hydrochloride tab 4 mg</i>               | Tier 2           |                            |
| <i>ropinirole hydrochloride tab 5 mg</i>               | Tier 2           |                            |
| <i>selegiline hcl cap 5 mg</i>                         | Tier 2           |                            |
| <i>selegiline hcl tab 5 mg</i>                         | Tier 2           |                            |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>         | Tier 2           |                            |
| <i>trihexyphenidyl hcl tab 2 mg</i>                    | Tier 2           |                            |
| <i>trihexyphenidyl hcl tab 5 mg</i>                    | Tier 2           |                            |

### **ANTIPSYCHOTICS**

|   |        |  |
|---|--------|--|
| <i>aripiprazole oral solution 1 mg/ml</i>           | Tier 2 |  |
| <i>aripiprazole orally disintegrating tab 10 mg</i> | Tier 2 |  |
| <i>aripiprazole orally disintegrating tab 15 mg</i> | Tier 2 |  |
| <i>aripiprazole tab 2 mg</i>                        | Tier 2 |  |
| <i>aripiprazole tab 5 mg</i>                        | Tier 2 |  |
| <i>aripiprazole tab 10 mg</i>                       | Tier 2 |  |
| <i>aripiprazole tab 15 mg</i>                       | Tier 2 |  |
| <i>aripiprazole tab 20 mg</i>                       | Tier 2 |  |
| <i>aripiprazole tab 30 mg</i>                       | Tier 2 |  |
| ARISTADA INJ 441MG/1.                               | Tier 3 |  |
| ARISTADA INJ 662MG/2                                | Tier 3 |  |
| ARISTADA INJ 882MG/3                                | Tier 3 |  |
| ARISTADA INJ 1064MG                                 | Tier 3 |  |
| ARISTADA INJ INITIO                                 | Tier 3 |  |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i> | Tier 2 |  |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i>   | Tier 2 |  |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i>  | Tier 2 |  |
| <i>chlorpromazine hcl inj 25 mg/ml</i>              | Tier 2 |  |
| <i>chlorpromazine hcl inj 50 mg/2ml</i>             | Tier 2 |  |
| <i>chlorpromazine hcl tab 10 mg</i>                 | Tier 2 |  |
| <i>chlorpromazine hcl tab 25 mg</i>                 | Tier 2 |  |

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| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>chlorpromazine hcl tab 50 mg</i>                | Tier 2           |                            |
| <i>chlorpromazine hcl tab 100 mg</i>               | Tier 2           |                            |
| <i>chlorpromazine hcl tab 200 mg</i>               | Tier 2           |                            |
| <i>clozapine orally disintegrating tab 12.5 mg</i> | Tier 2           |                            |
| <i>clozapine orally disintegrating tab 25 mg</i>   | Tier 2           |                            |
| <i>clozapine orally disintegrating tab 100 mg</i>  | Tier 2           |                            |
| <i>clozapine orally disintegrating tab 150 mg</i>  | Tier 2           |                            |
| <i>clozapine orally disintegrating tab 200 mg</i>  | Tier 2           |                            |
| <i>clozapine tab 25 mg</i>                         | Tier 2           |                            |
| <i>clozapine tab 50 mg</i>                         | Tier 2           |                            |
| <i>clozapine tab 100 mg</i>                        | Tier 2           |                            |
| <i>clozapine tab 200 mg</i>                        | Tier 2           |                            |
| <i>fluphenazine decanoate inj 25 mg/ml</i>         | Tier 2           |                            |
| <i>fluphenazine hcl elixir 2.5 mg/5ml</i>          | Tier 2           |                            |
| <i>fluphenazine hcl inj 2.5 mg/ml</i>              | Tier 2           |                            |
| <i>fluphenazine hcl oral conc 5 mg/ml</i>          | Tier 2           |                            |
| <i>fluphenazine hcl tab 1 mg</i>                   | Tier 2           |                            |
| <i>fluphenazine hcl tab 2.5 mg</i>                 | Tier 2           |                            |
| <i>fluphenazine hcl tab 5 mg</i>                   | Tier 2           |                            |
| <i>fluphenazine hcl tab 10 mg</i>                  | Tier 2           |                            |
| <i>haloperidol decanoate im soln 50 mg/ml</i>      | Tier 2           |                            |
| <i>haloperidol decanoate im soln 100 mg/ml</i>     | Tier 2           |                            |
| <i>haloperidol lactate inj 5 mg/ml</i>             | Tier 2           |                            |
| <i>haloperidol lactate oral conc 2 mg/ml</i>       | Tier 2           |                            |
| <i>haloperidol tab 0.5 mg</i>                      | Tier 2           |                            |
| <i>haloperidol tab 1 mg</i>                        | Tier 2           |                            |
| <i>haloperidol tab 2 mg</i>                        | Tier 2           |                            |
| <i>haloperidol tab 5 mg</i>                        | Tier 2           |                            |
| <i>haloperidol tab 10 mg</i>                       | Tier 2           |                            |
| <i>haloperidol tab 20 mg</i>                       | Tier 2           |                            |
| <i>loxapine succinate cap 5 mg</i>                 | Tier 2           |                            |
| <i>loxapine succinate cap 10 mg</i>                | Tier 2           |                            |
| <i>loxapine succinate cap 25 mg</i>                | Tier 2           |                            |
| <i>loxapine succinate cap 50 mg</i>                | Tier 2           |                            |
| <i>lurasidone hcl tab 20 mg</i>                    | Tier 2           |                            |
| <i>lurasidone hcl tab 40 mg</i>                    | Tier 2           |                            |
| <i>lurasidone hcl tab 60 mg</i>                    | Tier 2           |                            |
| <i>lurasidone hcl tab 80 mg</i>                    | Tier 2           |                            |
| <i>lurasidone hcl tab 120 mg</i>                   | Tier 2           |                            |
| <i>olanzapine for im inj 10 mg</i>                 | Tier 2           |                            |
| <i>olanzapine orally disintegrating tab 5 mg</i>   | Tier 2           |                            |
| <i>olanzapine orally disintegrating tab 10 mg</i>  | Tier 2           |                            |
| <i>olanzapine orally disintegrating tab 15 mg</i>  | Tier 2           |                            |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>olanzapine orally disintegrating tab 20 mg</i>    | Tier 2           |                            |
| <i>olanzapine tab 2.5 mg</i>                         | Tier 2           |                            |
| <i>olanzapine tab 5 mg</i>                           | Tier 2           |                            |
| <i>olanzapine tab 7.5 mg</i>                         | Tier 2           |                            |
| <i>olanzapine tab 10 mg</i>                          | Tier 2           |                            |
| <i>olanzapine tab 15 mg</i>                          | Tier 2           |                            |
| <i>olanzapine tab 20 mg</i>                          | Tier 2           |                            |
| <i>paliperidone tab er 24hr 1.5 mg</i>               | Tier 2           |                            |
| <i>paliperidone tab er 24hr 3 mg</i>                 | Tier 2           |                            |
| <i>paliperidone tab er 24hr 6 mg</i>                 | Tier 2           |                            |
| <i>paliperidone tab er 24hr 9 mg</i>                 | Tier 2           |                            |
| <i>perphenazine tab 2 mg</i>                         | Tier 2           |                            |
| <i>perphenazine tab 4 mg</i>                         | Tier 2           |                            |
| <i>perphenazine tab 8 mg</i>                         | Tier 2           |                            |
| <i>perphenazine tab 16 mg</i>                        | Tier 2           |                            |
| <i>quetiapine fumarate tab 25 mg</i>                 | Tier 2           |                            |
| <i>quetiapine fumarate tab 50 mg</i>                 | Tier 2           |                            |
| <i>quetiapine fumarate tab 100 mg</i>                | Tier 2           |                            |
| <i>quetiapine fumarate tab 200 mg</i>                | Tier 2           |                            |
| <i>quetiapine fumarate tab 300 mg</i>                | Tier 2           |                            |
| <i>quetiapine fumarate tab 400 mg</i>                | Tier 2           |                            |
| <i>quetiapine fumarate tab er 24hr 50 mg</i>         | Tier 2           |                            |
| <i>quetiapine fumarate tab er 24hr 150 mg</i>        | Tier 2           |                            |
| <i>quetiapine fumarate tab er 24hr 200 mg</i>        | Tier 2           |                            |
| <i>quetiapine fumarate tab er 24hr 300 mg</i>        | Tier 2           |                            |
| <i>quetiapine fumarate tab er 24hr 400 mg</i>        | Tier 2           |                            |
| <i>risperidone orally disintegrating tab 0.5 mg</i>  | Tier 2           |                            |
| <i>risperidone orally disintegrating tab 0.25 mg</i> | Tier 2           |                            |
| <i>risperidone orally disintegrating tab 1 mg</i>    | Tier 2           |                            |
| <i>risperidone orally disintegrating tab 2 mg</i>    | Tier 2           |                            |
| <i>risperidone orally disintegrating tab 3 mg</i>    | Tier 2           |                            |
| <i>risperidone orally disintegrating tab 4 mg</i>    | Tier 2           |                            |
| <i>risperidone soln 1 mg/ml</i>                      | Tier 2           |                            |
| <i>risperidone tab 0.5 mg</i>                        | Tier 2           |                            |
| <i>risperidone tab 0.25 mg</i>                       | Tier 2           |                            |
| <i>risperidone tab 1 mg</i>                          | Tier 2           |                            |
| <i>risperidone tab 2 mg</i>                          | Tier 2           |                            |
| <i>risperidone tab 3 mg</i>                          | Tier 2           |                            |
| <i>risperidone tab 4 mg</i>                          | Tier 2           |                            |
| <i>thioridazine hcl tab 10 mg</i>                    | Tier 2           |                            |
| <i>thioridazine hcl tab 25 mg</i>                    | Tier 2           |                            |
| <i>thioridazine hcl tab 50 mg</i>                    | Tier 2           |                            |
| <i>thioridazine hcl tab 100 mg</i>                   | Tier 2           |                            |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>thiothixene cap 1 mg</i>                            | Tier 2           |                            |
| <i>thiothixene cap 2 mg</i>                            | Tier 2           |                            |
| <i>thiothixene cap 5 mg</i>                            | Tier 2           |                            |
| <i>thiothixene cap 10 mg</i>                           | Tier 2           |                            |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i>  | Tier 2           |                            |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i>  | Tier 2           |                            |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i>  | Tier 2           |                            |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i> | Tier 2           |                            |
| VRAYLAR CAP 1.5-3MG                                    | Tier 3           | ST; PA**                   |
| VRAYLAR CAP 1.5MG                                      | Tier 3           | ST; PA**                   |
| VRAYLAR CAP 3MG  | Tier 3           | ST; PA**                   |
| VRAYLAR CAP 4.5MG                                      | Tier 3           | ST; PA**                   |
| VRAYLAR CAP 6MG  | Tier 3           | ST; PA**                   |
| <i>ziprasidone hcl cap 20 mg</i>                       | Tier 2           |                            |
| <i>ziprasidone hcl cap 40 mg</i>                       | Tier 2           |                            |
| <i>ziprasidone hcl cap 60 mg</i>                       | Tier 2           |                            |
| <i>ziprasidone hcl cap 80 mg</i>                       | Tier 2           |                            |

#### **ANTIEPILEPTIC AGENTS**

|  |        |                             |
|--|--------|-----------------------------|
| <i>carbamazepine cap er 12hr 100 mg</i>    | Tier 2 |                             |
| <i>carbamazepine cap er 12hr 200 mg</i>    | Tier 2 |                             |
| <i>carbamazepine cap er 12hr 300 mg</i>    | Tier 2 |                             |
| <i>carbamazepine chew tab 100 mg</i>       | Tier 2 |                             |
| <i>carbamazepine susp 100 mg/5ml</i>       | Tier 2 |                             |
| <i>carbamazepine tab 200 mg</i>            | Tier 2 |                             |
| <i>carbamazepine tab er 12hr 100 mg</i>    | Tier 2 |                             |
| <i>carbamazepine tab er 12hr 200 mg</i>    | Tier 2 |                             |
| <i>carbamazepine tab er 12hr 400 mg</i>    | Tier 2 |                             |
| <i>clobazam suspension 2.5 mg/ml</i>       | Tier 2 |                             |
| <i>clobazam tab 10 mg</i>                  | Tier 2 |                             |
| <i>clobazam tab 20 mg</i>                  | Tier 2 |                             |
| <i>clonazepam tab 0.5 mg</i>               | Tier 2 |                             |
| <i>clonazepam tab 1 mg</i>                 | Tier 2 |                             |
| <i>clonazepam tab 2 mg</i>                 | Tier 2 |                             |
| <i>clorazepate dipotassium tab 3.75 mg</i> | Tier 2 | QL (180 tabs every 30 days) |
| <i>clorazepate dipotassium tab 7.5 mg</i>  | Tier 2 | QL (180 tabs every 30 days) |
| <i>clorazepate dipotassium tab 15 mg</i>   | Tier 2 | QL (180 tabs every 30 days) |
| <i>diazepam con 5mg/ml</i>                 | Tier 2 | QL (240 mL every 30 days)   |
| <i>diazepam inj 5 mg/ml</i>                | Tier 2 |                             |
| <i>diazepam oral soln 1 mg/ml</i>          | Tier 2 | QL (1200 mL every 30 days)  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>diazepam tab 2 mg</i>  | Tier 2           | QL (120 tabs every 30 days) |
| <i>diazepam tab 5 mg</i>  | Tier 2           | QL (120 tabs every 30 days) |
| <i>diazepam tab 10 mg</i>                                       | Tier 2           | QL (120 tabs every 30 days) |
| DILANTIN CAP 30MG   | Tier 4           |                             |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i>    | Tier 2           |                             |
| <i>divalproex sodium tab delayed release 125 mg</i>             | Tier 2           |                             |
| <i>divalproex sodium tab delayed release 250 mg</i>             | Tier 2           |                             |
| <i>divalproex sodium tab delayed release 500 mg</i>             | Tier 2           |                             |
| <i>divalproex sodium tab er 24 hr 250 mg</i>                    | Tier 2           |                             |
| <i>divalproex sodium tab er 24 hr 500 mg</i>                    | Tier 2           |                             |
| <i>epitol tab 200mg</i>   | Tier 2           |                             |
| <i>ethosuximide cap 250 mg</i>                                  | Tier 2           |                             |
| <i>ethosuximide soln 250 mg/5ml</i>                             | Tier 2           |                             |
| <i>felbamate susp 600 mg/5ml</i>                                | Tier 2           |                             |
| <i>felbamate tab 400 mg</i>                                     | Tier 2           |                             |
| <i>felbamate tab 600 mg</i>                                     | Tier 2           |                             |
| <i>fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>  | Tier 2           |                             |
| <i>fosphephenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i> | Tier 2           |                             |
| FYCOMPA SUS 0.5MG/ML  | Tier 4           |                             |
| FYCOMPA TAB 2MG   | Tier 4           |                             |
| FYCOMPA TAB 4MG   | Tier 4           |                             |
| FYCOMPA TAB 6MG   | Tier 4           |                             |
| FYCOMPA TAB 8MG   | Tier 4           |                             |
| FYCOMPA TAB 10MG  | Tier 4           |                             |
| FYCOMPA TAB 12MG  | Tier 4           |                             |
| <i>gabapentin cap 100 mg</i>                                    | Tier 2           | QL (6 caps every day)       |
| <i>gabapentin cap 300 mg</i>                                    | Tier 2           | QL (6 caps every day)       |
| <i>gabapentin cap 400 mg</i>                                    | Tier 2           | QL (6 caps every day)       |
| <i>gabapentin oral soln 250 mg/5ml</i>                          | Tier 2           | QL (72 mL every day)        |
| <i>gabapentin tab 600 mg</i>                                    | Tier 2           | QL (6 tabs every day)       |
| <i>gabapentin tab 800 mg</i>                                    | Tier 2           | QL (4 tabs every day)       |
| <i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>                 | Tier 2           |                             |
| <i>lacosamide oral solution 10 mg/ml</i>                        | Tier 2           |                             |
| <i>lacosamide tab 50 mg</i>                                     | Tier 2           |                             |
| <i>lacosamide tab 100 mg</i>                                    | Tier 2           |                             |
| <i>lacosamide tab 150 mg</i>                                    | Tier 2           |                             |
| <i>lacosamide tab 200 mg</i>                                    | Tier 2           |                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>lamotrigine orally disintegrating tab 25 mg</i>              | Tier 2           |                             |
| <i>lamotrigine orally disintegrating tab 50 mg</i>              | Tier 2           |                             |
| <i>lamotrigine orally disintegrating tab 100 mg</i>             | Tier 2           |                             |
| <i>lamotrigine orally disintegrating tab 200 mg</i>             | Tier 2           |                             |
| <i>lamotrigine tab 25 mg</i>                                    | Tier 2           |                             |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>  | Tier 2           |                             |
| <i>lamotrigine tab 35 x 25 mg starter kit</i>                   | Tier 2           |                             |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> | Tier 2           |                             |
| <i>lamotrigine tab 100 mg</i>                                   | Tier 2           |                             |
| <i>lamotrigine tab 150 mg</i>                                   | Tier 2           |                             |
| <i>lamotrigine tab 200 mg</i>                                   | Tier 2           |                             |
| <i>lamotrigine tab chewable dispersible 5 mg</i>                | Tier 2           |                             |
| <i>lamotrigine tab chewable dispersible 25 mg</i>               | Tier 2           |                             |
| <i>lamotrigine tab er 24hr 25 mg</i>                            | Tier 2           |                             |
| <i>lamotrigine tab er 24hr 50 mg</i>                            | Tier 2           |                             |
| <i>lamotrigine tab er 24hr 100 mg</i>                           | Tier 2           |                             |
| <i>lamotrigine tab er 24hr 200 mg</i>                           | Tier 2           |                             |
| <i>lamotrigine tab er 24hr 250 mg</i>                           | Tier 2           |                             |
| <i>lamotrigine tab er 24hr 300 mg</i>                           | Tier 2           |                             |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>    | Tier 2           |                             |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>   | Tier 2           |                             |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>   | Tier 2           |                             |
| <i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>                 | Tier 2           |                             |
| <i>levetiracetam oral soln 100 mg/ml</i>                        | Tier 2           |                             |
| <i>levetiracetam tab 250 mg</i>                                 | Tier 2           |                             |
| <i>levetiracetam tab 500 mg</i>                                 | Tier 2           |                             |
| <i>levetiracetam tab 750 mg</i>                                 | Tier 2           |                             |
| <i>levetiracetam tab 1000 mg</i>                                | Tier 2           |                             |
| <i>levetiracetam tab er 24hr 500 mg</i>                         | Tier 2           |                             |
| <i>levetiracetam tab er 24hr 750 mg</i>                         | Tier 2           |                             |
| <i>methsuximide cap 300 mg</i>                                  | Tier 2           |                             |
| <b>NAYZILAM SPR 5MG</b>   | Tier 3           | QL (10 units every 30 days) |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>                 | Tier 2           |                             |
| <i>oxcarbazepine tab 150 mg</i>                                 | Tier 2           |                             |
| <i>oxcarbazepine tab 300 mg</i>                                 | Tier 2           |                             |
| <i>oxcarbazepine tab 600 mg</i>                                 | Tier 2           |                             |
| <i>phenobarbital elixir 20 mg/5ml</i>                           | Tier 2           |                             |
| <i>phenobarbital tab 15 mg</i>                                  | Tier 2           |                             |

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|---|------------------|------------------------------------|
| <i>phenobarbital tab 16.2 mg</i>                          | Tier 2           |                                    |
| <i>phenobarbital tab 30 mg</i>                            | Tier 2           |                                    |
| <i>phenobarbital tab 32.4 mg</i>                          | Tier 2           |                                    |
| <i>phenobarbital tab 60 mg</i>                            | Tier 2           |                                    |
| <i>phenobarbital tab 64.8 mg</i>                          | Tier 2           |                                    |
| <i>phenobarbital tab 97.2 mg</i>                          | Tier 2           |                                    |
| <i>phenobarbital tab 100 mg</i>                           | Tier 2           |                                    |
| <i>phenytoin chw 50mg</i>                                 | Tier 2           |                                    |
| <i>phenytoin sodium extended cap 100 mg</i>               | Tier 2           |                                    |
| <i>phenytoin sodium extended cap 200 mg</i>               | Tier 2           |                                    |
| <i>phenytoin sodium extended cap 300 mg</i>               | Tier 2           |                                    |
| <i>phenytoin sodium inj 50 mg/ml</i>                      | Tier 2           |                                    |
| <i>phenytoin susp 125 mg/5ml</i>                          | Tier 2           |                                    |
| <i>pregabalin cap 25 mg</i>                               | Tier 2           | ST; PA**                           |
| <i>pregabalin cap 50 mg</i>                               | Tier 2           | ST; PA**                           |
| <i>pregabalin cap 75 mg</i>                               | Tier 2           | ST; PA**                           |
| <i>pregabalin cap 100 mg</i>                              | Tier 2           | ST; PA**                           |
| <i>pregabalin cap 150 mg</i>                              | Tier 2           | ST; PA**                           |
| <i>pregabalin cap 200 mg</i>                              | Tier 2           | ST; PA**                           |
| <i>pregabalin cap 225 mg</i>                              | Tier 2           | ST; PA**                           |
| <i>pregabalin cap 300 mg</i>                              | Tier 2           | ST; PA**                           |
| <i>pregabalin soln 20 mg/ml</i>                           | Tier 2           | ST; PA**                           |
| <i>primidone tab 50 mg</i>                                | Tier 2           |                                    |
| <i>primidone tab 250 mg</i>                               | Tier 2           |                                    |
| <i>rufinamide susp 40 mg/ml</i>                           | Tier 2           |                                    |
| <i>rufinamide tab 200 mg</i>                              | Tier 2           |                                    |
| <i>rufinamide tab 400 mg</i>                              | Tier 2           |                                    |
| <i>tiagabine hcl tab 2 mg</i>                             | Tier 2           |                                    |
| <i>tiagabine hcl tab 4 mg</i>                             | Tier 2           |                                    |
| <i>tiagabine hcl tab 12 mg</i>                            | Tier 2           |                                    |
| <i>tiagabine hcl tab 16 mg</i>                            | Tier 2           |                                    |
| <i>topiramate sprinkle cap 15 mg</i>                      | Tier 2           |                                    |
| <i>topiramate sprinkle cap 25 mg</i>                      | Tier 2           |                                    |
| <i>topiramate tab 25 mg</i>                               | Tier 2           |                                    |
| <i>topiramate tab 50 mg</i>                               | Tier 2           |                                    |
| <i>topiramate tab 100 mg</i>                              | Tier 2           |                                    |
| <i>topiramate tab 200 mg</i>                              | Tier 2           |                                    |
| <i>valproate sodium inj 100 mg/ml</i>                     | Tier 2           |                                    |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | Tier 2           |                                    |
| <i>valproic acid cap 250 mg</i>                           | Tier 2           |                                    |
| <i>vigabatrin powd pack 500 mg</i>                        | Tier 5           | PA, QL (180 packets every 30 days) |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>             | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|------------------------------|------------------|---------------------------------|
| <i>vigabatrin tab 500 mg</i> | Tier 5           | PA, QL (180 tabs every 30 days) |
| XCOPRI PAK 12.5-25           | Tier 3           |                                 |
| XCOPRI PAK 50-100MG          | Tier 3           |                                 |
| XCOPRI PAK 100-150           | Tier 3           |                                 |
| XCOPRI PAK 150-200           | Tier 3           |                                 |
| XCOPRI TAB 50MG              | Tier 3           |                                 |
| XCOPRI TAB 100MG             | Tier 3           |                                 |
| XCOPRI TAB 150MG             | Tier 3           |                                 |
| XCOPRI TAB 200MG             | Tier 3           |                                 |
| <i>zonisamide cap 25 mg</i>  | Tier 2           |                                 |
| <i>zonisamide cap 50 mg</i>  | Tier 2           |                                 |
| <i>zonisamide cap 100 mg</i> | Tier 2           |                                 |

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

|  |        |                            |
|--|--------|----------------------------|
| ADZENYS XR TAB 3.1MG                                   | Tier 4 | QL (60 tabs every 30 days) |
| ADZENYS XR TAB 6.3MG                                   | Tier 4 | QL (60 tabs every 30 days) |
| ADZENYS XR TAB 9.4MG                                   | Tier 4 | QL (60 tabs every 30 days) |
| ADZENYS XR TAB 12.5MG                                  | Tier 4 | QL (30 tabs every 30 days) |
| ADZENYS XR TAB 15.7 MG                                 | Tier 4 | QL (30 tabs every 30 days) |
| ADZENYS XR TAB 18.8MG                                  | Tier 4 | QL (30 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>  | Tier 2 | QL (90 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | Tier 2 | QL (90 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | Tier 2 | QL (30 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | Tier 2 | QL (30 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | Tier 2 | QL (30 caps every 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | Tier 2 | QL (30 caps every 30 days) |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>          | Tier 2 | QL (90 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>        | Tier 2 | QL (90 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>         | Tier 2 | QL (90 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>       | Tier 2 | QL (90 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>         | Tier 2 | QL (60 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>         | Tier 2 | QL (60 tabs every 30 days) |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>         | Tier 2 | QL (30 tabs every 30 days) |
| <i>atomoxetine hcl cap 10 mg (base equiv)</i>          | Tier 2 |                            |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i>          | Tier 2 |                            |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i>          | Tier 2 |                            |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i>          | Tier 2 |                            |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>atomoxetine hcl cap 60 mg (base equiv)</i>           | Tier 2           |                             |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i>           | Tier 2           |                             |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i>          | Tier 2           |                             |
| AZSTARYS CAP 26.1-5.2                                   | Tier 3           | QL (30 caps every 30 days)  |
| AZSTARYS CAP 39.2-7.8                                   | Tier 3           | QL (30 caps every 30 days)  |
| AZSTARYS CAP 52.3-10.                                   | Tier 3           | QL (30 caps every 30 days)  |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>         | Tier 2           | QL (60 caps every 30 days)  |
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>        | Tier 2           | QL (60 caps every 30 days)  |
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>        | Tier 2           | QL (60 caps every 30 days)  |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>        | Tier 2           | QL (60 caps every 30 days)  |
| <i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>        | Tier 2           | QL (30 caps every 30 days)  |
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>        | Tier 2           | QL (30 caps every 30 days)  |
| <i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>        | Tier 2           | QL (30 caps every 30 days)  |
| <i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>        | Tier 2           | QL (30 caps every 30 days)  |
| <i>dexmethylphenidate hcl tab 2.5 mg</i>                | Tier 2           | QL (120 tabs every 30 days) |
| <i>dexmethylphenidate hcl tab 5 mg</i>                  | Tier 2           | QL (120 tabs every 30 days) |
| <i>dexmethylphenidate hcl tab 10 mg</i>                 | Tier 2           | QL (60 tabs every 30 days)  |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i>       | Tier 2           | QL (120 caps every 30 days) |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i>      | Tier 2           | QL (120 caps every 30 days) |
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i>      | Tier 2           | QL (60 caps every 30 days)  |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | Tier 2           | QL (1,200 mL every 30 days) |
| <i>dextroamphetamine sulfate tab 5 mg</i>               | Tier 2           | QL (120 tabs every 30 days) |
| <i>dextroamphetamine sulfate tab 10 mg</i>              | Tier 2           | QL (120 tabs every 30 days) |
| <i>dextroamphetamine sulfate tab 15 mg</i>              | Tier 2           | QL (60 tabs every 30 days)  |
| <i>dextroamphetamine sulfate tab 20 mg</i>              | Tier 2           | QL (60 tabs every 30 days)  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>dextroamphetamine sulfate tab 30 mg</i>          | Tier 2           | QL (30 tabs every 30 days)       |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> | Tier 2           |                                  |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> | Tier 2           |                                  |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> | Tier 2           |                                  |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> | Tier 2           |                                  |
| <i>methamphetamine hcl tab 5 mg</i>                 | Tier 2           | QL (150 tabs every 30 days)      |
| <i>methylphenidate hcl cap er 10 mg (cd)</i>        | Tier 2           | QL (60 caps every 30 days)       |
| <i>methylphenidate hcl cap er 20 mg (cd)</i>        | Tier 2           | QL (60 caps every 30 days)       |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i>   | Tier 2           | QL (60 caps every 30 days)       |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i>   | Tier 2           | QL (60 caps every 30 days)       |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i>   | Tier 2           | QL (30 caps every 30 days)       |
| <i>methylphenidate hcl cap er 24hr 60 mg (la)</i>   | Tier 2           | QL (30 caps every 30 days)       |
| <i>methylphenidate hcl cap er 30 mg (cd)</i>        | Tier 2           | QL (60 caps every 30 days)       |
| <i>methylphenidate hcl cap er 40 mg (cd)</i>        | Tier 2           | QL (30 caps every 30 days)       |
| <i>methylphenidate hcl cap er 50 mg (cd)</i>        | Tier 2           | QL (30 caps every 30 days)       |
| <i>methylphenidate hcl cap er 60 mg (cd)</i>        | Tier 2           | QL (30 caps every 30 days)       |
| <i>methylphenidate hcl chew tab 2.5 mg</i>          | Tier 2           | QL (180 chew tabs every 30 days) |
| <i>methylphenidate hcl chew tab 5 mg</i>            | Tier 2           | QL (180 chew tabs every 30 days) |
| <i>methylphenidate hcl chew tab 10 mg</i>           | Tier 2           | QL (180 chew tabs every 30 days) |
| <i>methylphenidate hcl soln 5 mg/5ml</i>            | Tier 2           | QL (1800 mL every 30 days)       |
| <i>methylphenidate hcl soln 10 mg/5ml</i>           | Tier 2           | QL (900 mL every 30 days)        |
| <i>methylphenidate hcl tab 5 mg</i>                 | Tier 2           | QL (180 tabs every 30 days)      |
| <i>methylphenidate hcl tab 10 mg</i>                | Tier 2           | QL (180 tabs every 30 days)      |
| <i>methylphenidate hcl tab 20 mg</i>                | Tier 2           | QL (90 tabs every 30 days)       |
| <i>methylphenidate hcl tab er 10 mg</i>             | Tier 2           | QL (90 tabs every 30 days)       |
| <i>methylphenidate hcl tab er 20 mg</i>             | Tier 2           | QL (90 tabs every 30 days)       |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | Tier 2           | QL (60 tabs every 30 days)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | Tier 2           | QL (60 tabs every 30 days)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | Tier 2           | QL (60 tabs every 30 days)  |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> | Tier 2           | QL (30 tabs every 30 days)  |
| VYVANSE CAP 10MG  | Tier 3           | QL (60 caps every 30 days)  |
| VYVANSE CAP 20MG  | Tier 3           | QL (60 caps every 30 days)  |
| VYVANSE CAP 30MG  | Tier 3           | QL (60 caps every 30 days)  |
| VYVANSE CAP 40MG  | Tier 3           | QL (30 caps every 30 days)  |
| VYVANSE CAP 50MG  | Tier 3           | QL (30 caps every 30 days)  |
| VYVANSE CAP 60MG  | Tier 3           | QL (30 caps every 30 days)  |
| VYVANSE CAP 70MG  | Tier 3           | QL (30 caps every 30 days)  |
| VYVANSE CHW 10MG  | Tier 3           | QL (60 tabs every 30 days)  |
| VYVANSE CHW 20MG  | Tier 3           | QL (60 tabs every 30 days)  |
| VYVANSE CHW 30MG  | Tier 3           | QL (60 tabs every 30 days)  |
| VYVANSE CHW 40MG  | Tier 3           | QL (30 tabs every 30 days)  |
| VYVANSE CHW 50MG  | Tier 3           | QL (30 tabs every 30 days)  |
| VYVANSE CHW 60MG  | Tier 3           | QL (30 tabs every 30 days)  |
| <i>zenzedi tab 2.5mg</i>                                      | Tier 2           | QL (120 tabs every 30 days) |
| <i>zenzedi tab 7.5mg</i>                                      | Tier 2           | QL (120 tabs every 30 days) |

### **FIBROMYALGIA**

|                      |        |          |
|----------------------|--------|----------|
| SAVELLA MIS TITR PAK | Tier 4 | ST; PA** |
| SAVELLA TAB 12.5MG   | Tier 4 | ST; PA** |
| SAVELLA TAB 25MG     | Tier 4 | ST; PA** |
| SAVELLA TAB 50MG     | Tier 4 | ST; PA** |
| SAVELLA TAB 100MG    | Tier 4 | ST; PA** |

### **HYPNOTICS**

|                   |        |          |
|-------------------|--------|----------|
| BELSOMRA TAB 5MG  | Tier 3 | ST; PA** |
| BELSOMRA TAB 10MG | Tier 3 | ST; PA** |
| BELSOMRA TAB 15MG | Tier 3 | ST; PA** |
| BELSOMRA TAB 20MG | Tier 3 | ST; PA** |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy



| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| DAYVIGO TAB 5MG                                  | Tier 3           | PA, QL (30 tabs every 30 days)                                     |
| DAYVIGO TAB 10MG                                 | Tier 3           | PA, QL (30 tabs every 30 days)                                     |
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> | Tier 2           | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> | Tier 2           | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| <i>doxylamine succinate tab 25mg</i>             | Tier 2           | OTC  |
| <i>estazolam tab 1 mg</i>                        | Tier 4           | QL (15 tabs every 30 days)   |
| <i>estazolam tab 2 mg</i>                        | Tier 4           | QL (15 tabs every 30 days)   |
| <i>eszopiclone tab 1 mg</i>                      | Tier 2           | QL (15 tabs every 30 days)   |
| <i>eszopiclone tab 2 mg</i>                      | Tier 2           | QL (15 tabs every 30 days)   |
| <i>eszopiclone tab 3 mg</i>                      | Tier 2           | QL (15 tabs every 30 days)   |
| EXCEDRIN PM TAB 500-38MG                         | Tier 1           | OTC  |
| <i>ramelteon tab 8 mg</i>                        | Tier 2           | QL (15 tabs every 30 days)   |
| <i>tasimelteon capsule 20 mg</i>                 | Tier 5           | PA, QL (30 caps every 30 days)                                     |
| <i>temazepam cap 7.5 mg</i>                      | Tier 2           | QL (15 caps every 30 days)   |
| <i>temazepam cap 15 mg</i>                       | Tier 2           | QL (15 caps every 30 days)   |
| <i>temazepam cap 22.5 mg</i>                     | Tier 2           | QL (15 caps every 30 days)   |
| <i>temazepam cap 30 mg</i>                       | Tier 2           | QL (15 caps every 30 days)   |
| <i>triazolam tab 0.25 mg</i>                     | Tier 4           | QL (10 tabs every 30 days)   |
| <i>triazolam tab 0.125 mg</i>                    | Tier 4           | QL (10 tabs every 30 days)   |
| <i>zaleplon cap 5 mg</i>                         | Tier 2           | QL (15 caps every 30 days)   |
| <i>zaleplon cap 10 mg</i>                        | Tier 2           | QL (15 caps every 30 days)   |
| <i>zolpidem tartrate tab 5 mg</i>                | Tier 2           | QL (15 tabs every 30 days)   |
| <i>zolpidem tartrate tab 10 mg</i>               | Tier 2           | QL (15 tabs every 30 days)   |
| <i>zolpidem tartrate tab er 6.25 mg</i>          | Tier 2           | QL (15 tabs every 30 days)   |
| <i>zolpidem tartrate tab er 12.5 mg</i>          | Tier 2           | QL (15 tabs every 30 days)   |

