

# 2021 MVP Health Care<sup>®</sup> Marketplace Formulary (List of Covered Drugs)

**Please Read:** This document contains information about the drugs we cover in this plan.

This formulary was updated on **May 1, 2021**. For more recent information or other questions, please contact the MVP Customer Care Center.

You can reach the Customer Care Center using the phone number listed on the back of your MVP Member ID Card, Monday – Friday, 8 am to 6 pm (Eastern Time), (TTY: **1-800-662-1220**).



For more detailed information about your MVP Health Care® (MVP) prescription drug coverage, please review your Certificate of Coverage or Summary Plan Description. Please be advised that this document is updated periodically, and changes may appear prior to their effective date to allow for member notification.

**For the most recent information or other questions, please contact the MVP Customer Care Center at the phone number listed on the back of the MVP Member ID card.**

## How do I use the Formulary?

There are two ways to find a drug within this Formulary document. On your keyboard, press **CTRL+F** to bring up a search window.

1. **Search by Medical Condition** The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the document below. Then look under the category name for your drug.
2. **Search by Drug Name** If you are not sure of the category, look for your drug in the Index. The Index provides an alphabetical list of all the drugs, both brand name and generic, included in this document. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

## Are there coverage restrictions?

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

**PRIOR AUTHORIZATION (PA)** MVP requires your physician to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval, MVP may not cover the drug. Some drugs not listed on the formulary document follow approved MVP prior authorization policies. Please note that all new drugs will be excluded from the formulary and require prior authorization until reviewed by the MVP Pharmacy and Therapeutics (P&T) Committee. The P&T Committee recommends drugs to be excluded from coverage if they do not have significant clinical and/or therapeutic advantages over drugs currently covered by the Plan. The committee uses utilization, pharmacoeconomic and clinical data to develop the exclusions. However, not every member may be able to tolerate formulary drugs due to clinical ineffectiveness or adverse/allergic reactions. A formulary exception (prior authorization) process for these cases will allow members to receive otherwise non-covered medications.

**QUANTITY LIMIT (QL)** Some drugs in the formulary have a maximum quantity that may be received over a specified time period. The list of drugs with quantity limits is subject to change and drugs with them are marked by a "QL." The amount of drug covered is based on clinical

considerations. If you require more than the allowed quantity, the prescribing practitioner should initiate a request for coverage.

**STEP THERAPY (ST)** In some cases, MVP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

**SPECIALTY DRUGS (SP)** Specialty medications are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are most often injectable medications but may also include oral agents. Drugs identified in the formulary as “SP” must be filled through the CVS Specialty Pharmacy or another pharmacy in the specialty network.

**OVER THE COUNTER MEDICATIONS (OTC)** Certain medications listed in the formulary are available over the counter. For these to be covered by insurance, a prescription is required.

**MEDICAL (M)** These drugs are covered under your Medical benefit. Typically, these products are obtained and administered by your physician. If you do not receive these medications from your physician, they must be obtained from CVS Specialty pharmacy, or another pharmacy in the specialty network.

**AGE** Some medications have age restrictions to ensure they are used in appropriate age groups. If you are outside of the age restriction but require the use of a drug with an age edit, your practitioner can submit a request for coverage and tell us why you need this drug.

## More information

Your physician is the person best suited to help you make decisions about prescription drugs, and the prescription drug information here is intended for consumer guidance only. This information relates to the Prescription Drug Formulary, generally, and may not describe your specific coverage. Your Certificate of Coverage or Summary Plan Description determines your benefits, limitations and exclusions.

While every effort has been made to ensure accuracy, some information may be out of date. The Formulary is subject to change based on decisions made by the Pharmacy & Therapeutics (P&T) committee. New drugs are not covered until reviewed by the P&T committee. Medications with an over-the-counter equivalent are not a covered benefit. Drugs entering the market between 1938 and 1962 that were approved for safety but not effectiveness are called “DESI” drugs. DESI drugs are not covered on the MVP Marketplace Formulary.

The information contained in the MVP Marketplace Formulary is provided solely for the convenience of medical physicians. MVP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The MVP Marketplace Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgement of the medical practitioner in his/her choice of prescription drugs. The document is subject to state-specific

regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands, and mandatory generics whenever applicable. MVP assumes no responsibility for the actions of any medical practitioner based upon reliance, in whole or part, on the information contained herein. The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information.

Your employer may have limited your coverage of certain prescription drugs. In the case of some drugs, the Plan may limit coverage to a specific quantity or a specific course of treatment. The Plan may also require prior authorization on some covered drugs. If you need more information about policies regarding a specific drug, consult your physician or contact the MVP Customer Care Center. If the medication you take is not listed below, contact the CVS Caremark Customer Care Center at the phone number listed on your identification card.

# MVP Exchange eff 05/01/2021

## Drug Name Drug Tier Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

### AMPHETAMINES

|                                                        |   |                        |
|--------------------------------------------------------|---|------------------------|
| ADDERALL TAB 5MG                                       | 3 |                        |
| ADDERALL TAB 7.5MG                                     | 3 |                        |
| ADDERALL TAB 10MG                                      | 3 |                        |
| ADDERALL TAB 12.5MG                                    | 3 |                        |
| ADDERALL TAB 15MG                                      | 3 |                        |
| ADDERALL TAB 20MG                                      | 3 |                        |
| ADDERALL TAB 30MG                                      | 3 |                        |
| ADDERALL XR CAP 5MG                                    | 3 | QL (60 caps / 30 days) |
| ADDERALL XR CAP 10MG                                   | 3 | QL (60 caps / 30 days) |
| ADDERALL XR CAP 15MG                                   | 3 | QL (60 caps / 30 days) |
| ADDERALL XR CAP 20MG                                   | 3 | QL (60 caps / 30 days) |
| ADDERALL XR CAP 25MG                                   | 3 | QL (60 caps / 30 days) |
| ADDERALL XR CAP 30MG                                   | 3 | QL (60 caps / 30 days) |
| <i>amphetamine sulfate tab 5 mg</i>                    | 1 |                        |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>  | 2 | QL (60 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>          | 1 |                        |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>        | 1 |                        |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>         | 1 |                        |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>       | 1 |                        |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>         | 1 |                        |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>         | 1 |                        |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>         | 1 |                        |
| DEXEDRINE CAP 5MG CR                                   | 3 | QL (60 caps / 30 days) |
| DEXEDRINE CAP 10MG CR                                  | 3 | QL (60 caps / 30 days) |

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **NM** - Not available at mail-order **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|-------------------------------------------------------------------|------------------|---------------------------------|
| DEXEDRINE CAP 15MG CR                                             | 3                | QL (60 caps / 30 days)          |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i>                 | 2                | QL (60 caps / 30 days)          |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i>                | 2                | QL (60 caps / 30 days)          |
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i>                | 2                | QL (60 caps / 30 days)          |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>           | 2                |                                 |
| <i>dextroamphetamine sulfate tab 5 mg</i>                         | 2                |                                 |
| <i>dextroamphetamine sulfate tab 10 mg</i>                        | 2                |                                 |
| MYDAYIS CAP 12.5MG                                                | 2                | QL (60 caps / 30 days)          |
| MYDAYIS CAP 25MG                                                  | 2                | QL (60 caps / 30 days)          |
| MYDAYIS CAP 37.5MG                                                | 2                | QL (60 caps / 30 days)          |
| MYDAYIS CAP 50MG                                                  | 2                | QL (60 caps / 30 days)          |
| PROCENTRA SOL 5MG/5ML                                             | 2                |                                 |
| VYVANSE CAP 10MG                                                  | 2                | QL (60 caps / 30 days)          |
| VYVANSE CAP 20MG                                                  | 2                | QL (60 caps / 30 days)          |
| VYVANSE CAP 30MG                                                  | 2                | QL (60 caps / 30 days)          |
| VYVANSE CAP 40MG                                                  | 2                | QL (60 caps / 30 days)          |
| VYVANSE CAP 50MG                                                  | 2                | QL (60 caps / 30 days)          |
| VYVANSE CAP 60MG                                                  | 2                | QL (60 caps / 30 days)          |
| VYVANSE CAP 70MG                                                  | 2                | QL (60 caps / 30 days)          |
| VYVANSE CHW 10MG                                                  | 2                | QL (60 tabs / 30 days)          |
| VYVANSE CHW 20MG                                                  | 2                | QL (60 tabs / 30 days)          |
| VYVANSE CHW 30MG                                                  | 2                | QL (60 tabs / 30 days)          |
| VYVANSE CHW 40MG                                                  | 2                | QL (60 tabs / 30 days)          |
| VYVANSE CHW 50MG                                                  | 2                | QL (60 tabs / 30 days)          |
| VYVANSE CHW 60MG                                                  | 2                | QL (60 tabs / 30 days)          |
| <i>zenzedi tab 2.5mg</i>                                          | 2                |                                 |
| <i>zenzedi tab 5mg</i>                                            | 2                |                                 |
| <i>zenzedi tab 7.5mg</i>                                          | 2                |                                 |
| <i>zenzedi tab 10mg</i>                                           | 2                |                                 |
| <i>zenzedi tab 15mg</i>                                           | 2                |                                 |
| <i>zenzedi tab 20mg</i>                                           | 2                |                                 |
| <i>zenzedi tab 30mg</i>                                           | 2                |                                 |
| <b>ANALEPTICS</b>                                                 |                  |                                 |
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> | 1                | NM                              |
| <b>ANOREXIANTS NON-AMPHETAMINE</b>                                |                  |                                 |
| ADIPEX-P CAP 37.5MG                                               | 3                | PA, NM                          |
| ADIPEX-P TAB 37.5MG                                               | 3                | PA, NM                          |
| <i>benzphetamine hcl tab 25 mg</i>                                | 1                | QL (90 tablets per 30 days), NM |

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| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|----------------------------------------------------|------------------|----------------------------------|
| <i>benzphetamine hcl tab 50 mg</i>                 | 1                | QL (90 tablets per 30 days), NM  |
| <i>diethylpropion hcl tab 25 mg</i>                | 1                | QL (90 tablets per 30 days), NM  |
| <i>diethylpropion hcl tab er 24hr 75 mg</i>        | 1                | QL (30 tablets per 30 days), NM  |
| LOMAIRA TAB 8MG                                    | 3                | PA, NM                           |
| <i>phendimetrazine tartrate cap er 24hr 105 mg</i> | 1                | QL (30 capsules per 30 days), NM |
| <i>phendimetrazine tartrate tab 35 mg</i>          | 1                | QL (90 tablets per 30 days), NM  |
| <i>phentermine hcl cap 15 mg</i>                   | 1                | QL (30 capsules per 30 days), NM |
| <i>phentermine hcl cap 30 mg</i>                   | 1                | NM                               |
| <i>phentermine hcl cap 37.5 mg</i>                 | 1                | QL (30 capsules per 30 days), NM |
| <i>phentermine hcl tab 37.5 mg</i>                 | 1                | QL (30 tablets per 30 days), NM  |
| QSYMIA CAP 3.75-23                                 | 3                | PA, NM                           |
| QSYMIA CAP 7.5-46MG                                | 3                | PA, NM                           |
| QSYMIA CAP 11.25-69                                | 3                | PA, NM                           |
| QSYMIA CAP 15-92MG                                 | 3                | PA, NM                           |

#### **ANTI-OBESITY AGENTS**

|                      |   |        |
|----------------------|---|--------|
| BELVIQ TAB 10MG      | 3 | PA, NM |
| BELVIQ XR TAB 20MG   | 3 | PA, NM |
| CONTRAVE TAB 8-90MG  | 3 | PA, NM |
| SAXENDA INJ 18MG/3ML | 3 | PA     |
| XENICAL CAP 120MG    | 3 | PA, NM |

#### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

|                                                     |   |                        |
|-----------------------------------------------------|---|------------------------|
| <i>atomoxetine hcl cap 10 mg (base equiv)</i>       | 2 | QL (90 caps / 30 days) |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i>       | 2 | QL (90 caps / 30 days) |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i>       | 2 | QL (90 caps / 30 days) |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i>       | 2 | QL (90 caps / 30 days) |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i>       | 2 | QL (90 caps / 30 days) |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i>       | 2 | QL (90 caps / 30 days) |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i>      | 2 | QL (90 caps / 30 days) |
| <i>clonidine hcl tab er 12hr 0.1 mg</i>             | 2 |                        |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> | 2 |                        |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> | 2 |                        |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> | 2 |                        |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> | 2 |                        |

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| <b>Drug Name</b>    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------|------------------|----------------------------|
| INTUNIV TAB 1MG     | 3                |                            |
| INTUNIV TAB 2MG     | 3                |                            |
| INTUNIV TAB 3MG     | 3                |                            |
| INTUNIV TAB 4MG     | 3                |                            |
| KAPVAY TAB 0.1 MG   | 3                |                            |
| STRATTERA CAP 10MG  | 3                | QL (90 caps / 30 days)     |
| STRATTERA CAP 18MG  | 3                | QL (90 caps / 30 days)     |
| STRATTERA CAP 25MG  | 3                | QL (90 caps / 30 days)     |
| STRATTERA CAP 40MG  | 3                | QL (90 caps / 30 days)     |
| STRATTERA CAP 60MG  | 3                | QL (90 caps / 30 days)     |
| STRATTERA CAP 80MG  | 3                | QL (90 caps / 30 days)     |
| STRATTERA CAP 100MG | 3                | QL (90 caps / 30 days)     |

**DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS  
(DNRIS)**

|                  |   |                        |
|------------------|---|------------------------|
| SUNOSI TAB 75MG  | 2 | QL (60 tabs / 30 days) |
| SUNOSI TAB 150MG | 1 | QL (60 tabs / 30 days) |

**STIMULANTS - MISC.**

|                                                 |   |                        |
|-------------------------------------------------|---|------------------------|
| ADHANSIA XR CAP 25MG                            | 3 | QL (60 caps / 30 days) |
| ADHANSIA XR CAP 35MG                            | 3 | QL (60 caps / 30 days) |
| ADHANSIA XR CAP 45MG                            | 3 | QL (60 caps / 30 days) |
| ADHANSIA XR CAP 55MG                            | 3 | QL (60 caps / 30 days) |
| ADHANSIA XR CAP 70MG                            | 3 | QL (60 caps / 30 days) |
| ADHANSIA XR CAP 85MG                            | 3 | QL (60 caps / 30 days) |
| APTENSIO XR CAP 10MG                            | 3 | QL (60 caps / 30 days) |
| APTENSIO XR CAP 15MG                            | 3 | QL (60 caps / 30 days) |
| APTENSIO XR CAP 20MG                            | 3 | QL (60 caps / 30 days) |
| APTENSIO XR CAP 30MG                            | 3 | QL (60 caps / 30 days) |
| APTENSIO XR CAP 40MG                            | 3 | QL (60 caps / 30 days) |
| APTENSIO XR CAP 50MG                            | 3 | QL (60 caps / 30 days) |
| APTENSIO XR CAP 60MG                            | 3 | QL (60 caps / 30 days) |
| <i>armodafinil tab 50 mg</i>                    | 2 | QL (60 tabs / 30 days) |
| <i>armodafinil tab 150 mg</i>                   | 2 | QL (60 tabs / 30 days) |
| <i>armodafinil tab 200 mg</i>                   | 2 | QL (60 tabs / 30 days) |
| <i>armodafinil tab 250 mg</i>                   | 2 | QL (60 tabs / 30 days) |
| CONCERTA TAB 18MG                               | 3 | QL (60 tabs / 30 days) |
| CONCERTA TAB 27MG                               | 3 | QL (60 tabs / 30 days) |
| CONCERTA TAB 36MG                               | 3 | QL (60 tabs / 30 days) |
| CONCERTA TAB 54MG                               | 3 | QL (60 tabs / 30 days) |
| DAYTRANA DIS 10MG/9HR                           | 3 |                        |
| DAYTRANA DIS 15MG/9HR                           | 3 |                        |
| DAYTRANA DIS 20MG/9HR                           | 3 |                        |
| DAYTRANA DIS 30MG/9HR                           | 3 |                        |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> | 2 | QL (60 caps / 30 days) |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------------------------------|------------------|------------------------------|
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> | 2                | QL (60 caps / 30 days)       |
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> | 2                | QL (60 caps / 30 days)       |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> | 2                | QL (60 caps / 30 days)       |
| <i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> | 2                | QL (60 caps / 30 days)       |
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> | 2                | QL (60 caps / 30 days)       |
| <i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> | 2                | QL (60 caps / 30 days)       |
| <i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> | 2                | QL (60 caps / 30 days)       |
| <i>dexmethylphenidate hcl tab 2.5 mg</i>         | 2                |                              |
| <i>dexmethylphenidate hcl tab 5 mg</i>           | 2                |                              |
| <i>dexmethylphenidate hcl tab 10 mg</i>          | 2                |                              |
| FOCALIN TAB 2.5MG                                | 3                |                              |
| FOCALIN TAB 5MG                                  | 3                |                              |
| FOCALIN TAB 10MG                                 | 3                |                              |
| FOCALIN XR CAP 5MG                               | 3                | QL (60 caps / 30 days)       |
| FOCALIN XR CAP 10MG                              | 3                | QL (60 caps / 30 days)       |
| FOCALIN XR CAP 15MG                              | 3                | QL (60 caps / 30 days)       |
| FOCALIN XR CAP 20MG                              | 3                | QL (60 caps / 30 days)       |
| FOCALIN XR CAP 25MG                              | 3                | QL (60 caps / 30 days)       |
| FOCALIN XR CAP 30MG                              | 3                | QL (60 caps / 30 days)       |
| FOCALIN XR CAP 35MG                              | 3                | QL (60 caps / 30 days)       |
| FOCALIN XR CAP 40MG                              | 3                | QL (60 caps / 30 days)       |
| JORNAY PM CAP 20MG ER                            | 3                | QL (60 capsules per 30 days) |
| JORNAY PM CAP 40MG ER                            | 3                | QL (60 capsules per 30 days) |
| JORNAY PM CAP 60MG ER                            | 3                | QL (60 capsules per 30 days) |
| JORNAY PM CAP 80MG ER                            | 3                | QL (60 capsules per 30 days) |
| JORNAY PM CAP 100MG ER                           | 3                | QL (60 capsules per 30 days) |
| <i>metadate tab 20mg er</i>                      | 2                | QL (60 tabs / 30 days)       |
| METHYLIN SOL 5MG/5ML                             | 3                |                              |
| METHYLIN SOL 10MG/5ML                            | 3                |                              |
| METHYLPHENID TAB 72MG ER                         | 3                | QL (60 tabs / 30 days)       |
| <i>methylphenidate hcl cap er 10 mg (cd)</i>     | 2                | QL (60 caps / 30 days)       |
| <i>methylphenidate hcl cap er 20 mg (cd)</i>     | 2                | QL (60 caps / 30 days)       |