### **MIGRAINE**

|  |        |   |
|--|--------|---|
| AJOVY INJ 225/1.5  | Tier 3 | ST, QL (3 injections every 90 days); PA** |
| <i>almotriptan malate tab 6.25 mg</i>                      | Tier 2 | QL (12 tabs every 30 days)                |
| <i>almotriptan malate tab 12.5 mg</i>                      | Tier 2 | QL (12 tabs every 30 days)                |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i>              | Tier 2 |   |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> | Tier 2 | QL (12 tabs every 30 days)                |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> | Tier 2 | QL (12 tabs every 30 days)                |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                |
|---|------------------|---|
| EMGALITY INJ 100MG/ML   | Tier 3           | ST, QL (3 injections every 30 days); PA** |
| EMGALITY INJ 120MG/ML   | Tier 3           | ST, QL (2 injections every 30 days); PA** |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                          | Tier 4           |   |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>          | Tier 2           | QL (18 tabs every 30 days)                |
| <i>naratriptan hcl tab 1 mg (base equiv)</i>                        | Tier 2           | QL (12 tabs every 30 days)                |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i>                      | Tier 2           | QL (12 tabs every 30 days)                |
| QULIPTA TAB 10MG  | Tier 3           | ST, QL (30 tabs every 30 days); PA**      |
| QULIPTA TAB 30MG  | Tier 3           | ST, QL (30 tabs every 30 days); PA**      |
| QULIPTA TAB 60MG  | Tier 3           | ST, QL (30 tabs every 30 days); PA**      |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>  | Tier 2           | QL (18 tabs every 30 days)                |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | Tier 2           | QL (18 tabs every 30 days)                |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i>              | Tier 2           | QL (18 tabs every 30 days)                |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i>             | Tier 2           | QL (18 tabs every 30 days)                |
| <i>sumatriptan nasal spray 5 mg/act</i>                             | Tier 2           | QL (24 sprays every 30 days)              |
| <i>sumatriptan nasal spray 20 mg/act</i>                            | Tier 2           | QL (12 sprays every 30 days)              |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>                         | Tier 2           | QL (12 vials every 30 days)               |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>      | Tier 2           | QL (18 syringes every 30 days)            |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>      | Tier 2           | QL (12 units every 30 days)               |
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>          | Tier 2           | QL (18 syringes every 30 days)            |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>          | Tier 2           | QL (12 units every 30 days)               |
| <i>sumatriptan succinate tab 25 mg</i>                              | Tier 2           | QL (12 tabs every 30 days)                |
| <i>sumatriptan succinate tab 50 mg</i>                              | Tier 2           | QL (12 tabs every 30 days)                |
| <i>sumatriptan succinate tab 100 mg</i>                             | Tier 2           | QL (12 tabs every 30 days)                |
| <i>sumatriptan-naproxen sodium tab 85-500 mg</i>                    | Tier 4           | ST, QL (9 tabs every 30 days); PA**       |
| UBRELVY TAB 50MG  | Tier 3           | ST, QL (16 tabs every 30 days); PA**      |
| UBRELVY TAB 100MG   | Tier 3           | ST, QL (16 tabs every 30 days); PA**      |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|------------------------------|
| <i>zolmitriptan nasal spray 5 mg/spray unit</i>      | Tier 2           | QL (12 sprays every 30 days) |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i> | Tier 2           | QL (12 tabs every 30 days)   |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>   | Tier 2           | QL (12 tabs every 30 days)   |
| <i>zolmitriptan tab 2.5 mg</i>                       | Tier 2           | QL (12 tabs every 30 days)   |
| <i>zolmitriptan tab 5 mg</i>                         | Tier 2           | QL (12 tabs every 30 days)   |

### **MISCELLANEOUS**

|   |        |                                  |
|---|--------|----------------------------------|
| <i>EVRYSDI SOL</i>                                | Tier 6 | PA, QL (2 bottles every 24 days) |
| <i>lithium carbonate cap 150 mg</i>               | Tier 2 |                                  |
| <i>lithium carbonate cap 300 mg</i>               | Tier 2 |                                  |
| <i>lithium carbonate cap 600 mg</i>               | Tier 2 |                                  |
| <i>lithium carbonate tab 300 mg</i>               | Tier 2 |                                  |
| <i>lithium carbonate tab er 300 mg</i>            | Tier 2 |                                  |
| <i>lithium carbonate tab er 450 mg</i>            | Tier 2 |                                  |
| <i>LITHIUM SOL 8MEQ/5ML</i>                       | Tier 4 |                                  |
| <i>pyridostigmine bromide oral soln 60 mg/5ml</i> | Tier 2 |                                  |
| <i>pyridostigmine bromide tab 60 mg</i>           | Tier 2 |                                  |
| <i>pyridostigmine bromide tab er 180 mg</i>       | Tier 2 |                                  |
| <i>riluzole tab 50 mg</i>                         | Tier 2 |                                  |

### **MOVEMENT DISORDERS**

|                                  |        |                                 |
|----------------------------------|--------|---------------------------------|
| <i>tetrabenazine tab 12.5 mg</i> | Tier 5 | PA, QL (120 tabs every 30 days) |
| <i>tetrabenazine tab 25 mg</i>   | Tier 5 | PA, QL (60 tabs every 30 days)  |

### **MULTIPLE SCLEROSIS AGENTS**

|  |        |                                      |
|--|--------|--------------------------------------|
| <i>BETASERON INJ 0.3MG</i>   | Tier 5 | PA, QL (14 injections every 28 days) |
| <i>COPAXONE INJ 40MG/ML</i>  | Tier 5 | PA, QL (12 syringes every 28 days)   |
| <i>dalfampridine tab er 12hr 10 mg</i>                               | Tier 6 | PA, QL (60 tabs every 30 days)       |
| <i>dimethyl fumarate capsule delayed release 120 mg</i>              | Tier 5 | PA, QL (14 caps every 28 days)       |
| <i>dimethyl fumarate capsule delayed release 240 mg</i>              | Tier 5 | PA, QL (60 caps every 30 days)       |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> | Tier 5 | PA, QL (1 kit every 30 days)         |
| <i> fingolimod hcl cap 0.5 mg (base equiv)</i>                       | Tier 5 | PA, QL (30 caps every 30 days)       |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>            | Tier 3 | PA, QL (12 syringes every 28 days)   |

| <b>Drug Name</b>               | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--------------------------------|------------------|--------------------------------------|
| <i>glatopa inj 20mg/ml</i>     | Tier 3           | PA, QL (30 injections every 30 days) |
| <i>teriflunomide tab 7 mg</i>  | Tier 5           | PA, QL (30 tabs every 30 days)       |
| <i>teriflunomide tab 14 mg</i> | Tier 5           | PA, QL (30 tabs every 30 days)       |
| TYSABRI INJ 300/15ML           | Tier 5           | PA, QL (1 vial every 28 days)        |

### **MUSCULOSKELETAL THERAPY AGENTS**

|  |        |   |
|--|--------|---|
| <i>baclofen tab 5 mg</i>                         | Tier 2 |   |
| <i>baclofen tab 10 mg</i>                        | Tier 2 |   |
| <i>baclofen tab 20 mg</i>                        | Tier 2 |   |
| <i>carisoprodol tab 350 mg</i>                   | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>chlorzoxazone tab 500 mg</i>                  | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyclobenzaprine hcl tab 5 mg</i>              | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyclobenzaprine hcl tab 10 mg</i>             | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dantrolene sodium cap 25 mg</i>               | Tier 2 |   |
| <i>dantrolene sodium cap 50 mg</i>               | Tier 2 |   |
| <i>dantrolene sodium cap 100 mg</i>              | Tier 2 |   |
| <i>metaxalone tab 800 mg</i>                     | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>methocarbamol tab 500 mg</i>                  | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>methocarbamol tab 750 mg</i>                  | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>norgesic tab</i>                              | Tier 4 | PA; High Risk Medications require PA for members age 70 and older |
| <i>orphenadrine citrate inj 30 mg/ml</i>         | Tier 2 |   |
| <i>orphenadrine citrate tab er 12hr 100 mg</i>   | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | Tier 2 |   |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| <i>tizanidine hcl tab 4 mg (base equivalent)</i>                    | Tier 2           |                                       |
| <b>NARCOLEPSY/CATAPLEXY</b>   |                  |                                       |
| <i>armodafinil tab 50 mg</i>  | Tier 2           | PA, QL (60 tabs every 30 days)        |
| <i>armodafinil tab 150 mg</i>                                       | Tier 2           | PA, QL (30 tabs every 30 days)        |
| <i>armodafinil tab 200 mg</i>                                       | Tier 2           | PA, QL (30 tabs every 30 days)        |
| <i>armodafinil tab 250 mg</i>                                       | Tier 2           | PA, QL (30 tabs every 30 days)        |
| <i>modafinil tab 100 mg</i>   | Tier 2           | PA, QL (60 tabs every 30 days)        |
| <i>modafinil tab 200 mg</i>   | Tier 2           | PA, QL (60 tabs every 30 days)        |
| SOD OXYBATE SOL 500MG/ML  | Tier 5           | PA, QL (540mL every 30 days)          |
| SUNOSI TAB 75MG   | Tier 3           | PA, QL (30 tabs every 30 days)        |
| SUNOSI TAB 150MG  | Tier 3           | PA, QL (30 tabs every 30 days)        |
| <b>OPIOID AGONIST/ANTAGONIST</b>                                    |                  |                                       |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | Tier 2           | QL (90 units every 30 days)           |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>   | Tier 2           | QL (90 units every 30 days)           |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | Tier 2           | QL (3 units every day)                |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>  | Tier 2           | QL (2 units every day)                |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>  | Tier 0           | QL (90 tabs every 30 days); \$0 copay |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>    | Tier 0           | QL (90 tabs every 30 days); \$0 copay |
| ZUBSOLV SUB 0.7-0.18  | Tier 3           | QL (90 units every 30 days)           |
| ZUBSOLV SUB 1.4-0.36  | Tier 3           | QL (90 units every 30 days)           |
| ZUBSOLV SUB 2.9-0.71  | Tier 3           | QL (90 units every 30 days)           |
| ZUBSOLV SUB 5.7-1.4   | Tier 3           | QL (90 units every 30 days)           |
| ZUBSOLV SUB 8.6-2.1   | Tier 3           | QL (60 units every 30 days)           |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| ZUBSOLV SUB 11.4-2.9                                | Tier 3           | QL (30 units every 30 days)   |
| <b>OPIOID ANTAGONIST</b>                            |                  |   |
| <i>naloxone hcl inj 0.4 mg/ml</i>                   | Tier 2           |   |
| <i>naloxone hcl inj 4 mg/10ml</i>                   | Tier 2           |   |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i>          | Tier 2           |   |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i>        | Tier 2           |   |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | Tier 2           |   |
| <i>naltrexone hcl tab 50 mg</i>                     | Tier 0           | \$0 copay   |
| <b>OPIOID PARTIAL AGONISTS</b>                      |                  |   |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>   | Tier 0           | QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>   | Tier 0           | QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                       |                  |   |
| <i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> | Tier 4           | QL (120 tabs every 30 days); QL applies to members age 65 and older                       |
| <i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>  | Tier 4           | QL (60 tabs every 30 days); QL applies to members age 65 and older                        |
| NUDEXTA CAP 20-10MG                                 | Tier 3           | PA  |
| <i>perphenazine-amitriptyline tab 2-10 mg</i>       | Tier 4           | QL (150 units every 30 days); QL applies to members age 65 and older                      |
| <i>perphenazine-amitriptyline tab 2-25 mg</i>       | Tier 4           | QL (60 units every 30 days); QL applies to members age 65 and older                       |
| <i>perphenazine-amitriptyline tab 4-10 mg</i>       | Tier 4           | QL (120 units every 30 days); QL applies to members age 65 and older                      |
| <i>perphenazine-amitriptyline tab 4-25 mg</i>       | Tier 4           | QL (60 units every 30 days); QL applies to members age 65 and older                       |
| <i>perphenazine-amitriptyline tab 4-50 mg</i>       | Tier 4           | QL (30 units every 30 days); QL applies to members age 65 and older                       |
| <i>pimozide tab 1 mg</i>                            | Tier 2           |   |
| <i>pimozide tab 2 mg</i>                            | Tier 2           |   |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|--|------------------|---|
| <b>SMOKING DETERRENTS</b>  |                  |   |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>            | Tier 0           | \$0 limited to 2 treatment cycles/year      |
| <i>nicotine gum 4mg</i>  | Tier 0           | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine polacrilex gum 2 mg</i>                                    | Tier 0           | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine polacrilex gum 4 mg</i>                                    | Tier 0           | OTC; \$0 limited to 2 treatment cycles/year |
| <i>nicotine polacrilex lozenge 2 mg</i>                                | Tier 0           | OTC; \$0 limited to 2 treatment cycles/year |
| <i>sm nicotine dis 7mg/24hr</i>  | Tier 0           | OTC; \$0 limited to 2 treatment cycles/year |
| <i>sm nicotine dis 14mg/24h</i>  | Tier 0           | OTC; \$0 limited to 2 treatment cycles/year |
| <i>sm nicotine dis 21mg/24h</i>  | Tier 0           | OTC; \$0 limited to 2 treatment cycles/year |
| <i>varenicline tartrate tab 0.5 mg (base equiv)</i>                    | Tier 0           | \$0 limited to 2 treatment cycles/year      |
| <i>varenicline tartrate tab 1 mg (base equiv)</i>                      | Tier 0           | \$0 limited to 2 treatment cycles/year      |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> | Tier 0           | \$0 limited to 2 treatment cycles/year      |

## **COUGH/COLD/ALLERGY**

### **ANTITUSSIVES**

|                                |        |     |
|--------------------------------|--------|-----|
| <i>robitussin sus 30mg/5ml</i> | Tier 1 | OTC |
| ROBITUSSIN SYP 7.5/5ML         | Tier 1 | OTC |
| <i>wal-tussin syp 15mg/5ml</i> | Tier 1 | OTC |

### **COUGH/COLD/ALLERGY COMBINATIONS**

|   |        |     |
|---|--------|-----|
| <i>allergy/cong tab 5-120mg</i>                     | Tier 1 | OTC |
| <i>cold/cough liq child</i>                         | Tier 1 | OTC |
| CORICIDN HBP TAB CGH&COLD                           | Tier 1 | OTC |
| CORICIDN HBP TAB COLD/FLU                           | Tier 1 | OTC |
| DIMETAPP CLD ELX /ALLERGY                           | Tier 1 | OTC |
| <i>dimetapp liq nighttim</i>                        | Tier 1 | OTC |
| DIMETAPP SYP CGH/COLD                               | Tier 1 | OTC |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>       | Tier 2 | OTC |
| <i>kidkare liq cgh/cold</i>                         | Tier 1 | OTC |
| <i>mucus relief tab dm cough</i>                    | Tier 1 | OTC |
| <i>mucus-d tab 60-600mg</i>                         | Tier 1 | OTC |
| <i>nasal relief tab night</i>                       | Tier 1 | OTC |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> | Tier 2 |     |

| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------|------------------|----------------------------|
| <i>robit cgh dm cap 10-200mg</i> | Tier 1           | OTC                        |
| <i>robitussin cap cold+flu</i>   | Tier 1           | OTC                        |
| <i>robitussin liq</i>            | Tier 1           | OTC                        |
| ROBITUSSIN LIQ CGH/CONG          | Tier 1           | OTC                        |
| ROBITUSSIN LIQ TO GO CF          | Tier 1           | OTC                        |
| ROBITUSSN DM SYP                 | Tier 1           | OTC                        |
| SCOT-TUSSIN LIQ DM SF            | Tier 1           | OTC                        |
| <i>sinus tab max-st</i>          | Tier 1           | OTC                        |
| <i>sudafed pe sol cold/cgh</i>   | Tier 1           | OTC                        |
| <i>theraflu sev tab cold/cgh</i> | Tier 1           | OTC                        |
| TRIAMINIC SYP CGH/CNG            | Tier 1           | OTC                        |
| TRIAMINIC SYP CHST/NSL           | Tier 1           | OTC                        |
| TYLENOL CHLD SUS COLD FLU        | Tier 1           | OTC                        |
| TYLENOL COLD TAB SEVERE          | Tier 1           | OTC                        |
| <i>tylenol sinu tab 5-325mg</i>  | Tier 1           | OTC                        |
| <i>wal-itin d tab 24 hour</i>    | Tier 1           | OTC                        |
| <i>wal-phed pe tab 4-10mg</i>    | Tier 1           | OTC                        |
| <i>wal-profen tab cold/sin</i>   | Tier 1           | OTC                        |
| <i>wal-tussin liq cf</i>         | Tier 1           | OTC                        |
| ZYNCOF SYP 20-400/5              | Tier 1           | OTC                        |
| ZYRTEC-D TAB 5-120MG             | Tier 1           | OTC                        |

### **EXPECTORANTS**

|                                  |        |     |
|----------------------------------|--------|-----|
| <i>guaifenesin tab 200 mg</i>    | Tier 1 | OTC |
| <i>mucus relief tab 400mg</i>    | Tier 1 | OTC |
| <i>mucus relief tab 600mg er</i> | Tier 1 | OTC |
| <i>mucus relief tab 1200mg</i>   | Tier 1 | OTC |
| <i>mucus+chst liq 100/5ml</i>    | Tier 1 | OTC |
| <i>tussin chest liq 100/5ml</i>  | Tier 1 | OTC |

### **MISC. RESPIRATORY INHALANTS**

|                               |        |     |
|-------------------------------|--------|-----|
| <i>medicated oin chst rub</i> | Tier 1 | OTC |
|-------------------------------|--------|-----|

### **DERMATOLOGICALS**

#### **EMOLLIENTS**

|                           |        |     |
|---------------------------|--------|-----|
| <i>a+d prevent oin</i>    | Tier 1 | OTC |
| AVEENO BATH PAK TREATMNT  | Tier 1 | OTC |
| KERI NRSHING LOT SHEA BTR | Tier 1 | OTC |

### **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

#### **INFANT FOODS**

|                        |        |     |
|------------------------|--------|-----|
| GOOD START LIQ W/IRON  | Tier 1 | OTC |
| GOOD START POW NATURAL | Tier 1 | OTC |



| Drug Name   | Drug Tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| <b>ENDOCRINE AND METABOLIC</b>                                  |           |                                    |
| <b>ACROMEGALY</b>   |           |                                    |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>            | Tier 5    | PA, QL (90 ml every 30 days)       |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>            | Tier 5    | PA, QL (90 ml every 30 days)       |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>            | Tier 5    | PA, QL (225 ml every 30 days)      |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>            | Tier 5    | PA, QL (90 ml every 30 days)       |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>             | Tier 5    | PA, QL (45 ml every 30 days)       |
| <i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>  | Tier 5    | PA, QL (90 ml every 30 days)       |
| <i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i> | Tier 5    | PA, QL (90 ml every 30 days)       |
| <i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i> | Tier 5    | PA, QL (90 ml every 30 days)       |
| SOMATULINE INJ 60/0.2ML   | Tier 5    | PA, QL (1 injection every 28 days) |
| SOMATULINE INJ 90/0.3ML   | Tier 5    | PA, QL (1 injection every 28 days) |
| SOMATULINE INJ 120/.5ML   | Tier 5    | PA, QL (1 injection every 28 days) |
| SOMAVERT INJ 10MG   | Tier 5    | PA, QL (30 vials every 30 days)    |
| SOMAVERT INJ 15MG   | Tier 5    | PA, QL (30 vials every 30 days)    |
| SOMAVERT INJ 20MG   | Tier 5    | PA, QL (30 vials every 30 days)    |
| SOMAVERT INJ 25MG   | Tier 5    | PA, QL (30 vials every 30 days)    |
| SOMAVERT INJ 30MG   | Tier 5    | PA, QL (30 vials every 30 days)    |
| <b>ANDROGENS</b>  |           |                                    |
| <i>oxandrolone tab 2.5 mg</i>                                   | Tier 2    | PA                                 |
| <i>oxandrolone tab 10 mg</i>                                    | Tier 2    | PA                                 |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i>           | Tier 2    | PA                                 |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i>           | Tier 2    | PA                                 |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i>           | Tier 2    | PA                                 |
| <i>testosterone td gel 10mg/act (2%)</i>                        | Tier 2    | PA                                 |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i>                     | Tier 2    | PA                                 |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                 |
|--|------------------|--|
| <b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>         |                  |  |
| <i>acarbose tab 25 mg</i>                                  | Tier 2           |  |
| <i>acarbose tab 50 mg</i>                                  | Tier 2           |  |
| <i>acarbose tab 100 mg</i>                                 | Tier 2           |  |
| <i>miglitol tab 25 mg</i>                                  | Tier 2           |  |
| <i>miglitol tab 50 mg</i>                                  | Tier 2           |  |
| <i>miglitol tab 100 mg</i>                                 | Tier 2           |  |
| <b>ANTIDIABETICS, AMYLIN ANALOGS</b>                       |                  |  |
| SYMLINPEN 60 INJ 1000MCG                                   | Tier 4           | ST; PA**   |
| SYMLNPEN 120 INJ 1000MCG                                   | Tier 4           | ST; PA**   |
| <b>ANTIDIABETICS, BIGUANIDE</b>                            |                  |  |
| <i>metformin hcl tab 500 mg</i>                            | Tier 1           |  |
| <i>metformin hcl tab 850 mg</i>                            | Tier 1           | \$0 copay for members age 35-70 for prevention of diabetes |
| <i>metformin hcl tab 1000 mg</i>                           | Tier 1           |  |
| <i>metformin hcl tab er 24hr 500 mg</i>                    | Tier 1           |  |
| <i>metformin hcl tab er 24hr 750 mg</i>                    | Tier 1           |  |
| <b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b> |                  |  |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>              | Tier 1           |  |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>              | Tier 1           |  |
| <i>glipizide-metformin hcl tab 5-500 mg</i>                | Tier 1           |  |
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</b>    |                  |  |
| <i>alogliptin benzoate tab 6.25 mg (base equiv)</i>        | Tier 1           | ST; PA**   |
| <i>alogliptin benzoate tab 12.5 mg (base equiv)</i>        | Tier 1           | ST; PA**   |
| <i>alogliptin benzoate tab 25 mg (base equiv)</i>          | Tier 1           | ST; PA**   |
| JANUVIA TAB 25MG   | Tier 3           | ST; PA**   |
| JANUVIA TAB 50MG   | Tier 3           | ST; PA**   |
| JANUVIA TAB 100MG  | Tier 3           | ST; PA**   |
| <b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</b>         |                  |  |
| <i>alogliptin-metformin hcl tab 12.5-500 mg</i>            | Tier 1           | ST; PA**   |
| <i>alogliptin-metformin hcl tab 12.5-1000 mg</i>           | Tier 1           | ST; PA**   |
| JANUMET TAB 50-500MG                                       | Tier 3           | ST; PA**   |
| JANUMET TAB 50-1000  | Tier 3           | ST; PA**   |
| JANUMET XR TAB 50-500MG                                    | Tier 3           | ST; PA**   |
| JANUMET XR TAB 50-1000                                     | Tier 3           | ST; PA**   |
| JANUMET XR TAB 100-1000                                    | Tier 3           | ST; PA**   |
| JENTADUETO TAB XR  | Tier 4           | ST; PA**   |
| <b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>              |                  |  |
| MOUNJARO INJ 2.5/0.5                                       | Tier 3           | ST, QL (4 pens every 28 days); PA**                        |

| <b>Drug Name</b>       | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|------------------------|------------------|-------------------------------------|
| MOUNJARO INJ 5MG/0.5   | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 7.5/0.5   | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 10MG/0.5  | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 12.5/0.5  | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 15MG/0.5  | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| OZEMPIC INJ 2MG/3ML    | Tier 3           | ST, QL (3 mL every 28 days); PA**   |
| OZEMPIC INJ 4MG/3ML    | Tier 3           | ST, QL (3 mL every 28 days); PA**   |
| OZEMPIC INJ 8MG/3ML    | Tier 3           | ST, QL (3 mL every 28 days); PA**   |
| TRULICITY INJ 0.75/0.5 | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| TRULICITY INJ 1.5/0.5  | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| TRULICITY INJ 3/0.5    | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| TRULICITY INJ 4.5/0.5  | Tier 3           | ST, QL (4 pens every 28 days); PA** |
| VICTOZA INJ 18MG/3ML   | Tier 3           | ST, QL (3 pens every 30 days); PA** |

### **ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS**

|                      |        |          |
|----------------------|--------|----------|
| SOLIQUA INJ 100/33   | Tier 3 | ST; PA** |
| XULTOPHY INJ 100/3.6 | Tier 3 | ST; PA** |

### **ANTIDIABETICS, INSULIN**

|                        |        |                         |
|------------------------|--------|-------------------------|
| BASAGLAR KWIKPEN       | Tier 3 |                         |
| FIASP FLEX INJ TOUCH   | Tier 3 |                         |
| FIASP INJ 100/ML       | Tier 3 |                         |
| FIASP PENFIL INJ U-100 | Tier 3 |                         |
| HUMULIN INJ 70/30      | Tier 4 | OTC                     |
| HUMULIN INJ 70/30KWP   | Tier 4 | OTC                     |
| HUMULIN N INJ U-100    | Tier 4 | OTC                     |
| HUMULIN N INJ U-100KWP | Tier 4 | OTC                     |
| HUMULIN R INJ U-100    | Tier 4 | OTC                     |
| HUMULIN R INJ U-500    | Tier 3 |                         |
| LEVEMIR INJ            | Tier 3 |                         |
| LEVEMIR INJ FLEXPEN    | Tier 3 |                         |
| NOVOLIN INJ 70/30      | Tier 3 | OTC; RELION not covered |

| <b>Drug Name</b>         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------|------------------|----------------------------|
| NOVOLIN INJ 70/30 FP     | Tier 3           | OTC; RELION not covered    |
| NOVOLIN N INJ 100 UNIT   | Tier 3           | OTC; RELION not covered    |
| NOVOLIN N INJ U-100      | Tier 3           | OTC; RELION not covered    |
| NOVOLIN R INJ 100 UNIT   | Tier 3           | OTC; RELION not covered    |
| NOVOLIN R INJ U-100      | Tier 3           | OTC; RELION not covered    |
| NOVOLOG INJ 100/ML       | Tier 3           |                            |
| NOVOLOG INJ FLEXPEN      | Tier 3           |                            |
| NOVOLOG INJ PENFILL      | Tier 3           |                            |
| NOVOLOG MIX INJ 70/30    | Tier 3           |                            |
| NOVOLOG MIX INJ FLEXPEN  | Tier 3           |                            |
| TRESIBA FLEX INJ 100UNIT | Tier 3           |                            |
| TRESIBA FLEX INJ 200UNIT | Tier 3           |                            |
| TRESIBA INJ 100UNIT      | Tier 3           |                            |

#### **ANTIDIABETICS, INSULIN SENSITIZER**

|  |        |  |
|--|--------|--|
| <i>pioglitazone hcl tab 15 mg (base equiv)</i> | Tier 1 |  |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i> | Tier 1 |  |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i> | Tier 1 |  |

#### **ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION**

|   |        |  |
|---|--------|--|
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | Tier 1 |  |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | Tier 1 |  |

#### **ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION**

|   |        |  |
|---|--------|--|
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i> | Tier 1 |  |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i> | Tier 1 |  |

#### **ANTIDIABETICS, MEGLITINIDE**

|                               |        |  |
|-------------------------------|--------|--|
| <i>nateglinide tab 60 mg</i>  | Tier 1 |  |
| <i>nateglinide tab 120 mg</i> | Tier 1 |  |
| <i>repaglinide tab 0.5 mg</i> | Tier 1 |  |
| <i>repaglinide tab 1 mg</i>   | Tier 1 |  |
| <i>repaglinide tab 2 mg</i>   | Tier 1 |  |

#### **ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS**

|                          |        |          |
|--------------------------|--------|----------|
| SYNJARDY TAB             | Tier 3 | ST; PA** |
| SYNJARDY TAB 5-500MG     | Tier 3 | ST; PA** |
| SYNJARDY TAB 5-1000MG    | Tier 3 | ST; PA** |
| SYNJARDY TAB 12.5-500    | Tier 3 | ST; PA** |
| SYNJARDY XR TAB          | Tier 3 | ST; PA** |
| SYNJARDY XR TAB 5-1000MG | Tier 3 | ST; PA** |
| SYNJARDY XR TAB 10-1000  | Tier 3 | ST; PA** |
| SYNJARDY XR TAB 25-1000  | Tier 3 | ST; PA** |

#### **ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS**

|                      |        |          |
|----------------------|--------|----------|
| GLYXAMBI TAB 10-5 MG | Tier 3 | ST; PA** |
|----------------------|--------|----------|

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| GLYXAMBI TAB 25-5 MG  | Tier 3           | ST; PA**                        |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b> |                  |                                 |
| JARDIANCE TAB 10MG  | Tier 3           | ST; PA**                        |
| JARDIANCE TAB 25MG  | Tier 3           | ST; PA**                        |
| <b>ANTIDIABETICS, SULFONYLUREA</b>                                      |                  |                                 |
| <i>glimepiride tab 1 mg</i>   | Tier 1           |                                 |
| <i>glimepiride tab 2 mg</i>   | Tier 1           |                                 |
| <i>glimepiride tab 4 mg</i>   | Tier 1           |                                 |
| <i>glipizide tab 5 mg</i>   | Tier 1           |                                 |
| <i>glipizide tab 10 mg</i>  | Tier 1           |                                 |
| <i>glipizide tab er 24hr 2.5 mg</i>                                     | Tier 1           |                                 |
| <i>glipizide tab er 24hr 5 mg</i>                                       | Tier 1           |                                 |
| <i>glipizide tab er 24hr 10 mg</i>                                      | Tier 1           |                                 |
| <b>BISPHOSPHONATES</b>  |                  |                                 |
| <i>alendronate sodium oral soln 70 mg/75ml</i>                          | Tier 2           |                                 |
| <i>alendronate sodium tab 5 mg</i>                                      | Tier 2           |                                 |
| <i>alendronate sodium tab 10 mg</i>                                     | Tier 2           |                                 |
| <i>alendronate sodium tab 35 mg</i>                                     | Tier 2           |                                 |
| <i>alendronate sodium tab 70 mg</i>                                     | Tier 2           |                                 |
| FOSAMAX + D TAB 70-2800   | Tier 4           | ST; PA**                        |
| FOSAMAX + D TAB 70-5600   | Tier 4           | ST; PA**                        |
| <i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>            | Tier 2           |                                 |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i>                  | Tier 2           |                                 |
| <i>pamidronate disodium iv soln 3 mg/ml</i>                             | Tier 2           |                                 |
| <i>risedronate sodium tab 5 mg</i>                                      | Tier 2           |                                 |
| <i>risedronate sodium tab 30 mg</i>                                     | Tier 2           |                                 |
| <i>risedronate sodium tab 35 mg</i>                                     | Tier 2           |                                 |
| <i>risedronate sodium tab 150 mg</i>                                    | Tier 2           |                                 |
| <i>risedronate sodium tab delayed release 35 mg</i>                     | Tier 2           |                                 |
| <i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>                | Tier 5           | PA                              |
| <i>zoledronic acid iv soln 5 mg/100ml</i>                               | Tier 5           | PA                              |
| <b>CALCIUM RECEPTOR AGONISTS</b>  |                  |                                 |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i>                            | Tier 5           | PA, QL (60 tabs every 30 days)  |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i>                            | Tier 5           | PA, QL (60 tabs every 30 days)  |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i>                            | Tier 5           | PA, QL (120 tabs every 30 days) |
| <b>CHELATING AGENTS</b>   |                  |                                 |
| CHEMET CAP 100MG  | Tier 4           |                                 |

| <b>Drug Name</b>                | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---------------------------------|------------------|------------------------------|
| <i>deferiprone tab 500 mg</i>   | Tier 5           | PA                           |
| <i>deferiprone tab 1000 mg</i>  | Tier 5           | PA                           |
| FERPRX 2-DAY TAB 1000MG         | Tier 5           | PA                           |
| FERRIPROX SOL 100MG/ML          | Tier 5           | PA                           |
| <i>penicillamine tab 250 mg</i> | Tier 5           | PA                           |
| <i>sps sus 15gm/60</i>          | Tier 2           |                              |
| VISTOGARD PAK 10GM              | Tier 5           | QL (20 packets every 5 days) |

### **CONTRACEPTIVES**

|   |        |                                    |
|---|--------|------------------------------------|
| <i>altavera tab</i>   | Tier 0 | C                                  |
| <i>alyacen tab 1/35</i>   | Tier 0 | C                                  |
| <i>alyacen tab 7/7/7</i>  | Tier 0 | C                                  |
| <i>amethia tab</i>  | Tier 0 | C                                  |
| <i>amethyst tab 90-20mcg</i>  | Tier 0 | C                                  |
| ANNOVERA MIS  | Tier 0 | QL (1 every 300 days)              |
| <i>apri tab</i>   | Tier 0 | C                                  |
| <i>aranelle tab</i>   | Tier 0 | C                                  |
| <i>ashlyna tab</i>  | Tier 0 | C                                  |
| <i>aviane tab</i>   | Tier 0 | C                                  |
| <i>azurette tab</i>   | Tier 0 | C                                  |
| <i>camila tab 0.35mg</i>  | Tier 0 | C                                  |
| <i>chateal eq tab 0.15/30</i>                                       | Tier 0 | C                                  |
| CONDOMS MIS   | Tier 0 | QL (12 condoms every 30 days), OTC |
| <i>cryselle-28 tab 28 tabs</i>                                      | Tier 0 | C                                  |
| <i>dasetta tab 1/35</i>   | Tier 0 | C                                  |
| <i>dasetta tab 7/7/7</i>  | Tier 0 | C                                  |
| <i>delyla tab 0.1-0.02</i>  | Tier 0 | C                                  |
| DEPO-SQ PROV INJ 104  | Tier 0 | QL (4 inj every 300 days);<br>C    |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> | Tier 0 | C                                  |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> | Tier 0 | C                                  |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                 | Tier 0 | C                                  |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                 | Tier 0 | C                                  |
| DUREX MIS REALFEEL  | Tier 0 | QL (12 condoms every 30 days), OTC |
| <i>elinest tab</i>  | Tier 0 | C                                  |
| ELLA TAB 30MG   | Tier 0 | C                                  |
| <i>enpresse-28 tab</i>  | Tier 0 | C                                  |
| <i>enskyce tab</i>  | Tier 0 | C                                  |
| <i>errin tab 0.35mg</i>   | Tier 0 | C                                  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---|------------------|------------------------------------|
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>     | Tier 0           | C                                  |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>       | Tier 0           | QL (13 every 300 days); C          |
| <i>falmina tab</i>  | Tier 0           | C                                  |
| FC2 FEMALE MIS CONDOM   | Tier 0           | QL (12 condoms every 30 days), OTC |
| <i>gemmily cap 1/20</i>   | Tier 0           | C                                  |
| <i>heather tab 0.35mg</i>   | Tier 0           | C                                  |
| <i>introvale tab</i>  | Tier 0           | C                                  |
| <i>jolessa tab</i>  | Tier 0           | C                                  |
| <i>junel 1.5/30 tab</i>   | Tier 0           | C                                  |
| <i>junel 1/20 tab</i>   | Tier 0           | C                                  |
| <i>junel fe 24 tab 1/20</i>   | Tier 0           | C                                  |
| <i>junel fe tab 1.5/30</i>  | Tier 0           | C                                  |
| <i>junel fe tab 1/20</i>  | Tier 0           | C                                  |
| <i>kariva tab 28 day</i>  | Tier 0           | C                                  |
| <i>kelnor tab 1/35</i>  | Tier 0           | C                                  |
| <i>kurvelo tab 0.15/30</i>  | Tier 0           | C                                  |
| KYLEENA IUD 19.5MG  | Tier 0           | QL (1 every 300 days); C           |
| <i>larin tab 1.5/30</i>   | Tier 0           | C                                  |
| <i>leena tab</i>  | Tier 0           | C                                  |
| <i>lessina tab</i>  | Tier 0           | C                                  |
| <i>levonest tab</i>   | Tier 0           | C                                  |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>  | Tier 0           | C                                  |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | Tier 0           | C                                  |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | Tier 0           | C                                  |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | Tier 0           | C                                  |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>       | Tier 0           | C                                  |
| <i>levora-28 tab 0.15/30</i>  | Tier 0           | C                                  |
| LILETTA IUD 52MG  | Tier 0           | QL (1 every 300 days); C           |
| LO LOESTRIN TAB 1-10-10   | Tier 0           | C                                  |
| <i>loryna tab 3-0.02mg</i>  | Tier 0           | C                                  |
| <i>low-ogestrel tab</i>   | Tier 0           | C                                  |
| <i>lutera tab</i>   | Tier 0           | C                                  |
| <i>marlissa tab 0.15/30</i>   | Tier 0           | C                                  |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>                    | Tier 0           | QL (4 inj every 300 days); C       |

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Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>     | Tier 0           | QL (4 inj every 300 days); C  |
| <i>microgestin tab 1.5/30</i>  | Tier 0           | C                             |
| MIRENA IUD SYSTEM  | Tier 0           | QL (1 every 300 days); C      |
| <i>mono-lynyah tab 0.25-35</i>   | Tier 0           | C                             |
| NATAZIA TAB  | Tier 0           | C                             |
| <i>necon tab 0.5/35</i>  | Tier 0           | C                             |
| NEXPLANON IMP 68MG   | Tier 0           | QL (1 every 300 days); C      |
| NEXTSTELLIS TAB 3-14.2MG   | Tier 0           |                               |
| <i>nikki tab 3-0.02mg</i>  | Tier 0           | C                             |
| <i>nora-be tab 0.35mg</i>  | Tier 0           | C                             |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | Tier 0           | C                             |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | Tier 0           | C                             |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>       | Tier 0           | C                             |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>    | Tier 0           | C                             |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>     | Tier 0           | C                             |
| <i>norethindrone tab 0.35 mg</i>                                       | Tier 0           | C                             |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | Tier 0           | C                             |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>     | Tier 0           | C                             |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>     | Tier 0           | C                             |
| <i>nortrel tab 0.5/35</i>  | Tier 0           | C                             |
| <i>nortrel tab 1/35</i>  | Tier 0           | C                             |
| <i>nortrel tab 7/7/7</i>   | Tier 0           | C                             |
| <i>nylia tab 1/35</i>  | Tier 0           | C                             |
| <i>ocella tab 3-0.03mg</i>   | Tier 0           | C                             |
| PARAGARD IUD T380A   | Tier 0           | QL (1 unit every 300 days); C |
| <i>portia-28 tab</i>   | Tier 0           | C                             |
| <i>reclipsen tab</i>   | Tier 0           | C                             |
| <i>rivelsa tab</i>   | Tier 0           | C                             |
| SKYLA IUD 13.5MG   | Tier 0           | QL (1 every 300 days); C      |
| SLYND TAB 4MG  | Tier 0           |                               |
| <i>sprintec 28 tab 28 day</i>  | Tier 0           | C                             |
| <i>sronyx tab</i>  | Tier 0           | C                             |
| <i>syeda tab 3-0.03mg</i>  | Tier 0           | C                             |

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| <b>Drug Name</b>             | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|------------------------------|------------------|------------------------------------|
| <i>take action tab 1.5mg</i> | Tier 0           | OTC; C                             |
| <i>tilia fe tab</i>          | Tier 0           | C                                  |
| <i>tri-linyah tab</i>        | Tier 0           | C                                  |
| <i>tri-sprintec tab</i>      | Tier 0           | C                                  |
| <i>trivora-28 tab</i>        | Tier 0           | C                                  |
| TRUSTEX/RIA MIS NON-LUB      | Tier 0           | QL (12 condoms every 30 days), OTC |
| TRUSTX NON-9 MIS RIB/STUD    | Tier 0           | QL (12 condoms every 30 days), OTC |
| TWIRLA DIS 120-30            | Tier 0           |                                    |
| TYBLUME CHW 0.1-0.02         | Tier 0           |                                    |
| <i>velivet pak</i>           | Tier 0           | C                                  |
| <i>viorele tab</i>           | Tier 0           | C                                  |
| <i>vyfemla tab 0.4-35</i>    | Tier 0           | C                                  |
| <i>wera tab 0.5/35</i>       | Tier 0           | C                                  |
| <i>xulane dis 150-35</i>     | Tier 0           | C                                  |
| <i>zovia 1/35 tab</i>        | Tier 0           | C                                  |

### **DIABETIC SUPPLIES**

|                                     |        |   |
|-------------------------------------|--------|---|
| ACCU-CHEK BLOOD GLUCOSE TEST KITS   | Tier 3 | OTC                                     |
| ACCU-CHEK BLOOD GLUCOSE TEST STRIPS | Tier 3 | QL (204 Test Strips every 30 days), OTC |
| ALCOHOL PREP PAD                    | Tier 3 | OTC                                     |
| AUTOLET PLAT MIS 1.8MM              | Tier 3 | OTC                                     |
| CAREFINE MIS 32GX6MM                | Tier 3 | OTC                                     |
| DEXCOM G5 MIS RECEIVER              | Tier 3 |   |
| DEXCOM G5 MIS TRANSMIT              | Tier 3 |   |
| DEXCOM G6 MIS RECEIVER              | Tier 3 |   |
| DEXCOM G6 MIS SENSOR                | Tier 3 | QL (3 sensors every 30 days)            |
| DEXCOM G6 MIS TRANSMIT              | Tier 3 |   |
| DEXCOM G7 MIS RECEIVER              | Tier 3 |   |
| DEXCOM G7 MIS SENSOR                | Tier 3 | QL (3 sensors every 30 days)            |
| OMNIPOD 5 G6 KIT INTRO              | Tier 3 |   |
| OMNIPOD 5 G6 MIS PODS               | Tier 3 |   |
| OMNIPOD DASH KIT INTRO              | Tier 3 |   |
| OMNIPOD DASH KIT PDM                | Tier 3 |   |
| OMNIPOD DASH MIS PODS               | Tier 3 |   |
| OMNIPOD MIS CLASSIC                 | Tier 3 |   |
| OMNIPOD PDM KIT CLASSIC             | Tier 3 |   |
| ONETOUCH BLOOD GLUCOSE TEST KITS    | Tier 3 | OTC                                     |
| ONETOUCH BLOOD GLUCOSE TEST STRIPS  | Tier 3 | QL (150 Test Strips every 30 days), OTC |

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------|------------------|----------------------------|
| ONETOUCH SOL KIT COMPLETE | Tier 3           | OTC                        |
| ONETOUCH SOL KIT FIT      | Tier 3           | OTC                        |
| ONETOUCH SOL KIT REFILL   | Tier 3           | OTC                        |
| ONETOUCH SOL KIT STARTER  | Tier 3           | OTC                        |
| SHARPS CONTAINER          | Tier 3           | OTC                        |
| SOFTCLIX MIS LANCETS      | Tier 3           | OTC                        |
| V-GO 20 KIT               | Tier 3           |                            |
| V-GO 30 KIT               | Tier 3           |                            |
| V-GO 40 KIT               | Tier 3           |                            |

### **ENDOMETRIOSIS**

|                           |        |  |
|---------------------------|--------|--|
| <i>danazol cap 50 mg</i>  | Tier 2 |  |
| <i>danazol cap 100 mg</i> | Tier 2 |  |
| <i>danazol cap 200 mg</i> | Tier 2 |  |
| ORILISSA TAB 150MG        | Tier 3 |  |
| ORILISSA TAB 200MG        | Tier 3 |  |

### **ENZYME REPLACEMENTS**

|   |        |                                  |
|---|--------|----------------------------------|
| <i>betaine powder for oral solution</i>                   | Tier 5 | PA                               |
| <i>carglumic acid soluble tab 200 mg</i>                  | Tier 5 | PA                               |
| CERDELGA CAP 84MG   | Tier 5 | PA, QL (56 caps every 28 days)   |
| CYSTAGON CAP 50MG   | Tier 5 | PA                               |
| CYSTAGON CAP 150MG  | Tier 5 | PA                               |
| MYALEPT INJ 11.3MG  | Tier 5 | PA, QL (30 vials every 30 days)  |
| <i>sapropterin dihydrochloride powder packet 100 mg</i>   | Tier 5 | PA                               |
| <i>sapropterin dihydrochloride powder packet 500 mg</i>   | Tier 5 | PA                               |
| <i>sapropterin dihydrochloride tab 100 mg</i>             | Tier 5 | PA                               |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> | Tier 5 | PA, QL (798g every 30 days)      |
| <i>sodium phenylbutyrate tab 500 mg</i>                   | Tier 5 | PA, QL (1200 tabs every 30 days) |

### **ESTROGENS**

|   |        |   |
|---|--------|---|
| CLIMARA PRO DIS WEEKLY                                      | Tier 3 |   |
| DEPO-ESTRADI INJ 5MG/ML                                     | Tier 4 |   |
| DUAVEE TAB 0.45-20  | Tier 3 |   |
| ELESTRIN GEL 0.06%  | Tier 4 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> | Tier 2 |   |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>   | Tier 2 |   |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>estradiol tab 0.5 mg</i>                           | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol tab 1 mg</i>                             | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol tab 2 mg</i>                             | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>           | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>         | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>         | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td gel 1 mg/gm (0.1%)</i>                | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>         | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>    | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>   | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>  | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>  | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i> | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.1 mg/24hr</i>          | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>estradiol td patch weekly 0.05 mg/24hr</i>                     | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.06 mg/24hr</i>                     | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.025 mg/24hr</i>                    | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.075 mg/24hr</i>                    | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>   | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol vaginal cream 0.1 mg/gm</i>                          | Tier 2           |   |
| <i>estradiol valerate im in oil 20 mg/ml</i>                      | Tier 2           |   |
| <i>estradiol valerate im in oil 40 mg/ml</i>                      | Tier 2           |   |
| ESTROGEL GEL  | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| EVAMIST SPR 1.53MG  | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| IMVEXXY MAIN SUP 4MCG   | Tier 3           |   |
| IMVEXXY MAIN SUP 10MCG  | Tier 3           |   |
| IMVEXXY STRT SUP 4MCG   | Tier 3           |   |
| IMVEXXY STRT SUP 10MCG  | Tier 3           |   |
| <i>jinteli tab 1mg-5mcg</i>                                       | Tier 2           |   |
| MENEST TAB 0.3MG  | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| MENEST TAB 0.625MG  | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| MENEST TAB 1.25MG   | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| MENEST TAB 2.5MG  | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| <i>mimvey tab 1-0.5mg</i>   | Tier 2           |   |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | Tier 2           |   |

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 91  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>         | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--------------------------|------------------|---|
| PREMARIN TAB 0.3MG       | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| PREMARIN TAB 0.9MG       | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| PREMARIN TAB 0.45MG      | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| PREMARIN TAB 0.625MG     | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| PREMARIN TAB 1.25MG      | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| PREMARIN VAG CRE 0.625MG | Tier 4           |   |
| <i>yuvafem tab 10mcg</i> | Tier 2           |   |

### **FERTILITY REGULATORS**

|                           |        |                                      |
|---------------------------|--------|--------------------------------------|
| CHOR GONADOT INJ 10000UNT | Tier 6 | PA                                   |
| <i>clomid tab 50mg</i>    | Tier 2 |                                      |
| GANIRELIX AC INJ 250/0.5  | Tier 5 | PA                                   |
| GONAL-F INJ 450UNIT       | Tier 5 | PA, QL (10 vials every 28 days)      |
| GONAL-F INJ 1050UNIT      | Tier 5 | PA, QL (6 vials every 28 days)       |
| GONAL-F RFF INJ 75UNIT    | Tier 5 | PA, QL (60 vials every 28 days)      |
| GONAL-F RFF INJ 300/0.5   | Tier 5 | PA, QL (15 cartridges every 28 days) |
| GONAL-F RFF INJ 450/0.75  | Tier 5 | PA, QL (10 cartridges every 28 days) |
| GONAL-F RFF INJ 900/1.5   | Tier 5 | PA, QL (7 cartridges every 28 days)  |
| OVIDREL INJ               | Tier 5 | PA                                   |

### **GLUCOCORTICOIDS**

|   |        |  |
|---|--------|--|
| DEPO-MEDROL INJ 20MG/ML   | Tier 4 |  |
| DEXAMETHASON CON 1MG/ML   | Tier 3 |  |
| <i>dexamethasone elixir 0.5 mg/5ml</i>                            | Tier 2 |  |
| <i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i> | Tier 2 |  |
| <i>dexamethasone sodium phosphate inj 4 mg/ml</i>                 | Tier 2 |  |
| <i>dexamethasone sodium phosphate inj 10 mg/ml</i>                | Tier 2 |  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| <i>dexamethasone sodium phosphate inj 20 mg/5ml</i>               | Tier 2           |                                |
| <i>dexamethasone sodium phosphate inj 100 mg/10ml</i>             | Tier 2           |                                |
| <i>dexamethasone sodium phosphate inj 120 mg/30ml</i>             | Tier 2           |                                |
| <i>dexamethasone soln 0.5 mg/5ml</i>                              | Tier 2           |                                |
| <i>dexamethasone tab 0.5 mg</i>                                   | Tier 2           |                                |
| <i>dexamethasone tab 0.75 mg</i>                                  | Tier 2           |                                |
| <i>dexamethasone tab 1 mg</i>                                     | Tier 2           |                                |
| <i>dexamethasone tab 1.5 mg</i>                                   | Tier 2           |                                |
| <i>dexamethasone tab 2 mg</i>                                     | Tier 2           |                                |
| <i>dexamethasone tab 4 mg</i>                                     | Tier 2           |                                |
| <i>dexamethasone tab 6 mg</i>                                     | Tier 2           |                                |
| EMFLAZA SUS 22.75/ML  | Tier 6           | PA, QL (52 mL every 30 days)   |
| EMFLAZA TAB 6MG   | Tier 6           | PA, QL (60 tabs every 30 days) |
| EMFLAZA TAB 18MG  | Tier 6           | PA, QL (30 tabs every 30 days) |
| EMFLAZA TAB 30MG  | Tier 6           | PA, QL (30 tabs every 30 days) |
| EMFLAZA TAB 36MG  | Tier 6           | PA, QL (30 tabs every 30 days) |
| <i>fludrocortisone acetate tab 0.1 mg</i>                         | Tier 2           |                                |
| <i>hydrocortisone tab 5 mg</i>                                    | Tier 2           |                                |
| <i>hydrocortisone tab 10 mg</i>                                   | Tier 2           |                                |
| <i>hydrocortisone tab 20 mg</i>                                   | Tier 2           |                                |
| MEDROL TAB 2MG  | Tier 3           |                                |
| <i>methylprednisolone acetate inj susp 40 mg/ml</i>               | Tier 2           |                                |
| <i>methylprednisolone acetate inj susp 80 mg/ml</i>               | Tier 2           |                                |
| <i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>    | Tier 2           |                                |
| <i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>   | Tier 2           |                                |
| <i>methylprednisolone tab 4 mg</i>                                | Tier 2           |                                |
| <i>methylprednisolone tab 8 mg</i>                                | Tier 2           |                                |
| <i>methylprednisolone tab 16 mg</i>                               | Tier 2           |                                |
| <i>methylprednisolone tab 32 mg</i>                               | Tier 2           |                                |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i>              | Tier 2           |                                |
| <i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> | Tier 2           |                                |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>   | Tier 2           |                            |
| <i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>   | Tier 2           |                            |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | Tier 2           |                            |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>  | Tier 2           |                            |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>  | Tier 2           |                            |
| <i>prednisolone soln 15 mg/5ml</i>                                  | Tier 2           |                            |
| PREDNISON CON 5MG/ML  | Tier 3           |                            |
| <i>prednisone oral soln 5 mg/5ml</i>                                | Tier 2           |                            |
| <i>prednisone tab 1 mg</i>  | Tier 2           |                            |
| <i>prednisone tab 2.5 mg</i>  | Tier 2           |                            |
| <i>prednisone tab 5 mg</i>  | Tier 2           |                            |
| <i>prednisone tab 10 mg</i>   | Tier 2           |                            |
| <i>prednisone tab 20 mg</i>   | Tier 2           |                            |
| <i>prednisone tab 50 mg</i>   | Tier 2           |                            |
| <i>prednisone tab therapy pack 5 mg (21)</i>                        | Tier 2           |                            |
| <i>prednisone tab therapy pack 5 mg (48)</i>                        | Tier 2           |                            |
| <i>prednisone tab therapy pack 10 mg (21)</i>                       | Tier 2           |                            |
| <i>prednisone tab therapy pack 10 mg (48)</i>                       | Tier 2           |                            |
| SOLU-CORTEF INJ 100MG   | Tier 4           |                            |
| SOLU-CORTEF INJ 250MG   | Tier 4           |                            |
| SOLU-CORTEF INJ 500MG   | Tier 4           |                            |
| SOLU-CORTEF INJ 1000MG  | Tier 4           |                            |
| SOLU-MEDROL INJ 2GM   | Tier 4           |                            |
| <b>GLUCOSE ELEVATING AGENTS</b>                                     |                  |                            |
| <i>glucagon (rdna) for inj kit 1 mg</i>                             | Tier 2           |                            |
| GLUCOSE CHW 4GM   | Tier 1           | OTC                        |
| GVOKE HYPO 1 INJ 1MG/.2ML   | Tier 3           |                            |
| GVOKE HYPO 1 INJ .5/.1ML  | Tier 3           |                            |
| GVOKE KIT SOL 1MG/0.2M  | Tier 3           |                            |
| GVOKE PFS INJ   | Tier 3           |                            |
| ORAL GLUCOSE REPLACEMENT  | Tier 3           | OTC                        |
| <b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>                         |                  |                            |
| <i>nitisinone cap 2 mg</i>  | Tier 5           | PA                         |
| <i>nitisinone cap 5 mg</i>  | Tier 5           | PA                         |
| <i>nitisinone cap 10 mg</i>   | Tier 5           | PA                         |
| ORFADIN CAP 20MG  | Tier 5           | PA                         |
| ORFADIN SUS 4MG/ML  | Tier 5           | PA                         |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <b>HUMAN GROWTH HORMONES</b>                                 |                  |   |
| GENOTROPIN INJ 0.2MG   | Tier 5           | PA  |
| GENOTROPIN INJ 0.4MG   | Tier 5           | PA  |
| GENOTROPIN INJ 0.6MG   | Tier 5           | PA  |
| GENOTROPIN INJ 0.8MG   | Tier 5           | PA  |
| GENOTROPIN INJ 1.2MG   | Tier 5           | PA  |
| GENOTROPIN INJ 1.4MG   | Tier 5           | PA  |
| GENOTROPIN INJ 1.6MG   | Tier 5           | PA  |
| GENOTROPIN INJ 1.8MG   | Tier 5           | PA  |
| GENOTROPIN INJ 1MG   | Tier 5           | PA  |
| GENOTROPIN INJ 2MG   | Tier 5           | PA  |
| GENOTROPIN INJ 5MG   | Tier 5           | PA  |
| GENOTROPIN INJ 12MG  | Tier 5           | PA  |
| NORDITROPIN INJ 5/1.5ML                                      | Tier 5           | PA  |
| NORDITROPIN INJ 10/1.5ML                                     | Tier 5           | PA  |
| NORDITROPIN INJ 15/1.5ML                                     | Tier 5           | PA  |
| NORDITROPIN INJ 30/3ML                                       | Tier 5           | PA  |
| <b>LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b> |                  |   |
| SYNAREL SOL 2MG/ML   | Tier 6           | PA  |
| TRIPTODUR SUS 22.5MG   | Tier 5           | PA  |
| <b>METABOLIC MODIFIERS</b>                                   |                  |   |
| <i>mccarnitine tab 330mg</i>                                 | Tier 1           | OTC   |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>                |                  |   |
| KERENDIA TAB 10MG  | Tier 4           | PA  |
| KERENDIA TAB 20MG  | Tier 4           | PA  |
| <b>MISCELLANEOUS</b>   |                  |   |
| <i>cabergoline tab 0.5 mg</i>                                | Tier 2           |   |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>           | Tier 2           |   |
| INCRELEX INJ 40MG/4ML  | Tier 5           | PA  |
| INTRAROSA SUP 6.5MG  | Tier 4           |   |
| OSPHENA TAB 60MG   | Tier 4           | PA  |
| PROLIA INJ 60MG/ML   | Tier 5           | PA, QL (60mg every 24 weeks)  |
| <i>raloxifene hcl tab 60 mg</i>                              | Tier 0           | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| SIGNIFOR INJ 0.3MG/ML  | Tier 6           | PA, QL (60 ampules every 30 days)   |
| SIGNIFOR INJ 0.6MG/ML  | Tier 6           | PA, QL (60 ampules every 30 days)   |



| <b>Drug Name</b>           | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|----------------------------|------------------|-----------------------------------|
| SIGNIFOR INJ 0.9MG/ML      | Tier 6           | PA, QL (60 ampules every 30 days) |
| SUPPRELIN LA KIT 50MG      | Tier 5           | PA                                |
| <i>tolvaptan tab 15 mg</i> | Tier 5           | PA                                |
| <i>tolvaptan tab 30 mg</i> | Tier 5           | PA                                |
| TYMLOS INJ                 | Tier 5           | PA, QL (1 pen every 30 days)      |

### **PHOSPHATE BINDER AGENTS**

|  |        |  |
|--|--------|--|
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | Tier 2 |  |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | Tier 2 |  |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i>           | Tier 2 |  |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i>           | Tier 2 |  |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i>          | Tier 2 |  |
| PHOSLYRA SOL   | Tier 3 |  |
| <i>sevelamer carbonate packet 0.8 gm</i>                         | Tier 2 |  |
| <i>sevelamer carbonate packet 2.4 gm</i>                         | Tier 2 |  |
| <i>sevelamer carbonate tab 800 mg</i>                            | Tier 2 |  |
| VELPHORO CHW 500MG   | Tier 3 |  |

### **PROGESTINS**

|   |        |  |
|---|--------|--|
| CRINONE GEL 4% VAG                            | Tier 3 |  |
| CRINONE GEL 8% VAG                            | Tier 3 |  |
| <i>medroxyprogesterone acetate tab 2.5 mg</i> | Tier 2 |  |
| <i>medroxyprogesterone acetate tab 5 mg</i>   | Tier 2 |  |
| <i>medroxyprogesterone acetate tab 10 mg</i>  | Tier 2 |  |
| <i>megestrol acetate susp 625 mg/5ml</i>      | Tier 2 |  |
| <i>norethindrone acetate tab 5 mg</i>         | Tier 2 |  |
| <i>progesterone cap 100 mg</i>                | Tier 2 |  |
| <i>progesterone cap 200 mg</i>                | Tier 2 |  |

### **THYROID AGENTS**

|   |        |  |
|---|--------|--|
| <i>levothyroxine sodium tab 25 mcg</i>  | Tier 2 |  |
| <i>levothyroxine sodium tab 50 mcg</i>  | Tier 2 |  |
| <i>levothyroxine sodium tab 75 mcg</i>  | Tier 2 |  |
| <i>levothyroxine sodium tab 88 mcg</i>  | Tier 2 |  |
| <i>levothyroxine sodium tab 100 mcg</i> | Tier 2 |  |
| <i>levothyroxine sodium tab 112 mcg</i> | Tier 2 |  |
| <i>levothyroxine sodium tab 125 mcg</i> | Tier 2 |  |
| <i>levothyroxine sodium tab 137 mcg</i> | Tier 2 |  |
| <i>levothyroxine sodium tab 150 mcg</i> | Tier 2 |  |
| <i>levothyroxine sodium tab 175 mcg</i> | Tier 2 |  |

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Step Therapy

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>levothyroxine sodium tab 200 mcg</i>            | Tier 2           |                            |
| <i>levothyroxine sodium tab 300 mcg</i>            | Tier 2           |                            |
| <i>levoxyl tab 25mcg</i>                           | Tier 2           |                            |
| <i>levoxyl tab 50mcg</i>                           | Tier 2           |                            |
| <i>levoxyl tab 75mcg</i>                           | Tier 2           |                            |
| <i>levoxyl tab 88mcg</i>                           | Tier 2           |                            |
| <i>levoxyl tab 100mcg</i>                          | Tier 2           |                            |
| <i>levoxyl tab 112mcg</i>                          | Tier 2           |                            |
| <i>levoxyl tab 125mcg</i>                          | Tier 2           |                            |
| <i>levoxyl tab 137mcg</i>                          | Tier 2           |                            |
| <i>levoxyl tab 150mcg</i>                          | Tier 2           |                            |
| <i>levoxyl tab 175mcg</i>                          | Tier 2           |                            |
| <i>levoxyl tab 200mcg</i>                          | Tier 2           |                            |
| <i>liothyronine sodium tab 5 mcg</i>               | Tier 2           |                            |
| <i>liothyronine sodium tab 25 mcg</i>              | Tier 2           |                            |
| <i>liothyronine sodium tab 50 mcg</i>              | Tier 2           |                            |
| <i>methimazole tab 5 mg</i>                        | Tier 2           |                            |
| <i>methimazole tab 10 mg</i>                       | Tier 2           |                            |
| <i>propylthiouracil tab 50 mg</i>                  | Tier 2           |                            |
| SYNTHROID TAB 25MCG                                | Tier 3           |                            |
| SYNTHROID TAB 50MCG                                | Tier 3           |                            |
| SYNTHROID TAB 75MCG                                | Tier 3           |                            |
| SYNTHROID TAB 88MCG                                | Tier 3           |                            |
| SYNTHROID TAB 100MCG                               | Tier 3           |                            |
| SYNTHROID TAB 112MCG                               | Tier 3           |                            |
| SYNTHROID TAB 125MCG                               | Tier 3           |                            |
| SYNTHROID TAB 137MCG                               | Tier 3           |                            |
| SYNTHROID TAB 150MCG                               | Tier 3           |                            |
| SYNTHROID TAB 175MCG                               | Tier 3           |                            |
| SYNTHROID TAB 200MCG                               | Tier 3           |                            |
| SYNTHROID TAB 300MCG                               | Tier 3           |                            |
| <i>unithroid tab 25mcg</i>                         | Tier 2           |                            |
| <i>unithroid tab 50mcg</i>                         | Tier 2           |                            |
| <i>unithroid tab 75mcg</i>                         | Tier 2           |                            |
| <i>unithroid tab 88mcg</i>                         | Tier 2           |                            |
| <i>unithroid tab 100mcg</i>                        | Tier 2           |                            |
| <i>unithroid tab 112mcg</i>                        | Tier 2           |                            |
| <i>unithroid tab 125mcg</i>                        | Tier 2           |                            |
| <i>unithroid tab 200mcg</i>                        | Tier 2           |                            |
| <i>unithroid tab 300mcg</i>                        | Tier 2           |                            |
| <b>VASOPRESSINS</b>                                |                  |                            |
| <i>desmopressin acetate inj 4 mcg/ml</i>           | Tier 2           |                            |
| <i>desmopressin acetate nasal spray soln 0.01%</i> | Tier 2           |                            |

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Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | Tier 2           |                            |
| <i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>   | Tier 2           |                            |
| <i>desmopressin acetate tab 0.1 mg</i>                            | Tier 2           |                            |
| <i>desmopressin acetate tab 0.2 mg</i>                            | Tier 2           |                            |

## **ENDOCRINE AND METABOLIC AGENTS - MISC.**

### **GNRH/LHRH ANTAGONISTS**

|                              |        |  |
|------------------------------|--------|--|
| <i>fyremadel sol 250/0.5</i> | Tier 5 |  |
|------------------------------|--------|--|

## **GASTROINTESTINAL**

### **ANTICHOLINERGICS**

|   |        |   |
|---|--------|---|
| <i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i> | Tier 2 |   |
| <i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>    | Tier 2 |   |
| <i>dicyclomine hcl cap 10 mg</i>                                  | Tier 2 |   |
| <i>dicyclomine hcl inj 10 mg/ml</i>                               | Tier 2 |   |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i>                        | Tier 2 |   |
| <i>dicyclomine hcl tab 20 mg</i>                                  | Tier 2 |   |
| <i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>                    | Tier 2 |   |
| <i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>                   | Tier 2 |   |
| <i>glycopyrrolate oral soln 1 mg/5ml</i>                          | Tier 2 |   |
| <i>glycopyrrolate tab 1 mg</i>                                    | Tier 2 |   |
| <i>glycopyrrolate tab 2 mg</i>                                    | Tier 2 |   |
| <i>methscopolamine bromide tab 2.5 mg</i>                         | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>methscopolamine bromide tab 5 mg</i>                           | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |

### **ANTIEMETICS**

|  |        |                            |
|--|--------|----------------------------|
| <i>AKYNZEO CAP 300-0.5</i>                             | Tier 4 | QL (2 caps every 28 days)  |
| <i>aprepitant capsule 40 mg</i>                        | Tier 2 | QL (3 caps every 180 days) |
| <i>aprepitant capsule 80 mg</i>                        | Tier 2 | QL (4 caps every 28 days)  |
| <i>aprepitant capsule 125 mg</i>                       | Tier 2 | QL (2 caps every 28 days)  |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> | Tier 2 | QL (2 packs every 28 days) |
| <i>compro sup 25mg</i>                                 | Tier 2 |                            |
| <i>DRAMAMINE CHW 50MG</i>                              | Tier 1 | OTC                        |
| <i>dramamine tab 25mg</i>                              | Tier 1 | OTC                        |
| <i>DRAMAMINE TAB 50MG</i>                              | Tier 1 | OTC                        |
| <i>dronabinol cap 2.5 mg</i>                           | Tier 2 | QL (60 caps every 30 days) |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>dronabinol cap 5 mg</i>   | Tier 2           | QL (60 caps every 30 days)  |
| <i>dronabinol cap 10 mg</i>  | Tier 2           | QL (60 caps every 30 days)  |
| <i>granisetron hcl inj 1 mg/ml</i>                                 | Tier 2           | QL (2 mL every 28 days)   |
| <i>granisetron hcl tab 1 mg</i>                                    | Tier 2           | QL (12 tabs every 28 days)  |
| <i>meclizine hcl tab 12.5 mg</i>                                   | Tier 1           | OTC   |
| <i>meclizine hcl tab 12.5 mg</i>                                   | Tier 2           |   |
| <i>meclizine hcl tab 25 mg</i>                                     | Tier 2           |   |
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>            | Tier 2           |   |
| <i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i> | Tier 2           |   |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>  | Tier 2           |   |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i>               | Tier 2           |   |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i>              | Tier 2           |   |
| <i>motion sick chw 25mg</i>  | Tier 1           | OTC   |
| <i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>                      | Tier 2           | QL (20 mL every 28 days)  |
| <i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>                    | Tier 2           | QL (20 mL every 28 days)  |
| <i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>                  | Tier 2           | QL (20 mL every 28 days)  |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                          | Tier 2           | QL (200 mL every 28 days)   |
| <i>ondansetron hcl tab 4 mg</i>                                    | Tier 2           | QL (18 tabs every 28 days)  |
| <i>ondansetron hcl tab 8 mg</i>                                    | Tier 2           | QL (18 tabs every 28 days)  |
| <i>ondansetron hcl tab 24 mg</i>                                   | Tier 2           | QL (2 tabs every 28 days)   |
| <i>ondansetron orally disintegrating tab 4 mg</i>                  | Tier 2           | QL (18 tabs every 28 days)  |
| <i>ondansetron orally disintegrating tab 8 mg</i>                  | Tier 2           | QL (18 tabs every 28 days)  |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>         | Tier 2           |   |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i>        | Tier 2           |   |
| <i>prochlorperazine suppos 25 mg</i>                               | Tier 2           |   |
| <i>promethazine hcl inj 25 mg/ml</i>                               | Tier 2           |   |
| <i>promethazine hcl inj 50 mg/ml</i>                               | Tier 2           |   |
| <i>promethazine hcl suppos 12.5 mg</i>                             | Tier 2           |   |
| <i>promethazine hcl suppos 25 mg</i>                               | Tier 2           |   |
| <i>promethazine hcl syrup 6.25 mg/5ml</i>                          | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethazine hcl tab 12.5 mg</i>                                | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>promethazine hcl tab 25 mg</i>           | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethazine hcl tab 50 mg</i>           | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethegan sup 50mg</i>                 | Tier 2           |   |
| SANCUSO DIS 3.1MG                           | Tier 3           | QL (2 patches every 28 days)                                      |
| <i>scopolamine td patch 72hr 1 mg/3days</i> | Tier 2           |   |
| <i>trimethobenzamide hcl cap 300 mg</i>     | Tier 2           |   |
| VARUBI TAB 90MG                             | Tier 3           |   |

### **ANTIFLATULENTS**

|                                 |        |     |
|---------------------------------|--------|-----|
| GAS-X CHW 80MG                  | Tier 1 | OTC |
| PHAZYME CAP 180MG               | Tier 1 | OTC |
| <i>phazyme chw 125mg</i>        | Tier 1 | OTC |
| <i>simethicone dro 20/0.3ml</i> | Tier 1 | OTC |

### **H2-RECEPTOR ANTAGONISTS**

|   |        |     |
|---|--------|-----|
| <i>cimetidine tab 200 mg</i>                      | Tier 2 |     |
| <i>cimetidine tab 300 mg</i>                      | Tier 2 |     |
| <i>cimetidine tab 400 mg</i>                      | Tier 2 |     |
| <i>cimetidine tab 800 mg</i>                      | Tier 2 |     |
| <i>famotidine for susp 40 mg/5ml</i>              | Tier 2 |     |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | Tier 2 |     |
| <i>famotidine preservative free inj 20 mg/2ml</i> | Tier 2 |     |
| <i>famotidine tab 10 mg</i>                       | Tier 1 | OTC |
| <i>famotidine tab 20 mg</i>                       | Tier 2 |     |
| <i>famotidine tab 40 mg</i>                       | Tier 2 |     |
| <i>nizatidine cap 150 mg</i>                      | Tier 2 |     |
| <i>nizatidine cap 300 mg</i>                      | Tier 2 |     |

### **INFLAMMATORY BOWEL DISEASE**

|   |        |    |
|---|--------|----|
| <i>balsalazide disodium cap 750 mg</i>                      | Tier 2 |    |
| <i>budesonide delayed release particles cap 3 mg</i>        | Tier 2 |    |
| <i>budesonide tab er 24hr 9 mg</i>                          | Tier 2 |    |
| DIPENTUM CAP 250MG  | Tier 4 | PA |
| <i>hydrocortisone enema 100 mg/60ml</i>                     | Tier 2 |    |
| <i>mesalamine cap dr 400 mg</i>                             | Tier 2 |    |
| <i>mesalamine cap er 24hr 0.375 gm</i>                      | Tier 2 |    |
| <i>mesalamine enema 4 gm</i>                                | Tier 2 |    |
| <i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> | Tier 2 |    |
| <i>mesalamine suppos 1000 mg</i>                            | Tier 2 |    |
| <i>mesalamine tab delayed release 1.2 gm</i>                | Tier 2 |    |