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| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------|------------------|----------------------------|
| <i>methylphenidate hcl cap er 24hr 10 mg (la)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 60 mg (la)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>             | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 30 mg (cd)</i>                  | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 40 mg (cd)</i>                  | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 50 mg (cd)</i>                  | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl cap er 60 mg (cd)</i>                  | 2                | QL (60 caps / 30 days)     |
| <i>methylphenidate hcl chew tab 2.5 mg</i>                    | 1                |                            |
| <i>methylphenidate hcl chew tab 5 mg</i>                      | 1                |                            |
| <i>methylphenidate hcl chew tab 10 mg</i>                     | 1                |                            |
| <i>methylphenidate hcl soln 5 mg/5ml</i>                      | 2                |                            |
| <i>methylphenidate hcl soln 10 mg/5ml</i>                     | 2                |                            |
| <i>methylphenidate hcl tab 5 mg</i>                           | 1                |                            |
| <i>methylphenidate hcl tab 10 mg</i>                          | 1                |                            |
| <i>methylphenidate hcl tab 20 mg</i>                          | 1                |                            |
| <i>methylphenidate hcl tab er 10 mg</i>                       | 2                | QL (60 tabs / 30 days)     |
| <i>methylphenidate hcl tab er 20 mg</i>                       | 2                | QL (60 tabs / 30 days)     |
| <i>methylphenidate hcl tab er 24hr 18 mg</i>                  | 2                | QL (60 tabs / 30 days)     |
| <i>methylphenidate hcl tab er 24hr 27 mg</i>                  | 2                | QL (60 tabs / 30 days)     |
| <i>methylphenidate hcl tab er 24hr 36 mg</i>                  | 2                | QL (60 tabs / 30 days)     |
| <i>methylphenidate hcl tab er 24hr 54 mg</i>                  | 2                | QL (60 tabs / 30 days)     |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | 2                | QL (60 tabs / 30 days)     |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | 2                | QL (60 tabs / 30 days)     |

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| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------|------------------|----------------------------|
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | 2                | QL (60 tabs / 30 days)     |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> | 2                | QL (60 tabs / 30 days)     |
| <i>modafinil tab 100 mg</i>                                   | 2                | QL (60 tabs / 30 days)     |
| <i>modafinil tab 200 mg</i>                                   | 2                | QL (60 tabs / 30 days)     |
| PROVIGIL TAB 100MG                                            | 3                | QL (60 tabs / 30 days)     |
| PROVIGIL TAB 200MG                                            | 3                | QL (60 tabs / 30 days)     |
| QUILLIVANT SUS 25MG/5ML                                       | 3                | QL (360 mL / 30 days)      |
| RELEXXII TAB 72MG                                             | 3                | QL (60 tabs / 30 days)     |
| RITALIN LA CAP 10MG                                           | 3                | QL (60 caps / 30 days)     |
| RITALIN LA CAP 20MG                                           | 3                | QL (60 caps / 30 days)     |
| RITALIN LA CAP 30MG                                           | 3                | QL (60 caps / 30 days)     |
| RITALIN LA CAP 40MG                                           | 3                | QL (60 caps / 30 days)     |
| RITALIN TAB 5MG                                               | 3                |                            |
| RITALIN TAB 10MG                                              | 3                |                            |
| RITALIN TAB 20MG                                              | 3                |                            |

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

### **ALLERGENIC EXTRACTS**

|                        |   |        |
|------------------------|---|--------|
| GRASTEK SUB 2800BAU    | 3 | PA     |
| ODACTRA SUB            | 3 | PA     |
| ORALAIR SUB 300 IR     | 3 | PA     |
| PALFORZIA CAP ESCALAT  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 1  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 2  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 3  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 4  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 5  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 6  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 7  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 8  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 9  | 3 | PA, NM |
| PALFORZIA CAP LEVEL 10 | 3 | PA, NM |
| PALFORZIA POW LEVEL 11 | 3 | PA     |
| PALFORZIA POW LEVEL 11 | 3 | PA, NM |
| RAGWITEK SUB           | 3 | PA     |

## **AMINOGLYCOSIDES**

### **AMINOGLYCOSIDES**

|                                                    |   |        |
|----------------------------------------------------|---|--------|
| <i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>   | 1 | NM     |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i> | 1 | NM     |
| BETHKIS NEB 300/4ML                                | 3 | SP, PA |
| <i>gentamicin sulfate inj 10 mg/ml</i>             | 1 | NM     |
| <i>gentamicin sulfate inj 40 mg/ml</i>             | 1 | NM     |

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| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| KITABIS PAK NEB 300/5ML                                           | 3                | SP, PA                     |
| <i>neomycin sulfate tab 500 mg</i>                                | 1                | NM                         |
| <i>paromomycin sulfate cap 250 mg</i>                             | 2                | NM                         |
| TOBI NEB 300/5ML                                                  | 3                | SP, PA                     |
| TOBI PODHALR CAP 28MG                                             | 3                | SP, PA                     |
| <i>tobramycin nebu soln 300 mg/4ml</i>                            | 2                | SP, PA                     |
| <i>tobramycin nebu soln 300 mg/5ml</i>                            | 2                | SP, PA                     |
| <i>tobramycin sulfate for inj 1.2 gm</i>                          | 1                | NM                         |
| <i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i> | 1                | NM                         |
| <i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>   | 1                | NM                         |
| <i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>          | 1                | NM                         |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>   | 1                | NM                         |

## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

|                         |   |                                                           |
|-------------------------|---|-----------------------------------------------------------|
| HUMIRA INJ 10/0.1ML     | 2 | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA INJ 10MG/0.2     | 2 | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA INJ 20/0.2ML     | 2 | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA INJ 40/0.4ML     | 2 | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA KIT 20MG/0.4     | 2 | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA KIT 40MG/0.8     | 2 | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA PEDIA INJ CROHNS | 2 | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA PEN INJ 40/0.4ML | 2 | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA PEN INJ 40MG/0.8 | 2 | SP, PA; Preferred agent for all FDA approved indications. |

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| <b>Drug Name</b>        | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                |
|-------------------------|------------------|-----------------------------------------------------------|
| HUMIRA PEN INJ CD/UC/HS | 2                | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA PEN INJ PS/UV    | 2                | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA PEN KIT CD/UC/HS | 2                | SP, PA; Preferred agent for all FDA approved indications. |
| HUMIRA PEN KIT PS/UV    | 2                | SP, PA; Preferred agent for all FDA approved indications. |

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

|                     |   |                                                                                                                    |
|---------------------|---|--------------------------------------------------------------------------------------------------------------------|
| RINVOQ TAB 15MG ER  | 2 | SP, PA; Preferred agent for Rheumatoid Arthritis                                                                   |
| XELJANZ SOL 1MG/ML  | 2 | SP, PA                                                                                                             |
| XELJANZ TAB 5MG     | 2 | SP, PA; Preferred agent for Ulcerative Colitis (after failure of Humira); Preferred agent for Rheumatoid Arthritis |
| XELJANZ TAB 10MG    | 2 | SP, PA; Preferred agent for Ulcerative Colitis (after failure of Humira)                                           |
| XELJANZ XR TAB 11MG | 2 | SP, PA; Preferred agent for Ulcerative Colitis (after failure of Humira); Preferred agent for Rheumatoid Arthritis |
| XELJANZ XR TAB 22MG | 2 | SP, PA; Preferred agent for Ulcerative Colitis (after failure of Humira)                                           |

### **ANTIRHEUMATIC ANTIMETABOLITES**

|                      |   |        |
|----------------------|---|--------|
| OTREXUP INJ 10MG     | 3 | SP, PA |
| OTREXUP INJ 12.5/0.4 | 3 | SP, PA |
| OTREXUP INJ 15MG     | 3 | SP, PA |
| OTREXUP INJ 17.5/0.4 | 3 | SP, PA |
| OTREXUP INJ 20MG     | 3 | SP, PA |
| OTREXUP INJ 22.5/0.4 | 3 | SP, PA |
| OTREXUP INJ 25MG     | 3 | SP, PA |
| RASUVO INJ 7.5MG     | 3 | SP, PA |
| RASUVO INJ 10MG      | 3 | SP, PA |
| RASUVO INJ 12.5MG    | 3 | SP, PA |
| RASUVO INJ 15MG      | 3 | SP, PA |
| RASUVO INJ 17.5MG    | 3 | SP, PA |
| RASUVO INJ 20MG      | 3 | SP, PA |

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| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>                       |
|----------------------------------------------------------------|------------------|--------------------------------------------------|
| RASUVO INJ 22.5MG                                              | 3                | SP, PA                                           |
| RASUVO INJ 25MG                                                | 3                | SP, PA                                           |
| RASUVO INJ 30MG                                                | 3                | SP, PA                                           |
| <b>GOLD COMPOUNDS</b>                                          |                  |                                                  |
| RIDAURA CAP 3MG                                                | 2                |                                                  |
| <b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>              |                  |                                                  |
| KINERET INJ                                                    | 3                | PA                                               |
| <b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>                       |                  |                                                  |
| ACTEMRA INJ 162/0.9                                            | 3                | SP, PA                                           |
| ACTEMRA INJ ACTPEN                                             | 3                | SP, PA                                           |
| KEVZARA INJ 150/1.14                                           | 2                | SP, PA; Preferred agent for Rheumatoid Arthritis |
| KEVZARA INJ 200/1.14                                           | 2                | SP, PA; Preferred agent for Rheumatoid Arthritis |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>          |                  |                                                  |
| CELEBREX CAP 50MG                                              | 3                |                                                  |
| CELEBREX CAP 100MG                                             | 3                |                                                  |
| CELEBREX CAP 200MG                                             | 3                |                                                  |
| CELEBREX CAP 400MG                                             | 3                |                                                  |
| <i>celecoxib cap 50 mg</i>                                     | 1                |                                                  |
| <i>celecoxib cap 100 mg</i>                                    | 1                |                                                  |
| <i>celecoxib cap 200 mg</i>                                    | 1                |                                                  |
| <i>celecoxib cap 400 mg</i>                                    | 1                |                                                  |
| DAYPRO TAB 600MG                                               | 3                |                                                  |
| <i>diclofenac potassium tab 50 mg</i>                          | 1                |                                                  |
| <i>diclofenac sodium tab delayed release 25 mg</i>             | 1                |                                                  |
| <i>diclofenac sodium tab delayed release 50 mg</i>             | 1                |                                                  |
| <i>diclofenac sodium tab delayed release 75 mg</i>             | 1                |                                                  |
| <i>diclofenac sodium tab er 24hr 100 mg</i>                    | 1                |                                                  |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 2                |                                                  |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 2                |                                                  |
| EC-NAPROSYN TAB 375MG                                          | 3                |                                                  |
| EC-NAPROXEN TAB 375MG                                          | 3                |                                                  |
| EC-NAPROXEN TAB 500MG                                          | 3                |                                                  |
| <i>etodolac cap 200 mg</i>                                     | 1                |                                                  |
| <i>etodolac cap 300 mg</i>                                     | 1                |                                                  |
| <i>etodolac tab 400 mg</i>                                     | 1                |                                                  |
| <i>etodolac tab 500 mg</i>                                     | 1                |                                                  |
| <i>etodolac tab er 24hr 400 mg</i>                             | 1                |                                                  |

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| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--------------------------------------------|------------------|----------------------------------|
| <i>etodolac tab er 24hr 500 mg</i>         | 1                |                                  |
| <i>etodolac tab er 24hr 600 mg</i>         | 1                |                                  |
| FELDENE CAP 10MG                           | 3                |                                  |
| FELDENE CAP 20MG                           | 3                |                                  |
| <i>fenoprofen calcium tab 600 mg</i>       | 2                |                                  |
| <i>flurbiprofen tab 50 mg</i>              | 1                |                                  |
| <i>flurbiprofen tab 100 mg</i>             | 1                |                                  |
| <i>ibu tab 400mg</i>                       | 1                |                                  |
| <i>ibu tab 600mg</i>                       | 1                |                                  |
| <i>ibu tab 800mg</i>                       | 1                |                                  |
| <i>ibuprofen tab 400 mg</i>                | 1                |                                  |
| <i>ibuprofen tab 600 mg</i>                | 1                |                                  |
| <i>ibuprofen tab 800 mg</i>                | 1                |                                  |
| <i>indomethacin cap 25 mg</i>              | 1                |                                  |
| <i>indomethacin cap 50 mg</i>              | 1                |                                  |
| <i>indomethacin cap er 75 mg</i>           | 1                |                                  |
| <i>ketoprofen cap er 24hr 200 mg</i>       | 2                |                                  |
| <i>ketorolac tromethamine inj 30 mg/ml</i> | 1                | NM                               |
| <i>ketorolac tromethamine tab 10 mg</i>    | 2                | NM                               |
| <i>meclofenamate sodium cap 50 mg</i>      | 2                |                                  |
| <i>meclofenamate sodium cap 100 mg</i>     | 2                |                                  |
| <i>mefenamic acid cap 250 mg</i>           | 2                |                                  |
| <i>meloxicam tab 7.5 mg</i>                | 1                |                                  |
| <i>meloxicam tab 15 mg</i>                 | 1                |                                  |
| MOBIC TAB 7.5MG                            | 3                |                                  |
| MOBIC TAB 15MG                             | 3                |                                  |
| <i>nabumetone tab 500 mg</i>               | 1                |                                  |
| <i>nabumetone tab 750 mg</i>               | 1                |                                  |
| NALFON TAB 600MG                           | 3                |                                  |
| NAPROSYN SUS 125/5ML                       | 3                |                                  |
| <i>naproxen sodium tab 275 mg</i>          | 1                |                                  |
| <i>naproxen sodium tab 550 mg</i>          | 1                |                                  |
| <i>naproxen tab 250 mg</i>                 | 1                |                                  |
| <i>naproxen tab 375 mg</i>                 | 1                |                                  |
| <i>naproxen tab 500 mg</i>                 | 1                |                                  |
| <i>naproxen tab ec 375 mg</i>              | 1                |                                  |
| <i>naproxen tab ec 500 mg</i>              | 1                |                                  |
| <i>oxaprozin tab 600 mg</i>                | 1                |                                  |
| <i>piroxicam cap 10 mg</i>                 | 1                |                                  |
| <i>piroxicam cap 20 mg</i>                 | 1                |                                  |
| SPRIX SPR 15.75MG                          | 3                | PA, QL (5 bottles / 23 days), NM |
| <i>sulindac tab 150 mg</i>                 | 1                |                                  |
| <i>sulindac tab 200 mg</i>                 | 1                |                                  |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                        |
|------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------|
| <i>tolmetin sodium cap 400 mg</i>                    | 1                |                                                                                                   |
| <i>tolmetin sodium tab 600 mg</i>                    | 1                |                                                                                                   |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>         |                  |                                                                                                   |
| OTEZLA TAB 10/20/30                                  | 2                | SP, PA, NM; Preferred agent for Psoriasis and Psoriatic Arthritis                                 |
| OTEZLA TAB 30MG                                      | 2                | SP, PA; Preferred agent for Psoriasis and Psoriatic Arthritis                                     |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>               |                  |                                                                                                   |
| ARAVA TAB 10MG                                       | 3                |                                                                                                   |
| ARAVA TAB 20MG                                       | 3                |                                                                                                   |
| <i>leflunomide tab 10 mg</i>                         | 1                |                                                                                                   |
| <i>leflunomide tab 20 mg</i>                         | 1                |                                                                                                   |
| <b>SELECTIVE COSTIMULATION MODULATORS</b>            |                  |                                                                                                   |
| ORENCIA CLCK INJ 125MG/ML                            | 2                | SP, PA; Preferred agent for Rheumatoid Arthritis                                                  |
| ORENCIA INJ 50/0.4ML                                 | 2                | SP, PA; Preferred agent for Rheumatoid Arthritis                                                  |
| ORENCIA INJ 87.5/0.7                                 | 2                | SP, PA; Preferred agent for Rheumatoid Arthritis                                                  |
| ORENCIA INJ 125MG/ML                                 | 2                | SP, PA; Preferred agent for Rheumatoid Arthritis                                                  |
| <b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b> |                  |                                                                                                   |
| ENBREL INJ 25/0.5ML                                  | 2                | SP, PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL INJ 25MG                                      | 2                | SP, PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL INJ 50MG/ML                                   | 2                | SP, PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL MINI INJ 50MG/ML                              | 2                | SP, PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |