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 100  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                     |
|---|------------------|--|
| <i>mesalamine tab delayed release 800 mg</i>                        | Tier 2           |  |
| <i>sulfasalazine tab 500 mg</i>                                     | Tier 2           |  |
| <i>sulfasalazine tab delayed release 500 mg</i>                     | Tier 2           |  |
| <b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>                   |                  |  |
| LINZESS CAP 72MCG   | Tier 3           |  |
| LINZESS CAP 145MCG  | Tier 3           |  |
| LINZESS CAP 290MCG  | Tier 3           |  |
| <i>lubiprostone cap 8 mcg</i>                                       | Tier 2           |  |
| <i>lubiprostone cap 24 mcg</i>                                      | Tier 2           |  |
| <b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>                       |                  |  |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i>                        | Tier 2           | PA   |
| <i>alosetron hcl tab 1 mg (base equiv)</i>                          | Tier 2           | PA   |
| VIBERZI TAB 75MG  | Tier 3           | PA   |
| VIBERZI TAB 100MG   | Tier 3           | PA   |
| <b>LAXATIVES</b>  |                  |  |
| CLENPIQ SOL   | Tier 0           | \$0 copay for members age 45 through 75, Tier 3 for all others |
| <i>enulose sol 10gm/15</i>  | Tier 2           |  |
| <i>generlac sol 10gm/15</i>   | Tier 2           |  |
| <i>lactulose solution 10 gm/15ml</i>                                | Tier 2           |  |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | Tier 2           |  |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>  | Tier 0           | \$0 copay for members age 45 through 75, otherwise not covered |
| PEG-PREP KIT  | Tier 0           | \$0 copay for members age 45 through 75, otherwise not covered |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | Tier 2           | OTC  |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | Tier 0           | \$0 copay for members age 45 through 75, otherwise not covered |
| SUFLAVE SOL   | Tier 0           | \$0 copay for members age 45 through 75, otherwise not covered |
| SUTAB TAB   | Tier 0           | \$0 copay for members age 45 through 75, otherwise not covered |
| <b>MISCELLANEOUS</b>  |                  |  |
| <i>cromolyn sodium oral conc 100 mg/5ml</i>                         | Tier 2           |  |
| <i>misoprostol tab 100 mcg</i>                                      | Tier 2           |  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>misoprostol tab 200 mcg</i>                                      | Tier 2           |   |
| MOVANTIK TAB 12.5MG   | Tier 3           |   |
| MOVANTIK TAB 25MG   | Tier 3           |   |
| SUCRAID SOL 8500/ML   | Tier 4           | PA, QL (354 mL every 30 days)   |
| <i>sucralfate tab 1 gm</i>  | Tier 2           |   |
| <i>ursodiol cap 300 mg</i>  | Tier 2           |   |
| <i>ursodiol tab 250 mg</i>  | Tier 2           |   |
| <i>ursodiol tab 500 mg</i>  | Tier 2           |   |
| <b>PANCREATIC ENZYMES</b>   |                  |   |
| CREON CAP 3000UNIT  | Tier 3           | PA  |
| CREON CAP 6000UNIT  | Tier 3           | PA  |
| CREON CAP 12000UNT  | Tier 3           | PA  |
| CREON CAP 24000UNT  | Tier 3           | PA  |
| CREON CAP 36000UNT  | Tier 3           | PA  |
| VIOKACE TAB 10440   | Tier 3           | PA  |
| VIOKACE TAB 20880   | Tier 3           | PA  |
| ZENPEP CAP 3000UNIT   | Tier 3           | PA  |
| ZENPEP CAP 5000UNIT   | Tier 3           | PA  |
| ZENPEP CAP 10000UNT   | Tier 3           | PA  |
| ZENPEP CAP 15000UNT   | Tier 3           | PA  |
| ZENPEP CAP 20000UNT   | Tier 3           | PA  |
| ZENPEP CAP 25000UNT   | Tier 3           | PA  |
| ZENPEP CAP 40000UNT   | Tier 3           | PA  |
| <b>PROTON PUMP INHIBITORS</b>                                       |                  |   |
| <i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>   | Tier 2           | QL (90 caps every 365 days)   |
| <i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>   | Tier 2           | QL (90 caps every 365 days)   |
| <i>esomeprazole magnesium for delayed release susp packet 10 mg</i> | Tier 2           | QL (90 packets every 365 days); Covered for age less than 1 year only |
| <i>lansoprazole cap delayed release 15 mg</i>                       | Tier 2           | QL (90 caps every 365 days)   |
| <i>lansoprazole cap delayed release 30 mg</i>                       | Tier 2           | QL (90 caps every 365 days)   |
| NEXIUM GRA 2.5MG DR   | Tier 4           | QL (90 packets every 365 days); Covered for age less than 1 year only |
| NEXIUM GRA 5MG DR   | Tier 4           | QL (90 packets every 365 days); Covered for age less than 1 year only |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| <i>omeprazole cap delayed release 10 mg</i>                        | Tier 2           | QL (90 caps every 365 days)    |
| <i>omeprazole cap delayed release 20 mg</i>                        | Tier 2           | QL (90 caps every 365 days)    |
| <i>omeprazole cap delayed release 40 mg</i>                        | Tier 2           | QL (90 caps every 365 days)    |
| <i>omeprazole delayed release tab 20 mg</i>                        | Tier 1           | OTC                            |
| <i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> | Tier 4           | QL (90 packets every 365 days) |
| <i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> | Tier 4           | QL (90 packets every 365 days) |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i>               | Tier 2           | QL (90 tabs every 365 days)    |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i>               | Tier 2           | QL (90 tabs every 365 days)    |
| <b>PRILOSEC OTC TAB 20MG</b>                                       | Tier 1           | OTC                            |
| <i>rabeprazole sodium ec tab 20 mg</i>                             | Tier 2           | QL (90 tabs every 365 days)    |

### **RECTAL, CORTICOSTEROIDS**

|   |        |  |
|---|--------|--|
| <i>hydrocortisone perianal cream 1%</i>   | Tier 2 |  |
| <i>hydrocortisone perianal cream 2.5%</i> | Tier 2 |  |
| <i>proctozone cre -hc 2.5%</i>            | Tier 2 |  |

### **ULCER THERAPY COMBINATIONS**

|   |        |     |
|---|--------|-----|
| <i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i> | Tier 2 |     |
| <i>dual action chw complete</i>   | Tier 1 | OTC |
| <b>HELIDAC MIS THERAPY</b>  | Tier 4 |     |

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

|  |        |                                |
|--|--------|--------------------------------|
| <i>alfuzosin hcl tab er 24hr 10 mg</i>           | Tier 2 |                                |
| <b>CARDURA XL TAB 4MG</b>                        | Tier 4 | ST; PA**                       |
| <b>CARDURA XL TAB 8MG</b>                        | Tier 4 | ST; PA**                       |
| <i>doxazosin mesylate tab 1 mg</i>               | Tier 2 |                                |
| <i>doxazosin mesylate tab 2 mg</i>               | Tier 2 |                                |
| <i>doxazosin mesylate tab 4 mg</i>               | Tier 2 |                                |
| <i>doxazosin mesylate tab 8 mg</i>               | Tier 2 |                                |
| <i>dutasteride cap 0.5 mg</i>                    | Tier 2 |                                |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | Tier 2 |                                |
| <i>finasteride tab 5 mg</i>                      | Tier 2 |                                |
| <i>silodosin cap 4 mg</i>                        | Tier 2 |                                |
| <i>silodosin cap 8 mg</i>                        | Tier 2 |                                |
| <i>tadalafil tab 2.5 mg</i>                      | Tier 2 | PA, QL (30 tabs every 30 days) |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy



| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| <i>tadalafil tab 5 mg</i>                        | Tier 2           | PA, QL (30 tabs every 30 days) |
| <i>tamsulosin hcl cap 0.4 mg</i>                 | Tier 2           |                                |
| <i>terazosin hcl cap 1 mg (base equivalent)</i>  | Tier 2           |                                |
| <i>terazosin hcl cap 2 mg (base equivalent)</i>  | Tier 2           |                                |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>  | Tier 2           |                                |
| <i>terazosin hcl cap 10 mg (base equivalent)</i> | Tier 2           |                                |

### **CONTRACEPTIVES**

|                          |        |     |
|--------------------------|--------|-----|
| ENCARE SUP 100MG         | Tier 0 | OTC |
| GYNOL II GEL 3%          | Tier 0 | OTC |
| PHEXXI GEL               | Tier 0 |     |
| TODAY SPONGE MIS         | Tier 0 | OTC |
| VCF VAGINAL AER CONTRACP | Tier 0 | OTC |
| VCF VAGINAL GEL CONTRACE | Tier 0 | OTC |
| VCF VAGINAL MIS CONTRACP | Tier 0 | OTC |

### **MISCELLANEOUS**

|  |        |     |
|--|--------|-----|
| <i>bethanechol chloride tab 5 mg</i>             | Tier 2 |     |
| <i>bethanechol chloride tab 10 mg</i>            | Tier 2 |     |
| <i>bethanechol chloride tab 25 mg</i>            | Tier 2 |     |
| <i>bethanechol chloride tab 50 mg</i>            | Tier 2 |     |
| ELMIRON CAP 100MG                                | Tier 4 |     |
| <i>phenazopyridine tab 95mg</i>                  | Tier 2 | OTC |
| <i>potassium citrate tab er 5 meq (540 mg)</i>   | Tier 2 |     |
| <i>potassium citrate tab er 10 meq (1080 mg)</i> | Tier 2 |     |
| <i>potassium citrate tab er 15 meq (1620 mg)</i> | Tier 2 |     |

### **URINARY ANTISPASMODICS**

|   |        |  |
|---|--------|--|
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> | Tier 2 |  |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>  | Tier 2 |  |
| <i>fesoterodine fumarate tab er 24hr 4 mg</i>                   | Tier 2 |  |
| <i>fesoterodine fumarate tab er 24hr 8 mg</i>                   | Tier 2 |  |
| GEMTESA TAB 75MG  | Tier 4 |  |
| MYRBETRIQ SUS 8MG/ML  | Tier 3 |  |
| MYRBETRIQ TAB 25MG  | Tier 3 |  |
| MYRBETRIQ TAB 50MG  | Tier 3 |  |
| <i>oxybutynin chloride solution 5 mg/5ml</i>                    | Tier 2 |  |
| <i>oxybutynin chloride tab 5 mg</i>                             | Tier 2 |  |
| <i>oxybutynin chloride tab er 24hr 5 mg</i>                     | Tier 2 |  |
| <i>oxybutynin chloride tab er 24hr 10 mg</i>                    | Tier 2 |  |
| <i>oxybutynin chloride tab er 24hr 15 mg</i>                    | Tier 2 |  |
| <i>solifenacin succinate tab 5 mg</i>                           | Tier 2 |  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>solifenacin succinate tab 10 mg</i>       | Tier 2           |                            |
| <i>tolterodine tartrate cap er 24hr 2 mg</i> | Tier 2           |                            |
| <i>tolterodine tartrate cap er 24hr 4 mg</i> | Tier 2           |                            |
| <i>tolterodine tartrate tab 1 mg</i>         | Tier 2           |                            |
| <i>tolterodine tartrate tab 2 mg</i>         | Tier 2           |                            |
| <i>tropium chloride cap er 24hr 60 mg</i>    | Tier 2           |                            |
| <i>tropium chloride tab 20 mg</i>            | Tier 2           |                            |

### **VAGINAL ANTI-INFECTIVES**

|   |        |     |
|---|--------|-----|
| <i>CLEOCIN SUP 100MG</i>                      | Tier 3 |     |
| <i>clindamycin phosphate vaginal cream 2%</i> | Tier 2 |     |
| <i>3 day vaginal cre 4%</i>                   | Tier 1 | OTC |
| <i>GYNAZOLE-1 CRE 2%</i>                      | Tier 4 |     |
| <i>GYNE-LOTRIM CRE 1% VAG</i>                 | Tier 1 | OTC |
| <i>GYNE-LOTRIMI CRE 3</i>                     | Tier 1 | OTC |
| <i>metronidazole vaginal gel 0.75%</i>        | Tier 2 |     |
| <i>miconazole 1 kit 1200-2%</i>               | Tier 1 | OTC |
| <i>miconazole 3 sup 200mg</i>                 | Tier 2 |     |
| <i>miconazole 7 cre tube/kit</i>              | Tier 1 | OTC |
| <i>miconazole 7 sup 100mg</i>                 | Tier 1 | OTC |
| <i>terconazole vaginal cream 0.4%</i>         | Tier 2 |     |
| <i>terconazole vaginal cream 0.8%</i>         | Tier 2 |     |
| <i>terconazole vaginal suppos 80 mg</i>       | Tier 2 |     |
| <i>VAGISTAT-1 OIN 6.5% VAG</i>                | Tier 1 | OTC |
| <i>vagistat-3 kit combo pk</i>                | Tier 1 | OTC |

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

|   |        |  |
|---|--------|--|
| <i>dabigatran etexilate mesylate cap 150 mg<br/>(etexilate base eq)</i> | Tier 2 |  |
| <i>ELIQUIS ST P TAB 5MG</i>   | Tier 3 |  |
| <i>ELIQUIS TAB 2.5MG</i>  | Tier 3 |  |
| <i>ELIQUIS TAB 5MG</i>  | Tier 3 |  |
| <i>enoxaparin sodium inj 300 mg/3ml</i>                                 | Tier 2 |  |
| <i>enoxaparin sodium inj soln pref syr 30<br/>mg/0.3ml</i>              | Tier 2 |  |
| <i>enoxaparin sodium inj soln pref syr 40<br/>mg/0.4ml</i>              | Tier 2 |  |
| <i>enoxaparin sodium inj soln pref syr 60<br/>mg/0.6ml</i>              | Tier 2 |  |
| <i>enoxaparin sodium inj soln pref syr 80<br/>mg/0.8ml</i>              | Tier 2 |  |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>                    | Tier 2 |  |
| <i>enoxaparin sodium inj soln pref syr 120<br/>mg/0.8ml</i>             | Tier 2 |  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>     | Tier 2           |                            |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | Tier 2           |                            |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>   | Tier 2           |                            |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> | Tier 2           |                            |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>  | Tier 2           |                            |
| FRAGMIN INJ 2500/0.2                                     | Tier 4           |                            |
| FRAGMIN INJ 2500/ML                                      | Tier 4           |                            |
| FRAGMIN INJ 5000/0.2                                     | Tier 4           |                            |
| FRAGMIN INJ 7500/0.3                                     | Tier 4           |                            |
| FRAGMIN INJ 10000/ML                                     | Tier 4           |                            |
| FRAGMIN INJ 12500UNT                                     | Tier 4           |                            |
| FRAGMIN INJ 15000UNT                                     | Tier 4           |                            |
| FRAGMIN INJ 18000UNT                                     | Tier 4           |                            |
| FRAGMIN INJ 95000UNT                                     | Tier 4           |                            |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i>         | Tier 2           |                            |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i>         | Tier 2           |                            |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i>        | Tier 2           |                            |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i>        | Tier 2           |                            |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>   | Tier 2           |                            |
| <i>jantoven tab 1mg</i>                                  | Tier 2           |                            |
| <i>jantoven tab 2.5mg</i>                                | Tier 2           |                            |
| <i>jantoven tab 2mg</i>                                  | Tier 2           |                            |
| <i>jantoven tab 3mg</i>                                  | Tier 2           |                            |
| <i>jantoven tab 4mg</i>                                  | Tier 2           |                            |
| <i>jantoven tab 5mg</i>                                  | Tier 2           |                            |
| <i>jantoven tab 6mg</i>                                  | Tier 2           |                            |
| <i>jantoven tab 7.5mg</i>                                | Tier 2           |                            |
| <i>jantoven tab 10mg</i>                                 | Tier 2           |                            |
| PRADAXA CAP 75MG   | Tier 4           |                            |
| PRADAXA CAP 110MG  | Tier 4           |                            |
| <i>warfarin sodium tab 1 mg</i>                          | Tier 2           |                            |
| <i>warfarin sodium tab 2 mg</i>                          | Tier 2           |                            |
| <i>warfarin sodium tab 2.5 mg</i>                        | Tier 2           |                            |
| <i>warfarin sodium tab 3 mg</i>                          | Tier 2           |                            |
| <i>warfarin sodium tab 4 mg</i>                          | Tier 2           |                            |
| <i>warfarin sodium tab 5 mg</i>                          | Tier 2           |                            |
| <i>warfarin sodium tab 6 mg</i>                          | Tier 2           |                            |
| <i>warfarin sodium tab 7.5 mg</i>                        | Tier 2           |                            |
| <i>warfarin sodium tab 10 mg</i>                         | Tier 2           |                            |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------|------------------|----------------------------|
| XARELTO STAR TAB 15/20MG | Tier 3           |                            |
| XARELTO SUS 1MG/ML       | Tier 3           |                            |
| XARELTO TAB 2.5MG        | Tier 3           |                            |
| XARELTO TAB 10MG         | Tier 3           |                            |
| XARELTO TAB 15MG         | Tier 3           |                            |
| XARELTO TAB 20MG         | Tier 3           |                            |

### **HEMATOPOIETIC GROWTH FACTORS**

|                       |        |                                   |
|-----------------------|--------|-----------------------------------|
| ARANESP INJ 10MCG     | Tier 5 | PA                                |
| ARANESP INJ 25MCG     | Tier 5 | PA                                |
| ARANESP INJ 40MCG     | Tier 5 | PA                                |
| ARANESP INJ 60MCG     | Tier 5 | PA                                |
| ARANESP INJ 100MCG    | Tier 5 | PA                                |
| ARANESP INJ 150MCG    | Tier 5 | PA                                |
| ARANESP INJ 200MCG    | Tier 5 | PA                                |
| ARANESP INJ 300MCG    | Tier 5 | PA                                |
| ARANESP INJ 500MCG    | Tier 5 | PA                                |
| DOPTELET TAB 20MG     | Tier 5 | PA, QL (1 carton every 5 days)    |
| DOPTELET TAB 20MG     | Tier 5 | PA, QL (2 cartons every 30 days)  |
| FYLNETRA INJ 6MG/0.6  | Tier 5 | PA, QL (2 syringes every 28 days) |
| MIRCERA INJ 30MCG     | Tier 5 | PA                                |
| MIRCERA INJ 50MCG     | Tier 5 | PA                                |
| MIRCERA INJ 75MCG     | Tier 5 | PA                                |
| MIRCERA INJ 100MCG    | Tier 5 | PA                                |
| MIRCERA INJ 120MCG    | Tier 5 | PA                                |
| MIRCERA INJ 150MCG    | Tier 5 | PA                                |
| MIRCERA INJ 200MCG    | Tier 5 | PA                                |
| NIVESTYM INJ 300/0.5  | Tier 5 | PA                                |
| NIVESTYM INJ 300MCG   | Tier 5 | PA                                |
| NIVESTYM INJ 480/0.8  | Tier 5 | PA                                |
| NIVESTYM INJ 480MCG   | Tier 5 | PA                                |
| NYVEPRIA INJ 6/0.6ML  | Tier 5 | PA, QL (2 syringes every 28 days) |
| RETACRIT INJ 2000UNIT | Tier 5 | PA                                |
| RETACRIT INJ 3000UNIT | Tier 5 | PA                                |
| RETACRIT INJ 4000UNIT | Tier 5 | PA                                |
| RETACRIT INJ 10000UNT | Tier 5 | PA                                |
| RETACRIT INJ 20000UNI | Tier 5 | PA                                |
| RETACRIT INJ 40000UNT | Tier 5 | PA                                |

### **HEMOPHILIA A AGENTS**

|                      |        |    |
|----------------------|--------|----|
| HEMLIBRA INJ 30MG/ML | Tier 6 | PA |
|----------------------|--------|----|

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 107  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------|------------------|----------------------------|
| HEMLIBRA INJ 60/0.4  | Tier 6           | PA                         |
| HEMLIBRA INJ 105/0.7 | Tier 6           | PA                         |
| HEMLIBRA INJ 150/ML  | Tier 6           | PA                         |

### **MISCELLANEOUS**

|   |        |  |
|---|--------|--|
| <i>anagrelide hcl cap 0.5 mg</i>                        | Tier 2 |  |
| <i>anagrelide hcl cap 1 mg</i>                          | Tier 2 |  |
| <i>cilostazol tab 50 mg</i>                             | Tier 2 |  |
| <i>cilostazol tab 100 mg</i>                            | Tier 2 |  |
| DROXIA CAP 200MG  | Tier 3 |  |
| DROXIA CAP 300MG  | Tier 3 |  |
| DROXIA CAP 400MG  | Tier 3 |  |
| <i>pentoxifylline tab er 400 mg</i>                     | Tier 2 |  |
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> | Tier 2 |  |
| <i>tranexamic acid tab 650 mg</i>                       | Tier 2 |  |

### **PLATELET AGGREGATION INHIBITORS**

|  |        |   |
|--|--------|---|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>    | Tier 2 |   |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>  | Tier 2 |   |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> | Tier 2 |   |
| <i>dipyridamole tab 25 mg</i>                        | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dipyridamole tab 50 mg</i>                        | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dipyridamole tab 75 mg</i>                        | Tier 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>           | Tier 2 |   |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>          | Tier 2 |   |
| YOSPRALA TAB 81-40MG                                 | Tier 4 |   |
| YOSPRALA TAB 325-40MG                                | Tier 4 |   |

### **HEMATOPOIETIC AGENTS**

#### **COBALAMINS**

|                                       |        |     |
|---------------------------------------|--------|-----|
| <i>cyanocobalamin sl tab 500 mcg</i>  | Tier 1 | OTC |
| <i>cyanocobalamin sl tab 1000 mcg</i> | Tier 1 | OTC |
| <i>vitamin b-12 tab 100mcg</i>        | Tier 1 | OTC |
| <i>vitamin b-12 tab 250mcg</i>        | Tier 1 | OTC |
| <i>vitamin b-12 tab 500mcg</i>        | Tier 1 | OTC |
| <i>vitamin b-12 tab 1000mcg</i>       | Tier 1 | OTC |

#### **IRON**

|                        |        |     |
|------------------------|--------|-----|
| FER-IN-SOL DRO 15MG/ML | Tier 0 | OTC |
|------------------------|--------|-----|

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>ferate tab 27mg</i>  | Tier 1           | OTC                        |
| FERRETTIS TAB 325MG   | Tier 1           | OTC                        |
| <i>ferrocite tab 324mg</i>  | Tier 1           | OTC                        |
| FERROUS GLUC TAB 324MG  | Tier 1           | OTC                        |
| FERROUS SUL LIQ 220/5ML   | Tier 0           | OTC                        |
| FERROUS SULF TAB 140MG  | Tier 1           | OTC                        |
| FERROUS SULF TAB 324MG EC   | Tier 1           | OTC                        |
| <i>ferrous sulf tab 325mg</i>                                     | Tier 1           | OTC                        |
| <i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> | Tier 0           | OTC                        |
| <i>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</i>   | Tier 0           | OTC                        |
| <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>        | Tier 1           | OTC                        |
| IRON CHW PEDIATRI   | Tier 1           | OTC                        |
| <i>nu-iron 150 cap 150mg</i>                                      | Tier 1           | OTC                        |

## **IMMUNOLOGIC AGENTS**

### **AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)**

|                           |        |   |
|---------------------------|--------|---|
| ACTEMRA INJ 80MG/4ML      | Tier 6 | ST, PA, QL (10 vials every 14 days)                                 |
| ACTEMRA INJ 200/10ML      | Tier 6 | ST, PA, QL (4 vials every 14 days)                                  |
| ACTEMRA INJ 400/20ML      | Tier 6 | ST, PA, QL (2 vials every 14 days)                                  |
| INFLIXIMAB INJ 100MG      | Tier 5 | PA, QL (5 vials every 42 days)                                      |
| SIMPONI ARIA SOL 50MG/4ML | Tier 6 | PA, QL (200 mg every 8 weeks)                                       |
| SKYRIZI SOL 60MG/ML       | Tier 5 | PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease |

### **AUTOIMMUNE AGENTS (SELF-ADMINISTERED)**

|                           |        |  |
|---------------------------|--------|--|
| ACTEMRA INJ 162/0.9       | Tier 6 | ST, PA, QL (4 syringes every 28 days)  |
| ADALIMU-ADAZ INJ 40/0.4ML | Tier 5 | PA, QL (4 auto-injectors every 28 days)  |
| ADALIMU-ADAZ INJ 40/0.4ML | Tier 5 | PA, QL (4 syringes every 28 days)  |
| COSENTYX INJ 75MG/0.5     | Tier 5 | PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---------------------------|------------------|--|
| COSENTYX INJ 150MG/ML     | Tier 5           | PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                           |
| COSENTYX INJ 300DOSE      | Tier 5           | PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                              |
| COSENTYX PEN INJ 150MG/ML | Tier 5           | PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                               |
| COSENTYX PEN INJ 300DOSE  | Tier 5           | PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                              |
| COSENTYX UNO INJ 300/2ML  | Tier 5           | PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                               |
| ENBREL INJ 25/0.5ML       | Tier 5           | PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis   |
| ENBREL INJ 25MG           | Tier 5           | PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis      |
| ENBREL INJ 50MG/ML        | Tier 5           | PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis   |
| ENBREL MINI INJ 50MG/ML   | Tier 5           | PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---------------------------|------------------|--|
| ENBREL SRCLK INJ 50MG/ML  | Tier 5           | PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| HUMIRA INJ 10/0.1ML       | Tier 5           | PA, QL (2 injections every 28 days)  |
| HUMIRA INJ 20/0.2ML       | Tier 5           | PA, QL (4 injections every 28 days)  |
| HUMIRA INJ 40/0.4ML       | Tier 5           | PA, QL (4 injections every 28 days)  |
| HUMIRA KIT 40MG/0.8       | Tier 5           | PA, QL (4 injections every 28 days)  |
| HUMIRA PEDIA INJ CROHNS   | Tier 5           | PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)   |
| HUMIRA PEDIA INJ CROHNS   | Tier 5           | PA, QL (Starter pack - initial dose only); (80mg single strength kit)  |
| HUMIRA PEN INJ 40/0.4ML   | Tier 5           | PA, QL (4 injections every 28 days)  |
| HUMIRA PEN INJ 40MG/0.8   | Tier 5           | PA, QL (4 pens every 28 days)  |
| HUMIRA PEN INJ 80/0.8ML   | Tier 5           | PA, QL (2 pens every 28 days)  |
| HUMIRA PEN KIT PS/UV      | Tier 5           | PA, QL (Starter pack - initial dose only)  |
| HYRIMOZ INJ 10/0.1ML      | Tier 5           | PA, QL (2 syringes every 28 days)  |
| HYRIMOZ INJ 20/0.2ML      | Tier 5           | PA, QL (4 syringes every 28 days)  |
| HYRIMOZ INJ 40/0.4ML      | Tier 5           | PA, QL (4 auto-injectors every 28 days)  |
| HYRIMOZ INJ 40/0.4ML      | Tier 5           | PA, QL (4 syringes every 28 days)  |
| HYRIMOZ INJ 80/0.8ML      | Tier 5           | PA, QL (2 auto-injectors every 28 days)  |
| HYRIMOZ-CROH INJ UC SP    | Tier 5           | PA, QL (Starter pack - initial dose only)  |
| HYRIMOZ-PED INJ CROHNS    | Tier 5           | PA, QL (Starter pack - initial dose only)  |
| HYRIMOZ-PLAQ INJ PSORIASI | Tier 5           | PA, QL (Starter pack - initial dose only)  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
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| <b>Drug Name</b>     | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|----------------------|------------------|--|
| KEVZARA INJ 150/1.14 | Tier 5           | PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis  |
| KEVZARA INJ 150/1.14 | Tier 5           | PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis  |
| KEVZARA INJ 200/1.14 | Tier 5           | PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis  |
| KEVZARA INJ 200/1.14 | Tier 5           | PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis  |
| OTEZLA TAB 10/20/30  | Tier 5           | PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis  |
| OTEZLA TAB 30MG      | Tier 5           | PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis  |
| RINVOQ TAB 15MG ER   | Tier 5           | PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis. |
| RINVOQ TAB 30MG ER   | Tier 5           | PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.   |
| RINVOQ TAB 45MG ER   | Tier 5           | PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.   |
| SIMPONI INJ 50/0.5ML | Tier 6           | ST, PA, QL (1 injection every 28 days)   |
| SIMPONI INJ 100MG/ML | Tier 6           | ST, PA, QL (1 injection every 28 days)   |

| <b>Drug Name</b>         | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------|------------------|--|
| SKYRIZI INJ 150MG/ML     | Tier 5           | PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis                 |
| SKYRIZI INJ 180/1.2      | Tier 5           | PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease                                  |
| SKYRIZI INJ 360/2.4      | Tier 5           | PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease                                  |
| SKYRIZI PEN INJ 150MG/ML | Tier 5           | PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis                 |
| STELARA INJ 45MG/0.5     | Tier 5           | PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| STELARA INJ 45MG/0.5     | Tier 5           | PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis    |
| STELARA INJ 90MG/ML      | Tier 5           | PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| TALTZ INJ 80MG/ML        | Tier 5           | PA, QL (1 injection every 28 days); Preferred agent for Psoriasis  |
| TREMFYA INJ 100MG/ML     | Tier 5           | PA, QL (1 injection every 56 days); Preferred agent for Psoriasis  |
| XELJANZ SOL 1MG/ML       | Tier 5           | PA, QL (240 mL every 24 days)  |
| XELJANZ TAB 5MG          | Tier 5           | PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.         |
| XELJANZ TAB 10MG         | Tier 5           | PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.                                  |

| <b>Drug Name</b>    | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---------------------|------------------|--|
| XELJANZ XR TAB 11MG | Tier 5           | PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |
| XELJANZ XR TAB 22MG | Tier 5           | PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.                          |

### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

|  |        |  |
|--|--------|--|
| <i>hydroxychloroquine sulfate tab 200 mg</i>       | Tier 2 |  |
| <i>leflunomide tab 10 mg</i>                       | Tier 2 |  |
| <i>leflunomide tab 20 mg</i>                       | Tier 2 |  |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | Tier 2 |  |

### **HEREDITARY ANGIOEDEMA**

|   |        |                                    |
|---|--------|------------------------------------|
| HAEGARDA INJ 2000UNIT   | Tier 6 | PA, QL (20 vials every 30 days)    |
| HAEGARDA INJ 3000UNIT   | Tier 6 | PA, QL (20 vials every 30 days)    |
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> | Tier 5 | PA, QL (45 syringes every 90 days) |

### **IMMUNOGLOBULIN**

|                     |        |    |
|---------------------|--------|----|
| CUTAQUIG SOL 1.65GM | Tier 5 | PA |
| CUTAQUIG SOL 1GM    | Tier 5 | PA |
| CUTAQUIG SOL 2GM    | Tier 5 | PA |
| CUTAQUIG SOL 3.3GM  | Tier 5 | PA |
| CUTAQUIG SOL 4GM    | Tier 5 | PA |
| CUTAQUIG SOL 8GM    | Tier 5 | PA |

### **IMMUNOMODULATORS**

|                       |        |                                |
|-----------------------|--------|--------------------------------|
| ACTIMMUNE INJ 2MU/0.5 | Tier 6 | PA                             |
| ARCALYST INJ 220MG    | Tier 5 | PA, QL (8 vials every 28 days) |

### **IMMUNOSUPPRESSANTS**

|                                |        |  |
|--------------------------------|--------|--|
| ASTAGRAF XL CAP 0.5MG          | Tier 4 |  |
| ASTAGRAF XL CAP 1MG            | Tier 4 |  |
| ASTAGRAF XL CAP 5MG            | Tier 4 |  |
| <i>azathioprine tab 50 mg</i>  | Tier 2 |  |
| <i>azathioprine tab 75 mg</i>  | Tier 2 |  |
| <i>azathioprine tab 100 mg</i> | Tier 2 |  |
| CELLCEPT CAP 250MG             | Tier 4 |  |
| CELLCEPT IV INJ 500MG          | Tier 4 |  |
| CELLCEPT SUS 200MG/ML          | Tier 4 |  |
| CELLCEPT TAB 500MG             | Tier 4 |  |
| <i>cyclosporine cap 25 mg</i>  | Tier 2 |  |
| <i>cyclosporine cap 100 mg</i> | Tier 2 |  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>cyclosporine iv soln 50 mg/ml</i>                                | Tier 2           |                            |
| <i>cyclosporine modified cap 25 mg</i>                              | Tier 2           |                            |
| <i>cyclosporine modified cap 50 mg</i>                              | Tier 2           |                            |
| <i>cyclosporine modified cap 100 mg</i>                             | Tier 2           |                            |
| <i>cyclosporine modified oral soln 100 mg/ml</i>                    | Tier 2           |                            |
| ENVARUSUS XR TAB 0.75MG   | Tier 4           |                            |
| ENVARUSUS XR TAB 1MG  | Tier 4           |                            |
| ENVARUSUS XR TAB 4MG  | Tier 4           |                            |
| <i>everolimus tab 0.5 mg</i>  | Tier 2           |                            |
| <i>everolimus tab 0.25 mg</i>                                       | Tier 2           |                            |
| <i>everolimus tab 0.75 mg</i>                                       | Tier 2           |                            |
| <i>everolimus tab 1 mg</i>  | Tier 2           |                            |
| <i>engraf cap 25mg</i>  | Tier 2           |                            |
| <i>engraf cap 100mg</i>   | Tier 2           |                            |
| <i>engraf sol 100mg/ml</i>  | Tier 2           |                            |
| <i>mycophenolate mofetil cap 250 mg</i>                             | Tier 2           |                            |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                | Tier 2           |                            |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>    | Tier 2           |                            |
| <i>mycophenolate mofetil tab 500 mg</i>                             | Tier 2           |                            |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | Tier 2           |                            |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | Tier 2           |                            |
| MYFORTIC TAB 180MG  | Tier 4           |                            |
| MYFORTIC TAB 360MG  | Tier 4           |                            |
| NEORAL CAP 25MG   | Tier 4           |                            |
| NEORAL CAP 100MG  | Tier 4           |                            |
| NEORAL SOL 100MG/ML   | Tier 4           |                            |
| NULOJIX INJ 250MG   | Tier 4           |                            |
| PROGRAF CAP 0.5MG   | Tier 4           |                            |
| PROGRAF CAP 1MG   | Tier 4           |                            |
| PROGRAF CAP 5MG   | Tier 4           |                            |
| PROGRAF GRA 0.2MG   | Tier 4           |                            |
| PROGRAF GRA 1MG   | Tier 4           |                            |
| PROGRAF INJ 5MG/ML  | Tier 4           |                            |
| RAPAMUNE SOL 1MG/ML   | Tier 4           |                            |
| RAPAMUNE TAB 0.5MG  | Tier 4           |                            |
| RAPAMUNE TAB 1MG  | Tier 4           |                            |
| RAPAMUNE TAB 2MG  | Tier 4           |                            |
| SANDIMMUNE CAP 25MG   | Tier 4           |                            |
| SANDIMMUNE CAP 100MG  | Tier 4           |                            |
| SANDIMMUNE INJ 50MG/ML  | Tier 4           |                            |

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| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|------------------------------------|------------------|---|
| SANDIMMUNE SOL 100MG/ML            | Tier 4           |   |
| <i>sirolimus oral soln 1 mg/ml</i> | Tier 2           |   |
| <i>sirolimus tab 0.5 mg</i>        | Tier 2           |   |
| <i>sirolimus tab 1 mg</i>          | Tier 2           |   |
| <i>sirolimus tab 2 mg</i>          | Tier 2           |   |
| <i>tacrolimus cap 0.5 mg</i>       | Tier 2           |   |
| <i>tacrolimus cap 1 mg</i>         | Tier 2           |   |
| <i>tacrolimus cap 5 mg</i>         | Tier 2           |   |
| ZORTRESS TAB 0.5MG                 | Tier 4           |   |
| ZORTRESS TAB 0.25MG                | Tier 4           |   |
| ZORTRESS TAB 0.75MG                | Tier 4           |   |
| ZORTRESS TAB 1MG                   | Tier 4           |   |
| <b>MISCELLANEOUS</b>               |                  |   |
| BEYFORTUS INJ 50/0.5ML             | Tier 3           |   |
| BEYFORTUS INJ 100MG/ML             | Tier 3           |   |
| <b>VACCINES</b>                    |                  |   |
| ABRYSVO INJ                        | Tier 3           |   |
| AREXVY INJ 120MCG                  | Tier 3           |   |
| BEXSERO INJ                        | Tier 0           |   |
| BOOSTRIX INJ                       | Tier 0           |   |
| COMIRNATY INJ 30/0.3ML             | Tier 0           |   |
| DENGVAXIA SUS                      | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| ENGERIX-B INJ 10/0.5ML             | Tier 0           |   |
| ENGERIX-B INJ 20MCG/ML             | Tier 0           |   |
| FLUMIST QUAD SUS 2023-24           | Tier 0           |   |
| FLUZONE QUAD INJ 2023-24           | Tier 0           |   |
| GARDASIL 9 INJ                     | Tier 0           |   |
| HAVRIX INJ 720UNIT                 | Tier 0           |   |
| HAVRIX INJ 1440UNIT                | Tier 0           |   |
| INFANRIX INJ                       | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| IPOL INJ INACTIVE                  | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| KINRIX INJ                         | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| MENQUADFI INJ                      | Tier 0           |   |
| MENVEO INJ                         | Tier 0           |   |
| MENVEO SOL                         | Tier 0           |   |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|---------------------------|------------------|---|
| MODERNA INJ 6MO-11Y       | Tier 0           |   |
| NOVAVAX VAC INJ COVID-19  | Tier 0           |   |
| PENTACEL INJ              | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| PFIZER 5-11Y INJ 2023-24  | Tier 0           |   |
| PFIZER 6M-4Y INJ 2023-24  | Tier 0           |   |
| PREHEVBRIO SUS 10MCG/ML   | Tier 0           |   |
| PREVNAR 20 INJ            | Tier 0           |   |
| PRIORIX INJ               | Tier 0           |   |
| PROQUAD INJ               | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL INJ             | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL INJ 0.5ML       | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| RECOMBIVA HB INJ 5MCG/0.5 | Tier 0           |   |
| RECOMBIVA HB INJ 10MCG/ML | Tier 0           |   |
| ROTARIX SUS               | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| ROTATEQ SOL               | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| SHINGRIX INJ 50/0.5ML     | Tier 0           | \$0 copay for members age 19 and older, otherwise not covered   |
| SPIKEVAX INJ 50/0.5ML     | Tier 0           |   |
| TWINRIX INJ               | Tier 0           | \$0 copay for members age 18 and older, otherwise not covered   |
| VAXELIS INJ               | Tier 0           | \$0 copay for members age 18 and younger, otherwise not covered |
| VAXNEUVANCE INJ           | Tier 0           |   |