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| Drug Name                | Drug Tier | Requirements/Limits                                                                               |
|--------------------------|-----------|---------------------------------------------------------------------------------------------------|
| ENBREL SRCLK INJ 50MG/ML | 2         | SP, PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |

## ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

|                                                           |   |    |
|-----------------------------------------------------------|---|----|
| <i>butalbital-acetaminophen tab 50-300 mg</i>             | 1 | NM |
| <i>butalbital-acetaminophen tab 50-325 mg</i>             | 1 | NM |
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> | 1 | NM |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1 | NM |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>       | 1 | NM |
| ESGIC TAB                                                 | 3 | NM |
| <i>tencon tab 50-325mg</i>                                | 1 | NM |

## SALICYLATES

|                                                           |   |         |
|-----------------------------------------------------------|---|---------|
| <i>aspir-low tab 81mg ec</i>                              | 1 | AGE, NM |
| <i>aspirin adlt tab 81mg ec</i>                           | 1 | AGE, NM |
| <i>aspirin chld chw 81mg</i>                              | 1 | AGE, NM |
| <i>aspirin chw 81mg</i>                                   | 1 | AGE, NM |
| <i>aspirin low chw 81mg</i>                               | 1 | AGE, NM |
| <i>aspirin low tab 81mg ec</i>                            | 1 | AGE, NM |
| <i>aspirin tab delayed release 81 mg</i>                  | 1 | AGE, NM |
| <i>aspirin-81 chw 81mg</i>                                | 1 | AGE, NM |
| <i>bayer low chw 81mg</i>                                 | 1 | NM      |
| <i>bayer low chw 81mg</i>                                 | 1 | AGE, NM |
| <i>bayer low tab 81mg ec</i>                              | 1 | AGE, NM |
| <i>child asa chw 81mg</i>                                 | 1 | AGE, NM |
| <i>child asa ls chw 81mg</i>                              | 1 | AGE, NM |
| <i>choline &amp; magnesium salicylates liq 500 mg/5ml</i> | 1 | NM      |
| <i>cvs aspirin tab 81mg ec</i>                            | 1 | AGE, NM |
| <i>diflunisal tab 500 mg</i>                              | 1 |         |
| <i>ecotrin low tab 81mg ec</i>                            | 1 | AGE, NM |
| <i>eq child asa chw 81mg</i>                              | 1 | AGE, NM |
| <i>eq aspirin chw 81mg</i>                                | 1 | AGE, NM |
| <i>gnp aspirin chw 81mg</i>                               | 1 | AGE, NM |
| <i>gnp aspirin tab 81mg ec</i>                            | 1 | AGE, NM |
| <i>hm aspirin chw 81mg</i>                                | 1 | AGE, NM |
| <i>kls aspirin tab 81mg ec</i>                            | 1 | AGE, NM |
| <i>kp aspirin tab 81mg ec</i>                             | 1 | AGE, NM |
| <i>low dose asa tab 81mg</i>                              | 1 | AGE, NM |

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| <b>Drug Name</b>                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------|------------------|----------------------------|
| <i>miniprin low tab 81mg ec</i> | 1                | AGE, NM                    |
| <i>px aspirin chw 81mg</i>      | 1                | AGE, NM                    |
| <i>px aspirin tab 81mg ec</i>   | 1                | AGE, NM                    |
| <i>qc child asa chw 81mg</i>    | 1                | AGE, NM                    |
| <i>ra aspirin chw 81mg</i>      | 1                | AGE, NM                    |
| <i>ra aspirin tab 81mg ec</i>   | 1                | AGE, NM                    |
| <i>ra child asa chw 81mg</i>    | 1                | AGE, NM                    |
| <i>salsalate tab 500 mg</i>     | 1                |                            |
| <i>salsalate tab 750 mg</i>     | 1                |                            |
| <i>sb child asa chw 81mg</i>    | 1                | AGE, NM                    |
| <i>sm aspirin chw 81mg</i>      | 1                | AGE, NM                    |
| <i>sm aspirin tab 81mg ec</i>   | 1                | AGE, NM                    |
| <i>sm child asa chw 81mg</i>    | 1                | AGE, NM                    |
| <i>st joseph chw low 81mg</i>   | 1                | AGE, NM                    |
| <i>tgt aspirin chw 81mg</i>     | 1                | AGE, NM                    |
| <i>tgt aspirin chw child</i>    | 1                | AGE, NM                    |
| <i>tgt aspirin tab 81mg</i>     | 1                | AGE, NM                    |
| <i>tgt aspirin tab 81mg ec</i>  | 1                | AGE, NM                    |

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

|                    |   |                                    |
|--------------------|---|------------------------------------|
| ABSTRAL SUB 100MCG | 3 | PA, QL (60 tabs / 30 days), NM     |
| ABSTRAL SUB 200MCG | 3 | PA, QL (60 tabs / 30 days), NM     |
| ABSTRAL SUB 400MCG | 3 | PA, QL (60 tabs / 30 days), NM     |
| ABSTRAL SUB 600MCG | 3 | PA, QL (60 tabs / 30 days), NM     |
| ABSTRAL SUB 800MCG | 3 | PA, QL (60 tabs / 30 days), NM     |
| ACTIQ LOZ 200MCG   | 3 | PA, QL (60 lozenges / 30 days), NM |
| ACTIQ LOZ 400MCG   | 3 | PA, QL (60 ea / 30 days), NM       |
| ACTIQ LOZ 600MCG   | 3 | PA, QL (60 ea / 30 days), NM       |
| ACTIQ LOZ 800MCG   | 3 | PA, QL (60 ea / 30 days), NM       |
| ACTIQ LOZ 1200MCG  | 3 | PA, QL (60 ea / 30 days), NM       |
| ACTIQ LOZ 1600MCG  | 3 | PA, QL (60 lozenges / 30 days), NM |
| ARYMO ER TAB 15MG  | 3 | ST, PA, QL (90 ea / 30 days), NM   |

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| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|----------------------------------|------------------|------------------------------------------|
| ARYMO ER TAB 30MG                | 3                | ST, PA, QL (90 ea / 30 days), NM         |
| ARYMO ER TAB 60MG                | 3                | ST, PA, QL (90 ea / 30 days), NM         |
| CODEINE SULF TAB 60MG            | 3                | NM                                       |
| <i>codeine sulfate tab 30 mg</i> | 1                | NM                                       |
| CODEINE SULFATE TAB 30 MG        | 3                | NM                                       |
| CONZIP CAP 100MG                 | 3                | QL (30 caps / 30 days), NM               |
| CONZIP CAP 200MG                 | 3                | QL (30 caps / 30 days), NM               |
| CONZIP CAP 300MG                 | 3                | QL (30 caps / 30 days), NM               |
| DEMEROL INJ 25MG/0.5             | 3                | NM                                       |
| DEMEROL INJ 75MG/1.5             | 3                | NM                                       |
| DEMEROL INJ 75MG/ML              | 3                | NM                                       |
| DEMEROL INJ 100/2ML              | 3                | NM                                       |
| DEMEROL INJ 100MG/ML             | 3                | NM                                       |
| DILAUDID LIQ 1MG/ML              | 3                | NM                                       |
| DILAUDID TAB 2MG                 | 3                | NM                                       |
| DILAUDID TAB 4MG                 | 3                | NM                                       |
| DILAUDID TAB 8MG                 | 3                | NM                                       |
| DOLOPHINE TAB 5MG                | 3                | PA, NM                                   |
| DOLOPHINE TAB 10MG               | 3                | PA, NM                                   |
| DURAGESIC DIS 12MCG/HR           | 3                | ST, QL (20 patches / 30 days), NM        |
| DURAGESIC DIS 25MCG/HR           | 3                | ST, QL (20 patches / 30 days), NM        |
| DURAGESIC DIS 50MCG/HR           | 3                | ST, QL (20 patches / 30 days), NM        |
| DURAGESIC DIS 75MCG/HR           | 3                | ST, QL (20 patches / 30 days), NM        |
| DURAGESIC DIS 100MCG/H           | 3                | ST, QL (20 patches / 30 days), NM        |
| EMBEDA CAP 20-0.8MG              | 3                | ST, PA, QL (60 capsules per 30 days), NM |
| EMBEDA CAP 30-1.2MG              | 3                | ST, PA, QL (60 capsules per 30 days), NM |
| EMBEDA CAP 50-2MG                | 3                | ST, PA, QL (60 capsules per 30 days), NM |
| EMBEDA CAP 60-2.4MG              | 3                | ST, PA, QL (60 capsules per 30 days), NM |
| EMBEDA CAP 80-3.2MG              | 3                | ST, PA, QL (60 capsules per 30 days), NM |
| EMBEDA CAP 100-4MG               | 3                | ST, PA, QL (60 capsules per 30 days), NM |

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| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|-------------------------------------------------------|------------------|-----------------------------------|
| <i>fentanyl citrate lozenge on a handle 200 mcg</i>   | 2                | PA, QL (60 ea / 30 days), NM      |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i>   | 2                | PA, QL (60 ea / 30 days), NM      |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i>   | 2                | PA, QL (60 ea / 30 days), NM      |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i>   | 2                | PA, QL (60 ea / 30 days), NM      |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i>  | 2                | PA, QL (60 ea / 30 days), NM      |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i>  | 2                | PA, QL (60 ea / 30 days), NM      |
| <i>fentanyl td patch 72hr 12 mcg/hr</i>               | 2                | ST, QL (20 patches / 30 days), NM |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>               | 2                | ST, QL (20 patches / 30 days), NM |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>               | 2                | ST, QL (20 patches / 30 days), NM |
| <i>fentanyl td patch 72hr 75 mcg/hr</i>               | 2                | ST, QL (20 patches / 30 days), NM |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>              | 2                | ST, QL (20 patches / 30 days), NM |
| FENTORA TAB 100MCG                                    | 3                | PA, QL (60 ea / 30 days), NM      |
| FENTORA TAB 200MCG                                    | 3                | PA, QL (60 ea / 30 days), NM      |
| FENTORA TAB 400MCG                                    | 3                | PA, QL (60 tabs / 30 days), NM    |
| FENTORA TAB 600MCG                                    | 3                | PA, QL (60 tabs / 30 days), NM    |
| FENTORA TAB 800MCG                                    | 3                | PA, QL (60 tabs / 30 days), NM    |
| <i>hydrocodone bitartrate cap er 12hr 10 mg</i>       | 2                | ST, QL (60 caps / 30 days), NM    |
| <i>hydrocodone bitartrate cap er 12hr 15 mg</i>       | 2                | ST, QL (60 caps / 30 days), NM    |
| <i>hydrocodone bitartrate cap er 12hr 20 mg</i>       | 2                | ST, QL (60 caps / 30 days), NM    |
| <i>hydrocodone bitartrate cap er 12hr 30 mg</i>       | 2                | ST, QL (60 caps / 30 days), NM    |
| <i>hydrocodone bitartrate cap er 12hr 40 mg</i>       | 2                | ST, QL (60 caps / 30 days), NM    |
| <i>hydrocodone bitartrate cap er 12hr 50 mg</i>       | 2                | ST, QL (60 caps / 30 days), NM    |
| <i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> | 2                | ST, QL (60 tabs / 30 days), NM    |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|--------------------------------------------------------|------------------|-----------------------------------------------|
| <i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>  | 2                | ST, QL (60 tabs / 30 days), NM                |
| <i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>  | 2                | ST, QL (60 tabs / 30 days), NM                |
| <i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>  | 2                | ST, QL (60 tabs / 30 days), NM                |
| <i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>  | 2                | ST, QL (60 tabs / 30 days), NM                |
| <i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> | 2                | ST, QL (60 tabs / 30 days), NM                |
| <i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> | 2                | ST, QL (60 tabs / 30 days), NM                |
| HYDROMORPHON SUP 3MG                                   | 3                | NM                                            |
| <i>hydromorphone hcl liqd 1 mg/ml</i>                  | 1                | NM                                            |
| <i>hydromorphone hcl tab 2 mg</i>                      | 1                | NM                                            |
| <i>hydromorphone hcl tab 4 mg</i>                      | 1                | NM                                            |
| <i>hydromorphone hcl tab 8 mg</i>                      | 1                | NM                                            |
| HYSINGLA ER TAB 20 MG                                  | 3                | ST, QL (60 tabs / 30 days), NM                |
| HYSINGLA ER TAB 30 MG                                  | 3                | ST, QL (60 tabs / 30 days), NM                |
| HYSINGLA ER TAB 40 MG                                  | 3                | ST, QL (60 tabs / 30 days), NM                |
| HYSINGLA ER TAB 60 MG                                  | 3                | ST, QL (60 tabs / 30 days), NM                |
| HYSINGLA ER TAB 80 MG                                  | 3                | ST, QL (60 tabs / 30 days), NM                |
| HYSINGLA ER TAB 100 MG                                 | 3                | ST, QL (60 tabs / 30 days), NM                |
| HYSINGLA ER TAB 120 MG                                 | 3                | ST, QL (60 tabs / 30 days), NM                |
| KADIAN CAP 10MG ER                                     | 3                | ST, PA, QL (90 caps / 30 days), NM            |
| KADIAN CAP 30MG ER                                     | 3                | ST, PA, QL (90 caps / 30 days), NM            |
| KADIAN CAP 40MG ER                                     | 3                | ST, PA, QL (90 caps / 30 days), NM            |
| KADIAN CAP 50MG ER                                     | 3                | ST, PA, QL (90 caps / 30 days), NM            |
| KADIAN CAP 200MG ER                                    | 3                | ST, PA, QL (90 caps / 30 days), NM            |
| LAZANDA SPR 100MCG                                     | 3                | PA, QL (7 bottles (56 doses) per 30 days), NM |
| LAZANDA SPR 300MCG                                     | 3                | PA, QL (7 bottles (56 doses) per 30 days), NM |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|--------------------------------------------------|------------------|-----------------------------------------------|
| LAZANDA SPR 400MCG                               | 3                | PA, QL (7 bottles (56 doses) per 30 days), NM |
| <i>meperidine hcl oral soln 50 mg/5ml</i>        | 1                | NM                                            |
| <i>meperidine hcl tab 50 mg</i>                  | 1                | NM                                            |
| <i>meperidine hcl tab 100 mg</i>                 | 1                | NM                                            |
| <i>methadone hcl conc 10 mg/ml</i>               | 2                | PA, NM                                        |
| <i>methadone hcl inj 10 mg/ml</i>                | 2                | PA, NM                                        |
| <i>methadone hcl soln 5 mg/5ml</i>               | 2                | PA, NM                                        |
| <i>methadone hcl soln 10 mg/5ml</i>              | 2                | PA, NM                                        |
| <i>methadone hcl tab 5 mg</i>                    | 2                | PA, NM                                        |
| <i>methadone hcl tab 10 mg</i>                   | 2                | PA, NM                                        |
| <i>methadone hcl tab for oral susp 40 mg</i>     | 2                | PA, NM                                        |
| <i>methadose tab 40mg</i>                        | 2                | PA, NM                                        |
| <i>mitigo inj 10mg/ml</i>                        | 2                | NM                                            |
| <i>mitigo inj 25mg/ml</i>                        | 2                | NM                                            |
| MORPHABOND TAB 15MG ER                           | 3                | ST, PA, QL (90 tabs / 30 days), NM            |
| MORPHABOND TAB 30MG ER                           | 3                | ST, PA, QL (90 tabs / 30 days), NM            |
| MORPHABOND TAB 60MG ER                           | 3                | ST, PA, QL (90 tabs / 30 days), NM            |
| MORPHABOND TAB 100MG ER                          | 3                | ST, PA, QL (90 tabs / 30 days), NM            |
| <i>morphine sulfate beads cap er 24hr 30 mg</i>  | 2                | ST, PA, QL (30 caps / 30 days), NM            |
| <i>morphine sulfate beads cap er 24hr 45 mg</i>  | 2                | ST, PA, QL (30 caps / 30 days), NM            |
| <i>morphine sulfate beads cap er 24hr 60 mg</i>  | 2                | ST, PA, QL (30 caps / 30 days), NM            |
| <i>morphine sulfate beads cap er 24hr 75 mg</i>  | 2                | ST, PA, QL (30 caps / 30 days), NM            |
| <i>morphine sulfate beads cap er 24hr 90 mg</i>  | 2                | ST, PA, QL (30 caps / 30 days), NM            |
| <i>morphine sulfate beads cap er 24hr 120 mg</i> | 2                | ST, PA, QL (30 caps / 30 days), NM            |
| <i>morphine sulfate cap er 24hr 10 mg</i>        | 2                | ST, PA, QL (90 caps / 30 days), NM            |
| <i>morphine sulfate cap er 24hr 20 mg</i>        | 2                | ST, PA, QL (90 caps / 30 days), NM            |
| <i>morphine sulfate cap er 24hr 30 mg</i>        | 2                | ST, PA, QL (90 caps / 30 days), NM            |
| <i>morphine sulfate cap er 24hr 40 mg</i>        | 2                | ST, PA, QL (90 caps / 30 days), NM            |
| <i>morphine sulfate cap er 24hr 50 mg</i>        | 2                | ST, PA, QL (90 caps / 30 days), NM            |