## **LAXATIVES**

### **BULK LAXATIVES**

|                                 |        |     |
|---------------------------------|--------|-----|
| CITRUCEL POW ORANGE             | Tier 1 | OTC |
| CITRUCEL TAB 500MG              | Tier 1 | OTC |
| <i>corn dextrin oral powder</i> | Tier 1 | OTC |

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 117  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------|------------------|----------------------------|
| <i>fiber oral powder</i>      | Tier 1           | OTC                        |
| FIBERCON TAB 625MG            | Tier 1           | OTC                        |
| <i>konsyl daily pow 28.3%</i> | Tier 1           | OTC                        |
| <i>naturl fiber pow 58.6%</i> | Tier 1           | OTC                        |
| <i>wal-mucil pow 48.57%</i>   | Tier 1           | OTC                        |

### **LAXATIVE COMBINATIONS**

|                                  |        |  |
|----------------------------------|--------|--|
| CLENPIQ SOL                      | Tier 0 | \$0 copay for members age 45 through 75, Tier 3 for all others |
| <i>easy-lax pls tab 8.6-50mg</i> | Tier 1 | OTC  |
| <i>gavilyte-c sol</i>            | Tier 2 |  |
| <i>gavilyte-g sol</i>            | Tier 2 |  |
| PLENVU SOL                       | Tier 0 | \$0 copay for members age 45 through 75, otherwise not covered |

### **LAXATIVES - MISCELLANEOUS**

|                     |        |     |
|---------------------|--------|-----|
| <i>clearlax pow</i> | Tier 1 | OTC |
| GLYCERIN SUP 2GM    | Tier 1 | OTC |

### **LUBRICANT LAXATIVES**

|                    |        |     |
|--------------------|--------|-----|
| <i>mineral oil</i> | Tier 1 | OTC |
|--------------------|--------|-----|

### **SALINE LAXATIVES**

|                                  |        |     |
|----------------------------------|--------|-----|
| FLEET ENE ENEMA                  | Tier 1 | OTC |
| <i>magnesium citrate soln</i>    | Tier 1 | OTC |
| <i>milk of magn sus frsh mnt</i> | Tier 1 | OTC |
| OSMOPREP TAB 1.5GM               | Tier 4 |     |

### **STIMULANT LAXATIVES**

|                                |        |     |
|--------------------------------|--------|-----|
| <i>ex-lax ultra tab 5mg ec</i> | Tier 1 | OTC |
| <i>gentle laxat sup 10mg</i>   | Tier 1 | OTC |
| <i>senexon liq 8.8mg/5</i>     | Tier 1 | OTC |
| <i>senna tab 8.6mg</i>         | Tier 1 | OTC |

### **SURFACTANT LAXATIVES**

|   |        |     |
|---|--------|-----|
| <i>diocto syp 60/15ml</i>                 | Tier 1 | OTC |
| <i>docusate calcium cap 240 mg</i>        | Tier 1 | OTC |
| <i>docusate sodium cap 250 mg</i>         | Tier 1 | OTC |
| <i>docusate sodium liquid 150 mg/15ml</i> | Tier 1 | OTC |
| <i>stool softnr cap 100mg</i>             | Tier 1 | OTC |

## **MEDICAL DEVICES AND SUPPLIES**

### **CONTRACEPTIVES**

|                 |        |                       |
|-----------------|--------|-----------------------|
| CAYA DPR        | Tier 0 | QL (1 every 300 days) |
| FEMCAP MIS 22MM | Tier 0 | QL (1 every 300 days) |
| FEMCAP MIS 26MM | Tier 0 | QL (1 every 300 days) |
| FEMCAP MIS 30MM | Tier 0 | QL (1 every 300 days) |

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| <b>Drug Name</b>     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------|------------------|----------------------------|
| OMNIFLEX DPR         | Tier 0           | QL (1 every 300 days)      |
| WIDE-SEAL DPR KIT 60 | Tier 0           | QL (1 every 300 days)      |
| WIDE-SEAL DPR KIT 65 | Tier 0           | QL (1 every 300 days)      |
| WIDE-SEAL DPR KIT 70 | Tier 0           | QL (1 every 300 days)      |
| WIDE-SEAL DPR KIT 75 | Tier 0           | QL (1 every 300 days)      |
| WIDE-SEAL DPR KIT 80 | Tier 0           | QL (1 every 300 days)      |
| WIDE-SEAL DPR KIT 85 | Tier 0           | QL (1 every 300 days)      |
| WIDE-SEAL DPR KIT 90 | Tier 0           | QL (1 every 300 days)      |
| WIDE-SEAL DPR KIT 95 | Tier 0           | QL (1 every 300 days)      |

**DIABETIC SUPPLIES**

|                                     |        |   |
|-------------------------------------|--------|---|
| ACCU-CHEK BLOOD GLUCOSE TEST KITS   | Tier 3 | OTC                                     |
| ACCU-CHEK BLOOD GLUCOSE TEST STRIPS | Tier 3 | QL (204 Test Strips every 25 days), OTC |
| ACCU-CHEK BLOOD GLUCOSE TEST STRIPS | Tier 3 | QL (204 Test Strips every 30 days), OTC |
| AUTOLET LITE KIT STARTER            | Tier 1 | OTC                                     |
| BAYER MICRLT MIS LANC DVC           | Tier 1 | OTC                                     |
| BLOOD GLUCOSE CALIBRATION SOLUTION  | Tier 3 | OTC                                     |
| FINGERSTIX MIS LANCETS              | Tier 1 | OTC                                     |
| GLUCOSE URINE TEST STRIPS           | Tier 3 | OTC                                     |
| INSULIN PEN NEEDLES                 | Tier 3 | OTC                                     |
| INSULIN PEN NEEDLES/SYRINGES        | Tier 3 | OTC                                     |
| KETONE URINE TEST STRIPS            | Tier 3 | OTC                                     |
| LANCING DEVICE                      | Tier 3 | OTC                                     |
| MULTISTIX 10 TES SG                 | Tier 1 | OTC                                     |
| URIN-TEK KIT                        | Tier 1 | OTC                                     |
| URINE GLUCOSE MONITORING SUPPLIES   | Tier 3 | OTC                                     |
| URINE TEST STRIPS                   | Tier 3 | OTC                                     |

**DIAGNOSTIC TESTS**

|                   |        |     |
|-------------------|--------|-----|
| ALBUSTIX TES      | Tier 1 | OTC |
| RELION KETON TES  | Tier 1 | OTC |
| URINE TEST STRIPS | Tier 1 | OTC |

**MISC. DEVICES**

|                      |        |     |
|----------------------|--------|-----|
| ALCOHOL SWAB PAD 70% | Tier 1 | OTC |
|----------------------|--------|-----|

**MISCELLANEOUS**

|                            |        |     |
|----------------------------|--------|-----|
| ADULT RESPIRATORY MASK     | Tier 3 |     |
| NORDIPEN 5 MIS DEVICE      | Tier 3 |     |
| NORDIPEN DEL MIS SYSTEM    | Tier 3 | OTC |
| PEDIATRIC RESPIRATORY MASK | Tier 3 | OTC |

**PARENTERAL THERAPY SUPPLIES**

|                       |        |     |
|-----------------------|--------|-----|
| BULB IRR SYR MIS 60ML | Tier 1 | OTC |
| HYPONEDLE MIS 23GX1"  | Tier 1 | OTC |



| Drug Name                    | Drug Tier | Requirements/Limits |
|------------------------------|-----------|---------------------|
| HYPO NEEDLE MIS 25GX5/8"     | Tier 1    | OTC                 |
| INSULIN PEN NEEDLES/SYRINGES | Tier 1    | OTC                 |
| 3ML LUER LOC MIS 22GX1"      | Tier 1    | OTC                 |
| 3ML LUER LOC MIS 25GX1"      | Tier 1    | OTC                 |
| 3ML LUER LOC MIS 25GX5/8"    | Tier 1    | OTC                 |
| MONOJECT S/P MIS 35ML/REG    | Tier 1    | OTC                 |
| 1ML SYRINGE MIS 25GX5/8"     | Tier 1    | OTC                 |
| 3ML SYRINGE MIS LUER LOK     | Tier 1    | OTC                 |
| 12ML SYRINGE MIS REG LUER    | Tier 1    | OTC                 |

## MINERALS & ELECTROLYTES

### CALCIUM

|   |        |     |
|---|--------|-----|
| CA CITRATE TAB 250MG  | Tier 1 | OTC |
| CA GLUCONATE TAB 50MG   | Tier 1 | OTC |
| CA LACTATE TAB 100MG  | Tier 1 | OTC |
| CALCI-CHEW CHW 1250MG   | Tier 1 | OTC |
| <i>calcitrate tab 950mg</i>   | Tier 1 | OTC |
| <i>calcium 600 tab</i>  | Tier 1 | OTC |
| <i>calcium 600+d</i>  | Tier 1 | OTC |
| <i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>          | Tier 1 | OTC |
| <i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i> | Tier 1 | OTC |
| CALCIUM CIT TAB 1040MG  | Tier 1 | OTC |
| <i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>    | Tier 1 | OTC |
| <i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>   | Tier 1 | OTC |
| <i>calcium citrate tab 950 mg (200 mg elemental ca)</i>             | Tier 1 | OTC |
| <i>calcium citrate-vitamin d tab 315 mg-250 unit</i>                | Tier 1 | OTC |
| CALCIUM GLUC TAB 500MG  | Tier 1 | OTC |
| CALCIUM LACT TAB 648MG  | Tier 1 | OTC |
| CALCIUM LACT TAB 750MG  | Tier 1 | OTC |
| CALCIUM SOFT CHW CHOCOLAT   | Tier 1 | OTC |
| <i>calcium soft chw mlk choc</i>                                    | Tier 1 | OTC |
| CALCIUM TAB 333MG   | Tier 1 | OTC |
| CALCIUM/D3 WAF  | Tier 1 | OTC |
| <i>calcium/d chw 500-400</i>  | Tier 1 | OTC |
| CALTRATE +D3 TAB 600-800  | Tier 1 | OTC |
| <i>os-cal + d3 tab 500-200</i>                                      | Tier 1 | OTC |
| <i>oyst shell/d tab 500mg</i>                                       | Tier 1 | OTC |

### MAGNESIUM

|   |        |     |
|---|--------|-----|
| <i>magnesium oxide tab 250 mg (mg supplement)</i> | Tier 1 | OTC |
|---|--------|-----|

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| Drug Name                                | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>MULTIVITAMINS</b>                     |           |                     |
| <b>B-COMPLEX VITAMINS</b>                |           |                     |
| <i>b-complex vitamin tab</i>             | Tier 1    | OTC                 |
| <b>B-COMPLEX W/ C</b>                    |           |                     |
| <i>bee zee tab</i>                       | Tier 1    | OTC                 |
| <b>B-COMPLEX W/ FOLIC ACID</b>           |           |                     |
| <i>b-100 complx tab</i>                  | Tier 1    | OTC                 |
| B-COMPLEX TAB C/FA/BIO                   | Tier 1    | OTC                 |
| <i>kobee tab</i>                         | Tier 1    | OTC                 |
| <i>reno cap</i>                          | Tier 1    | OTC                 |
| <b>MULTIPLE VITAMINS W/ IRON</b>         |           |                     |
| <i>daily-vite/ tab iron</i>              | Tier 1    | OTC                 |
| <b>MULTIPLE VITAMINS W/ MINERALS</b>     |           |                     |
| CENTRUM CHW VITAMINT                     | Tier 1    | OTC                 |
| CENTRUM LIQ                              | Tier 1    | OTC                 |
| CENTRUM TAB SILVER                       | Tier 1    | OTC                 |
| <b>MULTIVITAMINS</b>                     |           |                     |
| <i>therapeutic tab</i>                   | Tier 1    | OTC                 |
| <b>PED MULTIPLE VITAMINS W/ MINERALS</b> |           |                     |
| CENTRUM KIDS CHW                         | Tier 1    | OTC                 |
| <i>gummy vit/ chw minerals</i>           | Tier 1    | OTC                 |
| HEALTHY KIDS CHW GUMMIES                 | Tier 1    | OTC                 |
| <i>multivitamin dro pediatrc</i>         | Tier 1    | OTC                 |
| NANOVM T/F POW                           | Tier 1    | OTC                 |
| <b>PED MV W/ IRON</b>                    |           |                     |
| POLY-VI-SOL SOL IRON                     | Tier 1    | OTC                 |
| <i>vite/iron chw children</i>            | Tier 1    | OTC                 |
| <b>PEDIATRIC MULTIPLE VITAMINS</b>       |           |                     |
| <i>chewabl vite chw childrns</i>         | Tier 1    | OTC                 |
| POLY-VI-SOL SOL 50MG/ML                  | Tier 1    | OTC                 |
| <b>PEDIATRIC VITAMINS</b>                |           |                     |
| TRI-VI-SOL SOL A/C/D                     | Tier 1    | OTC                 |
| <i>tri-vitamin dro</i>                   | Tier 1    | OTC                 |
| TRI-VITAMIN DRO                          | Tier 1    | OTC                 |
| <b>PRENATAL VITAMINS</b>                 |           |                     |
| ALIVE PRENAT CHW DAILY SU                | Tier 3    | OTC                 |
| ATABEX CHW PRENATAL                      | Tier 3    | OTC                 |
| BE WELL PAK ROUNDED                      | Tier 3    | OTC                 |
| BRAINSTRONG MIS PRENATAL                 | Tier 3    | OTC                 |
| CADEAU DHA CAP                           | Tier 3    | OTC                 |
| CALNA TAB                                | Tier 3    | OTC                 |

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| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------|------------------|----------------------------|
| CENTRUM SPEC PAK PRENATAL | Tier 3           | OTC                        |
| COMP PRNATAL MIS DHA      | Tier 3           | OTC                        |
| CVS PRENATAL CHW GUMMY    | Tier 3           | OTC                        |
| <i>elite-ob tab</i>       | Tier 2           |                            |
| ENFAMIL MIS EXPECTA       | Tier 3           | OTC                        |
| EZFE FORTE CAP            | Tier 3           | OTC                        |
| KPN PRENATAL TAB          | Tier 3           | OTC                        |
| MTERYTI TAB               | Tier 3           | OTC                        |
| MTERYTI TAB FOLIC 5       | Tier 3           | OTC                        |
| NUTRICION TAB PORVIDA     | Tier 3           | OTC                        |
| NUTRIENTS TAB PRENATAL    | Tier 3           | OTC                        |
| OBTREX DHA PAK            | Tier 3           | OTC                        |
| OBTREX TAB                | Tier 3           | OTC                        |
| ONE A DAY CAP PRENATAL    | Tier 3           | OTC                        |
| ONE A DAY MIS PRENATAL    | Tier 3           | OTC                        |
| PERRY PRENAT CAP          | Tier 3           | OTC                        |
| PRENATAL 1 CAP            | Tier 3           | OTC                        |
| PRENATAL CAP FORMULA      | Tier 3           | OTC                        |
| PRENATAL CAP OMEGA-3      | Tier 3           | OTC                        |
| PRENATAL DHA PAK MULTI    | Tier 3           | OTC                        |
| PRENATAL FRM TAB A-FREE   | Tier 3           | OTC                        |
| PRENATAL GUM CHW 0.4-32.5 | Tier 3           | OTC                        |
| PRENATAL MUL CAP +DHA     | Tier 3           | OTC                        |
| PRENATAL MUL CAP DHA      | Tier 3           | OTC                        |
| PRENATAL MULTIVITAMINS    | Tier 1           | OTC                        |
| PRENATAL TAB              | Tier 3           | OTC                        |
| PRENATAL TAB 27-0.8MG     | Tier 1           | OTC                        |
| PRENATAL TAB COMPLETE     | Tier 3           | OTC                        |
| PRENATAL TAB FORMULA      | Tier 3           | OTC                        |
| PRENATAL+DHA MIS          | Tier 3           | OTC                        |
| PRENATL MULT CAP + DHA    | Tier 3           | OTC                        |
| SM ONE DAILY MIS PRENATAL | Tier 1           | OTC                        |
| STUART ONE CAP            | Tier 3           | OTC                        |
| THERANATAL CAP ONE        | Tier 3           | OTC                        |
| THERANATAL MIS COMPLETE   | Tier 3           | OTC                        |
| THERANATAL PAK OVAVITE    | Tier 3           | OTC                        |
| THERANATAL TAB 27-1       | Tier 3           | OTC                        |
| VINATE CARE CHW 40-1MG    | Tier 3           | OTC                        |
| <b>VITAMIN MIXTURES</b>   |                  |                            |
| <i>cod liver oil cap</i>  | Tier 1           | OTC                        |

| Drug Name  | Drug Tier | Requirements/Limits                                     |
|--|-----------|---|
| <b>NUTRITIONAL/SUPPLEMENTS</b>                                 |           |   |
| <b>ELECTROLYTE MIXTURES</b>                                    |           |   |
| <i>rehydralyte sol</i>   | Tier 1    | OTC   |
| <b>ELECTROLYTES</b>  |           |   |
| <i>effer-k tab 25meq ef</i>                                    | Tier 2    |   |
| <i>fluoritab dro 0.125mg</i>                                   | Tier 0    | \$0 applies for ages 5 and under, otherwise not covered |
| <i>klor-con 8 tab 8meq er</i>                                  | Tier 2    |   |
| <i>klor-con 10 tab 10meq er</i>                                | Tier 2    |   |
| <i>klor-con m15 tab 15meq er</i>                               | Tier 2    |   |
| MAGNESIUM GL TAB 500MG   | Tier 1    | OTC   |
| <i>magnesium gluconate tab 27.5 mg (elemental mg)</i>          | Tier 1    | OTC   |
| <i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>        | Tier 1    | OTC   |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>     | Tier 2    |   |
| <i>magnesium sulfate inj 50%</i>                               | Tier 2    |   |
| <i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>          | Tier 2    |   |
| <i>magnesium tab 250mg</i>                                     | Tier 1    | OTC   |
| <i>nafrinse dro 0.125mg</i>                                    | Tier 0    | \$0 applies for ages 5 and under, otherwise not covered |
| PHOS-NAK POW CONCENTR  | Tier 1    | OTC   |
| <i>potassium chloride cap er 8 meq</i>                         | Tier 2    |   |
| <i>potassium chloride cap er 10 meq</i>                        | Tier 2    |   |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i> | Tier 2    |   |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i> | Tier 2    |   |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i>          | Tier 2    |   |
| <i>potassium chloride oral soln 20% (40 meq/15ml)</i>          | Tier 2    |   |
| <i>potassium chloride tab er 8 meq (600 mg)</i>                | Tier 2    |   |
| <i>potassium chloride tab er 10 meq</i>                        | Tier 2    |   |
| <i>potassium chloride tab er 20 meq (1500 mg)</i>              | Tier 2    |   |
| SLOW-MAG TAB   | Tier 1    | OTC   |
| <i>sod chloride inj 0.9%</i>                                   | Tier 2    |   |
| <i>sodium chloride inj 2.5 meq/ml (14.6%)</i>                  | Tier 2    |   |
| <i>sodium chloride tab 1 gm</i>                                | Tier 1    | OTC   |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|---|------------------|---|
| sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)   | Tier 0           | \$0 applies for ages 5 and under, otherwise not covered |
| sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) | Tier 0           | \$0 applies for ages 5 and under, otherwise not covered |
| sodium fluoride chew tab 1 mg f (from 2.2 mg naf)     | Tier 2           |   |
| sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) | Tier 0           | \$0 applies for ages 5 and under, otherwise not covered |
| sodium fluoride tab 0.5 mg f (from 1.1 mg naf)        | Tier 0           | \$0 applies for ages 5 and under, otherwise not covered |
| sodium fluoride tab 1 mg f (from 2.2 mg naf)          | Tier 2           |   |
| <b>IV REPLACEMENT SOLUTIONS</b>                       |                  |   |
| potassium chloride inj 2 meq/ml                       | Tier 2           |   |
| sodium chloride iv soln 0.9%                          | Tier 2           |   |
| sodium chloride iv soln 0.45%                         | Tier 2           |   |
| sodium chloride iv soln 3%                            | Tier 2           |   |
| sodium chloride iv soln 5%                            | Tier 2           |   |
| sodium chloride preservative free (pf) inj 0.9%       | Tier 2           |   |
| <b>LIPIDS</b>   |                  |   |
| MCT OIL   | Tier 1           | OTC   |
| <b>MINERAL COMBINATIONS</b>                           |                  |   |
| CALC CHEWABL CHW 600 PLUS                             | Tier 1           | OTC   |
| <b>MISC. NUTRITIONAL SUBSTANCES</b>                   |                  |   |
| omega-3 fish cap 1200mg                               | Tier 1           | OTC   |
| sea-omega 50 cap 1000mg                               | Tier 1           | OTC   |
| <b>PRENATAL VITAMINS</b>                              |                  |   |
| inatal gt tab   | Tier 2           |   |
| pnv-dha cap   | Tier 2           |   |
| pnv-select tab  | Tier 2           |   |
| prenatal 19 chw tab                                   | Tier 2           |   |
| trinate tab   | Tier 2           |   |
| <b>PROTEINS</b>                                       |                  |   |
| L-CARNITINE TAB 500MG                                 | Tier 1           | OTC   |
| levocarnitine cap 250 mg                              | Tier 1           | OTC   |
| <b>TRACE MINERALS</b>                                 |                  |   |
| orazinc cap 220mg                                     | Tier 1           | OTC   |
| selenium tab 200 mcg                                  | Tier 1           | OTC   |
| zinc gluconate tab 50 mg (elemental zn)               | Tier 1           | OTC   |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <b>VITAMINS</b>                                |                  |  |
| <i>calcitriol cap 0.5 mcg</i>                  | Tier 2           |  |
| <i>calcitriol cap 0.25 mcg</i>                 | Tier 2           |  |
| <i>calcitriol oral soln 1 mcg/ml</i>           | Tier 2           |  |
| <i>doxercalciferol cap 0.5 mcg</i>             | Tier 2           |  |
| <i>doxercalciferol cap 1 mcg</i>               | Tier 2           |  |
| <i>doxercalciferol cap 2.5 mcg</i>             | Tier 2           |  |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> | Tier 2           |  |
| <i>folic acid cap 0.8 mg</i>                   | Tier 0           | QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| <i>folic acid tab 1 mg</i>                     | Tier 2           |  |
| <i>folic acid tab 400 mcg</i>                  | Tier 0           | QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| <i>folic acid tab 800 mcg</i>                  | Tier 0           | QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| <i>multi-vit/fl dro 0.5mg/ml</i>               | Tier 2           |  |
| <i>multi-vit/fl dro /fe 0.25</i>               | Tier 2           |  |
| <i>multivit/fl chw 0.5mg</i>                   | Tier 2           |  |
| <i>multivit/fl chw 0.25mg</i>                  | Tier 2           |  |
| <i>multivit/fl chw 1mg</i>                     | Tier 2           |  |
| <i>multivit/fl dro 0.25mg</i>                  | Tier 2           |  |
| <i>paricalcitol cap 1 mcg</i>                  | Tier 2           |  |
| <i>paricalcitol cap 2 mcg</i>                  | Tier 2           |  |
| <i>paricalcitol cap 4 mcg</i>                  | Tier 2           |  |
| <i>phytonadione tab 5 mg</i>                   | Tier 2           |  |
| <i>tri-vit/fluor dro 0.5mg</i>                 | Tier 2           |  |
| <i>tri-vit/fluor dro 0.25mg</i>                | Tier 2           |  |
| <i>vit a/c/d/fl dro 0.25mg</i>                 | Tier 2           |  |
| <i>vitamin b-12 injection</i>                  | Tier 2           |  |
| <i>westab max tab 2.5-25-2</i>                 | Tier 2           |  |

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

|   |        |  |
|---|--------|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | Tier 2 |  |
|---|--------|--|

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>            | Tier 2           |                            |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | Tier 2           |                            |
| <i>neomycin-polymyxin-hc ophth susp</i>                            | Tier 2           |                            |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | Tier 2           |                            |
| TOBRADEX OIN 0.3-0.1%  | Tier 3           |                            |
| TOBRADEX ST SUS 0.3-0.05   | Tier 3           |                            |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                | Tier 2           |                            |
| ZYLET SUS 0.5-0.3%   | Tier 4           |                            |

### **ANTI-INFECTIVES**

|   |        |                          |
|---|--------|--------------------------|
| AZASITE SOL 1%  | Tier 3 |                          |
| <i>bacitracin ophth oint 500 unit/gm</i>                            | Tier 2 |                          |
| <i>bacitracin-polymyxin b ophth oint</i>                            | Tier 2 |                          |
| BESIVANCE SUS 0.6%  | Tier 4 |                          |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>          | Tier 2 |                          |
| <i>erythromycin ophth oint 5 mg/gm</i>                              | Tier 2 |                          |
| <i>gatifloxacin ophth soln 0.5%</i>                                 | Tier 2 |                          |
| <i>gentamicin sulfate ophth soln 0.3%</i>                           | Tier 2 | QL (20 mL every 30 days) |
| <i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>   | Tier 2 |                          |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>                | Tier 2 |                          |
| NATACYN SUS 5% OP   | Tier 3 |                          |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | Tier 2 |                          |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | Tier 2 |                          |
| <i>ofloxacin ophth soln 0.3%</i>                                    | Tier 2 |                          |
| <i>polycin oin op</i>   | Tier 2 |                          |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | Tier 2 |                          |
| <i>sulfacetamide sodium ophth oint 10%</i>                          | Tier 2 |                          |
| <i>sulfacetamide sodium ophth soln 10%</i>                          | Tier 2 |                          |
| <i>tobramycin ophth soln 0.3%</i>                                   | Tier 2 |                          |
| <i>trifluridine ophth soln 1%</i>                                   | Tier 2 |                          |
| ZIRGAN GEL 0.15%  | Tier 4 |                          |

### **ANTI-INFLAMMATORIES**

|  |        |  |
|--|--------|--|
| ACUVAIL SOL 0.45%  | Tier 3 |  |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | Tier 2 |  |

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| dexamethasone sodium phosphate ophth soln 0.1% | Tier 2           |                            |
| diclofenac sodium ophth soln 0.1%              | Tier 2           |                            |
| difluprednate ophth emulsion 0.05%             | Tier 2           |                            |
| flurbiprofen sodium ophth soln 0.03%           | Tier 2           |                            |
| ILEVRO DRO 0.3% OP                             | Tier 3           |                            |
| ketorolac tromethamine ophth soln 0.4%         | Tier 2           |                            |
| ketorolac tromethamine ophth soln 0.5%         | Tier 2           |                            |
| loteprednol etabonate ophth susp 0.5%          | Tier 2           |                            |
| NEVANAC SUS 0.1% OP                            | Tier 3           |                            |
| PRED SOD PHO SOL 1% OP                         | Tier 3           |                            |
| prednisolone acetate ophth susp 1%             | Tier 2           |                            |

### **ANTIALLERGICS**

|   |        |     |
|---|--------|-----|
| ALOCRI SOL 2%                                     | Tier 4 |     |
| ALOMIDE SOL 0.1% OP                               | Tier 4 |     |
| azelastine hcl ophth soln 0.05%                   | Tier 2 |     |
| bepotastine besilate ophth soln 1.5%              | Tier 2 |     |
| cromolyn sodium ophth soln 4%                     | Tier 2 |     |
| epinastine hcl ophth soln 0.05%                   | Tier 2 |     |
| olopatadine hcl ophth soln 0.1% (base equivalent) | Tier 2 |     |
| olopatadine hcl ophth soln 0.2% (base equivalent) | Tier 2 |     |
| ZADITOR DRO 0.035%OP                              | Tier 1 | OTC |
| ZERVIATE DRO 0.24%                                | Tier 4 |     |

### **ANTIGLAUCOMA**

|  |        |  |
|--|--------|--|
| ALPHAGAN P SOL 0.1%                                      | Tier 4 |  |
| apraclonidine hcl ophth soln 0.5% (base equivalent)      | Tier 2 |  |
| betaxolol hcl ophth soln 0.5%                            | Tier 2 |  |
| BETIMOL SOL 0.5%   | Tier 4 |  |
| BETIMOL SOL 0.25%  | Tier 4 |  |
| BETOPTIC-S SUS 0.25% OP                                  | Tier 3 |  |
| brimonidine tartrate ophth soln 0.1%                     | Tier 2 |  |
| brimonidine tartrate ophth soln 0.2%                     | Tier 2 |  |
| brimonidine tartrate ophth soln 0.15%                    | Tier 2 |  |
| brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% | Tier 2 |  |
| brinzolamide ophth susp 1%                               | Tier 2 |  |
| carteolol hcl ophth soln 1%                              | Tier 2 |  |
| dorzolamide hcl ophth soln 2%                            | Tier 2 |  |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5%        | Tier 2 |  |



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                      |
|--|------------------|---|
| IOPIDINE SOL 1% OP   | Tier 4           |   |
| <i>latanoprost ophth soln 0.005%</i>                               | Tier 2           |   |
| <i>levobunolol hcl ophth soln 0.5%</i>                             | Tier 2           |   |
| LUMIGAN SOL 0.01%  | Tier 3           | ST; PA**  |
| PHOSPHOLINE SOL 0.125%OP   | Tier 4           |   |
| <i>pilocarpine hcl ophth soln 1%</i>                               | Tier 2           |   |
| SIMBRINZA SUS 1-0.2%   | Tier 3           |   |
| <i>tafluprost preservative free (pf) ophth soln 0.0015%</i>        | Tier 2           |   |
| <i>timolol maleate ophth gel forming soln 0.5%</i>                 | Tier 2           |   |
| <i>timolol maleate ophth gel forming soln 0.25%</i>                | Tier 2           |   |
| <i>timolol maleate ophth soln 0.5%</i>                             | Tier 2           |   |
| <i>timolol maleate ophth soln 0.5% (once-daily)</i>                | Tier 2           |   |
| <i>timolol maleate ophth soln 0.25%</i>                            | Tier 2           |   |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | Tier 2           |   |
| <b>ARTIFICIAL TEARS AND LUBRICANTS</b>                             |                  |   |
| <i>artifi tears sol 1.4% op</i>                                    | Tier 1           | OTC   |
| MOISTURE EYE DRO   | Tier 1           | OTC   |
| REFRESH LIQU DRO 1% OP   | Tier 1           | OTC   |
| REFRESH OPTI DRO 0.5-0.9%  | Tier 1           | OTC   |
| <i>refresh p.m. oin op</i>   | Tier 1           | OTC   |
| REFRESH TEAR DRO 0.5% OP   | Tier 1           | OTC   |
| <i>systane dro contacts</i>  | Tier 1           | OTC   |
| SYSTANE SOL  | Tier 1           | OTC   |
| TEARS NATURA OIN PM  | Tier 1           | OTC   |
| <i>tears natura sol free op</i>                                    | Tier 1           | OTC   |
| <b>DRY EYE DISEASE</b>   |                  |   |
| RESTASIS EMU 0.05% OP  | Tier 2           |   |
| RESTASIS MUL EMU 0.05% OP  | Tier 3           | Multi-dose vial remains on preferred brand tier |
| <b>MISCELLANEOUS</b>   |                  |   |
| <i>atropine sulfate ophth soln 1%</i>                              | Tier 2           |   |
| CYSTARAN SOL 0.44%   | Tier 6           | PA, QL (4 bottles every 28 days)                |
| <i>phenylephrine hcl ophth soln 2.5%</i>                           | Tier 2           |   |
| <i>phenylephrine hcl ophth soln 10%</i>                            | Tier 2           |   |
| <i>proparacaine hcl ophth soln 0.5%</i>                            | Tier 2           |   |
| <i>sodium chloride hypertonic ophth oint 5%</i>                    | Tier 1           | OTC   |
| <i>sodium chloride hypertonic ophth soln 5%</i>                    | Tier 1           | OTC   |
| <i>tropicamide ophth soln 0.5%</i>                                 | Tier 2           |   |
| <i>tropicamide ophth soln 1%</i>                                   | Tier 2           |   |

| Drug Name                       | Drug Tier | Requirements/Limits |
|---------------------------------|-----------|---------------------|
| <b>OPHTHALMIC DECONGESTANTS</b> |           |                     |
| <i>eye drops sol 0.05% op</i>   | Tier 1    | OTC                 |
| NAPHCN-A SOL OP                 | Tier 1    | OTC                 |
| OPCON-A SOL OP                  | Tier 1    | OTC                 |
| <i>relief eye sol drops</i>     | Tier 1    | OTC                 |
| <i>sm eye dro</i>               | Tier 1    | OTC                 |

## OTHER

### IRRIGATION SOLUTIONS

|                              |        |  |
|------------------------------|--------|--|
| <i>physiolyte sol</i>        | Tier 2 |  |
| <i>physiosol sol irrigat</i> | Tier 2 |  |

## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

### SMOKING DETERRENTS

|  |        |  |
|--|--------|--|
| <i>nicotine dis 7mg/24hr</i>             | Tier 0 | OTC; \$0 limited to 2 treatment cycles/year                          |
| <i>nicotine pol loz 4mg mint</i>         | Tier 0 | OTC; \$0 limited to 2 treatment cycles/year                          |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | Tier 0 | OTC; \$0 limited to 2 treatment cycles/year                          |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | Tier 0 | OTC; \$0 limited to 2 treatment cycles/year                          |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | Tier 0 | OTC; \$0 limited to 2 treatment cycles/year                          |
| NICOTROL INH                             | Tier 0 | QL (max 168 days every year); \$0 limited to 2 treatment cycles/year |
| NICOTROL NS SPR 10MG/ML                  | Tier 0 | QL (max 168 days every year); \$0 limited to 2 treatment cycles/year |

## RESPIRATORY

### ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

|                        |        |    |
|------------------------|--------|----|
| PROLASTIN-C INJ 1000MG | Tier 5 | PA |
|------------------------|--------|----|

### ANAPHYLAXIS TREATMENT AGENTS

|   |        |   |
|---|--------|---|
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>   | Tier 2 | QL (4 auto-injectors every 30 days)                           |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>  | Tier 2 | QL (4 auto-injectors every 30 days)                           |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> | Tier 2 | QL (4 auto-injectors every 30 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK INJ 0.3MG  | Tier 3 | QL (4 auto-injectors every 30 days)                           |
| EPIPEN-JR INJ 0.15MG  | Tier 3 | QL (4 auto-injectors every 30 days)                           |

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 129  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                    |                  |                              |
| BEVESPI AER 9-4.8MCG  | Tier 3           | QL (1 package every 30 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>            | Tier 2           | QL (6 boxes every 30 days)   |
| STIOLTO AER 2.5-2.5   | Tier 3           | QL (1 package every 30 days) |
| <b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS</b>            |                  |                              |
| BREZTRI AERO AER SPHERE   | Tier 3           | QL (1 package every 30 days) |
| TRELEGY AER 100MCG  | Tier 3           | QL (1 package every 30 days) |
| TRELEGY AER 200MCG  | Tier 3           | QL (1 package every 30 days) |
| <b>ANTICHOLINERGICS</b>   |                  |                              |
| <i>ipratropium bromide inhal soln 0.02%</i>                         | Tier 2           | QL (5 boxes every 30 days)   |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>          | Tier 2           |                              |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>          | Tier 2           |                              |
| SPIRIVA AER 1.25MCG   | Tier 3           | QL (1 package every 30 days) |
| SPIRIVA CAP HANDIHLR  | Tier 3           | QL (1 package every 30 days) |
| SPIRIVA SPR 2.5MCG  | Tier 3           | QL (1 package every 30 days) |
| <i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i> | Tier 2           | QL (1 package every 30 days) |
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                  |                  |                              |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>   | Tier 2           | QL (1 package every 30 days) |
| <b>ANTI-HISTAMINES</b>  |                  |                              |
| <i>aller-ease tab 180mg</i>   | Tier 1           | OTC                          |
| <i>allergy rel liq 12.5/5ml</i>                                     | Tier 1           | OTC                          |
| <i>allergy relf cap 25mg</i>  | Tier 1           | OTC                          |
| ALLERGY ULTR TAB 25MG   | Tier 1           | OTC                          |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>              | Tier 2           | QL (2 bottles every 30 days) |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>           | Tier 2           | QL (2 bottles every 30 days) |
| BENADRYL ALL LIQ 12.5/5ML   | Tier 1           | OTC                          |
| <i>carbinoxamine maleate soln 4 mg/5ml</i>                          | Tier 2           |                              |
| <i>carbinoxamine maleate tab 4 mg</i>                               | Tier 2           |                              |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>cetirizine tab 5mg</i>   | Tier 1           | OTC   |
| CHLOR-TRIMET SYP 2MG/5ML  | Tier 1           | OTC   |
| CHLOR-TRIMET TAB 4MG  | Tier 1           | OTC   |
| CHLOR-TRIMET TAB 12MG CR  | Tier 1           | OTC   |
| CLARITIN RDT TAB 5MG  | Tier 1           | OTC   |
| <i>clemastine fumarate tab 2.68 mg</i>                            | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i>                          | Tier 2           |   |
| <i>cyproheptadine hcl tab 4 mg</i>                                | Tier 2           |   |
| <i>desloratadine tab 5 mg</i>                                     | Tier 2           |   |
| <i>desloratadine tab orally disintegrating 2.5 mg</i>             | Tier 2           |   |
| <i>desloratadine tab orally disintegrating 5 mg</i>               | Tier 2           |   |
| <i>diphenhydram cap 50mg</i>                                      | Tier 1           | OTC   |
| <i>diphenhydramine hcl inj 50 mg/ml</i>                           | Tier 2           |   |
| <i>hydroxyzine hcl im soln 25 mg/ml</i>                           | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl im soln 50 mg/ml</i>                           | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i>                            | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl tab 10 mg</i>                                  | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl tab 25 mg</i>                                  | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl tab 50 mg</i>                                  | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine pamoate cap 25 mg</i>                              | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine pamoate cap 50 mg</i>                              | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine pamoate cap 100 mg</i>                             | Tier 2           | PA; High Risk Medications require PA for members age 70 and older |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | Tier 2           |   |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>levocetirizine dihydrochloride tab 5 mg</i> | Tier 1           | OTC   |
| <i>loratadine tab 10 mg</i>                    | Tier 1           | OTC   |
| <i>olopatadine hcl nasal soln 0.6%</i>         | Tier 2           | QL (1 container every 30 days)                                    |
| <i>quenalin syp 12.5/5ml</i>                   | Tier 1           | OTC   |
| <i>ryclora sol 2mg/5ml</i>                     | Tier 4           | PA; High Risk Medications require PA for members age 70 and older |
| TAVIST TAB 1.34MG                              | Tier 1           | OTC   |
| <i>triaminic tab 10mg</i>                      | Tier 1           | OTC   |
| <i>wal-fex chld sus 30mg/5ml</i>               | Tier 1           | OTC   |
| <i>wal-itin sol 5mg/5ml</i>                    | Tier 1           | OTC   |
| <i>wal-zyr chw 5mg</i>                         | Tier 1           | OTC   |
| <i>wal-zyr chw 10mg</i>                        | Tier 1           | OTC   |
| ZYRTEC ALLGY TAB 10MG                          | Tier 1           | OTC   |
| ZYRTEC CHILD SOL 5MG/5ML                       | Tier 1           | OTC   |

### **BETA AGONISTS**

|  |        |                               |
|--|--------|-------------------------------|
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | Tier 2 | QL (2 inhalers every 30 days) |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>                  | Tier 2 | QL (120 vials every 30 days)  |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>        | Tier 2 | QL (5 boxes every 30 days)    |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>             | Tier 2 | QL (5 boxes every 30 days)    |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>        | Tier 2 | QL (5 boxes every 30 days)    |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                            | Tier 2 |                               |
| <i>albuterol sulfate tab 2 mg</i>                                  | Tier 2 |                               |
| <i>albuterol sulfate tab 4 mg</i>                                  | Tier 2 |                               |
| <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>     | Tier 2 | QL (60 vials every 30 days)   |
| <i>formoterol fumarate soln nebu 20 mcg/2ml</i>                    | Tier 2 | QL (60 vials every 30 days)   |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>         | Tier 2 | QL (300 mL every 30 days)     |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>         | Tier 2 | QL (300 mL every 30 days)     |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>         | Tier 2 | QL (300 mL every 30 days)     |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>  | Tier 2 | QL (45 mL every 30 days)      |
| <i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> | Tier 2 | QL (2 inhalers every 30 days) |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|--|------------------|---|
| SEREVENT DIS AER 50MCG   | Tier 3           | QL (1 package every 30 days)                                  |
| STRIVERDI AER 2.5MCG   | Tier 3           | QL (1 package every 30 days)                                  |
| <i>terbutaline sulfate tab 2.5 mg</i>                            | Tier 2           |   |
| <i>terbutaline sulfate tab 5 mg</i>                              | Tier 2           |   |
| <b>COLD/COUGH</b>  |                  |   |
| <i>benzonatate cap 100 mg</i>                                    | Tier 2           |   |
| <i>benzonatate cap 200 mg</i>                                    | Tier 2           |   |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                    | Tier 2           | QL (60 mL every day), OTC; Subject to initial 7-day limit     |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>        | Tier 2           | QL (10 mL every day); Subject to initial 7-day limit          |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> | Tier 2           | QL (6 tabs every day); Subject to initial 7-day limit         |
| <i>hydromet syp 5-1.5/5</i>                                      | Tier 2           | QL (30 mL every day); Subject to initial 7-day limit          |
| <i>prometh vc syp 6.25-5/5</i>                                   | Tier 2           |   |
| <i>prometh vc/ syp codeine</i>                                   | Tier 2           | QL (30 mL every day); Subject to initial 7-day limit          |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>              | Tier 2           | QL (30 mL every day); Subject to initial 7-day limit          |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>                      | Tier 2           |   |
| TUZISTRA XR SUS  | Tier 4           | QL (20 mL every day); Subject to initial 7-day limit          |
| <b>CYSTIC FIBROSIS</b>   |                  |   |
| CAYSTON INH 75MG   | Tier 5           | PA, QL (84 vials every 28 days)                               |
| KALYDECO GRA 5.8MG   | Tier 5           | PA, QL (56 packets every 28 days)                             |
| KALYDECO GRA 13.4MG  | Tier 5           | PA, QL (56 packets every 28 days)                             |
| KALYDECO PAK 25MG  | Tier 5           | PA, QL (56 packets every 28 days)                             |
| KALYDECO PAK 50MG  | Tier 5           | PA, QL (56 packets every 28 days)                             |
| KALYDECO PAK 75MG  | Tier 5           | PA, QL (56 packets every 28 days)                             |
| KALYDECO TAB 150MG   | Tier 5           | PA, QL (56 tabs every 28 days); carton consists of 56 tablets |

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| ORKAMBI GRA 75-94MG                    | Tier 5           | PA, QL (56 packets every 28 days) |
| ORKAMBI GRA 100-125                    | Tier 5           | PA, QL (56 packets every 28 days) |
| ORKAMBI GRA 150-188                    | Tier 5           | PA, QL (56 packets every 28 days) |
| ORKAMBI TAB 100-125                    | Tier 5           | PA, QL (112 tabs every 28 days)   |
| ORKAMBI TAB 200-125                    | Tier 5           | PA, QL (112 tabs every 28 days)   |
| SYMDEKO TAB 50-75MG                    | Tier 5           | PA, QL (56 tabs every 28 days)    |
| SYMDEKO TAB 100-150                    | Tier 5           | PA, QL (56 tabs every 28 days)    |
| <i>tobramycin nebu soln 300 mg/4ml</i> | Tier 5           | PA, QL (224 mL every 28 days)     |
| <i>tobramycin nebu soln 300 mg/5ml</i> | Tier 5           | PA, QL (280 mL every 28 days)     |
| TRIKAFTA PAK 59.5MG                    | Tier 5           | PA, QL (56 packets every 28 days) |
| TRIKAFTA PAK 75MG                      | Tier 5           | PA, QL (56 packets every 28 days) |
| TRIKAFTA TAB                           | Tier 5           | PA, QL (84 tabs every 28 days)    |

### **LEUKOTRIENE MODIFIERS**

|                                    |        |    |
|------------------------------------|--------|----|
| <i>zileuton tab er 12hr 600 mg</i> | Tier 4 | PA |
|------------------------------------|--------|----|

### **LEUKOTRIENE RECEPTOR ANTAGONISTS**

|  |        |  |
|--|--------|--|
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>             | Tier 2 |  |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>             | Tier 2 |  |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | Tier 2 |  |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                 | Tier 2 |  |
| <i>zafirlukast tab 10 mg</i>                                     | Tier 2 |  |
| <i>zafirlukast tab 20 mg</i>                                     | Tier 2 |  |

### **MAST CELL STABILIZERS**

|  |        |                            |
|--|--------|----------------------------|
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | Tier 2 | QL (2 boxes every 30 days) |
|--|--------|----------------------------|

### **MISCELLANEOUS**

|                                      |        |    |
|--------------------------------------|--------|----|
| <i>acetylcysteine inhal soln 10%</i> | Tier 2 |    |
| <i>acetylcysteine inhal soln 20%</i> | Tier 2 |    |
| <i>roflumilast tab 250 mcg</i>       | Tier 2 | PA |
| <i>roflumilast tab 500 mcg</i>       | Tier 2 | PA |

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 134  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|--|------------------|---|
| <i>sodium chloride soln nebu 0.9%</i>                              | Tier 2           |   |
| <i>sodium chloride soln nebu 3%</i>                                | Tier 2           |   |
| <i>sodium chloride soln nebu 7%</i>                                | Tier 2           |   |
| <i>sodium chloride soln nebu 10%</i>                               | Tier 2           |   |
| <b>NASAL AGENTS - MISC.</b>  |                  |   |
| <i>afrin saline spr 0.65%</i>                                      | Tier 1           | OTC   |
| AYR SALINE KIT RINSE   | Tier 1           | OTC   |
| <b>NASAL ANTIALLERGY</b>   |                  |   |
| NASALCROM SPR 5.2/ACT  | Tier 1           | OTC   |
| <b>NASAL STEROIDS</b>  |                  |   |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>                  | Tier 2           | QL (3 containers every 30 days)                         |
| <i>mometasone furoate nasal susp 50 mcg/act</i>                    | Tier 2           | QL (2 packages every 30 days)                           |
| <i>nasoflow spr 50mcg</i>  | Tier 1           | OTC   |
| OMNARIS SPR  | Tier 4           | ST, QL (1 package every 30 days); PA**                  |
| <i>rhinocort sus allergy</i>                                       | Tier 1           | OTC   |
| <i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> | Tier 2           | QL (1 package every 30 days), OTC                       |
| <b>PULMONARY FIBROSIS AGENTS</b>                                   |                  |   |
| OFEV CAP 100MG   | Tier 5           | PA, QL (60 caps every 30 days)                          |
| OFEV CAP 150MG   | Tier 5           | PA, QL (60 caps every 30 days)                          |
| <i>pirfenidone cap 267 mg</i>                                      | Tier 5           | PA, QL (270 caps every 30 days)                         |
| <i>pirfenidone tab 267 mg</i>                                      | Tier 5           | PA, QL (270 tabs every 30 days)                         |
| <i>pirfenidone tab 801 mg</i>                                      | Tier 5           | PA, QL (90 tabs every 30 days)                          |
| <b>RESPIRATORY THERAPY SUPPLIES</b>                                |                  |   |
| HOLD CHAMBER MIS MEDIUM  | Tier 3           | OTC   |
| PEDIATRIC RESPIRATORY MASK   | Tier 3           |   |
| <b>SEVERE ASTHMA AGENTS</b>  |                  |   |
| DUPIXENT INJ 100/0.67  | Tier 5           | PA, QL (2 syringes every 28 days); Indicated for Asthma |
| FASENRA INJ 30MG/ML  | Tier 5           | PA, QL (1 syringe every 56 days)                        |
| FASENRA PEN INJ 30MG/ML  | Tier 5           | PA, QL (1 syringe every 56 days)                        |

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 135  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy



| <b>Drug Name</b>    | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---------------------|------------------|-----------------------------------|
| XOLAIR INJ 75/0.5   | Tier 5           | PA, QL (2 syringes every 28 days) |
| XOLAIR INJ 150MG/ML | Tier 5           | PA, QL (8 syringes every 28 days) |
| XOLAIR SOL 150MG    | Tier 5           | PA, QL (8 vials every 28 days)    |

### **STEROID INHALANTS**

|   |        |                               |
|---|--------|-------------------------------|
| ALVESCO AER 80MCG                             | Tier 4 | QL (3 packages every 30 days) |
| ALVESCO AER 160MCG                            | Tier 4 | QL (2 packages every 30 days) |
| ARNUITY ELPT INH 50MCG                        | Tier 3 | QL (1 package every 30 days)  |
| ARNUITY ELPT INH 100MCG                       | Tier 3 | QL (1 package every 30 days)  |
| ARNUITY ELPT INH 200MCG                       | Tier 3 | QL (1 package every 30 days)  |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>  | Tier 2 | QL (2 boxes every 30 days)    |
| <i>budesonide inhalation susp 0.25 mg/2ml</i> | Tier 2 | QL (3 boxes every 30 days)    |
| <i>budesonide inhalation susp 1 mg/2ml</i>    | Tier 2 | QL (1 box every 30 days)      |
| QVAR REDIIHA AER 80MCG                        | Tier 3 | QL (2 packages every 30 days) |
| QVAR REDIIHAL AER 40MCG                       | Tier 3 | QL (2 packages every 30 days) |

### **STEROID/BETA-AGONIST COMBINATIONS**

|   |        |                               |
|---|--------|-------------------------------|
| BREO ELLIPTA INH 50-25MCG   | Tier 3 | QL (1 package every 30 days)  |
| BREO ELLIPTA INH 100-25   | Tier 3 | QL (1 package every 30 days)  |
| BREO ELLIPTA INH 200-25   | Tier 3 | QL (1 package every 30 days)  |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>  | Tier 2 | QL (3 packages every 30 days) |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | Tier 2 | QL (3 packages every 30 days) |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>          | Tier 2 | QL (1 package every 30 days)  |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>          | Tier 2 | QL (1 package every 30 days)  |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>          | Tier 2 | QL (1 package every 30 days)  |
| <i>wixela inhub aer 100/50</i>                                      | Tier 2 | QL (1 package every 30 days)  |

| Drug Name                      | Drug Tier | Requirements/Limits          |
|--------------------------------|-----------|------------------------------|
| <i>wixela inhub aer 250/50</i> | Tier 2    | QL (1 package every 30 days) |
| <i>wixela inhub aer 500/50</i> | Tier 2    | QL (1 package every 30 days) |

### **SYMPATHOMIMETIC DECONGESTANTS**

|                                      |        |     |
|--------------------------------------|--------|-----|
| AFRIN CHILD SPR 0.25%                | Tier 1 | OTC |
| <i>gnp suphedrn liq 15mg/5ml</i>     | Tier 1 | OTC |
| LITTLE REMED DRO 0.125%              | Tier 1 | OTC |
| NEO-SYNEPHRI SPR 0.5%                | Tier 1 | OTC |
| NEO-SYNEPHRI SPR 0.05%               | Tier 1 | OTC |
| <i>pseudoephedrine hcl tab 60 mg</i> | Tier 1 | OTC |
| <i>sudafed 12hr tab 120mg cr</i>     | Tier 1 | OTC |
| SUDAFED CONG TAB 30MG                | Tier 1 | OTC |
| SUDAFED PE TAB SIN CONG              | Tier 1 | OTC |
| <i>4-way fast spr 1%</i>             | Tier 1 | OTC |

### **XANTHINES**

|  |        |  |
|--|--------|--|
| <i>aminophylline inj 25 mg/ml</i>      | Tier 2 |  |
| <i>theophylline elixir 80 mg/15ml</i>  | Tier 2 |  |
| <i>theophylline soln 80 mg/15ml</i>    | Tier 2 |  |
| <i>theophylline tab er 12hr 300 mg</i> | Tier 2 |  |
| <i>theophylline tab er 12hr 450 mg</i> | Tier 2 |  |
| <i>theophylline tab er 24hr 400 mg</i> | Tier 2 |  |
| <i>theophylline tab er 24hr 600 mg</i> | Tier 2 |  |

### **TOPICAL**

#### **ANALGESICS - TOPICAL**

|                       |        |     |
|-----------------------|--------|-----|
| EUCERIN CALM LOT 0.1% | Tier 1 | OTC |
|-----------------------|--------|-----|

#### **ANTIHISTAMINES-TOPICAL**

|                               |        |     |
|-------------------------------|--------|-----|
| <i>anti-itch gel 2% ex st</i> | Tier 1 | OTC |
| <i>sb itch relf spr 2%</i>    | Tier 1 | OTC |

#### **ANTISEBORRHEIC PRODUCTS**

|             |        |     |
|-------------|--------|-----|
| SEBULEX SHA | Tier 1 | OTC |
|-------------|--------|-----|

#### **ANTISEPTICS & DISINFECTANTS**

|                                 |        |     |
|---------------------------------|--------|-----|
| HIBICLENS LIQ 4%                | Tier 1 | OTC |
| NUPREP 5% SOL POV-IODI          | Tier 1 | OTC |
| POVIDONE-IOD SOL 0.75%          | Tier 1 | OTC |
| POVIDONE-IOD SOL 1%             | Tier 1 | OTC |
| <i>povidone-iod sol 7.5%</i>    | Tier 1 | OTC |
| <i>povidone-iodine oint 10%</i> | Tier 1 | OTC |
| <i>povidone-iodine soln 10%</i> | Tier 1 | OTC |

#### **DERMATOLOGY, ACNE**

|                             |        |     |
|-----------------------------|--------|-----|
| <i>acne cleansi bar 10%</i> | Tier 1 | OTC |
| ACNE MEDICAT LOT 5%         | Tier 1 | OTC |

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 137  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| ACNE MEDICAT LOT 10%   | Tier 1           | OTC   |
| <i>adapalene cream 0.1%</i>  | Tier 2           | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| <i>adapalene gel 0.1%</i>  | Tier 2           | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| <i>adapalene gel 0.3%</i>  | Tier 2           | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>                     | Tier 2           |   |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>                     | Tier 2           |   |
| <i>benzoyl peroxide gel 2.5%</i>                                   | Tier 1           | OTC   |
| <i>benzoyl peroxide gel 5%</i>                                     | Tier 1           | OTC   |
| <i>benzoyl peroxide gel 10%</i>                                    | Tier 1           | OTC   |
| <i>benzoyl peroxide liq 5%</i>                                     | Tier 1           | OTC   |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                      | Tier 2           | QL (47g every 30 days)  |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | Tier 2           | QL (45g every 30 days)  |
| <i>clindamycin phosphate foam 1%</i>                               | Tier 2           |   |
| <i>clindamycin phosphate gel 1%</i>                                | Tier 2           | QL (75g every 30 days)  |
| <i>clindamycin phosphate lotion 1%</i>                             | Tier 2           | QL (60mL every 30 days)   |
| <i>clindamycin phosphate soln 1%</i>                               | Tier 2           | QL (60mL every 30 days)   |
| <i>clindamycin phosphate swab 1%</i>                               | Tier 2           |   |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>             | Tier 2           | QL (50g every 30 days)  |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>         | Tier 2           | QL (50g every 30 days)  |
| <i>ery pad 2%</i>  | Tier 2           |   |
| <i>erythromycin gel 2%</i>   | Tier 2           | QL (60g every 30 days)  |
| <i>erythromycin soln 2%</i>  | Tier 2           | QL (60mL every 30 days)   |
| <i>isotretinoin cap 10 mg</i>                                      | Tier 2           | PA  |
| <i>isotretinoin cap 20 mg</i>                                      | Tier 2           | PA  |
| <i>isotretinoin cap 30 mg</i>                                      | Tier 2           | PA  |
| <i>isotretinoin cap 40 mg</i>                                      | Tier 2           | PA  |
| <i>panoxyl wash liq 10%</i>  | Tier 1           | OTC   |
| PANOXYL-4 LIQ CREM WSH   | Tier 1           | OTC   |
| <i>spot acne cre 2.5%</i>  | Tier 1           | OTC   |
| <i>sulfacetamide sodium lotion 10% (acne)</i>                      | Tier 2           |   |
| <i>tretinoin cream 0.1%</i>  | Tier 2           | PA; PA applies for members age 35 and older                         |
| <i>tretinoin cream 0.05%</i>                                       | Tier 2           | PA; PA applies for members age 35 and older                         |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|--|------------------|---|
| <i>tretinoin cream 0.025%</i>          | Tier 2           | PA; PA applies for members age 35 and older |
| <i>tretinoin gel 0.01%</i>             | Tier 2           | PA; PA applies for members age 35 and older |
| <i>tretinoin gel 0.05%</i>             | Tier 2           | PA; PA applies for members age 35 and older |
| <i>tretinoin gel 0.025%</i>            | Tier 2           | PA; PA applies for members age 35 and older |
| <i>tretinoin microsphere gel 0.1%</i>  | Tier 2           | PA; PA applies for members age 35 and older |
| <i>tretinoin microsphere gel 0.04%</i> | Tier 2           | PA; PA applies for members age 35 and older |

### **DERMATOLOGY, ACTINIC KERATOSIS**

|                              |        |  |
|------------------------------|--------|--|
| <i>fluorouracil cream 5%</i> | Tier 2 |  |
| <i>fluorouracil soln 2%</i>  | Tier 2 |  |
| <i>fluorouracil soln 5%</i>  | Tier 2 |  |
| <i>imiquimod cream 5%</i>    | Tier 2 |  |

### **DERMATOLOGY, ANTIBIOTICS**

|   |        |                            |
|---|--------|----------------------------|
| <i>bacitracin oint 500 unit/gm</i>      | Tier 1 | OTC                        |
| <i>bacitracin zinc oint 500 unit/gm</i> | Tier 1 | OTC                        |
| <i>gentamicin sulfate cream 0.1%</i>    | Tier 2 | QL (120g every 30 days)    |
| <i>gentamicin sulfate oint 0.1%</i>     | Tier 2 | QL (120g every 30 days)    |
| IV PREP WIPE PAD                        | Tier 3 | OTC                        |
| <i>mupirocin oint 2%</i>                | Tier 2 | QL (30g every 30 days)     |
| NEOSPORIN CRE PLUS                      | Tier 1 | OTC                        |
| NEOSPORIN OIN ORIGINAL                  | Tier 1 | OTC                        |
| <i>neosporin+pn oin relf max</i>        | Tier 1 | OTC                        |
| POLYSPORIN OIN                          | Tier 1 | OTC                        |
| <i>silver sulfadiazine cream 1%</i>     | Tier 2 |                            |
| <i>ssd cre 1%</i>                       | Tier 2 |                            |
| SULFAMYLON CRE 85MG/GM                  | Tier 4 |                            |
| XEPI CRE 1%                             | Tier 4 | PA, QL (30g every 30 days) |

### **DERMATOLOGY, ANTIFUNGALS**

|   |        |                           |
|---|--------|---------------------------|
| <i>anti-fungal pow 1%</i>                           | Tier 1 | OTC                       |
| <i>ciclopirox gel 0.77%</i>                         | Tier 2 | QL (120g every 30 days)   |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i>  | Tier 2 | QL (120g every 30 days)   |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i>   | Tier 2 | QL (120 mL every 30 days) |
| <i>ciclopirox shampoo 1%</i>                        | Tier 2 | QL (120 mL every 30 days) |
| <i>ciclopirox solution 8%</i>                       | Tier 2 |                           |
| <i>clotrimazole cream 1%</i>                        | Tier 2 | QL (120g every 30 days)   |
| <i>clotrimazole soln 1%</i>                         | Tier 2 | QL (120 mL every 30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>  | Tier 2 | QL (60g every 30 days)    |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> | Tier 2 | QL (60 mL every 30 days)  |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>desenex cre 1%</i>                                    | Tier 1           | OTC                        |
| <i>econazole nitrate cream 1%</i>                        | Tier 2           | QL (60g every 30 days)     |
| ERTACZO CRE 2%   | Tier 4           | QL (60g every 30 days)     |
| JUBLIA SOL 10%   | Tier 4           | PA, QL (4mL every 30 days) |
| <i>ketoconazole cream 2%</i>                             | Tier 2           | QL (120g every 30 days)    |
| <i>lamisil af aer 1%</i>                                 | Tier 1           | OTC                        |
| LAMISIL AT CRE 1%  | Tier 1           | OTC                        |
| LOTRIMIN ULT CRE 1%                                      | Tier 1           | OTC                        |
| <i>luliconazole cream 1%</i>                             | Tier 4           | QL (60g every 30 days)     |
| <i>miconazole cre 2%</i>                                 | Tier 1           | OTC                        |
| <i>naftifine hcl cream 1%</i>                            | Tier 2           | QL (60g every 30 days)     |
| <i>naftifine hcl cream 2%</i>                            | Tier 2           | QL (60g every 30 days)     |
| NIZORAL A-D SHA 1%                                       | Tier 1           | OTC                        |
| <i>nyamyc pow 100000</i>                                 | Tier 2           | QL (120g every 30 days)    |
| <i>nystatin cream 100000 unit/gm</i>                     | Tier 2           | QL (120g every 30 days)    |
| <i>nystatin oint 100000 unit/gm</i>                      | Tier 2           | QL (120g every 30 days)    |
| <i>nystatin topical powder 100000 unit/gm</i>            | Tier 2           | QL (120g every 30 days)    |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | Tier 2           | QL (60g every 30 days)     |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>  | Tier 2           | QL (60g every 30 days)     |
| <i>nystop pow 100000</i>                                 | Tier 2           | QL (120g every 30 days)    |
| <i>oxiconazole nitrate cream 1%</i>                      | Tier 2           | QL (60g every 30 days)     |
| <i>sulconazole nitrate cream 1%</i>                      | Tier 2           | QL (60g every 30 days)     |
| <i>sulconazole nitrate solution 1%</i>                   | Tier 2           | QL (60 mL every 30 days)   |
| TINACTIN CRE 1%  | Tier 1           | OTC                        |
| <i>tolnaftate soln 1%</i>                                | Tier 1           | OTC                        |
| <i>triple paste oin af 2%</i>                            | Tier 1           | OTC                        |

#### **DERMATOLOGY, ANTIPRURITIC**

|                             |        |                        |
|-----------------------------|--------|------------------------|
| <i>doxepin hcl cream 5%</i> | Tier 4 | QL (45g every 30 days) |
|-----------------------------|--------|------------------------|

#### **DERMATOLOGY, ANTIPSORIATICS**

|  |        |                                    |
|--|--------|------------------------------------|
| <i>acitretin cap 10 mg</i>                   | Tier 2 |                                    |
| <i>acitretin cap 17.5 mg</i>                 | Tier 2 |                                    |
| <i>acitretin cap 25 mg</i>                   | Tier 2 |                                    |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | Tier 2 | ST, QL (60 mL every 30 days); PA** |
| <i>calcitriol oint 3 mcg/gm</i>              | Tier 4 | ST, QL (100g every 30 days); PA**  |
| <i>methoxsalen rapid cap 10 mg</i>           | Tier 2 |                                    |
| <i>tazarotene cream 0.1%</i>                 | Tier 2 | PA                                 |
| <i>tazarotene gel 0.1%</i>                   | Tier 2 | PA                                 |
| <i>tazarotene gel 0.05%</i>                  | Tier 2 | PA                                 |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| TAZORAC CRE 0.05%  | Tier 3           | PA  |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                      |                  |   |
| <i>ketoconazole shampoo 2%</i>                           | Tier 2           | QL (120 mL every 30 days)   |
| <i>selenium sulfide lotion 2.5%</i>                      | Tier 2           |   |
| <b>DERMATOLOGY, ANTIVIRALS</b>                           |                  |   |
| ABREVA CRE 10%   | Tier 1           | OTC   |
| <b>DERMATOLOGY, ATOPIC DERMATITIS</b>                    |                  |   |
| DUPIXENT INJ 200/1.14                                    | Tier 5           | PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| DUPIXENT INJ 200MG                                       | Tier 5           | PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis     |
| DUPIXENT INJ 300/2ML                                     | Tier 5           | PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis     |
| DUPIXENT INJ 300/2ML                                     | Tier 5           | PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| EUCRISA OIN 2%   | Tier 3           | ST, QL (60 grams every 30 days); PA**   |
| <i>pimecrolimus cream 1%</i>                             | Tier 4           | ST; PA**  |
| <i>tacrolimus oint 0.1%</i>                              | Tier 4           | ST; PA**  |
| <i>tacrolimus oint 0.03%</i>                             | Tier 4           | ST; PA**  |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                      |                  |   |
| <i>ala-cort cre 1%</i>                                   | Tier 2           | QL (120g every 30 days)   |
| <i>alclometasone dipropionate cream 0.05%</i>            | Tier 2           | QL (120g every 30 days)   |
| <i>alclometasone dipropionate oint 0.05%</i>             | Tier 2           | QL (120g every 30 days)   |
| <i>amcinonide lotion 0.1%</i>                            | Tier 2           | QL (120mL every 30 days)  |
| <i>amcinonide oint 0.1%</i>                              | Tier 2           | QL (120g every 30 days)   |
| <i>anti-itch cre 1%</i>                                  | Tier 1           | OTC   |
| <i>aquanil hc lot 1%</i>                                 | Tier 1           | OTC   |
| <i>betamethasone dipropionate augmented cream 0.05%</i>  | Tier 2           | QL (120g every 30 days)   |
| <i>betamethasone dipropionate augmented gel 0.05%</i>    | Tier 2           | QL (120g every 30 days)   |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | Tier 2           | QL (120mL every 30 days)  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>betamethasone dipropionate augmented oint 0.05%</i>            | Tier 2           | QL (120g every 30 days)          |
| <i>betamethasone dipropionate cream 0.05%</i>                     | Tier 2           | QL (120g every 30 days)          |
| <i>betamethasone dipropionate lotion 0.05%</i>                    | Tier 2           | QL (120mL every 30 days)         |
| <i>betamethasone valerate aerosol foam 0.12%</i>                  | Tier 2           | QL (120g every 30 days)          |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>        | Tier 2           | QL (120g every 30 days)          |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i>       | Tier 2           | QL (120mL every 30 days)         |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>         | Tier 2           | QL (120g every 30 days)          |
| BRYHALI LOT 0.01%   | Tier 3           | QL (120 mL every 30 days)        |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> | Tier 4           | ST, QL (60g every 30 days); PA** |
| <i>clobetasol propionate cream 0.05%</i>                          | Tier 2           | QL (120g every 30 days)          |
| <i>clobetasol propionate emollient base cream 0.05%</i>           | Tier 2           | QL (120g every 30 days)          |
| <i>clobetasol propionate foam 0.05%</i>                           | Tier 2           | QL (120g every 30 days)          |
| <i>clobetasol propionate gel 0.05%</i>                            | Tier 2           | QL (120g every 30 days)          |
| <i>clobetasol propionate lotion 0.05%</i>                         | Tier 2           | QL (120mL every 30 days)         |
| <i>clobetasol propionate oint 0.05%</i>                           | Tier 2           | QL (120g every 30 days)          |
| <i>clobetasol propionate shampoo 0.05%</i>                        | Tier 2           | QL (120mL every 30 days)         |
| <i>clobetasol propionate soln 0.05%</i>                           | Tier 2           | QL (120mL every 30 days)         |
| <i>clobetasol propionate spray 0.05%</i>                          | Tier 2           | QL (120 mL every 30 days)        |
| <i>clocortolone pivalate cream 0.1%</i>                           | Tier 4           | QL (120g every 30 days)          |
| <i>desonide cream 0.05%</i>                                       | Tier 2           | QL (120g every 30 days)          |
| <i>desonide lotion 0.05%</i>                                      | Tier 2           | QL (120mL every 30 days)         |
| <i>desonide oint 0.05%</i>  | Tier 2           | QL (120g every 30 days)          |
| <i>desoximetasone cream 0.05%</i>                                 | Tier 2           | QL (120g every 30 days)          |
| <i>desoximetasone cream 0.25%</i>                                 | Tier 2           | QL (120g every 30 days)          |
| <i>desoximetasone gel 0.05%</i>                                   | Tier 2           | QL (120g every 30 days)          |
| <i>desoximetasone oint 0.25%</i>                                  | Tier 2           | QL (120g every 30 days)          |
| <i>desoximetasone spray 0.25%</i>                                 | Tier 4           | QL (120 mL every 30 days)        |
| <i>diflorasone diacetate cream 0.05%</i>                          | Tier 4           | QL (120g every 30 days)          |
| <i>diflorasone diacetate oint 0.05%</i>                           | Tier 4           | QL (120g every 30 days)          |
| <i>fluocinolone acetonide cream 0.01%</i>                         | Tier 2           | QL (120g every 30 days)          |
| <i>fluocinolone acetonide cream 0.025%</i>                        | Tier 2           | QL (120g every 30 days)          |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i>                | Tier 2           | QL (120mL every 30 days)         |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i>               | Tier 2           | QL (120mL every 30 days)         |
| <i>fluocinolone acetonide oint 0.025%</i>                         | Tier 2           | QL (120g every 30 days)          |
| <i>fluocinolone acetonide soln 0.01%</i>                          | Tier 2           | QL (120mL every 30 days)         |
| <i>fluocinonide cream 0.05%</i>                                   | Tier 2           | QL (120g every 30 days)          |
| <i>fluocinonide gel 0.05%</i>                                     | Tier 2           | QL (120g every 30 days)          |

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- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>fluocinonide oint 0.05%</i>                   | Tier 2           | QL (120g every 30 days)    |
| <i>fluocinonide soln 0.05%</i>                   | Tier 2           | QL (120 mL every 30 days)  |
| <i>fluticasone propionate cream 0.05%</i>        | Tier 2           | QL (120g every 30 days)    |
| <i>fluticasone propionate lotion 0.05%</i>       | Tier 2           | QL (120mL every 30 days)   |
| <i>fluticasone propionate oint 0.005%</i>        | Tier 2           | QL (120g every 30 days)    |
| <i>halobetasol propionate cream 0.05%</i>        | Tier 2           | QL (120g every 30 days)    |
| <i>halobetasol propionate oint 0.05%</i>         | Tier 2           | QL (120g every 30 days)    |
| <i>hydrocortisone butyrate cream 0.1%</i>        | Tier 2           | QL (120g every 30 days)    |
| <i>hydrocortisone butyrate oint 0.1%</i>         | Tier 2           | QL (120g every 30 days)    |
| <i>hydrocortisone butyrate soln 0.1%</i>         | Tier 2           | QL (120mL every 30 days)   |
| <i>hydrocortisone cream 0.5%</i>                 | Tier 1           | OTC                        |
| <i>hydrocortisone cream 1%</i>                   | Tier 2           | QL (120g every 30 days)    |
| <i>hydrocortisone cream 2.5%</i>                 | Tier 2           | QL (120g every 30 days)    |
| <i>hydrocortisone lotion 2.5%</i>                | Tier 2           | QL (120mL every 30 days)   |
| <i>hydrocortisone oint 0.5%</i>                  | Tier 1           | OTC                        |
| <i>hydrocortisone oint 1%</i>                    | Tier 1           | OTC                        |
| <i>hydrocortisone oint 2.5%</i>                  | Tier 2           | QL (120g every 30 days)    |
| <i>hydrocortisone valerate cream 0.2%</i>        | Tier 2           | QL (120g every 30 days)    |
| <i>hydrocortisone valerate oint 0.2%</i>         | Tier 2           | QL (120g every 30 days)    |
| <i>mometasone furoate cream 0.1%</i>             | Tier 2           | QL (120g every 30 days)    |
| <i>mometasone furoate oint 0.1%</i>              | Tier 2           | QL (120g every 30 days)    |
| <i>mometasone furoate solution 0.1% (lotion)</i> | Tier 2           | QL (120mL every 30 days)   |
| <i>triamcinolone acetonide cream 0.1%</i>        | Tier 2           | QL (120g every 30 days)    |
| <i>triamcinolone acetonide cream 0.5%</i>        | Tier 2           | QL (120g every 30 days)    |
| <i>triamcinolone acetonide cream 0.025%</i>      | Tier 2           | QL (120g every 30 days)    |
| <i>triamcinolone acetonide lotion 0.1%</i>       | Tier 2           | QL (120mL every 30 days)   |
| <i>triamcinolone acetonide lotion 0.025%</i>     | Tier 2           | QL (120mL every 30 days)   |
| <i>triamcinolone acetonide oint 0.1%</i>         | Tier 2           | QL (120g every 30 days)    |
| <i>triamcinolone acetonide oint 0.5%</i>         | Tier 2           | QL (120g every 30 days)    |
| <i>triamcinolone acetonide oint 0.025%</i>       | Tier 2           | QL (120g every 30 days)    |