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| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---------------------------------------------------------|------------------|------------------------------------|
| <i>morphine sulfate cap er 24hr 60 mg</i>               | 2                | ST, PA, QL (90 caps / 30 days), NM |
| <i>morphine sulfate cap er 24hr 80 mg</i>               | 2                | ST, PA, QL (90 caps / 30 days), NM |
| <i>morphine sulfate cap er 24hr 100 mg</i>              | 2                | ST, PA, QL (90 caps / 30 days), NM |
| <i>morphine sulfate oral soln 10 mg/5ml</i>             | 1                | NM                                 |
| <i>morphine sulfate oral soln 20 mg/5ml</i>             | 1                | NM                                 |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 1                | NM                                 |
| <i>morphine sulfate suppos 5 mg</i>                     | 2                | NM                                 |
| <i>morphine sulfate suppos 10 mg</i>                    | 2                | NM                                 |
| <i>morphine sulfate suppos 20 mg</i>                    | 2                | NM                                 |
| <i>morphine sulfate suppos 30 mg</i>                    | 2                | NM                                 |
| <i>morphine sulfate tab 15 mg</i>                       | 1                | NM                                 |
| <i>morphine sulfate tab 30 mg</i>                       | 1                | NM                                 |
| <i>morphine sulfate tab er 15 mg</i>                    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>morphine sulfate tab er 30 mg</i>                    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>morphine sulfate tab er 60 mg</i>                    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>morphine sulfate tab er 100 mg</i>                   | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>morphine sulfate tab er 200 mg</i>                   | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| MS CONTIN TAB 15MG ER                                   | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| MS CONTIN TAB 30MG ER                                   | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| MS CONTIN TAB 60MG ER                                   | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| MS CONTIN TAB 100MG ER                                  | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| MS CONTIN TAB 200MG ER                                  | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| NUCYNTA ER TAB 50MG                                     | 3                | QL (60 tabs / 30 days), NM         |
| NUCYNTA ER TAB 100MG                                    | 3                | QL (60 tabs / 30 days), NM         |
| NUCYNTA ER TAB 150MG                                    | 3                | QL (60 tabs / 30 days), NM         |
| NUCYNTA ER TAB 200MG                                    | 3                | QL (60 tablets per 30 days), NM    |
| NUCYNTA ER TAB 250MG                                    | 3                | QL (60 tablets per 30 days), NM    |

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| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|-------------------------------------------------|------------------|------------------------------------|
| NUCYNTA ER TAB 250MG                            | 3                | QL (60 tabs / 30 days), NM         |
| NUCYNTA TAB 50MG                                | 3                | NM                                 |
| NUCYNTA TAB 75MG                                | 3                | NM                                 |
| NUCYNTA TAB 100MG                               | 3                | NM                                 |
| OPANA TAB 5MG                                   | 3                | NM                                 |
| OPANA TAB 10MG                                  | 3                | NM                                 |
| <i>oxycodone hcl cap 5 mg</i>                   | 1                | NM                                 |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | 1                | NM                                 |
| <i>oxycodone hcl soln 5 mg/5ml</i>              | 1                | NM                                 |
| <i>oxycodone hcl tab 5 mg</i>                   | 1                | NM                                 |
| <i>oxycodone hcl tab 10 mg</i>                  | 1                | NM                                 |
| <i>oxycodone hcl tab 15 mg</i>                  | 1                | NM                                 |
| <i>oxycodone hcl tab 20 mg</i>                  | 1                | NM                                 |
| <i>oxycodone hcl tab 30 mg</i>                  | 1                | NM                                 |
| <i>oxycodone hcl tab er 12hr deter 10 mg</i>    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxycodone hcl tab er 12hr deter 15 mg</i>    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxycodone hcl tab er 12hr deter 20 mg</i>    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxycodone hcl tab er 12hr deter 30 mg</i>    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxycodone hcl tab er 12hr deter 40 mg</i>    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxycodone hcl tab er 12hr deter 60 mg</i>    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxycodone hcl tab er 12hr deter 80 mg</i>    | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| OXYCONTIN TAB 10MG CR                           | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| OXYCONTIN TAB 15MG CR                           | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| OXYCONTIN TAB 20MG CR                           | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| OXYCONTIN TAB 30MG CR                           | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| OXYCONTIN TAB 40MG CR                           | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| OXYCONTIN TAB 60MG CR                           | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| OXYCONTIN TAB 80MG CR                           | 3                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxymorphone hcl tab 5 mg</i>                 | 2                | NM                                 |
| <i>oxymorphone hcl tab 10 mg</i>                | 2                | NM                                 |

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| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---------------------------------------------------------|------------------|------------------------------------|
| <i>oxymorphone hcl tab er 12hr 5 mg</i>                 | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxymorphone hcl tab er 12hr 7.5 mg</i>               | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxymorphone hcl tab er 12hr 10 mg</i>                | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxymorphone hcl tab er 12hr 15 mg</i>                | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxymorphone hcl tab er 12hr 20 mg</i>                | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxymorphone hcl tab er 12hr 30 mg</i>                | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| <i>oxymorphone hcl tab er 12hr 40 mg</i>                | 2                | ST, PA, QL (90 tabs / 30 days), NM |
| ROXICODONE TAB 5MG                                      | 3                | NM                                 |
| ROXICODONE TAB 15MG                                     | 3                | NM                                 |
| ROXICODONE TAB 30MG                                     | 3                | NM                                 |
| <i>tramadol hcl cap er 24hr biphasic release 100 mg</i> | 2                | QL (30 caps / 30 days), NM         |
| <i>tramadol hcl cap er 24hr biphasic release 150 mg</i> | 2                | QL (30 tablets per 30 days), NM    |
| <i>tramadol hcl cap er 24hr biphasic release 200 mg</i> | 2                | QL (30 caps / 30 days), NM         |
| <i>tramadol hcl cap er 24hr biphasic release 300 mg</i> | 2                | QL (30 caps / 30 days), NM         |
| <i>tramadol hcl tab 50 mg</i>                           | 1                | NM                                 |
| <i>tramadol hcl tab 100 mg</i>                          | 3                | NM                                 |
| <i>tramadol hcl tab er 24hr 100 mg</i>                  | 1                | QL (30 tabs / 30 days), NM         |
| <i>tramadol hcl tab er 24hr 200 mg</i>                  | 1                | QL (30 tabs / 30 days), NM         |
| <i>tramadol hcl tab er 24hr 300 mg</i>                  | 1                | QL (30 tabs / 30 days), NM         |
| <i>tramadol hcl tab er 24hr biphasic release 100 mg</i> | 1                | QL (30 tabs / 30 days), NM         |
| <i>tramadol hcl tab er 24hr biphasic release 200 mg</i> | 1                | QL (30 tabs / 30 days), NM         |
| <i>tramadol hcl tab er 24hr biphasic release 300 mg</i> | 1                | QL (30 tabs / 30 days), NM         |
| ULTRAM TAB 50MG                                         | 3                | NM                                 |
| XTAMPZA ER CAP 9MG                                      | 3                | ST, PA, QL (60 caps / 30 days), NM |
| XTAMPZA ER CAP 13.5MG                                   | 3                | ST, PA, QL (60 caps / 30 days), NM |
| XTAMPZA ER CAP 18MG                                     | 3                | ST, PA, QL (60 caps / 30 days), NM |

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| <b>Drug Name</b>    | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---------------------|------------------|------------------------------------|
| XTAMPZA ER CAP 27MG | 3                | ST, PA, QL (60 caps / 30 days), NM |
| XTAMPZA ER CAP 36MG | 3                | ST, PA, QL (60 caps / 30 days), NM |
| ZOHYDRO ER CAP 10MG | 3                | ST, QL (60 caps / 30 days), NM     |
| ZOHYDRO ER CAP 15MG | 3                | ST, QL (60 caps / 30 days), NM     |
| ZOHYDRO ER CAP 20MG | 3                | ST, QL (60 caps / 30 days), NM     |
| ZOHYDRO ER CAP 30MG | 3                | ST, QL (60 caps / 30 days), NM     |
| ZOHYDRO ER CAP 40MG | 3                | ST, QL (60 caps / 30 days), NM     |
| ZOHYDRO ER CAP 50MG | 3                | ST, QL (60 caps / 30 days), NM     |

### **OPIOID COMBINATIONS**

|                                                                 |   |    |
|-----------------------------------------------------------------|---|----|
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>              | 1 | NM |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>                   | 1 | NM |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>                   | 1 | NM |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                   | 1 | NM |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | 1 | NM |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | 1 | NM |
| <i>endocet tab 2.5-325</i>                                      | 1 | NM |
| <i>endocet tab 5-325mg</i>                                      | 1 | NM |
| <i>endocet tab 7.5-325</i>                                      | 1 | NM |
| <i>endocet tab 10-325mg</i>                                     | 1 | NM |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>           | 1 | NM |
| HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML                   | 2 | NM |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i>                   | 1 | NM |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                   | 1 | NM |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i>                 | 1 | NM |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>                 | 1 | NM |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i>                  | 1 | NM |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                  | 1 | NM |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i>                       | 1 | NM |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>                     | 1 | NM |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------|------------------|----------------------------|
| <i>hydrocodone-ibuprofen tab 10-200 mg</i>       | 1                | NM                         |
| <i>lorcet hd tab 10-325mg</i>                    | 1                | NM                         |
| <i>lorcet plus tab 7.5-325</i>                   | 1                | NM                         |
| <i>lorcet tab 5-325mg</i>                        | 1                | NM                         |
| LORTAB ELX 10-300MG                              | 3                | NM                         |
| NORCO TAB 5-325MG                                | 3                | NM                         |
| NORCO TAB 7.5-325                                | 3                | NM                         |
| NORCO TAB 10-325MG                               | 3                | NM                         |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1                | NM                         |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>   | 1                | NM                         |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1                | NM                         |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>  | 1                | NM                         |
| <i>oxycodone-aspirin tab 4.8355-325 mg</i>       | 1                | NM                         |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>    | 1                | NM                         |
| TYLENOL/COD TAB #3                               | 3                | NM                         |
| TYLENOL/COD TAB #4                               | 3                | NM                         |
| ULTRACET TAB 37.5-325                            | 3                | NM                         |
| <i>vicodin hp tab 10-300mg</i>                   | 1                | NM                         |

#### **OPIOID PARTIAL AGONISTS**

|                                                     |   |                                |
|-----------------------------------------------------|---|--------------------------------|
| BELBUCA MIS 75MCG                                   | 3 | QL (60 films / 30 days),<br>NM |
| BELBUCA MIS 150MCG                                  | 3 | QL (60 films / 30 days),<br>NM |
| BELBUCA MIS 300MCG                                  | 3 | QL (60 films / 30 days),<br>NM |
| BELBUCA MIS 450MCG                                  | 3 | QL (60 films / 30 days),<br>NM |
| BELBUCA MIS 600MCG                                  | 3 | QL (60 films / 30 days),<br>NM |
| BELBUCA MIS 750MCG                                  | 3 | QL (60 films / 30 days),<br>NM |
| BELBUCA MIS 900MCG                                  | 3 | QL (60 films / 30 days),<br>NM |
| BUNAVAIL MIS 2.1-0.3                                | 3 | NM                             |
| BUNAVAIL MIS 4.2-0.7                                | 3 | NM                             |
| BUNAVAIL MIS 6.3-1MG                                | 3 | NM                             |
| BUPRENEX INJ 0.3MG/ML                               | 3 | NM                             |
| <i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> | 2 | NM                             |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>   | 2 | NM                             |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>   | 2 | NM                             |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---------------------------------------------------------------------|------------------|--------------------------------------|
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 2                | NM                                   |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>   | 2                | NM                                   |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | 2                | NM                                   |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>  | 2                | NM                                   |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>  | 2                | NM                                   |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>    | 2                | NM                                   |
| <i>buprenorphine td patch weekly 5 mcg/hr</i>                       | 2                | ST, PA, QL (4 patches / 21 days), NM |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i>                     | 2                | ST, PA, QL (4 patches / 21 days), NM |
| <i>buprenorphine td patch weekly 10 mcg/hr</i>                      | 2                | ST, PA, QL (4 patches / 21 days), NM |
| <i>buprenorphine td patch weekly 15 mcg/hr</i>                      | 2                | ST, PA, QL (4 patches / 21 days), NM |
| <i>buprenorphine td patch weekly 20 mcg/hr</i>                      | 2                | ST, PA, QL (4 patches / 21 days), NM |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i>                     | 2                | NM                                   |
| BUTRANS DIS 5MCG/HR                                                 | 3                | ST, PA, QL (4 patches / 21 days), NM |
| BUTRANS DIS 7.5/HR                                                  | 3                | ST, PA, QL (4 patches / 21 days), NM |
| BUTRANS DIS 10MCG/HR                                                | 3                | ST, PA, QL (4 patches / 21 days), NM |
| BUTRANS DIS 15MCG/HR                                                | 3                | ST, PA, QL (4 patches / 21 days), NM |
| BUTRANS DIS 20MCG/HR                                                | 3                | ST, PA, QL (4 patches / 21 days), NM |
| <i>nalbuphine hcl inj 10 mg/ml</i>                                  | 2                | NM                                   |
| <i>nalbuphine hcl inj 20 mg/ml</i>                                  | 2                | NM                                   |
| <i>pentazocine w/ naloxone tab 50-0.5 mg</i>                        | 1                | NM                                   |
| ZUBSOLV SUB 0.7-0.18                                                | 3                | NM                                   |
| ZUBSOLV SUB 1.4-0.36                                                | 3                | NM                                   |
| ZUBSOLV SUB 2.9-0.71                                                | 3                | NM                                   |
| ZUBSOLV SUB 5.7-1.4                                                 | 3                | NM                                   |
| ZUBSOLV SUB 8.6-2.1                                                 | 3                | NM                                   |
| ZUBSOLV SUB 11.4-2.9                                                | 3                | NM                                   |

## **ANDROGENS-ANABOLIC ANABOLIC STEROIDS**

|                     |   |                                |
|---------------------|---|--------------------------------|
| ANADROL-50 TAB 50MG | 3 | PA, QL (30 tabs / 30 days), NM |
|---------------------|---|--------------------------------|

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| <b>Drug Name</b>              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------|------------------|----------------------------|
| <i>oxandrolone tab 2.5 mg</i> | 2                | QL (60 tabs / 30 days), NM |
| <i>oxandrolone tab 10 mg</i>  | 2                | QL (60 tabs / 30 days), NM |

## **ANDROGENS**

|                                                       |   |                                               |
|-------------------------------------------------------|---|-----------------------------------------------|
| ANDRODERM DIS 2MG/24HR                                | 3 | PA, QL (30 patches / 30 days)                 |
| ANDRODERM DIS 4MG/24HR                                | 3 | PA, QL (30 ea / 30 days)                      |
| ANDROGEL GEL 1%(25MG)                                 | 2 | QL (150 gm / 30 days)                         |
| ANDROGEL GEL 1%(50MG)                                 | 2 | QL (150 gm / 30 days)                         |
| ANDROGEL GEL 1.62%                                    | 2 | QL (150 gm / 30 days)                         |
| <i>danazol cap 50 mg</i>                              | 1 | NM                                            |
| <i>danazol cap 100 mg</i>                             | 1 | NM                                            |
| <i>danazol cap 200 mg</i>                             | 1 | NM                                            |
| DEPO-TESTOST INJ 100MG/ML                             | 3 | PA, QL (10 ml / 30 days), NM; 10 ml / 30 days |
| DEPO-TESTOST INJ 100MG/ML                             | 3 | PA, QL (10 ml / 30 days), NM                  |
| DEPO-TESTOST INJ 200MG/ML                             | 3 | PA, QL (10 ml / 30 days), NM                  |
| DEPO-TESTOST INJ 200MG/ML                             | 3 | PA, QL (10 ml / 30 days), NM; 10 ml / 30 days |
| FORTESTA GEL 10MG/ACT                                 | 3 | PA, QL (60 gm / 30 days)                      |
| JATENZO CAP 158MG                                     | 3 | QL (120 caps / 30 days)                       |
| JATENZO CAP 198MG                                     | 3 | QL (120 caps / 30 days)                       |
| JATENZO CAP 237MG                                     | 3 | QL (120 caps / 30 days)                       |
| METHITEST TAB 10MG                                    | 3 | PA, QL (30 tabs / 30 days)                    |
| <i>methyltestosterone cap 10 mg</i>                   | 1 | PA, QL (30 caps / 30 days)                    |
| NATESTO GEL 5.5MG                                     | 3 | PA, QL (30 gm / 30 days)                      |
| STRIANT MIS 30MG                                      | 3 | PA, QL (60 buccal systems / 30 days)          |
| TESTIM GEL 1%(50MG)                                   | 3 | PA, QL (150 gm / 30 days)                     |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | 2 | QL (1 vial / 30 days), NM                     |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i> | 1 | QL (10 vials / 30 days), NM                   |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i> | 1 | QL (1 vial / 30 days), NM                     |
| <i>testosterone td gel 10mg/act (2%)</i>              | 2 | QL (60 gm / 30 days)                          |