### **DERMATOLOGY, LOCAL ANESTHETICS**

|  |        |                          |
|--|--------|--------------------------|
| <i>aloe vera/lidocaine</i>                                     | Tier 1 | OTC                      |
| <i>arth pain cre 0.075%</i>                                    | Tier 1 | OTC                      |
| <i>caladryl clr lot 1-0.1%</i>                                 | Tier 1 | OTC                      |
| <b>CALADRYL LOT 1-8%</b>                                       | Tier 1 | OTC                      |
| <i>capsaicin cream 0.025%</i>                                  | Tier 1 | OTC                      |
| <i>capsaicin hp cre 0.1%</i>                                   | Tier 1 | OTC                      |
| <b>CAPZASIN-P CRE 0.035%</b>                                   | Tier 1 | OTC                      |
| <i>dibucaine oint 1%</i>                                       | Tier 1 | OTC                      |
| <i>lidocaine hcl soln 4%</i>                                   | Tier 2 | QL (50 mL every 30 days) |
| <i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> | Tier 2 | QL (60 mL every 30 days) |
| <i>lidocaine oint 5%</i>                                       | Tier 2 | QL (50g every 30 days)   |

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| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|--|------------------|------------------------------------|
| <i>lidocaine pa pad 4%</i>                 | Tier 2           | QL (30 patches every 30 days), OTC |
| <i>lidocaine patch 5%</i>                  | Tier 2           | PA, QL (90 patches every 30 days)  |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | Tier 2           | QL (30g every 30 days)             |
| LMX 4 CRE 4%                               | Tier 1           | OTC                                |
| <i>mandelay gel max str</i>                | Tier 1           | OTC                                |
| <i>muscle rub cre ultra st</i>             | Tier 1           | OTC                                |
| MYOFLEX CRE 10%                            | Tier 1           | OTC                                |
| <i>regene care gel ha 2%</i>               | Tier 1           | OTC                                |
| SYNERA DIS 70-70MG                         | Tier 4           | QL (2 patches every 30 days)       |
| <i>thera-gesic cre</i>                     | Tier 1           | OTC                                |
| ZOSTRIX NAT CRE 0.033%                     | Tier 1           | OTC                                |

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

|  |        |                              |
|--|--------|------------------------------|
| <i>acyclovir cream 5%</i>                                  | Tier 4 |                              |
| <i>amlactin lot 12%</i>                                    | Tier 1 | OTC                          |
| <i>bexarotene gel 1%</i>                                   | Tier 5 | PA                           |
| <i>callus remov pad 40%</i>                                | Tier 1 | OTC                          |
| <i>clean&amp;clear liq 2%</i>                              | Tier 1 | OTC                          |
| CONDYLOX GEL 0.5%  | Tier 4 |                              |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i>        | Tier 4 |                              |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | Tier 2 | QL (300g every 30 days)      |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | Tier 2 | QL (300g every 30 days), OTC |
| <i>gordon-vit e cre 1500unit</i>                           | Tier 1 | OTC                          |
| LAC-HYDRIN LOT FIVE  | Tier 1 | OTC                          |
| <i>lactic acid (ammonium lactate) cream 12%</i>            | Tier 1 | OTC                          |
| <i>penciclovir cream 1%</i>                                | Tier 2 |                              |
| <i>podofilox soln 0.5%</i>                                 | Tier 2 |                              |
| RECTIV OIN 0.4%  | Tier 4 |                              |
| <i>salactic fil sol 17%</i>                                | Tier 1 | OTC                          |
| SARNA LOT  | Tier 1 | OTC                          |
| SELSUN BLUE SHA DEEP CLN                                   | Tier 1 | OTC                          |
| <i>urea 20 intrn cre 20%</i>                               | Tier 1 | OTC                          |
| <i>vitamins a &amp; d oint</i>                             | Tier 1 | OTC                          |
| VOLTAREN GEL 1% ARTHR                                      | Tier 2 | QL (300g every 30 days), OTC |

### **DERMATOLOGY, ROSACEA**

|   |        |    |
|---|--------|----|
| <i>azelaic acid gel 15%</i>                             | Tier 2 |    |
| <i>brimonidine tartrate gel 0.33% (base equivalent)</i> | Tier 2 | PA |

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Step Therapy

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| FINACEA AER 15%                                  | Tier 3           |                            |
| <i>ivermectin cream 1%</i>                       | Tier 2           | PA                         |
| <i>metronidazole cream 0.75%</i>                 | Tier 2           | QL (60g every 30 days)     |
| <i>metronidazole gel 0.75%</i>                   | Tier 2           | QL (60g every 30 days)     |
| <i>metronidazole gel 1%</i>                      | Tier 2           | QL (60g every 30 days)     |
| <i>metronidazole lotion 0.75%</i>                | Tier 2           | QL (60 mL every 30 days)   |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b> |                  |                            |
| <i>crotan lot 10%</i>                            | Tier 2           |                            |
| <i>cvs ivermect lot 0.5%</i>                     | Tier 2           | OTC                        |
| <i>lice treatmt lot 1%</i>                       | Tier 2           | OTC                        |
| <i>lice trtmnt liq 1%</i>                        | Tier 2           | OTC                        |
| <i>malathion lotion 0.5%</i>                     | Tier 2           | ST; PA**                   |
| <i>permethrin cream 5%</i>                       | Tier 2           |                            |
| <i>spinosad susp 0.9%</i>                        | Tier 2           | ST; PA**                   |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>   |                  |                            |
| <i>lice killing sha 0.33-4%</i>                  | Tier 1           | OTC                        |
| <i>lice trtmnt liq 1%</i>                        | Tier 1           | OTC                        |
| <i>sm lice lot treatmnt</i>                      | Tier 1           | OTC                        |
| <i>stop lice kit complete</i>                    | Tier 1           | OTC                        |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>            |                  |                            |
| REGANEX GEL 0.01%                                | Tier 4           | PA, QL (30g every 30 days) |
| <i>sodium chloride irrigation soln 0.9%</i>      | Tier 2           |                            |
| <b>MISCELLANEOUS</b>                             |                  |                            |
| ALUMINUM SOL ACETATE                             | Tier 1           | OTC                        |
| BALMEX CRE 11.3%                                 | Tier 1           | OTC                        |
| BOUDREAUXS OIN 16%                               | Tier 1           | OTC                        |
| CALAMINE LOT 8-8%                                | Tier 1           | OTC                        |
| CERAVE OIN 46.5%                                 | Tier 1           | OTC                        |
| <i>diaper rash cre 13%</i>                       | Tier 1           | OTC                        |
| <i>diaper rash pst 40%</i>                       | Tier 1           | OTC                        |
| DR SMITHS OIN DIAPER                             | Tier 1           | OTC                        |
| IONIL LIQ  | Tier 1           | OTC                        |
| <i>maxilube gel</i>                              | Tier 1           | OTC                        |
| <i>medi pad</i>                                  | Tier 1           | OTC                        |
| <i>minerin cre</i>                               | Tier 1           | OTC                        |
| <i>pedi-boro pow soak pak</i>                    | Tier 1           | OTC                        |
| <i>preparation pad h</i>                         | Tier 1           | OTC                        |
| SM CALAMINE LOT                                  | Tier 1           | OTC                        |
| TRIPLE PASTE OIN 12.8%                           | Tier 1           | OTC                        |
| <i>zinc oxide oint 20%</i>                       | Tier 1           | OTC                        |
| <i>zinc oxide oint 40%</i>                       | Tier 1           | OTC                        |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                   |                  |                                |
| ANBESOL GEL 10%   | Tier 1           | OTC                            |
| BABY ANBESOL GEL 7.5%   | Tier 1           | OTC                            |
| <i>cevimeline hcl cap 30 mg</i>                                     | Tier 2           |                                |
| <i>chlorhexidine gluconate soln 0.12%</i>                           | Tier 2           |                                |
| <i>clotrimazole troche 10 mg</i>                                    | Tier 2           | QL (90 lozenges every 30 days) |
| DRY MOUTH SPR   | Tier 1           | OTC                            |
| HURRICAIN SOL 20%   | Tier 1           | OTC                            |
| <i>lidocaine hcl laryngotracheal soln 4%</i>                        | Tier 2           |                                |
| <i>lidocaine hcl viscous soln 2%</i>                                | Tier 2           |                                |
| <i>nystatin susp 100000 unit/ml</i>                                 | Tier 2           |                                |
| <i>oralone dent pst 0.1%</i>  | Tier 2           |                                |
| ORAVIG TAB 50MG   | Tier 4           | QL (14 tabs every 30 days)     |
| <i>periogard sol 0.12%</i>  | Tier 2           |                                |
| PEROXYL SOL   | Tier 1           | OTC                            |
| PHOS FLUR SOL 0.044%  | Tier 1           | OTC                            |
| <i>pilocarpine hcl tab 5 mg</i>                                     | Tier 2           |                                |
| <i>pilocarpine hcl tab 7.5 mg</i>                                   | Tier 2           |                                |
| <i>sm fluoride sol mint</i>   | Tier 1           | OTC                            |
| SMART RINSE SOL BBL BLAS  | Tier 1           | OTC                            |
| <i>sore throat loz cherry</i>                                       | Tier 1           | OTC                            |
| <i>sore throat spr 1.4%</i>   | Tier 1           | OTC                            |
| <i>tooth sol shield</i>   | Tier 1           | OTC                            |
| <i>triamcinolone acetonide dental paste 0.1%</i>                    | Tier 2           |                                |
| <b>OTIC</b>   |                  |                                |
| <i>acetic acid otic soln 2%</i>                                     | Tier 2           |                                |
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>           | Tier 2           |                                |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>               | Tier 2           |                                |
| <i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i> | Tier 4           |                                |
| CORTISPORIN SUS -TC OTIC  | Tier 4           |                                |
| <i>e-r-o ear dro 6.5% ot</i>  | Tier 1           | OTC                            |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>                      | Tier 2           |                                |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>                 | Tier 2           |                                |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                           | Tier 2           |                                |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>   | Tier 2           |                                |
| <i>ofloxacin otic soln 0.3%</i>                                     | Tier 2           |                                |
| <b>TAR PRODUCTS</b>   |                  |                                |
| DHS TAR SHA   | Tier 1           | OTC                            |

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| Drug Name      | Drug Tier | Requirements/Limits |
|----------------|-----------|---------------------|
| IONIL-T SHA 1% | Tier 1    | OTC                 |

## VITAMINS

### OIL SOLUBLE VITAMINS

|  |        |     |
|--|--------|-----|
| <i>a-25 cap 25000unt</i>                         | Tier 1 | OTC |
| <i>cholecalciferol cap 1.25 mg (50000 unit)</i>  | Tier 2 | OTC |
| <i>cholecalciferol cap 10 mcg (400 unit)</i>     | Tier 0 | OTC |
| <i>cholecalciferol cap 125 mcg (5000 unit)</i>   | Tier 1 | OTC |
| <i>cholecalciferol tab 10 mcg (400 unit)</i>     | Tier 0 | OTC |
| <i>cholecalciferol tab 25 mcg (1000 unit)</i>    | Tier 1 | OTC |
| <i>cholecalciferol tab 50 mcg (2000 unit)</i>    | Tier 1 | OTC |
| D-VI-SOL LIQ 400UNIT                             | Tier 0 | OTC |
| E600 CAP 600UNIT                                 | Tier 1 | OTC |
| VIT A FISH CAP 7500UNIT                          | Tier 1 | OTC |
| <i>vita-plus e cap 400unit</i>                   | Tier 1 | OTC |
| <i>vitamin a cap 3 mg (10000 unit)</i>           | Tier 1 | OTC |
| <i>vitamin a cap 2400 mcg (8000 unit)</i>        | Tier 1 | OTC |
| <i>vitamin d3 cap 1000unit</i>                   | Tier 1 | OTC |
| <i>vitamin d3 cap 2000unit</i>                   | Tier 1 | OTC |
| <i>vitamin d chw 1000unit</i>                    | Tier 1 | OTC |
| <i>vitamin e cap 100unit</i>                     | Tier 1 | OTC |
| <i>vitamin e cap 200 unit</i>                    | Tier 1 | OTC |
| <i>vitamin e cap 450 mg (1000 unit)</i>          | Tier 1 | OTC |
| <i>vitamin e soln 15 unit/0.3ml (50 unit/ml)</i> | Tier 1 | OTC |

### WATER SOLUBLE VITAMINS

|                                    |        |     |
|------------------------------------|--------|-----|
| <i>ascorbic acid cap er 500 mg</i> | Tier 1 | OTC |
| <i>ascorbic acid tab 500 mg</i>    | Tier 1 | OTC |
| <i>biotin tab 5 mg</i>             | Tier 1 | OTC |
| <i>c-500 chw 500mg</i>             | Tier 1 | OTC |
| LIQUID C 500 LIQ 500/15ML          | Tier 1 | OTC |
| <i>meribin cap 5mg</i>             | Tier 1 | OTC |
| <i>niacin cap er 250 mg</i>        | Tier 1 | OTC |
| <i>niacin tab 100 mg</i>           | Tier 1 | OTC |
| <i>niacin tab 250 mg</i>           | Tier 1 | OTC |
| <i>niacin tab 500mg</i>            | Tier 1 | OTC |
| NIACIN TR TAB 1000MG               | Tier 1 | OTC |
| SLO-NIACIN TAB 500MG CR            | Tier 1 | OTC |
| <i>sm vit b1 tab 100mg</i>         | Tier 1 | OTC |
| <i>vitamin b-1 tab 50mg</i>        | Tier 1 | OTC |
| <i>vitamin b-2 tab 25mg</i>        | Tier 1 | OTC |
| <i>vitamin b-2 tab 100mg</i>       | Tier 1 | OTC |
| <i>vitamin b-6 tab 25mg</i>        | Tier 1 | OTC |
| <i>vitamin b-6 tab 50mg</i>        | Tier 1 | OTC |

| <b>Drug Name</b>             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------|------------------|----------------------------|
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| <i>vitamin c liq 500/5ml</i> | Tier 1           | OTC                        |
| <i>vitamin c tab 250mg</i>   | Tier 1           | OTC                        |
| <i>vitamin c tab 1000mg</i>  | Tier 1           | OTC                        |

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| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> ..... | 76  |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....   | 76  |
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| <i>buprenorphine td patch weekly 5 mcg/hr</i> .....                     | 10  |
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| .....  | 95  | <i>tab 32-12.5 mg</i> .....                           | 38  |
| <i>calcitrate tab 950mg</i> .....                  | 120 | <i>candesartan cilexetil-hydrochlorothiazide</i>      |     |
| <i>calcitriol cap 0.25 mcg</i> .....               | 125 | <i>tab 32-25 mg</i> .....                             | 38  |
| <i>calcitriol cap 0.5 mcg</i> .....                | 125 | <i>candesartan cilexetil tab 16 mg</i> .....          | 39  |
| <i>calcitriol oint 3 mcg/gm</i> .....              | 140 | <i>candesartan cilexetil tab 32 mg</i> .....          | 39  |
| <i>calcitriol oral soln 1 mcg/ml</i> .....         | 125 | <i>candesartan cilexetil tab 4 mg</i> .....           | 39  |
| <b>CALCIUM/D3 WAF</b> .....                        | 120 | <i>candesartan cilexetil tab 8 mg</i> .....           | 39  |
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| <i>calcium 600+d</i> .....                         | 120 | <i>capecitabine tab 500 mg</i> .....                  | 26  |
| <i>calcium 600 tab</i> .....                       | 120 | <b>CAPRELSA TAB 100MG</b> .....                       | 30  |
| <i>calcium acetate (phosphate binder) cap</i>      |     | <b>CAPRELSA TAB 300MG</b> .....                       | 30  |
| <i>667 mg (169 mg ca)</i> .....                    | 96  | <i>capsaicin cream 0.025%</i> .....                   | 143 |
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| <i>calcium carbonate (antacid) susp 1250</i>       |     | <i>captopril tab 12.5 mg</i> .....                    | 36  |
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| <b>CALCIUM CARB TAB 648MG</b> .....                | 12  | <i>carbamazepine cap er 12hr 300 mg</i> .....         | 64  |
| <i>calcium citrate tab 950 mg (200 mg</i>          |     | <i>carbamazepine chew tab 100 mg</i> .....            | 64  |
| <i>elemental ca)</i> .....                         | 120 | <i>carbamazepine susp 100 mg/5ml</i> .....            | 64  |
| <i>calcium citrate-vitamin d tab 315 mg-250</i>    |     | <i>carbamazepine tab 200 mg</i> .....                 | 64  |
| <i>unit</i> .....                                  | 120 | <i>carbamazepine tab er 12hr 100 mg</i> .....         | 64  |
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| <i>calcium cit-vit d tab 200 mg-6.25 mcg(250</i>   |     | <i>tab 10-100 mg</i> .....                            | 59  |
| <i>unit) (elem ca)</i> .....                       | 120 | <i>carbidopa &amp; levodopa orally disintegrating</i> |     |
| <b>CALCIUM GLUC TAB 500MG</b> .....                | 120 | <i>tab 25-100 mg</i> .....                            | 60  |
| <b>CALCIUM LACT TAB 648MG</b> .....                | 120 | <i>carbidopa &amp; levodopa orally disintegrating</i> |     |
| <b>CALCIUM LACT TAB 750MG</b> .....                | 120 | <i>tab 25-250 mg</i> .....                            | 60  |
| <b>CALCIUM SOFT CHW CHOCOLAT</b> .....             | 120 | <i>carbidopa &amp; levodopa tab 10-100 mg</i> .....   | 60  |
| <i>calcium soft chw mlk choc</i> .....             | 120 | <i>carbidopa &amp; levodopa tab 25-100 mg</i> .....   | 60  |
| <b>CALCIUM TAB 333MG</b> .....                     | 120 | <i>carbidopa &amp; levodopa tab 25-250 mg</i> .....   | 60  |
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| <b>CALTRATE +D3 TAB 600-800</b> .....              | 120 | <i>50-200 mg</i> .....                                | 60  |
| <i>camila tab 0.35mg</i> .....                     | 85  | <i>carbidopa-levodopa-entacapone tabs</i>             |     |
| <i>candesartan cilexetil-hydrochlorothiazide</i>   |     | <i>18.75-75-200 mg</i> .....                          | 60  |
| <i>tab 16-12.5 mg</i> .....                        | 38  |   |     |

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| carbidopa-levodopa-entacapone tabs 25-100-200 mg .....    | 60  | cefadroxil tab 1 gm.....                       | 18  |
| carbidopa-levodopa-entacapone tabs 31.25-125-200 mg ..... | 60  | cefazolin sodium for inj 1 gm .....            | 18  |
| carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....   | 60  | cefdinir cap 300 mg .....                      | 18  |
| carbidopa-levodopa-entacapone tabs 50-200-200 mg.....     | 60  | cefdinir for susp 125 mg/5ml.....              | 18  |
| carbidopa tab 25 mg .....                                 | 60  | cefdinir for susp 250 mg/5ml.....              | 18  |
| carbinoxamine maleate soln 4 mg/5ml...130                 |     | cefepime hcl for inj 1 gm .....                | 18  |
| carbinoxamine maleate tab 4 mg .....                      | 130 | cefepime hcl for iv soln 2 gm.....             | 18  |
| carboplatin iv soln 150 mg/15ml .....                     | 34  | cefixime cap 400 mg.....                       | 18  |
| carboplatin iv soln 450 mg/45ml.....                      | 34  | cefixime for susp 100 mg/5ml .....             | 18  |
| carboplatin iv soln 50 mg/5ml .....                       | 34  | cefixime for susp 200 mg/5ml.....              | 19  |
| carboplatin iv soln 600 mg/60ml .....                     | 34  | cefpodoxime proxetil for susp 100 mg/5ml ..... | 19  |
| CARDURA XL TAB 4MG .....                                  | 103 | cefpodoxime proxetil for susp 50 mg/5ml        | 19  |
| CARDURA XL TAB 8MG .....                                  | 103 | cefpodoxime proxetil tab 100 mg.....           | 19  |
| CAREFINE MIS 32GX6MM.....                                 | 88  | cefpodoxime proxetil tab 200 mg .....          | 19  |
| carglumic acid soluble tab 200 mg .....                   | 89  | cefprozil for susp 125 mg/5ml.....             | 19  |
| carisoprodol tab 350 mg.....                              | 75  | cefprozil for susp 250 mg/5ml.....             | 19  |
| carmustine for inj 100 mg.....                            | 25  | cefprozil tab 250 mg.....                      | 19  |
| carteolol hcl ophth soln 1% .....                         | 127 | cefprozil tab 500 mg .....                     | 19  |
| cartia xt cap 120/24hr.....                               | 45  | ceftazidime for iv soln 2 gm.....              | 19  |
| cartia xt cap 180/24hr .....                              | 45  | ceftriaxone sodium for inj 10 gm.....          | 19  |
| cartia xt cap 240/24hr.....                               | 45  | ceftriaxone sodium for inj 1 gm .....          | 19  |
| cartia xt cap 300/24hr.....                               | 45  | ceftriaxone sodium for inj 250 mg.....         | 19  |
| carvedilol phosphate cap er 24hr 10 mg..43                |     | ceftriaxone sodium for inj 2 gm .....          | 19  |
| carvedilol phosphate cap er 24hr 20 mg ..43               |     | ceftriaxone sodium for inj 500 mg .....        | 19  |
| carvedilol phosphate cap er 24hr 40 mg ..43               |     | ceftriaxone sodium for iv soln 1 gm .....      | 19  |
| carvedilol phosphate cap er 24hr 80 mg ..43               |     | ceftriaxone sodium for iv soln 2 gm .....      | 19  |
| carvedilol tab 12.5 mg.....                               | 44  | cefuroxime axetil tab 250 mg .....             | 19  |
| carvedilol tab 25 mg .....                                | 44  | cefuroxime axetil tab 500 mg .....             | 19  |
| carvedilol tab 3.125 mg .....                             | 43  | celecoxib cap 100 mg.....                      | 1   |
| carvedilol tab 6.25 mg .....                              | 43  | celecoxib cap 200 mg .....                     | 1   |
| CAYA DPR.....   | 118 | celecoxib cap 50 mg .....                      | 1   |
| CAYSTON INH 75MG.....                                     | 133 | CELLCEPT CAP 250MG .....                       | 114 |
| cefaclor cap 250 mg.....                                  | 18  | CELLCEPT IV INJ 500MG .....                    | 114 |
| cefaclor cap 500 mg .....                                 | 18  | CELLCEPT SUS 200MG/ML .....                    | 114 |
| cefaclor for susp 125 mg/5ml.....                         | 18  | CELLCEPT TAB 500MG .....                       | 114 |
| cefaclor for susp 250 mg/5ml.....                         | 18  | CENTRUM CHW VITAMINT .....                     | 121 |
| cefaclor for susp 375 mg/5ml.....                         | 18  | CENTRUM KIDS CHW.....                          | 121 |
| cefadroxil cap 500 mg .....                               | 18  | CENTRUM LIQ.....                               | 121 |
| cefadroxil for susp 250 mg/5ml .....                      | 18  | CENTRUM SPEC PAK PRENATAL.....                 | 122 |
| cefadroxil for susp 500 mg/5ml .....                      | 18  | CENTRUM TAB SILVER .....                       | 121 |
|   |     | cephalexin cap 250 mg.....                     | 19  |
|   |     | cephalexin cap 500 mg .....                    | 19  |
|   |     | cephalexin cap 750 mg.....                     | 19  |

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| <i>cephalexin for susp 125 mg/5ml</i> .....          | 19  | <i>cholestyramine powder packets 4 gm</i> .....     | 40  |
| <i>cephalexin for susp 250 mg/5ml</i> .....          | 19  | <i>choline fenofibrate cap dr 135 mg</i>            |     |
| <i>cephalexin tab 250 mg</i> .....                   | 19  | <i>(fenofibric acid equiv)</i> .....                | 40  |
| <i>cephalexin tab 500 mg</i> .....                   | 19  | <i>choline fenofibrate cap dr 45 mg (fenofibric</i> |     |
| <i>CERAVE OIN 46.5%</i> .....                        | 145 | <i>acid equiv)</i> .....                            | 40  |
| <i>CERDELGA CAP 84MG</i> .....                       | 89  | <i>CHOR GONADOT INJ 10000UNT</i> .....              | 92  |
| <i>cetirizine tab 5mg</i> .....                      | 131 | <i>ciclopirox gel 0.77%</i> .....                   | 139 |
| <i>cevimeline hcl cap 30 mg</i> .....                | 146 | <i>ciclopirox olamine cream 0.77% (base</i>         |     |
| <i>chateal eq tab 0.15/30</i> .....                  | 85  | <i>equiv)</i> .....                                 | 139 |
| <i>CHEMET CAP 100MG</i> .....                        | 84  | <i>ciclopirox olamine susp 0.77% (base equiv)</i>   |     |
| <i>chewabl vite chw childrns</i> .....               | 121 | .....   | 139 |
| <i>chlordiazepoxide-amitriptyline tab 10-25</i>      |     | <i>ciclopirox shampoo 1%</i> .....                  | 139 |
| <i>mg</i> .....                                      | 77  | <i>ciclopirox solution 8%</i> .....                 | 139 |
| <i>chlordiazepoxide-amitriptyline tab 5-12.5</i>     |     | <i>cidofovir iv inj 75 mg/ml</i> .....              | 17  |
| <i>mg</i> .....                                      | 77  | <i>cilostazol tab 100 mg</i> .....                  | 108 |
| <i>chlordiazepoxide hcl cap 10 mg</i> .....          | 52  | <i>cilostazol tab 50 mg</i> .....                   | 108 |
| <i>chlordiazepoxide hcl cap 25 mg</i> .....          | 52  | <i>CIMDUO TAB 300-300</i> .....                     | 16  |
| <i>chlordiazepoxide hcl cap 5 mg</i> .....           | 52  | <i>cimetidine tab 200 mg</i> .....                  | 100 |
| <i>chlorhexidine gluconate soln 0.12%</i> .....      | 146 | <i>cimetidine tab 300 mg</i> .....                  | 100 |
| <i>chloroquine phosphate tab 250 mg</i> .....        | 13  | <i>cimetidine tab 400 mg</i> .....                  | 100 |
| <i>chloroquine phosphate tab 500 mg</i> .....        | 13  | <i>cimetidine tab 800 mg</i> .....                  | 100 |
| <i>chlorpromazine hcl inj 25 mg/ml</i> .....         | 61  | <i>cinacalcet hcl tab 30 mg (base equiv)</i> .....  | 84  |
| <i>chlorpromazine hcl inj 50 mg/2ml</i> .....        | 61  | <i>cinacalcet hcl tab 60 mg (base equiv)</i> .....  | 84  |
| <i>chlorpromazine hcl tab 100 mg</i> .....           | 62  | <i>cinacalcet hcl tab 90 mg (base equiv)</i> .....  | 84  |
| <i>chlorpromazine hcl tab 10 mg</i> .....            | 61  | <i>CIPRO (10%) SUS 500MG/5</i> .....                | 20  |
| <i>chlorpromazine hcl tab 200 mg</i> .....           | 62  | <i>ciprofloxacin-dexamethasone otic susp</i>        |     |
| <i>chlorpromazine hcl tab 25 mg</i> .....            | 61  | <i>0.3-0.1%</i> .....                               | 146 |
| <i>chlorpromazine hcl tab 50 mg</i> .....            | 62  | <i>ciprofloxacin-fluocinolone acetone (pf) otic</i> |     |
| <i>chlorthalidone tab 25 mg</i> .....                | 47  | <i>soln 0.3-0.025%</i> .....                        | 146 |
| <i>chlorthalidone tab 50 mg</i> .....                | 47  | <i>ciprofloxacin hcl ophth soln 0.3% (base</i>      |     |
| <i>CHLOR-TRIMET SYP 2MG/5ML</i> .....                | 131 | <i>equivalent)</i> .....                            | 126 |
| <i>CHLOR-TRIMET TAB 12MG CR</i> .....                | 131 | <i>ciprofloxacin hcl otic soln 0.2% (base</i>       |     |
| <i>CHLOR-TRIMET TAB 4MG</i> .....                    | 131 | <i>equivalent)</i> .....                            | 146 |
| <i>chlorzoxazone tab 500 mg</i> .....                | 75  | <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> 20 |     |
| <i>cholecalciferol cap 1.25 mcg (50000 unit)</i> 147 |     | <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> 20 |     |
| <i>cholecalciferol cap 10 mcg (400 unit)</i> .....   | 147 | <i>ciprofloxacin hcl tab 500 mg (base equiv)</i>    |     |
| <i>cholecalciferol cap 125 mcg (5000 unit)</i> .147  |     | .....   | 20  |
| <i>cholecalciferol tab 10 mcg (400 unit)</i> .....   | 147 | <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> 20 |     |
| <i>cholecalciferol tab 25 mcg (1000 unit)</i> ....   | 147 | <i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .....   | 34  |
| <i>cholecalciferol tab 50 mcg (2000 unit)</i> ...    | 147 | <i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .....   | 34  |
| <i>cholestyramine light powder 4 gm/dose</i> .40     |     | <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> .....     | 34  |
| <i>cholestyramine light powder packets 4 gm</i>      |     | <i>citalopram hydrobromide oral soln 10</i>         |     |
| .....  | 40  | <i>mg/5ml</i> .....                                 | 54  |
| <i>cholestyramine powder 4 gm/dose</i> .....         | 40  |   |     |



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| <i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....              | 54       | <i>clobazam tab 20 mg</i> .....                               | 64  |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....              | 54       | <i>clobetasol propionate cream 0.05%</i> .....                | 142 |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....              | 55       | <i>clobetasol propionate emollient base cream 0.05%</i> ..... | 142 |
| CITRUCEL POW ORANGE .....  | 117      | <i>clobetasol propionate foam 0.05%</i> .....                 | 142 |
| CITRUCEL TAB 500MG .....   | 117      | <i>clobetasol propionate gel 0.05%</i> .....                  | 142 |
| <i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> ...                       | 26       | <i>clobetasol propionate lotion 0.05%</i> .....               | 142 |
| <i>clarithromycin for susp 125 mg/5ml</i> .....                          | 20       | <i>clobetasol propionate oint 0.05%</i> .....                 | 142 |
| <i>clarithromycin for susp 250 mg/5ml</i> .....                          | 20       | <i>clobetasol propionate shampoo 0.05%</i> ..                 | 142 |
| <i>clarithromycin tab 250 mg</i> .....                                   | 20       | <i>clobetasol propionate soln 0.05%</i> .....                 | 142 |
| <i>clarithromycin tab 500 mg</i> .....                                   | 20       | <i>clobetasol propionate spray 0.05%</i> .....                | 142 |
| <i>clarithromycin tab er 24hr 500 mg</i> .....                           | 20       | <i>clocortolone pivalate cream 0.1%</i> .....                 | 142 |
| CLARITIN RDT TAB 5MG .....   | 131      | <i>clofarabine iv soln 1 mg/ml</i> .....                      | 26  |
| <i>clean&amp;clear liq 2%</i> .....                                      | 144      | <i>clomid tab 50mg</i> .....                                  | 92  |
| <i>clearlax pow</i> .....  | 118      | <i>clomipramine hcl cap 25 mg</i> .....                       | 55  |
| <i>clemastine fumarate tab 2.68 mg</i> .....                             | 131      | <i>clomipramine hcl cap 50 mg</i> .....                       | 55  |
| CLENPIQ SOL .....  | 101, 118 | <i>clomipramine hcl cap 75 mg</i> .....                       | 55  |
| CLEOCIN SUP 100MG .....  | 105      | <i>clonazepam tab 0.5 mg</i> .....                            | 64  |
| CLIMARA PRO DIS WEEKLY .....   | 89       | <i>clonazepam tab 1 mg</i> .....                              | 64  |
| <i>clindamycin hcl cap 150 mg</i> .....                                  | 21       | <i>clonazepam tab 2 mg</i> .....                              | 64  |
| <i>clindamycin hcl cap 300 mg</i> .....                                  | 21       | <i>clonidine hcl tab 0.1 mg</i> .....                         | 48  |
| <i>clindamycin hcl cap 75 mg</i> .....                                   | 21       | <i>clonidine hcl tab 0.2 mg</i> .....                         | 49  |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....   | 22       | <i>clonidine hcl tab 0.3 mg</i> .....                         | 49  |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> .....         | 138      | <i>clonidine td patch weekly 0.1 mg/24hr</i> ....             | 49  |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> .....             | 138      | <i>clonidine td patch weekly 0.2 mg/24hr</i> ...              | 49  |
| <i>clindamycin phosphate foam 1%</i> .....                               | 138      | <i>clonidine td patch weekly 0.3 mg/24hr</i> ....             | 49  |
| <i>clindamycin phosphate gel 1%</i> .....                                | 138      | <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....    | 108 |
| <i>clindamycin phosphate inj 300 mg/2ml</i> ...                          | 22       | <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....     | 108 |
| <i>clindamycin phosphate inj 600 mg/4ml</i> ...                          | 22       | <i>clorazepate dipotassium tab 15 mg</i> .....                | 64  |
| <i>clindamycin phosphate inj 9 gm/60ml</i> ....                          | 22       | <i>clorazepate dipotassium tab 3.75 mg</i> .....              | 64  |
| <i>clindamycin phosphate lotion 1%</i> .....                             | 138      | <i>clorazepate dipotassium tab 7.5 mg</i> .....               | 64  |
| <i>clindamycin phosphate soln 1%</i> .....                               | 138      | <i>clotrimazole cream 1%</i> .....                            | 139 |
| <i>clindamycin phosphate swab 1%</i> .....                               | 138      | <i>clotrimazole soln 1%</i> .....                             | 139 |
| <i>clindamycin phosphate vaginal cream 2%</i> .....                      | 105      | <i>clotrimazole troche 10 mg</i> .....                        | 146 |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> ..... | 138      | <i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....      | 139 |
| <i>clobazam suspension 2.5 mg/ml</i> .....                               | 64       | <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....     | 139 |
| <i>clobazam tab 10 mg</i> .....  | 64       | <i>clozapine orally disintegrating tab 100 mg</i> .....       | 62  |
|  |          | <i>clozapine orally disintegrating tab 12.5 mg</i> .....      | 62  |