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| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------|------------------|----------------------------|
| <i>testosterone td gel 12.5 mg/act (1%)</i>        | 2                | QL (150 gm / 30 days)      |
| <i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i> | 2                | QL (150 gm / 30 days)      |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i>    | 2                | QL (150 gm / 30 days)      |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i>        | 2                | QL (150 gm / 30 days)      |
| <i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>   | 2                | QL (150 gm / 30 days)      |
| <i>testosterone td gel 50 mg/5gm (1%)</i>          | 2                | QL (150 gm / 30 days)      |
| <i>testosterone td soln 30 mg/act</i>              | 2                | QL (90 mL / 30 days)       |
| VOGELXO GEL 1%(50MG)                               | 3                | PA, QL (150 gm / 30 days)  |
| VOGELXO GEL PUMP 1%                                | 3                | PA, QL (150 gm / 30 days)  |
| XYOSTED INJ 50/0.5                                 | 3                | PA, QL (10 pens / 30 days) |
| XYOSTED INJ 75/0.5                                 | 3                | PA, QL (10 pens / 30 days) |
| XYOSTED INJ 100/0.5                                | 3                | PA, QL (10 pens / 30 days) |

## **ANORECTAL AGENTS**

### **INTRARECTAL STEROIDS**

|                                         |   |    |
|-----------------------------------------|---|----|
| <i>colocort ene 100mg</i>               | 2 | NM |
| CORTENEMA ENE 100MG                     | 3 | NM |
| CORTIFOAM AER 90MG                      | 3 | NM |
| <i>hydrocortisone enema 100 mg/60ml</i> | 2 | NM |
| UCERIS AER 2MG/ACT                      | 3 | NM |

### **RECTAL COMBINATIONS**

|                                                                |   |    |
|----------------------------------------------------------------|---|----|
| <i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i> | 1 | NM |
| <i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>  | 2 | NM |
| PROCTOFOAM AER HC 1%                                           | 3 | NM |

### **RECTAL STEROIDS**

|                                           |   |    |
|-------------------------------------------|---|----|
| <i>hydrocortisone perianal cream 2.5%</i> | 1 | NM |
| <i>procto-med cre hc 2.5%</i>             | 1 | NM |
| <i>proctosol hc cre 2.5%</i>              | 1 | NM |
| <i>proctozone cre -hc 2.5%</i>            | 1 | NM |

### **VASODILATING AGENTS**

|                 |   |    |
|-----------------|---|----|
| RECTIV OIN 0.4% | 3 | NM |
|-----------------|---|----|

## **ANTHELMINTICS**

### **ANTHELMINTICS**

|                               |   |        |
|-------------------------------|---|--------|
| <i>albendazole tab 200 mg</i> | 2 | NM     |
| ALBENZA TAB 200MG             | 3 | NM     |
| BENZNIDAZOLE TAB 12.5MG       | 3 | PA, NM |

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| Drug Name                      | Drug Tier | Requirements/Limits      |
|--------------------------------|-----------|--------------------------|
| BENZNIDAZOLE TAB 100MG         | 3         | PA, NM                   |
| BILTRICIDE TAB 600MG           | 3         | NM                       |
| EMVERM CHW 100MG               | 3         | QL (2 ea / 135 days), NM |
| <i>ivermectin tab 3 mg</i>     | 1         | NM                       |
| <i>praziquantel tab 600 mg</i> | 2         | NM                       |
| STROMECTOL TAB 3MG             | 3         | NM                       |

## **ANTI-INFECTIVE AGENTS - MISC.**

### **ANTI-INFECTIVE AGENTS - MISC.**

|                                                             |   |        |
|-------------------------------------------------------------|---|--------|
| AEMCOLO TAB 194MG                                           | 3 | PA, NM |
| FLAGYL TAB 250MG                                            | 3 | NM     |
| FLAGYL TAB 500MG                                            | 3 | NM     |
| <i>metronidazole tab 250 mg</i>                             | 1 | NM     |
| <i>metronidazole tab 500 mg</i>                             | 1 | NM     |
| NEBUPENT INH 300MG                                          | 3 | NM     |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | 2 | NM     |
| <i>pentamidine isethionate for soln 300 mg</i>              | 2 | NM     |
| PRIMSOL SOL 50MG/5ML                                        | 3 | NM     |
| <i>tinidazole tab 250 mg</i>                                | 1 | NM     |
| <i>tinidazole tab 500 mg</i>                                | 1 | NM     |
| <i>trimethoprim tab 100 mg</i>                              | 1 | NM     |
| XIFAXAN TAB 200MG                                           | 3 | PA, NM |
| XIFAXAN TAB 550MG                                           | 3 | PA     |

### **ANTI-INFECTIVE MISC. - COMBINATIONS**

|                                                         |   |    |
|---------------------------------------------------------|---|----|
| BACTRIM DS TAB 800-160                                  | 3 | NM |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 1 | NM |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>      | 1 | NM |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>     | 1 | NM |
| <i>sulfatrim pd sus 200-40/5</i>                        | 1 | NM |

### **ANTIPROTOZOAL AGENTS**

|                                   |   |                            |
|-----------------------------------|---|----------------------------|
| ALINIA SUS 100/5ML                | 3 | NM                         |
| ALINIA TAB 500MG                  | 3 | NM                         |
| <i>atovaquone susp 750 mg/5ml</i> | 2 | QL (140 mL / 180 days), NM |
| <i>nitazoxanide tab 500 mg</i>    | 2 | NM                         |

### **CARBAPENEMS**

|                                                        |   |    |
|--------------------------------------------------------|---|----|
| <i>ertapenem sodium for inj 1 gm (base equivalent)</i> | 2 | NM |
|--------------------------------------------------------|---|----|

### **GLYCOPEPTIDES**

|                     |   |    |
|---------------------|---|----|
| FIRVANQ SOL 25MG/ML | 2 | NM |
|---------------------|---|----|

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| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------|------------------|----------------------------|
| FIRVANQ SOL 50MG/ML                                              | 2                | NM                         |
| VANCOCIN CAP 250MG                                               | 3                | NM                         |
| VANCOCIN HCL CAP 125MG                                           | 3                | NM                         |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i>               | 2                | NM                         |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i>               | 2                | NM                         |
| <b>LEPROSTATICS</b>                                              |                  |                            |
| <i>dapsone tab 25 mg</i>                                         | 1                |                            |
| <i>dapsone tab 100 mg</i>                                        | 1                |                            |
| <b>LINCOSAMIDES</b>                                              |                  |                            |
| <i>clindamycin hcl cap 75 mg</i>                                 | 1                | NM                         |
| <i>clindamycin hcl cap 150 mg</i>                                | 1                | NM                         |
| <i>clindamycin hcl cap 300 mg</i>                                | 1                | NM                         |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | 2                | NM                         |
| <b>MONOBACTAMS</b>                                               |                  |                            |
| <i>aztreonam for inj 1 gm</i>                                    | 2                | NM                         |
| <i>aztreonam for inj 2 gm</i>                                    | 2                | NM                         |
| CAYSTON INH 75MG                                                 | 3                | SP, PA, NM                 |
| <b>OXAZOLIDINONES</b>                                            |                  |                            |
| <i>linezolid for susp 100 mg/5ml</i>                             | 2                | NM                         |
| <i>linezolid tab 600 mg</i>                                      | 2                | NM                         |
| SIVEXTRO TAB 200MG                                               | 3                | NM                         |
| ZYVOX SUS 100MG/5M                                               | 3                | NM                         |
| ZYVOX TAB 600MG                                                  | 3                | NM                         |
| <b>PLEUROMUTILINS</b>                                            |                  |                            |
| XENLETA TAB 600MG                                                | 3                | NM                         |
| <b>URINARY ANTI-INFECTIVES</b>                                   |                  |                            |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>  | 2                | NM                         |
| <b>ANTIANGINAL AGENTS</b>                                        |                  |                            |
| <b>ANTIANGINALS-OTHER</b>                                        |                  |                            |
| RANEXA TAB 500MG                                                 | 3                |                            |
| RANEXA TAB 1000MG                                                | 3                |                            |
| <i>ranolazine tab er 12hr 500 mg</i>                             | 2                |                            |
| <i>ranolazine tab er 12hr 1000 mg</i>                            | 2                |                            |
| <b>NITRATES</b>                                                  |                  |                            |
| DILATRATE SR CAP 40MG                                            | 3                |                            |
| ISORDIL TAB 5MG                                                  | 3                |                            |
| ISORDIL TAB 40MG                                                 | 3                |                            |
| <i>isosorbide dinitrate tab 5 mg</i>                             | 1                |                            |
| <i>isosorbide dinitrate tab 10 mg</i>                            | 1                |                            |

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**AGE** - Age Limit **NM** - Not available at mail-order **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------|------------------|----------------------------|
| <i>isosorbide dinitrate tab 20 mg</i>            | 1                |                            |
| <i>isosorbide dinitrate tab 30 mg</i>            | 1                |                            |
| <i>isosorbide dinitrate tab 40 mg</i>            | 2                |                            |
| <i>isosorbide mononitrate tab 20 mg</i>          | 1                |                            |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i>  | 1                |                            |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i>  | 1                |                            |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> | 1                |                            |
| <i>minitran dis 0.1mg/hr</i>                     | 1                |                            |
| <i>minitran dis 0.2mg/hr</i>                     | 1                |                            |
| <i>minitran dis 0.4mg/hr</i>                     | 1                |                            |
| <i>minitran dis 0.6mg/hr</i>                     | 1                |                            |
| NITRO-BID OIN 2%                                 | 3                |                            |
| NITRO-DUR DIS 0.1MG/HR                           | 3                |                            |
| NITRO-DUR DIS 0.2MG/HR                           | 3                |                            |
| NITRO-DUR DIS 0.3MG/HR                           | 3                |                            |
| NITRO-DUR DIS 0.4MG/HR                           | 3                |                            |
| NITRO-DUR DIS 0.6MG/HR                           | 3                |                            |
| NITRO-DUR DIS 0.8MG/HR                           | 3                |                            |
| <i>nitroglycerin sl tab 0.3 mg</i>               | 1                |                            |
| <i>nitroglycerin sl tab 0.4 mg</i>               | 1                |                            |
| <i>nitroglycerin sl tab 0.6 mg</i>               | 1                |                            |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>     | 1                |                            |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>     | 1                |                            |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>     | 1                |                            |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>     | 1                |                            |
| NITROSTAT SUB 0.3MG                              | 2                |                            |
| NITROSTAT SUB 0.4MG                              | 2                |                            |
| NITROSTAT SUB 0.6MG                              | 2                |                            |

## **ANTIANXIETY AGENTS**

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

|                                        |   |    |
|----------------------------------------|---|----|
| <i>buspirone hcl tab 5 mg</i>          | 1 | NM |
| <i>buspirone hcl tab 7.5 mg</i>        | 1 | NM |
| <i>buspirone hcl tab 10 mg</i>         | 1 | NM |
| <i>buspirone hcl tab 15 mg</i>         | 1 | NM |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i> | 1 | NM |
| <i>hydroxyzine hcl tab 10 mg</i>       | 1 | NM |
| <i>hydroxyzine hcl tab 25 mg</i>       | 1 | NM |
| <i>hydroxyzine hcl tab 50 mg</i>       | 1 | NM |
| <i>hydroxyzine pamoate cap 25 mg</i>   | 1 | NM |
| <i>hydroxyzine pamoate cap 50 mg</i>   | 1 | NM |
| <i>hydroxyzine pamoate cap 100 mg</i>  | 1 | NM |
| <i>meprobamate tab 200 mg</i>          | 1 | NM |
| <i>meprobamate tab 400 mg</i>          | 1 | NM |

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| Drug Name                                  | Drug Tier | Requirements/Limits |
|--------------------------------------------|-----------|---------------------|
| <b>BENZODIAZEPINES</b>                     |           |                     |
| ALPRAZOLAM CON 1 MG/ML                     | 2         | NM                  |
| <i>alprazolam tab 0.5 mg</i>               | 1         | NM                  |
| <i>alprazolam tab 0.5mg xr</i>             | 1         | NM                  |
| <i>alprazolam tab 0.25 mg</i>              | 1         | NM                  |
| <i>alprazolam tab 1 mg</i>                 | 1         | NM                  |
| <i>alprazolam tab 1mg xr</i>               | 1         | NM                  |
| <i>alprazolam tab 2 mg</i>                 | 1         | NM                  |
| <i>alprazolam tab 2mg xr</i>               | 1         | NM                  |
| <i>alprazolam tab 3mg xr</i>               | 1         | NM                  |
| <i>alprazolam tab er 24hr 0.5 mg</i>       | 1         | NM                  |
| <i>alprazolam tab er 24hr 1 mg</i>         | 1         | NM                  |
| <i>alprazolam tab er 24hr 2 mg</i>         | 1         | NM                  |
| <i>alprazolam tab er 24hr 3 mg</i>         | 1         | NM                  |
| <i>chlordiazepoxide hcl cap 5 mg</i>       | 1         | NM                  |
| <i>chlordiazepoxide hcl cap 10 mg</i>      | 1         | NM                  |
| <i>chlordiazepoxide hcl cap 25 mg</i>      | 1         | NM                  |
| <i>clorazepate dipotassium tab 3.75 mg</i> | 1         | NM                  |
| <i>clorazepate dipotassium tab 7.5 mg</i>  | 1         | NM                  |
| <i>clorazepate dipotassium tab 15 mg</i>   | 1         | NM                  |
| <i>diazepam con 5mg/ml</i>                 | 2         | NM                  |
| <i>diazepam inj 5 mg/ml</i>                | 2         | NM                  |
| <i>diazepam oral soln 1 mg/ml</i>          | 2         | NM                  |
| <i>diazepam tab 2 mg</i>                   | 1         | NM                  |
| <i>diazepam tab 5 mg</i>                   | 1         | NM                  |
| <i>diazepam tab 10 mg</i>                  | 1         | NM                  |
| <i>lorazepam tab 0.5 mg</i>                | 1         | NM                  |
| <i>lorazepam tab 1 mg</i>                  | 1         | NM                  |
| <i>lorazepam tab 2 mg</i>                  | 1         | NM                  |
| <i>oxazepam cap 10 mg</i>                  | 1         | NM                  |
| <i>oxazepam cap 15 mg</i>                  | 1         | NM                  |
| <i>oxazepam cap 30 mg</i>                  | 1         | NM                  |
| TRANXENE T TAB 7.5MG                       | 3         | NM                  |
| VALIUM TAB 2MG                             | 3         | NM                  |
| VALIUM TAB 5MG                             | 3         | NM                  |
| VALIUM TAB 10MG                            | 3         | NM                  |
| XANAX TAB 0.5MG                            | 3         | NM                  |
| XANAX TAB 0.25MG                           | 3         | NM                  |
| XANAX TAB 1MG                              | 3         | NM                  |
| XANAX TAB 2MG                              | 3         | NM                  |
| XANAX XR TAB 0.5MG                         | 3         | NM                  |
| XANAX XR TAB 1MG                           | 3         | NM                  |
| XANAX XR TAB 2MG                           | 3         | NM                  |
| XANAX XR TAB 3MG                           | 3         | NM                  |

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| Drug Name                                 | Drug Tier | Requirements/Limits |
|-------------------------------------------|-----------|---------------------|
| <b>ANTIARRHYTHMICS</b>                    |           |                     |
| <b>ANTIARRHYTHMICS TYPE I-A</b>           |           |                     |
| <i>disopyramide phosphate cap 100 mg</i>  | 1         |                     |
| <i>disopyramide phosphate cap 150 mg</i>  | 1         |                     |
| NORPACE CAP 100MG                         | 3         |                     |
| NORPACE CAP 100MG CR                      | 3         |                     |
| NORPACE CAP 150MG                         | 3         |                     |
| NORPACE CAP 150MG CR                      | 3         |                     |
| <i>procainamide hcl inj 100 mg/ml</i>     | 2         | NM                  |
| <i>quinidine gluconate tab er 324 mg</i>  | 1         |                     |
| <i>quinidine sulfate tab 200 mg</i>       | 1         |                     |
| <i>quinidine sulfate tab 300 mg</i>       | 1         |                     |
| <b>ANTIARRHYTHMICS TYPE I-B</b>           |           |                     |
| <i>mexiletine hcl cap 150 mg</i>          | 1         |                     |
| <i>mexiletine hcl cap 200 mg</i>          | 1         |                     |
| <i>mexiletine hcl cap 250 mg</i>          | 1         |                     |
| <b>ANTIARRHYTHMICS TYPE I-C</b>           |           |                     |
| <i>flecainide acetate tab 50 mg</i>       | 1         |                     |
| <i>flecainide acetate tab 100 mg</i>      | 1         |                     |
| <i>flecainide acetate tab 150 mg</i>      | 1         |                     |
| <i>propafenone hcl cap er 12hr 225 mg</i> | 2         |                     |
| <i>propafenone hcl cap er 12hr 325 mg</i> | 2         |                     |
| <i>propafenone hcl cap er 12hr 425 mg</i> | 2         |                     |
| <i>propafenone hcl tab 150 mg</i>         | 1         |                     |
| <i>propafenone hcl tab 225 mg</i>         | 1         |                     |
| <i>propafenone hcl tab 300 mg</i>         | 1         |                     |
| RYTHMOL SR CAP 225MG                      | 3         |                     |
| RYTHMOL SR CAP 325MG                      | 3         |                     |
| RYTHMOL SR CAP 425MG                      | 3         |                     |
| <b>ANTIARRHYTHMICS TYPE III</b>           |           |                     |
| <i>amiodarone hcl tab 100 mg</i>          | 1         |                     |
| <i>amiodarone hcl tab 200 mg</i>          | 1         |                     |
| <i>amiodarone hcl tab 400 mg</i>          | 1         |                     |
| <i>dofetilide cap 125 mcg (0.125 mg)</i>  | 2         |                     |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>   | 2         |                     |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>    | 2         |                     |
| MULTAQ TAB 400MG                          | 3         |                     |
| <i>pacerone tab 100mg</i>                 | 1         |                     |
| <i>pacerone tab 200mg</i>                 | 1         |                     |
| <i>pacerone tab 400mg</i>                 | 1         |                     |
| TIKOSYN CAP 125MCG                        | 3         |                     |
| TIKOSYN CAP 250MCG                        | 3         |                     |
| TIKOSYN CAP 500MCG                        | 3         |                     |

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| Drug Name                                                        | Drug Tier | Requirements/Limits       |
|------------------------------------------------------------------|-----------|---------------------------|
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>                   |           |                           |
| <b>ANTI-INFLAMMATORY AGENTS</b>                                  |           |                           |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                       | 2         |                           |
| <b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>                     |           |                           |
| FASENRA PEN INJ 30MG/ML                                          | 2         | SP, PA                    |
| NUCALA INJ 100MG/ML                                              | 2         | SP, PA                    |
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>                        |           |                           |
| ATROVENT HFA AER 17MCG                                           | 2         |                           |
| INCRUSE ELPT INH 62.5MCG                                         | 2         |                           |
| <i>ipratropium bromide inhal soln 0.02%</i>                      | 1         |                           |
| SEEBRI NEOHA CAP 15.6MCG                                         | 3         |                           |
| SPIRIVA AER 1.25MCG                                              | 2         |                           |
| SPIRIVA CAP HANDIHLR                                             | 2         |                           |
| SPIRIVA SPR 2.5MCG                                               | 2         |                           |
| YUPELRI SOL                                                      | 3         |                           |
| <b>LEUKOTRIENE MODULATORS</b>                                    |           |                           |
| ACCOLATE TAB 10MG                                                | 3         |                           |
| ACCOLATE TAB 20MG                                                | 3         |                           |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>             | 1         |                           |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>             | 1         |                           |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | 1         |                           |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                 | 1         |                           |
| SINGULAIR CHW 4MG                                                | 3         |                           |
| SINGULAIR CHW 5MG                                                | 3         |                           |
| SINGULAIR GRA 4MG                                                | 3         |                           |
| SINGULAIR TAB 10MG                                               | 3         |                           |
| <i>zafirlukast tab 10 mg</i>                                     | 1         |                           |
| <i>zafirlukast tab 20 mg</i>                                     | 1         |                           |
| <b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>           |           |                           |
| DALIRESP TAB 250MCG                                              | 3         |                           |
| DALIRESP TAB 500MCG                                              | 3         |                           |
| <b>STEROID INHALANTS</b>                                         |           |                           |
| ARMONAIR DIG AER 55MCG                                           | 3         | QL (2 inhalers / 30 days) |
| ARMONAIR DIG AER 113MCG                                          | 3         | QL (2 inhalers / 30 days) |
| ARMONAIR DIG AER 232MCG                                          | 3         | QL (2 inhalers / 30 days) |
| ARNUITY ELPT INH 50MCG                                           | 2         |                           |
| ARNUITY ELPT INH 100MCG                                          | 2         |                           |

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| ARNUITY ELPT INH 200MCG                                            | 2                |                            |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>                       | 2                |                            |
| <i>budesonide inhalation susp 0.25 mg/2ml</i>                      | 2                |                            |
| <i>budesonide inhalation susp 1 mg/2ml</i>                         | 2                |                            |
| FLOVENT DISK AER 50MCG                                             | 2                |                            |
| FLOVENT DISK AER 100MCG                                            | 2                |                            |
| FLOVENT DISK AER 250MCG                                            | 2                |                            |
| FLOVENT HFA AER 44MCG                                              | 2                |                            |
| FLOVENT HFA AER 110MCG                                             | 2                |                            |
| FLOVENT HFA AER 220MCG                                             | 2                |                            |
| PULMICORT INH 90MCG                                                | 2                |                            |
| PULMICORT INH 180MCG                                               | 2                |                            |
| QVAR REDIHA AER 80MCG                                              | 2                |                            |
| QVAR REDIHAL AER 40MCG                                             | 2                |                            |
| <b>SYMPATHOMIMETICS</b>                                            |                  |                            |
| ADVAIR DISKU AER 100/50                                            | 3                |                            |
| ADVAIR DISKU AER 250/50                                            | 3                |                            |
| ADVAIR DISKU AER 500/50                                            | 3                |                            |
| ADVAIR HFA AER 45/21                                               | 2                |                            |
| ADVAIR HFA AER 115/21                                              | 2                |                            |
| ADVAIR HFA AER 230/21                                              | 2                |                            |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | 1                |                            |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>                  | 1                |                            |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>        | 1                |                            |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>             | 1                |                            |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>        | 1                |                            |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                            | 1                |                            |
| <i>albuterol sulfate tab 2 mg</i>                                  | 1                |                            |
| <i>albuterol sulfate tab 4 mg</i>                                  | 1                |                            |
| <i>albuterol sulfate tab er 12hr 4 mg</i>                          | 1                |                            |
| <i>albuterol sulfate tab er 12hr 8 mg</i>                          | 1                |                            |
| ANORO ELLIPTA AER 62.5-25                                          | 2                |                            |
| ARCAPTA CAP 75MCG                                                  | 3                |                            |
| BEVESPI AER 9-4.8MCG                                               | 2                |                            |
| BREO ELLIPTA INH 100-25                                            | 2                |                            |
| BREO ELLIPTA INH 200-25                                            | 2                |                            |
| BREZTRI AERO AER SPHERE                                            | 2                |                            |
| BROVANA NEB 15MCG                                                  | 3                |                            |
| COMBIVENT AER 20-100                                               | 2                |                            |

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>          | 1                |                            |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>        | 1                |                            |
| <i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>         | 1                |                            |
| <i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>         | 1                |                            |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i>        | 1                |                            |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>        | 1                |                            |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>           | 1                |                            |
| <i>isoproterenol hcl inj 0.2 mg/ml</i>                             | 2                | NM                         |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>         | 2                |                            |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>         | 2                |                            |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>         | 2                |                            |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>  | 2                |                            |
| <i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> | 2                |                            |
| <i>metaproterenol sulfate syrup 10 mg/5ml</i>                      | 1                |                            |
| PERFOROMIST NEB 20MCG                                              | 3                |                            |
| PROAIR HFA AER                                                     | 3                |                            |
| PROAIR RESPI AER                                                   | 3                |                            |
| PROVENTIL AER HFA                                                  | 3                |                            |
| SEREVENT DIS AER 50MCG                                             | 3                |                            |
| STRIVERDI AER 2.5MCG                                               | 3                |                            |
| SYMBICORT AER 80-4.5                                               | 2                |                            |
| SYMBICORT AER 160-4.5                                              | 2                |                            |
| <i>terbutaline sulfate inj 1 mg/ml</i>                             | 1                | NM                         |
| <i>terbutaline sulfate tab 2.5 mg</i>                              | 1                |                            |
| <i>terbutaline sulfate tab 5 mg</i>                                | 1                |                            |
| TRELEGY AER ELLIPTA                                                | 2                |                            |
| VENTOLIN HFA AER                                                   | 3                |                            |
| <i>wixela inhub aer 100/50</i>                                     | 1                |                            |
| <i>wixela inhub aer 250/50</i>                                     | 1                |                            |
| <i>wixela inhub aer 500/50</i>                                     | 1                |                            |
| XOPENEX CONC NEB 1.25/0.5                                          | 3                |                            |
| XOPENEX HFA AER                                                    | 3                |                            |
| XOPENEX NEB 0.31MG                                                 | 3                |                            |

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| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------|------------------|----------------------------|
| XOPENEX NEB 0.63MG                     | 3                |                            |
| XOPENEX NEB 1.25/3ML                   | 3                |                            |
| <b>XANTHINES</b>                       |                  |                            |
| THEO-24 CAP 100MG CR                   | 3                |                            |
| THEO-24 CAP 200MG CR                   | 3                |                            |
| THEO-24 CAP 300MG CR                   | 3                |                            |
| THEO-24 CAP 400MG ER                   | 3                |                            |
| <i>theophylline soln 80 mg/15ml</i>    | 1                |                            |
| <i>theophylline tab er 12hr 300 mg</i> | 1                |                            |
| <i>theophylline tab er 12hr 450 mg</i> | 1                |                            |
| <i>theophylline tab er 24hr 400 mg</i> | 1                |                            |
| <i>theophylline tab er 24hr 600 mg</i> | 1                |                            |
| <b>ANTICOAGULANTS</b>                  |                  |                            |
| <b>COUMARIN ANTICOAGULANTS</b>         |                  |                            |
| COUMADIN TAB 1MG                       | 3                |                            |
| COUMADIN TAB 2.5MG                     | 3                |                            |
| COUMADIN TAB 2MG                       | 3                |                            |
| COUMADIN TAB 3MG                       | 3                |                            |
| COUMADIN TAB 4MG                       | 3                |                            |
| COUMADIN TAB 5MG                       | 3                |                            |
| COUMADIN TAB 6MG                       | 3                |                            |
| COUMADIN TAB 7.5MG                     | 3                |                            |
| COUMADIN TAB 10MG                      | 3                |                            |
| <i>jantoven tab 1mg</i>                | 1                |                            |
| <i>jantoven tab 2.5mg</i>              | 1                |                            |
| <i>jantoven tab 2mg</i>                | 1                |                            |
| <i>jantoven tab 3mg</i>                | 1                |                            |
| <i>jantoven tab 4mg</i>                | 1                |                            |
| <i>jantoven tab 5mg</i>                | 1                |                            |
| <i>jantoven tab 6mg</i>                | 1                |                            |
| <i>jantoven tab 7.5mg</i>              | 1                |                            |
| <i>jantoven tab 10mg</i>               | 1                |                            |
| <i>warfarin sodium tab 1 mg</i>        | 1                |                            |
| <i>warfarin sodium tab 2 mg</i>        | 1                |                            |
| <i>warfarin sodium tab 2.5 mg</i>      | 1                |                            |
| <i>warfarin sodium tab 3 mg</i>        | 1                |                            |
| <i>warfarin sodium tab 4 mg</i>        | 1                |                            |
| <i>warfarin sodium tab 5 mg</i>        | 1                |                            |
| <i>warfarin sodium tab 6 mg</i>        | 1                |                            |
| <i>warfarin sodium tab 7.5 mg</i>      | 1                |                            |
| <i>warfarin sodium tab 10 mg</i>       | 1                |                            |
| <b>DIRECT FACTOR XA INHIBITORS</b>     |                  |                            |
| BEVYXXA CAP 40MG                       | 3                |                            |

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| Drug Name                | Drug Tier | Requirements/Limits |
|--------------------------|-----------|---------------------|
| BEVYXXA CAP 80MG         | 3         |                     |
| ELIQUIS ST P TAB 5MG     | 2         | NM                  |
| ELIQUIS TAB 2.5MG        | 2         |                     |
| ELIQUIS TAB 5MG          | 2         |                     |
| XARELTO STAR TAB 15/20MG | 2         | NM                  |
| XARELTO TAB 2.5MG        | 2         |                     |
| XARELTO TAB 10MG         | 2         |                     |
| XARELTO TAB 15MG         | 2         |                     |
| XARELTO TAB 20MG         | 2         |                     |

#### **HEPARINS AND HEPARINOID-LIKE AGENTS**

|                                                          |   |    |
|----------------------------------------------------------|---|----|
| ARIXTRA INJ 2.5/0.5                                      | 3 | NM |
| ARIXTRA INJ 5/0.4ML                                      | 3 | NM |
| ARIXTRA INJ 7.5/0.6                                      | 3 | NM |
| ARIXTRA INJ 10/0.8ML                                     | 3 | NM |
| <i>enoxaparin sodium inj 30 mg/0.3ml</i>                 | 2 | NM |
| <i>enoxaparin sodium inj 40 mg/0.4ml</i>                 | 2 | NM |
| <i>enoxaparin sodium inj 60 mg/0.6ml</i>                 | 2 | NM |
| <i>enoxaparin sodium inj 80 mg/0.8ml</i>                 | 2 | NM |
| <i>enoxaparin sodium inj 100 mg/ml</i>                   | 2 | NM |
| <i>enoxaparin sodium inj 120 mg/0.8ml</i>                | 2 | NM |
| <i>enoxaparin sodium inj 150 mg/ml</i>                   | 2 | NM |
| <i>enoxaparin sodium inj 300 mg/3ml</i>                  | 2 | NM |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | 2 | NM |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>   | 2 | NM |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> | 2 | NM |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>  | 2 | NM |
| FRAGMIN INJ 2500/0.2                                     | 3 | NM |
| FRAGMIN INJ 5000/0.2                                     | 3 | NM |
| FRAGMIN INJ 7500/0.3                                     | 3 | NM |
| FRAGMIN INJ 10000/ML                                     | 3 | NM |
| FRAGMIN INJ 12500UNT                                     | 3 | NM |
| FRAGMIN INJ 15000UNT                                     | 3 | NM |
| FRAGMIN INJ 18000UNT                                     | 3 | NM |
| FRAGMIN INJ 95000UNT                                     | 3 | NM |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i>         | 2 | NM |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i>         | 2 | NM |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i>        | 2 | NM |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i>        | 2 | NM |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>   | 2 | NM |

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| Drug Name            | Drug Tier | Requirements/Limits |
|----------------------|-----------|---------------------|
| LOVENOX INJ 30/0.3ML | 3         | NM                  |
| LOVENOX INJ 40/0.4ML | 3         | NM                  |
| LOVENOX INJ 60/0.6ML | 3         | NM                  |
| LOVENOX INJ 80/0.8ML | 3         | NM                  |
| LOVENOX INJ 100MG/ML | 3         | NM                  |
| LOVENOX INJ 120/0.8  | 3         | NM                  |
| LOVENOX INJ 150MG/ML | 3         | NM                  |
| LOVENOX INJ 300/3ML  | 3         | NM                  |

## ANTICONSULSANTS

### AMPA GLUTAMATE RECEPTOR ANTAGONISTS

|                      |   |  |
|----------------------|---|--|
| FYCOMPA SUS 0.5MG/ML | 3 |  |
| FYCOMPA TAB 2MG      | 3 |  |
| FYCOMPA TAB 4MG      | 3 |  |
| FYCOMPA TAB 6MG      | 3 |  |
| FYCOMPA TAB 8MG      | 3 |  |
| FYCOMPA TAB 10MG     | 3 |  |
| FYCOMPA TAB 12MG     | 3 |  |

### ANTICONSULSANTS - BENZODIAZEPINES

|                                                      |   |    |
|------------------------------------------------------|---|----|
| <i>clobazam suspension 2.5 mg/ml</i>                 | 2 |    |
| <i>clobazam tab 10 mg</i>                            | 2 |    |
| <i>clobazam tab 20 mg</i>                            | 2 |    |
| <i>clonazepam orally disintegrating tab 0.5 mg</i>   | 1 | NM |
| <i>clonazepam orally disintegrating tab 0.25 mg</i>  | 1 | NM |
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | 1 | NM |
| <i>clonazepam orally disintegrating tab 1 mg</i>     | 1 | NM |
| <i>clonazepam orally disintegrating tab 2 mg</i>     | 1 | NM |
| <i>clonazepam tab 0.5 mg</i>                         | 1 | NM |
| <i>clonazepam tab 1 mg</i>                           | 1 | NM |
| <i>clonazepam tab 2 mg</i>                           | 1 | NM |
| DIASTAT ACDL GEL 5-10MG                              | 3 | NM |
| DIASTAT ACDL GEL 12.5-20                             | 3 | NM |
| DIASTAT PED GEL 2.5M GEL                             | 3 | NM |
| <i>diazepam rectal gel delivery system 2.5 mg</i>    | 1 | NM |
| <i>diazepam rectal gel delivery system 10 mg</i>     | 1 | NM |
| <i>diazepam rectal gel delivery system 20 mg</i>     | 1 | NM |
| KLONOPIN TAB 0.5MG                                   | 3 | NM |
| KLONOPIN TAB 1MG                                     | 3 | NM |
| KLONOPIN TAB 2MG                                     | 3 | NM |
| NAYZILAM SPR 5MG                                     | 3 | NM |
| ONFI SUS 2.5MG/ML                                    | 3 |    |