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| <i>clozapine orally disintegrating tab 150 mg</i><br>..... | 62  | CREON CAP 24000UNT .....                                  | 102 |
| <i>clozapine orally disintegrating tab 200 mg</i><br>..... | 62  | CREON CAP 3000UNIT .....                                  | 102 |
| <i>clozapine orally disintegrating tab 25 mg</i>           | 62  | CREON CAP 36000UNT .....                                  | 102 |
| <i>clozapine tab 100 mg</i> .....                          | 62  | CREON CAP 6000UNIT .....                                  | 102 |
| <i>clozapine tab 200 mg</i> .....                          | 62  | CRESEMBA CAP 186 MG .....                                 | 13  |
| <i>clozapine tab 25 mg</i> .....                           | 62  | CRESEMBA CAP 74.5MG .....                                 | 13  |
| <i>clozapine tab 50 mg</i> .....                           | 62  | CRINONE GEL 4% VAG.....                                   | 96  |
| COARTEM TAB 20-120MG .....                                 | 13  | CRINONE GEL 8% VAG.....                                   | 96  |
| <i>codeine sulfate tab 30 mg</i> .....                     | 3   | <i>cromolyn sodium ophth soln 4%</i> .....                | 127 |
| CODEINE SULF TAB 60MG .....                                | 3   | <i>cromolyn sodium oral conc 100 mg/5ml</i> .             | 101 |
| <i>cod liver oil cap</i> .....                             | 122 | <i>cromolyn sodium soln nebu 20 mg/2ml</i> .              | 134 |
| <i>colchicine tab 0.6 mg</i> .....                         | 1   | <i>crotan lot 10%</i> .....                               | 145 |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> ..          | 1   | <i>cryselle-28 tab 28 tabs</i> .....                      | 85  |
| <i>cold/cough liq child</i> .....                          | 78  | CUTAQUIG SOL 1.65GM.....                                  | 114 |
| <i>colesevelam hcl packet for susp 3.75 gm</i>             | 40  | CUTAQUIG SOL 1GM .....                                    | 114 |
| <i>colesevelam hcl tab 625 mg</i> .....                    | 40  | CUTAQUIG SOL 2GM.....                                     | 114 |
| <i>colestipol hcl granule packets 5 gm</i> .....           | 40  | CUTAQUIG SOL 3.3GM.....                                   | 114 |
| <i>colestipol hcl granules 5 gm</i> .....                  | 40  | CUTAQUIG SOL 4GM.....                                     | 114 |
| <i>colestipol hcl tab 1 gm</i> .....                       | 40  | CUTAQUIG SOL 8GM.....                                     | 114 |
| COMETRIQ KIT 100MG .....                                   | 30  | <i>cvs ivermect lot 0.5%</i> .....                        | 145 |
| COMETRIQ KIT 140MG .....                                   | 30  | CVS PRENATAL CHW GUMMY .....                              | 122 |
| COMETRIQ KIT 60MG.....                                     | 30  | <i>cyanocobalamin sl tab 1000 mcg</i> .....               | 108 |
| COMIRNATY INJ 30/0.3ML.....                                | 116 | <i>cyanocobalamin sl tab 500 mcg</i> .....                | 108 |
| COMP PRNATAL MIS DHA.....                                  | 122 | <i>cyclobenzaprine hcl tab 10 mg</i> .....                | 75  |
| <i>compro sup 25mg</i> .....                               | 98  | <i>cyclobenzaprine hcl tab 5 mg</i> .....                 | 75  |
| CONDOMS MIS .....  | 85  | <i>cyclophosphamide cap 25 mg</i> .....                   | 25  |
| CONDYLOX GEL 0.5%.....                                     | 144 | <i>cyclophosphamide cap 50 mg</i> .....                   | 25  |
| COPAXONE INJ 40MG/ML .....                                 | 74  | <i>cyclophosphamide for inj 1 gm</i> .....                | 25  |
| CORICIDN HBP TAB CGH&COLD .....                            | 78  | <i>cyclophosphamide for inj 2 gm</i> .....                | 25  |
| CORICIDN HBP TAB COLD/FLU .....                            | 78  | <i>cyclophosphamide for inj 500 mg</i> .....              | 25  |
| CORLANOR SOL 5MG/5ML .....                                 | 48  | <i>cycloserine cap 250 mg</i> .....                       | 17  |
| CORLANOR TAB 5MG.....                                      | 48  | <i>cyclosporine cap 100 mg</i> .....                      | 114 |
| CORLANOR TAB 7.5MG.....                                    | 48  | <i>cyclosporine cap 25 mg</i> .....                       | 114 |
| <i>corn dextrin oral powder</i> .....                      | 117 | <i>cyclosporine iv soln 50 mg/ml</i> .....                | 115 |
| CORTISPORIN SUS -TC OTIC .....                             | 146 | <i>cyclosporine modified cap 100 mg</i> .....             | 115 |
| COSENTYX INJ 150MG/ML.....                                 | 110 | <i>cyclosporine modified cap 25 mg</i> .....              | 115 |
| COSENTYX INJ 300DOSE .....                                 | 110 | <i>cyclosporine modified cap 50 mg</i> .....              | 115 |
| COSENTYX INJ 75MG/0.5.....                                 | 109 | <i>cyclosporine modified oral soln 100 mg/ml</i><br>..... | 115 |
| COSENTYX PEN INJ 150MG/ML .....                            | 110 | <i>cyproheptadine hcl syrup 2 mg/5ml</i> .....            | 131 |
| COSENTYX PEN INJ 300DOSE.....                              | 110 | <i>cyproheptadine hcl tab 4 mg</i> .....                  | 131 |
| COSENTYX UNO INJ 300/2ML.....                              | 110 | CYSTAGON CAP 150MG.....                                   | 89  |
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|  |     | CYSTARAN SOL 0.44% .....                                  | 128 |

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| cytarabine inj 20 mg/ml .....   | 26  | desipramine hcl tab 10 mg .....                                     | 55  |
| cytarabine inj pf 100 mg/ml .....                                     | 26  | desipramine hcl tab 150 mg .....                                    | 55  |
| cytarabine inj pf 20 mg/ml .....                                      | 26  | desipramine hcl tab 25 mg .....                                     | 55  |
| <b>D</b>  |     | desipramine hcl tab 50 mg .....                                     | 55  |
| dabigatran etexilate mesylate cap 150 mg<br>(etexilate base eq) ..... | 105 | desipramine hcl tab 75 mg .....                                     | 55  |
| dacarbazine for inj 100 mg .....                                      | 25  | desloratadine tab 5 mg .....  | 131 |
| dacarbazine for inj 200 mg .....                                      | 25  | desloratadine tab orally disintegrating 2.5<br>mg .....             | 131 |
| daily-vite/ tab iron .....  | 121 | desloratadine tab orally disintegrating 5 mg<br>.....               | 131 |
| dalfampridine tab er 12hr 10 mg .....                                 | 74  | desmopressin acetate inj 4 mcg/ml .....                             | 97  |
| danazol cap 100 mg .....  | 89  | desmopressin acetate nasal spray soln<br>0.01% .....                | 97  |
| danazol cap 200 mg .....  | 89  | desmopressin acetate nasal spray soln<br>0.01% (refrigerated) ..... | 98  |
| danazol cap 50 mg .....   | 89  | desmopressin acetate preservative free (pf)<br>inj 4 mcg/ml .....   | 98  |
| dantrolene sodium cap 100 mg .....                                    | 75  | desmopressin acetate tab 0.1 mg .....                               | 98  |
| dantrolene sodium cap 25 mg .....                                     | 75  | desmopressin acetate tab 0.2 mg .....                               | 98  |
| dantrolene sodium cap 50 mg .....                                     | 75  | desonide cream 0.05% .....  | 142 |
| dapsone tab 100 mg .....  | 22  | desonide lotion 0.05% .....   | 142 |
| dapsone tab 25 mg .....   | 22  | desonide oint 0.05% .....   | 142 |
| darifenacin hydrobromide tab er 24hr 15<br>mg (base equiv) .....      | 104 | desoximetasone cream 0.05% .....                                    | 142 |
| darifenacin hydrobromide tab er 24hr 7.5<br>mg (base equiv) .....     | 104 | desoximetasone cream 0.25% .....                                    | 142 |
| darunavir tab 600 mg .....  | 14  | desoximetasone gel 0.05% .....                                      | 142 |
| darunavir tab 800 mg .....  | 14  | desoximetasone oint 0.25% .....                                     | 142 |
| dasetta tab 1/35 .....  | 85  | desoximetasone spray 0.25% .....                                    | 142 |
| dasetta tab 7/7/7 .....   | 85  | desvenlafaxine succinate tab er 24hr 100<br>mg (base equiv) .....   | 55  |
| daunorubicin hcl iv soln 20 mg/4ml (base<br>equiv) .....              | 26  | desvenlafaxine succinate tab er 24hr 25 mg<br>(base equiv) .....    | 55  |
| DAYVIGO TAB 10MG .....  | 72  | desvenlafaxine succinate tab er 24hr 50 mg<br>(base equiv) .....    | 55  |
| DAYVIGO TAB 5MG .....   | 72  | DEXAMETHASON CON 1MG/ML .....                                       | 92  |
| decitabine for inj 50 mg .....  | 26  | dexamethasone elixir 0.5 mg/5ml .....                               | 92  |
| deferiprone tab 1000 mg .....   | 85  | dexamethasone sodium phosphate inj 100<br>mg/10ml .....             | 93  |
| deferiprone tab 500 mg .....  | 85  | dexamethasone sodium phosphate inj 10<br>mg/ml .....                | 92  |
| delyla tab 0.1-0.02 .....   | 85  | dexamethasone sodium phosphate inj 120<br>mg/30ml .....             | 93  |
| demeclocycline hcl tab 150 mg .....                                   | 24  | dexamethasone sodium phosphate inj 20<br>mg/5ml .....               | 93  |
| demeclocycline hcl tab 300 mg .....                                   | 24  |   |     |
| DENGVAXIA SUS .....   | 116 |   |     |
| DEPO-ESTRADI INJ 5MG/ML .....   | 89  |   |     |
| DEPO-MEDROL INJ 20MG/ML .....   | 92  |   |     |
| DEPO-SQ PROV INJ 104 .....  | 85  |   |     |
| DESCOVY TAB 120-15MG .....  | 16  |   |     |
| DESCOVY TAB 200/25MG .....  | 16  |   |     |
| desenex cre 1% .....  | 140 |   |     |
| desipramine hcl tab 100 mg .....                                      | 55  |   |     |

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| dexamethasone sodium phosphate inj 4 mg/ml .....                 | 92  | dextroamphetamine sulfate cap er 24hr 10 mg .....             | 69  |
| dexamethasone sodium phosphate ophth soln 0.1% .....             | 127 | dextroamphetamine sulfate cap er 24hr 15 mg .....             | 69  |
| dexamethasone sod phosphate preservative free inj 10 mg/ml ..... | 92  | dextroamphetamine sulfate cap er 24hr 5 mg .....              | 69  |
| dexamethasone soln 0.5 mg/5ml .....                              | 93  | dextroamphetamine sulfate oral solution 5 mg/5ml .....        | 69  |
| dexamethasone tab 0.5 mg .....                                   | 93  | dextroamphetamine sulfate tab 10 mg .....                     | 69  |
| dexamethasone tab 0.75 mg .....                                  | 93  | dextroamphetamine sulfate tab 15 mg .....                     | 69  |
| dexamethasone tab 1 mg .....                                     | 93  | dextroamphetamine sulfate tab 20 mg .....                     | 69  |
| dexamethasone tab 2 mg .....                                     | 93  | dextroamphetamine sulfate tab 30 mg .....                     | 70  |
| dexamethasone tab 4 mg .....                                     | 93  | dextroamphetamine sulfate tab 5 mg .....                      | 69  |
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| DEXCOM G5 MIS TRANSMIT .....                                     | 88  | diaper rash pst 40% .....                                     | 145 |
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| DEXCOM G6 MIS SENSOR .....                                       | 88  | diazepam inj 5 mg/ml .....                                    | 64  |
| DEXCOM G6 MIS TRANSMIT .....                                     | 88  | diazepam oral soln 1 mg/ml .....                              | 64  |
| DEXCOM G7 MIS RECEIVER .....                                     | 88  | diazepam tab 10 mg .....                                      | 65  |
| DEXCOM G7 MIS SENSOR .....                                       | 88  | diazepam tab 2 mg .....                                       | 65  |
| dexmethylphenidate hcl cap er 24 hr 10 mg .....                  | 69  | diazepam tab 5 mg .....                                       | 65  |
| dexmethylphenidate hcl cap er 24 hr 15 mg .....                  | 69  | dibucaine oint 1% .....                                       | 143 |
| dexmethylphenidate hcl cap er 24 hr 20 mg .....                  | 69  | diclofenac potassium tab 50 mg .....                          | 1   |
| dexmethylphenidate hcl cap er 24 hr 25 mg .....                  | 69  | diclofenac sodium (actinic keratoses) gel 3% .....            | 144 |
| dexmethylphenidate hcl cap er 24 hr 30 mg .....                  | 69  | diclofenac sodium gel 1% (1.16% diethylamine equiv) .....     | 144 |
| dexmethylphenidate hcl cap er 24 hr 35 mg .....                  | 69  | diclofenac sodium ophth soln 0.1% .....                       | 127 |
| dexmethylphenidate hcl cap er 24 hr 40 mg .....                  | 69  | diclofenac sodium tab delayed release 25 mg .....             | 1   |
| dexmethylphenidate hcl cap er 24 hr 5 mg .....                   | 69  | diclofenac sodium tab delayed release 50 mg .....             | 1   |
| dexmethylphenidate hcl tab 10 mg .....                           | 69  | diclofenac sodium tab delayed release 75 mg .....             | 1   |
| dexmethylphenidate hcl tab 2.5 mg .....                          | 69  | diclofenac sodium tab er 24hr 100 mg .....                    | 2   |
| dexmethylphenidate hcl tab 5 mg .....                            | 69  | diclofenac w/ misoprostol tab delayed release 50-0.2 mg ..... | 3   |
| dexrazoxane hcl for inj 250 mg (base equivalent) .....           | 35  | diclofenac w/ misoprostol tab delayed release 75-0.2 mg ..... | 3   |
| dexrazoxane hcl for inj 500 mg (base equivalent) .....           | 35  | dicloxacillin sodium cap 250 mg .....                         | 24  |
|  |     | dicloxacillin sodium cap 500 mg .....                         | 24  |
|  |     | dicyclomine hcl cap 10 mg .....                               | 98  |
|  |     | dicyclomine hcl inj 10 mg/ml .....                            | 98  |

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| <i>dicyclomine hcl oral soln 10 mg/5ml</i> .....   | 98  | <i>diltiazem hcl tab 30 mg</i> .....              | 46  |
| <i>dicyclomine hcl tab 20 mg</i> .....             | 98  | <i>diltiazem hcl tab 60 mg</i> .....              | 46  |
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| DIFICID TAB 200MG.....                             | 20  | <i>diltiazem hcl tab er 24hr 120 mg</i> .....     | 46  |
| <i>diflorasone diacetate cream 0.05%</i> .....     | 142 | <i>dilt-xr cap 120mg</i> .....                    | 45  |
| <i>diflorasone diacetate oint 0.05%</i> .....      | 142 | <i>dilt-xr cap 180mg</i> .....                    | 45  |
| <i>diflunisal tab 500 mg</i> .....                 | 10  | <i>dilt-xr cap 240mg</i> .....                    | 45  |
| <i>difluprednate ophth emulsion 0.05%</i> .....    | 127 | DIMETAPP CLD ELX /ALLERGY .....                   | 78  |
| <i>digoxin oral soln 0.05 mg/ml</i> .....          | 47  | <i>dimetapp liq nighttim</i> .....                | 78  |
| <i>digoxin tab 125 mcg (0.125 mg)</i> .....        | 47  | DIMETAPP SYP CGH/COLD.....                        | 78  |
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| <i>digoxin tab 62.5 mcg (0.0625 mg)</i> .....      | 47  | 120 mg .....                                      | 74  |
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| DILANTIN CAP 30MG.....                             | 65  | 240 mg.....                                       | 74  |
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| <i>diltiazem hcl cap er 12hr 60 mg</i> .....       | 45  | 120 mg & 240 mg .....                             | 74  |
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| <i>diltiazem hcl coated beads cap er 24hr 180</i>  |     | <i>diphenhydramine hcl inj 50 mg/ml</i> .....     | 131 |
| mg .....   | 45  | <i>diphenoxylate w/ atropine liq 2.5-0.025</i>    |     |
| <i>diltiazem hcl coated beads cap er 24hr 240</i>  |     | mg/5ml .....                                      | 25  |
| mg .....   | 45  | <i>diphenoxylate w/ atropine tab 2.5-0.025</i>    |     |
| <i>diltiazem hcl coated beads cap er 24hr 300</i>  |     | mg.....   | 25  |
| mg .....   | 45  | <i>dipyridamole tab 25 mg</i> .....               | 108 |
| <i>diltiazem hcl coated beads cap er 24hr 360</i>  |     | <i>dipyridamole tab 50 mg</i> .....               | 108 |
| mg .....   | 45  | <i>dipyridamole tab 75 mg</i> .....               | 108 |
| <i>diltiazem hcl extended release beads cap</i>    |     | <i>disopyramide phosphate cap 100 mg</i> .....    | 39  |
| er 24hr 120 mg.....                                | 45  | <i>disopyramide phosphate cap 150 mg</i> .....    | 39  |
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| er 24hr 180 mg.....                                | 46  | <i>disulfiram tab 500 mg</i> .....                | 51  |
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| er 24hr 240 mg.....                                | 46  | <i>divalproex sodium cap delayed release</i>      |     |
| <i>diltiazem hcl extended release beads cap</i>    |     | sprinkle 125 mg.....                              | 65  |
| er 24hr 300 mg.....                                | 46  | <i>divalproex sodium tab delayed release 125</i>  |     |
| <i>diltiazem hcl extended release beads cap</i>    |     | mg .....  | 65  |
| er 24hr 360 mg.....                                | 46  | <i>divalproex sodium tab delayed release 250</i>  |     |
| <i>diltiazem hcl extended release beads cap</i>    |     | mg .....  | 65  |
| er 24hr 420 mg.....                                | 46  | <i>divalproex sodium tab delayed release 500</i>  |     |
| <i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i> |     | mg .....  | 65  |
| .....  | 46  | <i>divalproex sodium tab er 24 hr 250 mg</i> .... | 65  |
| <i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>   |     | <i>divalproex sodium tab er 24 hr 500 mg</i> .... | 65  |
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| <i>diltiazem hcl tab 120 mg</i> .....              | 46  | mg/ml) .....                                      | 27  |

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| <i>docetaxel for inj conc 20 mg/ml</i> .....       | 27  | <i>doxorubicin hcl liposomal inj (for iv infusion)</i> |     |
| <i>docetaxel for inj conc 80 mg/4ml (20</i>        |     | <i>2 mg/ml</i> .....                                   | 26  |
| <i>mg/ml)</i> .....                                | 27  | <i>doxy 100 inj 100mg</i> .....                        | 24  |
| <i>docetaxel soln for iv infusion 160 mg/16ml</i>  |     | <i>doxycycline hyclate cap 100 mg</i> .....            | 24  |
| <i>.....</i>                                       | 27  | <i>doxycycline hyclate cap 50 mg</i> .....             | 24  |
| <i>docetaxel soln for iv infusion 20 mg/2ml</i> .. | 27  | <i>doxycycline hyclate for inj 100 mg</i> .....        | 24  |
| <i>docetaxel soln for iv infusion 80 mg/8ml</i> .. | 27  | <i>doxycycline hyclate tab 100 mg</i> .....            | 24  |
| <i>docusate calcium cap 240 mg</i> .....           | 118 | <i>doxycycline hyclate tab 20 mg</i> .....             | 24  |
| <i>docusate sodium cap 250 mg</i> .....            | 118 | <i>doxycycline monohydrate cap 100 mg</i> .....        | 24  |
| <i>docusate sodium liquid 150 mg/15ml</i> .....    | 118 | <i>doxycycline monohydrate cap 50 mg</i> .....         | 24  |
| <i>dofetilide cap 125 mcg (0.125 mg)</i> .....     | 39  | <i>doxycycline monohydrate for susp 25</i>             |     |
| <i>dofetilide cap 250 mcg (0.25 mg)</i> .....      | 39  | <i>mg/5ml</i> .....                                    | 24  |
| <i>dofetilide cap 500 mcg (0.5 mg)</i> .....       | 39  | <i>doxycycline monohydrate tab 150 mg</i> .....        | 24  |
| <i>donepezil hydrochloride orally</i>              |     | <i>doxycycline monohydrate tab 50 mg</i> .....         | 24  |
| <i>disintegrating tab 10 mg</i> .....              | 52  | <i>doxycycline monohydrate tab 75 mg</i> .....         | 24  |
| <i>donepezil hydrochloride orally</i>              |     | <i>doxylamine succinate tab 25mg</i> .....             | 72  |
| <i>disintegrating tab 5 mg</i> .....               | 52  | <i>DRAMAMINE CHW 50MG</i> .....                        | 98  |
| <i>donepezil hydrochloride tab 10 mg</i> .....     | 53  | <i>dramamine tab 25mg</i> .....                        | 98  |
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| <i>donepezil hydrochloride tab 5 mg</i> .....      | 52  | <i>dronabinol cap 10 mg</i> .....                      | 99  |
| <i>DOPTELET TAB 20MG</i> .....                     | 107 | <i>dronabinol cap 2.5 mg</i> .....                     | 98  |
| <i>dorzolamide hcl ophth soln 2%</i> .....         | 127 | <i>dronabinol cap 5 mg</i> .....                       | 99  |
| <i>dorzolamide hcl-timolol maleate ophth soln</i>  |     | <i>drospirenone-ethinyl estradiol tab 3-0.02</i>       |     |
| <i>2-0.5%</i> .....                                | 127 | <i>mg</i> .....  | 85  |
| <i>DOVATO TAB 50-300MG</i> .....                   | 16  | <i>drospirenone-ethinyl estradiol tab 3-0.03</i>       |     |
| <i>doxazosin mesylate tab 1 mg</i> .....           | 103 | <i>mg</i> .....  | 85  |
| <i>doxazosin mesylate tab 2 mg</i> .....           | 103 | <i>drospirenone-ethinyl estrad-levomefolate</i>        |     |
| <i>doxazosin mesylate tab 4 mg</i> .....           | 103 | <i>tab 3-0.02-0.451 mg</i> .....                       | 85  |
| <i>doxazosin mesylate tab 8 mg</i> .....           | 103 | <i>drospirenone-ethinyl estrad-levomefolate</i>        |     |
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>   | 72  | <i>tab 3-0.03-0.451 mg</i> .....                       | 85  |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>   | 72  | <i>DROXIA CAP 200MG</i> .....                          | 108 |
| <i>doxepin hcl cap 100 mg</i> .....                | 56  | <i>DROXIA CAP 300MG</i> .....                          | 108 |
| <i>doxepin hcl cap 10 mg</i> .....                 | 55  | <i>DROXIA CAP 400MG</i> .....                          | 108 |
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| <i>doxepin hcl cream 5%</i> .....                  | 140 | <i>duloxetine hcl cap 30 mg</i> .....                  | 56  |
| <i>doxercalciferol cap 0.5 mcg</i> .....           | 125 | <i>duloxetine hcl cap 60 mg</i> .....                  | 56  |
| <i>doxercalciferol cap 1 mcg</i> .....             | 125 | <i>DUPIXENT INJ 100/0.67</i> .....                     | 135 |
| <i>doxercalciferol cap 2.5 mcg</i> .....           | 125 | <i>DUPIXENT INJ 200/1.14</i> .....                     | 141 |
| <i>doxorubicin hcl for inj 10 mg</i> .....         | 26  | <i>DUPIXENT INJ 200MG</i> .....                        | 141 |
| <i>doxorubicin hcl inj 2 mg/ml</i> .....           | 26  | <i>DUPIXENT INJ 300/2ML</i> .....                      | 141 |

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| DUREX MIS REALFEEL .....   | 85  | EMGALITY INJ 100MG/ML .....   | 73  |
| <i>dutasteride cap 0.5 mg</i> .....  | 103 | EMGALITY INJ 120MG/ML .....   | 73  |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i><br>.....                      | 103 | EMSAM DIS 12MG/24H.....   | 56  |
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| <i>easy-lax pls tab 8.6-50mg</i> .....   | 118 | <i>emtricitabine-tenofovir disoproxil fumarate</i><br><i>tab 100-150 mg</i> ..... | 16  |
| <i>econazole nitrate cream 1%</i> .....  | 140 | <i>emtricitabine-tenofovir disoproxil fumarate</i><br><i>tab 133-200 mg</i> ..... | 16  |
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| <i>ed-apap liq 80mg/2.5</i> .....  | 10  | <i>emtricitabine-tenofovir disoproxil fumarate</i><br><i>tab 200-300 mg</i> ..... | 16  |
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| <i>efavirenz cap 200 mg</i> .....  | 14  | EMVERM CHW 100MG .....  | 12  |
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| <i>efavirenz-lamivudine-tenofovir df tab 600-</i><br><i>300-300 mg</i> .....   | 16  | <i>enalapril maleate tab 2.5 mg</i> .....   | 36  |
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| <i>eletriptan hydrobromide tab 20 mg (base</i><br><i>equivalent)</i> .....     | 72  | ENBREL INJ 25MG.....  | 110 |
| <i>eletriptan hydrobromide tab 40 mg (base</i><br><i>equivalent)</i> .....     | 72  | ENBREL INJ 50MG/ML .....  | 110 |
| ELIGARD INJ 22.5MG .....   | 29  | ENBREL MINI INJ 50MG/ML.....  | 110 |
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| <i>entacapone tab 200 mg</i> .....                                      | 60  | <i>ery-tab tab 333mg ec</i> .....   | 20  |
| <i>entecavir tab 0.5 mg</i> .....                                       | 17  | <i>ery-tab tab 500mg ec</i> .....   | 20  |
| <i>entecavir tab 1 mg</i> .....   | 18  | <i>erythrocin tab 250mg</i> .....   | 20  |
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| <i>enulose sol 10gm/15</i> .....  | 101 | <i>erythromycin gel 2%</i> .....  | 138 |
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| EPCLUSA TAB 200-50MG.....   | 21  | <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> .....              | 56  |
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| <i>ergotamine w/ caffeine tab 1-100 mg</i> .....                        | 73  | <i>estradiol tab 2 mg</i> .....   | 90  |
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| estradiol td gel 1 mg/gm (0.1%).....                                 | 90  |
| estradiol td patch twice weekly 0.025<br>mg/24hr .....               | 90  |
| estradiol td patch twice weekly 0.0375<br>mg/24hr .....              | 90  |
| estradiol td patch twice weekly 0.05<br>mg/24hr .....                | 90  |
| estradiol td patch twice weekly 0.075<br>mg/24hr .....               | 90  |
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| etodolac tab 400 mg.....   | 2   |
| etodolac tab 500 mg.....   | 2   |
| etodolac tab er 24hr 400 mg .....                                    | 2   |
| etodolac tab er 24hr 500 mg .....                                    | 2   |
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| famotidine in nacl 0.9% iv soln 20 mg/50ml<br>.....                  | 100 |
| famotidine preservative free inj 20 mg/2ml<br>.....                  | 100 |
| famotidine tab 10 mg .....   | 100 |

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| <i>famotidine tab 40 mg</i> .....                                    | 100 | <i>fentanyl td patch 72hr 87.5 mcg/hr</i> .....                                   | 4   |
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| <i>levofloxacin tab 250 mg</i> .....                   | 20  | <i>lidocaine hcl (cardiac) iv soln pref syr 100</i>   |     |
| <i>levofloxacin tab 500 mg</i> .....                   | 20  | mg/5ml (2%) .....                                     | 39  |
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| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15</i> |     | <i>lidocaine hcl local preservative free (pf) inj</i> |     |
| mg-30 mcg .....  | 86  | 0.5% .....  | 11  |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1</i>  |     | <i>lidocaine hcl local preservative free (pf) inj</i> |     |
| mg-20 mcg .....  | 86  | 1% .....  | 11  |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i>     |     | <i>lidocaine hcl local preservative free (pf) inj</i> |     |
| mg-20 mcg (21) .....                                   | 86  | 2% .....  | 11  |
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| <i>mandelay gel max str</i> .....  | 144 | <i>melatonin tab 3mg</i> .....   | 1   |
| <i>mannitol iv soln 20%</i> .....  | 48  | <i>melatonin tab 5 mg</i> .....  | 1   |
| <i>mannitol iv soln 25%</i> .....  | 48  | <i>meloxicam tab 15 mg</i> .....   | 2   |
| <i>maraviroc tab 150 mg</i> .....  | 15  | <i>meloxicam tab 7.5 mg</i> .....  | 2   |
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| <i>medroxyprogesterone acetate tab 5 mg</i> ..                                     | 96  | <i>mesalamine cap dr 400 mg</i> .....  | 100 |
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| <i>mefloquine hcl tab 250 mg</i> .....   | 13  | <i>mesalamine enema 4 gm</i> .....   | 100 |
| <i>megestrol acetate susp 40 mg/ml</i> .....                                       | 29  | <i>mesalamine rectal enema 4 gm &amp; cleanser</i><br><i>wipe kit</i> .....        | 100 |
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| MEKINIST TAB 0.5MG.....  | 32  | MESNEX TAB 400MG.....  | 35  |
| MEKINIST TAB 2MG.....  | 32  | <i>metaxalone tab 800 mg</i> .....   | 75  |
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| <i>melatonin sub 5mg</i> .....   | 1   | <i>metformin hcl tab 500 mg</i> .....  | 81  |
| <i>melatonin tab 10mg cr</i> .....   | 1   | <i>metformin hcl tab 850 mg</i> .....  | 81  |
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| <i>metformin hcl tab er 24hr 750 mg</i> .....                             | 81  | <i>methylphenidate hcl cap er 24hr 60 mg (la)</i><br>.....                         | 70 |
| <i>methadone con 10mg/ml</i> .....  | 5   | <i>methylphenidate hcl cap er 30 mg (cd)</i> ....                                  | 70 |
| <i>methadone hcl conc 10 mg/ml</i> .....                                  | 5   | <i>methylphenidate hcl cap er 40 mg (cd)</i> ....                                  | 70 |
| <i>methadone hcl soln 10 mg/5ml</i> .....                                 | 5   | <i>methylphenidate hcl cap er 50 mg (cd)</i> ....                                  | 70 |
| <i>methadone hcl soln 5 mg/5ml</i> .....                                  | 5   | <i>methylphenidate hcl cap er 60 mg (cd)</i> ....                                  | 70 |
| <i>methadone hcl tab 10 mg</i> .....                                      | 5   | <i>methylphenidate hcl chew tab 10 mg</i> .....                                    | 70 |
| <i>methadone hcl tab 5 mg</i> .....                                       | 5   | <i>methylphenidate hcl chew tab 2.5 mg</i> .....                                   | 70 |
| <i>methadone hcl tab for oral susp 40 mg</i> .....                        | 5   | <i>methylphenidate hcl chew tab 5 mg</i> .....                                     | 70 |
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| <i>methamphetamine hcl tab 5 mg</i> .....                                 | 70  | <i>methylphenidate hcl soln 5 mg/5ml</i> .....                                     | 70 |
| <i>methazolamide tab 25 mg</i> .....                                      | 48  | <i>methylphenidate hcl tab 10 mg</i> .....   | 70 |
| <i>methazolamide tab 50 mg</i> .....                                      | 48  | <i>methylphenidate hcl tab 20 mg</i> .....   | 70 |
| <i>methenamine hippurate tab 1 gm</i> .....                               | 22  | <i>methylphenidate hcl tab 5 mg</i> .....  | 70 |
| <i>methimazole tab 10 mg</i> .....  | 97  | <i>methylphenidate hcl tab er 10 mg</i> .....                                      | 70 |
| <i>methimazole tab 5 mg</i> .....   | 97  | <i>methylphenidate hcl tab er 20 mg</i> .....                                      | 70 |
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| <i>methotrexate sodium inj 250 mg/10ml (25</i><br><i>mg/ml)</i> .....     | 27  | <i>methylphenidate hcl tab er osmotic release</i><br><i>(osm) 54 mg</i> .....      | 71 |
| <i>methotrexate sodium inj 50 mg/2ml (25</i><br><i>mg/ml)</i> .....       | 27  | <i>methylprednisolone acetate inj susp 40</i><br><i>mg/ml</i> .....                | 93 |
| <i>methotrexate sodium inj pf 1000 mg/40ml</i><br><i>(25 mg/ml)</i> ..... | 27  | <i>methylprednisolone acetate inj susp 80</i><br><i>mg/ml</i> .....                | 93 |
| <i>methotrexate sodium inj pf 250 mg/10ml</i><br><i>(25 mg/ml)</i> .....  | 27  | <i>methylprednisolone sod succ for inj 1000</i><br><i>mg (base equiv)</i> .....    | 93 |
| <i>methotrexate sodium inj pf 50 mg/2ml (25</i><br><i>mg/ml)</i> .....    | 27  | <i>methylprednisolone sod succ for inj 125 mg</i><br><i>(base equiv)</i> .....     | 93 |
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| <i>methscopolamine bromide tab 2.5 mg</i> ....                            | 98  | <i>methylprednisolone tab 4 mg</i> .....   | 93 |
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| <i>methylphenidate hcl cap er 10 mg (cd)</i> ....                         | 70  | <i>metoclopramide hcl soln 5 mg/5ml (10</i><br><i>mg/10ml) (base equiv)</i> .....  | 99 |
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| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i><br>.....                | 70  |  |    |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i><br>.....                | 70  |  |    |
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| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> ..... | 44  | <i>minocycline hcl tab 50 mg</i> .....                        | 24  |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....  | 44  | <i>minocycline hcl tab 75 mg</i> .....                        | 24  |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....  | 44  | <i>minoxidil tab 10 mg</i> .....                              | 49  |
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| <i>miconazole 1 kit 1200-2%</i> .....                                 | 105 | <i>mirtazapine tab 15 mg</i> .....                            | 57  |
| <i>miconazole 3 sup 200mg</i> .....                                   | 105 | <i>mirtazapine tab 30 mg</i> .....                            | 57  |
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| <i>miconazole 7 sup 100mg</i> .....                                   | 105 | <i>mirtazapine tab 7.5 mg</i> .....                           | 57  |
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| <i>miglitol tab 25 mg</i> .....                                       | 81  | <i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> ..... | 26  |
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| <i>moexipril hcl tab 7.5 mg</i> .....             | 37  | <i>morphine sulfate tab er 60 mg</i> .....        | 7   |
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| <i>morphine sulfate beads cap er 24hr 60 mg</i>   | 6   | <i>mucus-d tab 60-600mg</i> .....                 | 78  |
| <i>morphine sulfate beads cap er 24hr 75 mg</i>   | 6   | <i>mucus relief tab 1200mg</i> .....              | 79  |
| <i>morphine sulfate beads cap er 24hr 90 mg</i>   | 6   | <i>mucus relief tab 400mg</i> .....               | 79  |
| <i>morphine sulfate cap er 24hr 100 mg</i> .....  | 6   | <i>mucus relief tab 600mg er</i> .....            | 79  |
| <i>morphine sulfate cap er 24hr 10 mg</i> .....   | 6   | <i>mucus relief tab dm cough</i> .....            | 78  |
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| <i>morphine sulfate cap er 24hr 60 mg</i> .....   | 6   | <i>multivit/fl chw 0.5mg</i> .....                | 125 |
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| <i>morphine sulfate iv soln 10 mg/ml</i> .....    | 6   | <i>multi-vit/fl dro /fe 0.25</i> .....            | 125 |
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| <i>morphine sulfate oral soln 100 mg/5ml (20</i>  |     | <i>multi-vit/fl dro 0.5mg/ml</i> .....            | 125 |
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| <i>morphine sulfate oral soln 10 mg/5ml</i> ..... | 6   | <i>mupirocin oint 2%</i> .....                    | 139 |
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| <i>morphine sulfate tab er 15 mg</i> .....        | 6   | <i>mg/ml</i> .....                                | 115 |



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| <i>mycophenolate mofetil tab 500 mg</i> .....                             | 115 | <i>nateglinide tab 60 mg</i> .....  | 83  |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> ..... | 115 | <i>naturl fiber pow 58.6%</i> .....                                       | 118 |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> ..... | 115 | <i>NAYZILAM SPR 5MG</i> .....   | 66  |
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| <i>MYFORTIC TAB 360MG</i> .....   | 115 | <i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....                   | 44  |
| <i>MYOFLEX CRE 10%</i> .....  | 144 | <i>nebivolol hcl tab 20 mg (base equivalent)</i> 44                       |     |
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| <i>nalbuphine hcl inj 20 mg/ml</i> .....                                  | 7   | <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....   | 146 |
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| <i>naproxen tab 375 mg</i> .....  | 2   | <i>NEUPRO DIS 2MG/24HR</i> .....  | 60  |
| <i>naproxen tab 500 mg</i> .....  | 2   | <i>NEUPRO DIS 3MG/24HR</i> .....  | 60  |
| <i>naratriptan hcl tab 1 mg (base equiv)</i> .....                        | 73  | <i>NEUPRO DIS 4MG/24HR</i> .....  | 60  |
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| SYNTHROID TAB 125MCG.....  | 97  | TAZORAC CRE 0.05% .....   | 141 |
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| <i>tears natura sol free op</i> .....                       | 128 | <i>mg/ml</i> .....  | 80  |
| <i>telmisartan-amlodipine tab 40-10 mg</i> .....            | 38  | <i>testosterone td gel 10mg/act (2%)</i> .....            | 80  |
| <i>telmisartan-amlodipine tab 40-5 mg</i> .....             | 38  | <i>testosterone td gel 25 mg/2.5gm (1%)</i> .....         | 80  |
| <i>telmisartan-amlodipine tab 80-10 mg</i> .....            | 38  | <i>tetrabenazine tab 12.5 mg</i> .....                    | 74  |
| <i>telmisartan-amlodipine tab 80-5 mg</i> .....             | 38  | <i>tetrabenazine tab 25 mg</i> .....                      | 74  |
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| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> ..... | 38  | <i>tetracycline hcl cap 500 mg</i> .....                  | 25  |
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| <i>temazepam cap 7.5 mg</i> .....                           | 72  | <i>theophylline tab er 12hr 300 mg</i> .....              | 137 |
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