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|-----------------------------------------|-----------|---------------------|
| ONFI TAB 10MG                           | 3         |                     |
| ONFI TAB 20MG                           | 3         |                     |
| SYMPAZAN MIS 5MG                        | 3         |                     |
| SYMPAZAN MIS 10MG                       | 3         |                     |
| SYMPAZAN MIS 20MG                       | 3         |                     |
| <b>ANTICONVULSANTS - MISC.</b>          |           |                     |
| APTIOM TAB 200MG                        | 3         |                     |
| APTIOM TAB 400MG                        | 3         |                     |
| APTIOM TAB 600MG                        | 3         |                     |
| APTIOM TAB 800MG                        | 3         |                     |
| BANZEL SUS 40MG/ML                      | 3         |                     |
| BANZEL TAB 200MG                        | 3         |                     |
| BANZEL TAB 400MG                        | 3         |                     |
| BRIVIACT SOL 10MG/ML                    | 3         |                     |
| BRIVIACT TAB 10MG                       | 3         |                     |
| BRIVIACT TAB 25MG                       | 3         |                     |
| BRIVIACT TAB 50MG                       | 3         |                     |
| BRIVIACT TAB 75MG                       | 3         |                     |
| BRIVIACT TAB 100MG                      | 3         |                     |
| <i>carbamazepine cap er 12hr 100 mg</i> | 2         |                     |
| <i>carbamazepine cap er 12hr 200 mg</i> | 2         |                     |
| <i>carbamazepine cap er 12hr 300 mg</i> | 2         |                     |
| <i>carbamazepine chew tab 100 mg</i>    | 1         |                     |
| <i>carbamazepine susp 100 mg/5ml</i>    | 1         |                     |
| <i>carbamazepine tab 200 mg</i>         | 1         |                     |
| <i>carbamazepine tab er 12hr 100 mg</i> | 2         |                     |
| <i>carbamazepine tab er 12hr 200 mg</i> | 2         |                     |
| <i>carbamazepine tab er 12hr 400 mg</i> | 2         |                     |
| CARBATROL CAP 100MG                     | 3         |                     |
| CARBATROL CAP 200MG                     | 3         |                     |
| CARBATROL CAP 300MG                     | 3         |                     |
| DIACOMIT CAP 250MG                      | 3         | PA                  |
| DIACOMIT CAP 500MG                      | 3         | PA                  |
| DIACOMIT PAK 250MG                      | 3         | PA                  |
| DIACOMIT PAK 500MG                      | 3         | PA                  |
| EPIDIOLEX SOL 100MG/ML                  | 3         | SP, PA              |
| <i>epitol tab 200mg</i>                 | 1         |                     |
| FINTEPLA SOL 2.2MG/ML                   | 3         | PA                  |
| <i>gabapentin cap 100 mg</i>            | 1         |                     |
| <i>gabapentin cap 300 mg</i>            | 1         |                     |
| <i>gabapentin cap 400 mg</i>            | 1         |                     |
| <i>gabapentin oral soln 250 mg/5ml</i>  | 1         |                     |
| <i>gabapentin tab 600 mg</i>            | 1         |                     |
| <i>gabapentin tab 800 mg</i>            | 1         |                     |

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| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| KEPPRA SOL 100MG/ML                                             | 3                |                            |
| KEPPRA TAB 250MG                                                | 3                |                            |
| KEPPRA TAB 500MG                                                | 3                |                            |
| KEPPRA TAB 750MG                                                | 3                |                            |
| KEPPRA TAB 1000MG                                               | 3                |                            |
| KEPPRA XR TAB 500MG                                             | 3                |                            |
| KEPPRA XR TAB 750MG                                             | 3                |                            |
| LAMICTAL CHW 5MG                                                | 3                |                            |
| LAMICTAL CHW 25MG                                               | 3                |                            |
| LAMICTAL KIT START 35                                           | 3                | NM                         |
| LAMICTAL KIT START 49                                           | 3                | NM                         |
| LAMICTAL KIT START 98                                           | 3                | NM                         |
| LAMICTAL ODT KIT                                                | 3                | NM                         |
| LAMICTAL ODT TAB 25MG                                           | 3                |                            |
| LAMICTAL ODT TAB 50MG                                           | 3                |                            |
| LAMICTAL ODT TAB 100MG                                          | 3                |                            |
| LAMICTAL ODT TAB 200MG                                          | 3                |                            |
| LAMICTAL TAB 25MG                                               | 3                |                            |
| LAMICTAL TAB 100MG                                              | 3                |                            |
| LAMICTAL TAB 150MG                                              | 3                |                            |
| LAMICTAL TAB 200MG                                              | 3                |                            |
| LAMICTAL XR KIT                                                 | 3                | NM                         |
| LAMICTAL XR TAB 25MG                                            | 3                |                            |
| LAMICTAL XR TAB 50MG                                            | 3                |                            |
| LAMICTAL XR TAB 100MG                                           | 3                |                            |
| LAMICTAL XR TAB 200MG                                           | 3                |                            |
| LAMICTAL XR TAB 250MG                                           | 3                |                            |
| LAMICTAL XR TAB 300MG                                           | 3                |                            |
| <i>lamotrigine orally disintegrating tab 25 mg</i>              | 2                |                            |
| <i>lamotrigine orally disintegrating tab 50 mg</i>              | 2                |                            |
| <i>lamotrigine orally disintegrating tab 100 mg</i>             | 2                |                            |
| <i>lamotrigine orally disintegrating tab 200 mg</i>             | 2                |                            |
| <i>lamotrigine tab 25 mg</i>                                    | 1                |                            |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>  | 2                | NM                         |
| <i>lamotrigine tab 35 x 25 mg starter kit</i>                   | 2                | NM                         |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> | 2                | NM                         |
| <i>lamotrigine tab 100 mg</i>                                   | 1                |                            |
| <i>lamotrigine tab 150 mg</i>                                   | 1                |                            |
| <i>lamotrigine tab 200 mg</i>                                   | 1                |                            |
| <i>lamotrigine tab chewable dispersible 5 mg</i>                | 1                |                            |

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| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------|------------------|----------------------------|
| <i>lamotrigine tab chewable dispersible 25 mg</i>                           | 1                |                            |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> | 2                | NM                         |
| <i>lamotrigine tab er 24hr 25 mg</i>                                        | 2                |                            |
| <i>lamotrigine tab er 24hr 50 mg</i>                                        | 2                |                            |
| <i>lamotrigine tab er 24hr 100 mg</i>                                       | 2                |                            |
| <i>lamotrigine tab er 24hr 200 mg</i>                                       | 2                |                            |
| <i>lamotrigine tab er 24hr 250 mg</i>                                       | 2                |                            |
| <i>lamotrigine tab er 24hr 300 mg</i>                                       | 2                |                            |
| <i>levetiracetam oral soln 100 mg/ml</i>                                    | 1                |                            |
| <i>levetiracetam tab 250 mg</i>                                             | 1                |                            |
| <i>levetiracetam tab 500 mg</i>                                             | 1                |                            |
| <i>levetiracetam tab 750 mg</i>                                             | 1                |                            |
| <i>levetiracetam tab 1000 mg</i>                                            | 1                |                            |
| <i>levetiracetam tab er 24hr 500 mg</i>                                     | 1                |                            |
| <i>levetiracetam tab er 24hr 750 mg</i>                                     | 1                |                            |
| LYRICA CAP 25MG                                                             | 3                |                            |
| LYRICA CAP 50MG                                                             | 3                |                            |
| LYRICA CAP 75MG                                                             | 3                |                            |
| LYRICA CAP 100MG                                                            | 3                |                            |
| LYRICA CAP 150MG                                                            | 3                |                            |
| LYRICA CAP 200MG                                                            | 3                |                            |
| LYRICA CAP 225MG                                                            | 3                |                            |
| LYRICA CAP 300MG                                                            | 3                |                            |
| LYRICA SOL 20MG/ML                                                          | 3                |                            |
| NEURONTIN CAP 100MG                                                         | 3                |                            |
| NEURONTIN CAP 300MG                                                         | 3                |                            |
| NEURONTIN CAP 400MG                                                         | 3                |                            |
| NEURONTIN SOL 250/5ML                                                       | 3                |                            |
| NEURONTIN TAB 600MG                                                         | 3                |                            |
| NEURONTIN TAB 800MG                                                         | 3                |                            |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>                             | 1                |                            |
| <i>oxcarbazepine tab 150 mg</i>                                             | 1                |                            |
| <i>oxcarbazepine tab 300 mg</i>                                             | 1                |                            |
| <i>oxcarbazepine tab 600 mg</i>                                             | 1                |                            |
| OXTELLAR XR TAB 150MG                                                       | 3                |                            |
| OXTELLAR XR TAB 300MG                                                       | 3                |                            |
| OXTELLAR XR TAB 600MG                                                       | 3                |                            |
| <i>pregabalin cap 25 mg</i>                                                 | 2                |                            |
| <i>pregabalin cap 50 mg</i>                                                 | 2                |                            |
| <i>pregabalin cap 75 mg</i>                                                 | 2                |                            |
| <i>pregabalin cap 100 mg</i>                                                | 2                |                            |
| <i>pregabalin cap 150 mg</i>                                                | 2                |                            |

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| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------|------------------|----------------------------|
| <i>pregabalin cap 200 mg</i>                  | 2                |                            |
| <i>pregabalin cap 225 mg</i>                  | 2                |                            |
| <i>pregabalin cap 300 mg</i>                  | 2                |                            |
| <i>pregabalin soln 20 mg/ml</i>               | 2                |                            |
| <i>primidone tab 50 mg</i>                    | 1                |                            |
| <i>primidone tab 250 mg</i>                   | 1                |                            |
| QUDEXY XR CAP 25/24HR                         | 3                |                            |
| QUDEXY XR CAP 50/24HR                         | 3                |                            |
| QUDEXY XR CAP 100/24HR                        | 3                |                            |
| QUDEXY XR CAP 150/24HR                        | 3                |                            |
| QUDEXY XR CAP 200/24HR                        | 3                |                            |
| <i>roweepra tab 500mg</i>                     | 1                |                            |
| <i>roweepra tab 750mg</i>                     | 1                |                            |
| <i>roweepra tab 1000mg</i>                    | 1                |                            |
| <i>roweepra xr tab 500mg xr</i>               | 1                |                            |
| <i>roweepra xr tab 750mg xr</i>               | 1                |                            |
| <i>subvenite kit start 35</i>                 | 2                | NM                         |
| <i>subvenite kit start 49</i>                 | 2                | NM                         |
| <i>subvenite kit start 98</i>                 | 2                | NM                         |
| <i>subvenite tab 25mg</i>                     | 1                |                            |
| <i>subvenite tab 100mg</i>                    | 1                |                            |
| <i>subvenite tab 150mg</i>                    | 1                |                            |
| <i>subvenite tab 200mg</i>                    | 1                |                            |
| TEGRETOL SUS 100/5ML                          | 3                |                            |
| TEGRETOL TAB 200MG                            | 3                |                            |
| TEGRETOL-XR TAB 100MG                         | 3                |                            |
| TEGRETOL-XR TAB 200MG                         | 3                |                            |
| TEGRETOL-XR TAB 400MG                         | 3                |                            |
| TOPAMAX SPR CAP 15MG                          | 3                |                            |
| TOPAMAX SPR CAP 25MG                          | 3                |                            |
| TOPAMAX TAB 25MG                              | 3                |                            |
| TOPAMAX TAB 50MG                              | 3                |                            |
| TOPAMAX TAB 100MG                             | 3                |                            |
| TOPAMAX TAB 200MG                             | 3                |                            |
| <i>topiramate cap er 24hr sprinkle 25 mg</i>  | 1                |                            |
| <i>topiramate cap er 24hr sprinkle 50 mg</i>  | 1                |                            |
| <i>topiramate cap er 24hr sprinkle 100 mg</i> | 1                |                            |
| <i>topiramate cap er 24hr sprinkle 150 mg</i> | 1                |                            |
| <i>topiramate cap er 24hr sprinkle 200 mg</i> | 1                |                            |
| <i>topiramate sprinkle cap 15 mg</i>          | 1                |                            |
| <i>topiramate sprinkle cap 25 mg</i>          | 1                |                            |
| <i>topiramate tab 25 mg</i>                   | 1                |                            |
| <i>topiramate tab 50 mg</i>                   | 1                |                            |
| <i>topiramate tab 100 mg</i>                  | 1                |                            |

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| Drug Name                          | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|
| <i>topiramate tab 200 mg</i>       | 1         |                     |
| TRILEPTAL SUS 300MG/5M             | 3         |                     |
| TRILEPTAL TAB 150MG                | 3         |                     |
| TRILEPTAL TAB 300MG                | 3         |                     |
| TRILEPTAL TAB 600MG                | 3         |                     |
| TROKENDI XR CAP 25MG               | 3         |                     |
| TROKENDI XR CAP 50MG               | 3         |                     |
| TROKENDI XR CAP 100MG              | 3         |                     |
| TROKENDI XR CAP 200MG              | 3         |                     |
| VIMPAT SOL 10MG/ML                 | 3         |                     |
| VIMPAT TAB 50MG                    | 3         |                     |
| VIMPAT TAB 100MG                   | 3         |                     |
| VIMPAT TAB 150MG                   | 3         |                     |
| VIMPAT TAB 200MG                   | 3         |                     |
| <i>zonisamide cap 25 mg</i>        | 1         |                     |
| <i>zonisamide cap 50 mg</i>        | 1         |                     |
| <i>zonisamide cap 100 mg</i>       | 1         |                     |
| <b>CARBAMATES</b>                  |           |                     |
| <i>felbamate susp 600 mg/5ml</i>   | 2         |                     |
| <i>felbamate tab 400 mg</i>        | 2         |                     |
| <i>felbamate tab 600 mg</i>        | 2         |                     |
| XCOPRI PAK 12.5-25                 | 3         | NM; **              |
| XCOPRI PAK 50-100MG                | 3         | NM; **              |
| XCOPRI PAK 150-200                 | 3         | **                  |
| XCOPRI PAK 150-200                 | 3         | NM; **              |
| XCOPRI TAB 50-200MG                | 3         | **                  |
| XCOPRI TAB 50MG                    | 3         | **                  |
| XCOPRI TAB 100MG                   | 3         | **                  |
| XCOPRI TAB 150MG                   | 3         | **                  |
| XCOPRI TAB 200MG                   | 3         | **                  |
| <b>GABA MODULATORS</b>             |           |                     |
| GABITRIL TAB 2MG                   | 3         |                     |
| GABITRIL TAB 4MG                   | 3         |                     |
| GABITRIL TAB 12MG                  | 3         |                     |
| GABITRIL TAB 16MG                  | 3         |                     |
| SABRIL POW 500MG                   | 3         | SP                  |
| SABRIL TAB 500MG                   | 3         | SP                  |
| <i>tiagabine hcl tab 2 mg</i>      | 2         |                     |
| <i>tiagabine hcl tab 4 mg</i>      | 2         |                     |
| <i>tiagabine hcl tab 12 mg</i>     | 2         |                     |
| <i>tiagabine hcl tab 16 mg</i>     | 2         |                     |
| <i>vigabatrin powd pack 500 mg</i> | 2         | SP                  |
| <i>vigabatrin tab 500 mg</i>       | 2         | SP                  |
| <i>vigadrone pow 500mg</i>         | 2         | SP                  |

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| Drug Name                                                    | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------|-----------|---------------------|
| <b>HYDANTOINS</b>                                            |           |                     |
| DILANTIN CAP 30MG                                            | 3         |                     |
| DILANTIN CAP 100MG                                           | 3         |                     |
| DILANTIN CHW 50MG                                            | 3         |                     |
| DILANTIN-125 SUS 125/5ML                                     | 3         |                     |
| PEGANONE TAB 250MG                                           | 2         |                     |
| PHENYTEK CAP 200MG                                           | 2         |                     |
| PHENYTEK CAP 300MG                                           | 2         |                     |
| <i>phenytoin chew tab 50 mg</i>                              | 1         |                     |
| <i>phenytoin sodium extended cap 100 mg</i>                  | 1         |                     |
| <i>phenytoin sodium extended cap 200 mg</i>                  | 1         |                     |
| <i>phenytoin sodium extended cap 300 mg</i>                  | 1         |                     |
| <i>phenytoin susp 125 mg/5ml</i>                             | 1         |                     |
| <b>SUCCINIMIDES</b>                                          |           |                     |
| CELONTIN CAP 300MG                                           | 2         |                     |
| <i>ethosuximide cap 250 mg</i>                               | 1         |                     |
| <i>ethosuximide soln 250 mg/5ml</i>                          | 1         |                     |
| ZARONTIN CAP 250MG                                           | 3         |                     |
| ZARONTIN SOL 250/5ML                                         | 3         |                     |
| <b>VALPROIC ACID</b>                                         |           |                     |
| DEPAKOTE ER TAB 250MG                                        | 3         |                     |
| DEPAKOTE ER TAB 500MG                                        | 3         |                     |
| DEPAKOTE SPR CAP 125MG                                       | 3         |                     |
| DEPAKOTE TAB 125MG DR                                        | 3         |                     |
| DEPAKOTE TAB 250MG DR                                        | 3         |                     |
| DEPAKOTE TAB 500MG DR                                        | 3         |                     |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | 1         |                     |
| <i>divalproex sodium tab delayed release 125 mg</i>          | 2         |                     |
| <i>divalproex sodium tab delayed release 250 mg</i>          | 2         |                     |
| <i>divalproex sodium tab delayed release 500 mg</i>          | 2         |                     |
| <i>divalproex sodium tab er 24 hr 250 mg</i>                 | 2         |                     |
| <i>divalproex sodium tab er 24 hr 500 mg</i>                 | 2         |                     |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>    | 1         |                     |
| <i>valproic acid cap 250 mg</i>                              | 1         |                     |
| <b>ANTIDEPRESSANTS</b>                                       |           |                     |
| <b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>           |           |                     |
| <i>mirtazapine tab 7.5 mg</i>                                | 1         |                     |
| <i>mirtazapine tab 15 mg</i>                                 | 1         |                     |
| <i>mirtazapine tab 30 mg</i>                                 | 1         |                     |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------|------------------|----------------------------|
| <i>mirtazapine tab 45 mg</i>                           | 1                |                            |
| REMERON TAB 15MG                                       | 3                |                            |
| REMERON TAB 30MG                                       | 3                |                            |
| <b>ANTIDEPRESSANTS - MISC.</b>                         |                  |                            |
| <i>bupropion hcl tab 75 mg</i>                         | 1                |                            |
| <i>bupropion hcl tab 100 mg</i>                        | 1                |                            |
| <i>bupropion hcl tab er 12hr 100 mg</i>                | 1                |                            |
| <i>bupropion hcl tab er 12hr 150 mg</i>                | 1                |                            |
| <i>bupropion hcl tab er 12hr 200 mg</i>                | 1                |                            |
| <i>bupropion hcl tab er 24hr 150 mg</i>                | 1                |                            |
| <i>bupropion hcl tab er 24hr 300 mg</i>                | 1                |                            |
| <i>maprotiline hcl tab 25 mg</i>                       | 1                |                            |
| <i>maprotiline hcl tab 50 mg</i>                       | 1                |                            |
| <i>maprotiline hcl tab 75 mg</i>                       | 1                |                            |
| WELLBUTRIN TAB 100MG SR                                | 3                |                            |
| WELLBUTRIN TAB 150MG SR                                | 3                |                            |
| WELLBUTRIN TAB 200MG SR                                | 3                |                            |
| <b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>            |                  |                            |
| EMSAM DIS 6MG/24HR                                     | 3                |                            |
| EMSAM DIS 9MG/24HR                                     | 3                |                            |
| EMSAM DIS 12MG/24H                                     | 3                |                            |
| MARPLAN TAB 10MG                                       | 3                |                            |
| NARDIL TAB 15MG                                        | 3                |                            |
| <i>phenelzine sulfate tab 15 mg</i>                    | 1                |                            |
| <i>tranylcypromine sulfate tab 10 mg</i>               | 1                |                            |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b> |                  |                            |
| CELEXA TAB 10MG                                        | 3                |                            |
| CELEXA TAB 20MG                                        | 3                |                            |
| CELEXA TAB 40MG                                        | 3                |                            |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>     | 1                |                            |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i>  | 1                |                            |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i>  | 1                |                            |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i>  | 1                |                            |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | 1                |                            |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i>      | 1                |                            |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i>     | 1                |                            |



| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| <i>escitalopram oxalate tab 20 mg (base equiv)</i>           | 1                |                            |
| <i>fluoxetine hcl cap 10 mg</i>                              | 1                |                            |
| <i>fluoxetine hcl cap 20 mg</i>                              | 1                |                            |
| <i>fluoxetine hcl cap 40 mg</i>                              | 1                |                            |
| <i>fluoxetine hcl cap delayed release 90 mg</i>              | 1                |                            |
| <i>fluoxetine hcl solution 20 mg/5ml</i>                     | 1                |                            |
| <i>fluoxetine hcl tab 60 mg</i>                              | 2                |                            |
| <i>fluvoxamine maleate cap er 24hr 100 mg</i>                | 2                |                            |
| <i>fluvoxamine maleate cap er 24hr 150 mg</i>                | 2                |                            |
| <i>fluvoxamine maleate tab 25 mg</i>                         | 1                |                            |
| <i>fluvoxamine maleate tab 50 mg</i>                         | 1                |                            |
| <i>fluvoxamine maleate tab 100 mg</i>                        | 1                |                            |
| LEXAPRO TAB 5MG                                              | 3                |                            |
| LEXAPRO TAB 10MG                                             | 3                |                            |
| LEXAPRO TAB 20MG                                             | 3                |                            |
| <i>paroxetine hcl tab 10 mg</i>                              | 1                |                            |
| <i>paroxetine hcl tab 20 mg</i>                              | 1                |                            |
| <i>paroxetine hcl tab 30 mg</i>                              | 1                |                            |
| <i>paroxetine hcl tab 40 mg</i>                              | 1                |                            |
| <i>paroxetine hcl tab er 24hr 12.5 mg</i>                    | 1                |                            |
| <i>paroxetine hcl tab er 24hr 25 mg</i>                      | 1                |                            |
| <i>paroxetine hcl tab er 24hr 37.5 mg</i>                    | 1                |                            |
| PAXIL CR TAB 12.5MG                                          | 3                |                            |
| PAXIL CR TAB 25MG                                            | 3                |                            |
| PAXIL CR TAB 37.5MG                                          | 3                |                            |
| PAXIL SUS 10MG/5ML                                           | 3                |                            |
| PAXIL TAB 10MG                                               | 3                |                            |
| PAXIL TAB 20MG                                               | 3                |                            |
| PAXIL TAB 30MG                                               | 3                |                            |
| PAXIL TAB 40MG                                               | 3                |                            |
| PEXEVA TAB 10MG                                              | 3                |                            |
| PEXEVA TAB 20MG                                              | 3                |                            |
| PEXEVA TAB 30MG                                              | 3                |                            |
| PEXEVA TAB 40MG                                              | 3                |                            |
| PROZAC CAP 10MG                                              | 3                |                            |
| PROZAC CAP 20MG                                              | 3                |                            |
| PROZAC CAP 40MG                                              | 3                |                            |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | 1                |                            |
| <i>sertraline hcl tab 25 mg</i>                              | 1                |                            |
| <i>sertraline hcl tab 50 mg</i>                              | 1                |                            |
| <i>sertraline hcl tab 100 mg</i>                             | 1                |                            |
| ZOLOFT CON 20MG/ML                                           | 3                |                            |

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| Drug Name                                                        | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------|-----------|---------------------|
| ZOLOFT TAB 25MG                                                  | 3         |                     |
| ZOLOFT TAB 50MG                                                  | 3         |                     |
| ZOLOFT TAB 100MG                                                 | 3         |                     |
| <b>SEROTONIN MODULATORS</b>                                      |           |                     |
| <i>nefazodone hcl tab 50 mg</i>                                  | 1         |                     |
| <i>nefazodone hcl tab 100 mg</i>                                 | 1         |                     |
| <i>nefazodone hcl tab 150 mg</i>                                 | 1         |                     |
| <i>nefazodone hcl tab 200 mg</i>                                 | 1         |                     |
| <i>nefazodone hcl tab 250 mg</i>                                 | 1         |                     |
| <i>trazodone hcl tab 50 mg</i>                                   | 1         |                     |
| <i>trazodone hcl tab 100 mg</i>                                  | 1         |                     |
| <i>trazodone hcl tab 150 mg</i>                                  | 1         |                     |
| <i>trazodone hcl tab 300 mg</i>                                  | 1         |                     |
| TRINTELLIX TAB 5MG                                               | 2         |                     |
| TRINTELLIX TAB 10MG                                              | 2         |                     |
| TRINTELLIX TAB 20MG                                              | 2         |                     |
| VIIBRYD KIT STARTER                                              | 2         | NM                  |
| VIIBRYD TAB 10MG                                                 | 2         |                     |
| VIIBRYD TAB 20MG                                                 | 2         |                     |
| VIIBRYD TAB 40MG                                                 | 2         |                     |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>      |           |                     |
| CYMBALTA CAP 20MG                                                | 3         |                     |
| CYMBALTA CAP 30MG                                                | 3         |                     |
| CYMBALTA CAP 60MG                                                | 3         |                     |
| DESVENLAFAX TAB 50MG ER                                          | 3         |                     |
| DESVENLAFAX TAB 100MG ER                                         | 3         |                     |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>   | 2         |                     |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>   | 2         |                     |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>  | 2         |                     |
| <i>desvenlafaxine tab er 24hr 50 mg</i>                          | 2         |                     |
| <i>desvenlafaxine tab er 24hr 100 mg</i>                         | 2         |                     |
| DRIZALMA CAP 20MG DR                                             | 3         |                     |
| DRIZALMA CAP 30MG DR                                             | 3         |                     |
| DRIZALMA CAP 40MG DR                                             | 3         |                     |
| DRIZALMA CAP 60MG DR                                             | 3         |                     |
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> | 1         |                     |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | 1         |                     |
| <i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> | 1         |                     |

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| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------|------------------|----------------------------|
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | 1                |                            |
| EFFEXOR XR CAP 37.5MG                                            | 3                |                            |
| EFFEXOR XR CAP 75MG                                              | 3                |                            |
| EFFEXOR XR CAP 150MG                                             | 3                |                            |
| FETZIMA CAP 20MG                                                 | 3                |                            |
| FETZIMA CAP 40MG                                                 | 3                |                            |
| FETZIMA CAP 80MG                                                 | 3                |                            |
| FETZIMA CAP 120MG                                                | 3                |                            |
| FETZIMA CAP TITRATIO                                             | 3                | NM                         |
| KHEDEZLA TAB 50MG ER                                             | 3                |                            |
| KHEDEZLA TAB 100MG ER                                            | 3                |                            |
| PRISTIQ TAB 25MG                                                 | 2                |                            |
| PRISTIQ TAB 50MG                                                 | 2                |                            |
| PRISTIQ TAB 100MG                                                | 2                |                            |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>     | 1                |                            |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>       | 1                |                            |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>      | 1                |                            |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i>               | 1                |                            |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>             | 1                |                            |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i>               | 1                |                            |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i>               | 1                |                            |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i>              | 1                |                            |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>     | 2                |                            |
| <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>       | 2                |                            |
| <i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>      | 2                |                            |
| <i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>      | 2                |                            |
| <b>TRICYCLIC AGENTS</b>                                          |                  |                            |
| <i>amitriptyline hcl tab 10 mg</i>                               | 1                |                            |
| <i>amitriptyline hcl tab 25 mg</i>                               | 1                |                            |
| <i>amitriptyline hcl tab 50 mg</i>                               | 1                |                            |
| <i>amitriptyline hcl tab 75 mg</i>                               | 1                |                            |
| <i>amitriptyline hcl tab 100 mg</i>                              | 1                |                            |

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| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------|------------------|----------------------------|
| <i>amitriptyline hcl tab 150 mg</i>     | 1                |                            |
| <i>amoxapine tab 25 mg</i>              | 1                |                            |
| <i>amoxapine tab 50 mg</i>              | 1                |                            |
| <i>amoxapine tab 100 mg</i>             | 1                |                            |
| <i>amoxapine tab 150 mg</i>             | 1                |                            |
| ANAFRANIL CAP 25MG                      | 3                |                            |
| ANAFRANIL CAP 50MG                      | 3                |                            |
| ANAFRANIL CAP 75MG                      | 3                |                            |
| <i>clomipramine hcl cap 25 mg</i>       | 2                |                            |
| <i>clomipramine hcl cap 50 mg</i>       | 2                |                            |
| <i>clomipramine hcl cap 75 mg</i>       | 2                |                            |
| <i>desipramine hcl tab 10 mg</i>        | 1                |                            |
| <i>desipramine hcl tab 25 mg</i>        | 1                |                            |
| <i>desipramine hcl tab 50 mg</i>        | 1                |                            |
| <i>desipramine hcl tab 75 mg</i>        | 1                |                            |
| <i>desipramine hcl tab 100 mg</i>       | 1                |                            |
| <i>desipramine hcl tab 150 mg</i>       | 1                |                            |
| <i>doxepin hcl cap 10 mg</i>            | 1                |                            |
| <i>doxepin hcl cap 25 mg</i>            | 1                |                            |
| <i>doxepin hcl cap 50 mg</i>            | 1                |                            |
| <i>doxepin hcl cap 75 mg</i>            | 1                |                            |
| <i>doxepin hcl cap 100 mg</i>           | 1                |                            |
| <i>doxepin hcl cap 150 mg</i>           | 1                |                            |
| <i>doxepin hcl conc 10 mg/ml</i>        | 1                |                            |
| <i>imipramine hcl tab 10 mg</i>         | 1                |                            |
| <i>imipramine hcl tab 25 mg</i>         | 1                |                            |
| <i>imipramine hcl tab 50 mg</i>         | 1                |                            |
| <i>imipramine pamoate cap 75 mg</i>     | 1                |                            |
| <i>imipramine pamoate cap 100 mg</i>    | 1                |                            |
| <i>imipramine pamoate cap 125 mg</i>    | 1                |                            |
| <i>imipramine pamoate cap 150 mg</i>    | 1                |                            |
| NORPRAMIN TAB 10MG                      | 3                |                            |
| NORPRAMIN TAB 25MG                      | 3                |                            |
| <i>nortriptyline hcl cap 10 mg</i>      | 1                |                            |
| <i>nortriptyline hcl cap 25 mg</i>      | 1                |                            |
| <i>nortriptyline hcl cap 50 mg</i>      | 1                |                            |
| <i>nortriptyline hcl cap 75 mg</i>      | 1                |                            |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | 1                |                            |
| <i>protriptyline hcl tab 5 mg</i>       | 1                |                            |
| <i>protriptyline hcl tab 10 mg</i>      | 1                |                            |
| <i>trimipramine maleate cap 25 mg</i>   | 2                |                            |
| <i>trimipramine maleate cap 50 mg</i>   | 2                |                            |
| <i>trimipramine maleate cap 100 mg</i>  | 2                |                            |

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| Drug Name                                           | Drug Tier | Requirements/Limits |
|-----------------------------------------------------|-----------|---------------------|
| <b>ANTIDIABETICS</b>                                |           |                     |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>                 |           |                     |
| <i>acarbose tab 25 mg</i>                           | 1         | **                  |
| <i>acarbose tab 50 mg</i>                           | 1         | **                  |
| <i>acarbose tab 100 mg</i>                          | 1         | **                  |
| GLYSET TAB 25MG                                     | 2         | **                  |
| GLYSET TAB 50MG                                     | 2         | **                  |
| GLYSET TAB 100MG                                    | 2         | **                  |
| <i>miglitol tab 25 mg</i>                           | 2         | **                  |
| <i>miglitol tab 50 mg</i>                           | 2         | **                  |
| <i>miglitol tab 100 mg</i>                          | 2         | **                  |
| PRECOSE TAB 25MG                                    | 3         | **                  |
| PRECOSE TAB 50MG                                    | 3         | **                  |
| PRECOSE TAB 100MG                                   | 3         | **                  |
| <b>ANTIDIABETIC - AMYLIN ANALOGS</b>                |           |                     |
| SYMLINPEN 60 INJ 1000MCG                            | 3         | **                  |
| SYMLINPEN 120 INJ 1000MCG                           | 3         | **                  |
| <b>ANTIDIABETIC COMBINATIONS</b>                    |           |                     |
| ACTOPLUS MET TAB 15-500MG                           | 3         | **                  |
| ACTOPLUS MET TAB 15-850MG                           | 3         | **                  |
| DUETACT TAB 30-2MG                                  | 3         | **                  |
| DUETACT TAB 30-4MG                                  | 3         | **                  |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>       | 1         | **                  |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>       | 1         | **                  |
| <i>glipizide-metformin hcl tab 5-500 mg</i>         | 1         | **                  |
| <i>glyburide-metformin tab 1.25-250 mg</i>          | 1         | **                  |
| <i>glyburide-metformin tab 2.5-500 mg</i>           | 1         | **                  |
| <i>glyburide-metformin tab 5-500 mg</i>             | 1         | **                  |
| GLYXAMBI TAB 10-5 MG                                | 2         | **                  |
| GLYXAMBI TAB 25-5 MG                                | 2         | **                  |
| JANUMET TAB 50-500MG                                | 2         | **                  |
| JANUMET TAB 50-1000                                 | 2         | **                  |
| JANUMET XR TAB 50-500MG                             | 2         | **                  |
| JANUMET XR TAB 50-1000                              | 2         | **                  |
| JANUMET XR TAB 100-1000                             | 2         | **                  |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i>     | 2         | **                  |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i>     | 2         | **                  |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 2         | **                  |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 2         | **                  |
| SOLQUA INJ 100/33                                   | 2         | **                  |
| SYNJARDY TAB                                        | 2         | **                  |
| SYNJARDY TAB 5-500MG                                | 2         | **                  |

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| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------|------------------|----------------------------|
| SYNJARDY TAB 5-1000MG                                     | 2                | **                         |
| SYNJARDY TAB 12.5-500                                     | 2                | **                         |
| SYNJARDY XR TAB                                           | 2                | **                         |
| SYNJARDY XR TAB 5-1000MG                                  | 2                | **                         |
| SYNJARDY XR TAB 10-1000                                   | 2                | **                         |
| SYNJARDY XR TAB 25-1000                                   | 2                | **                         |
| TRIJARDY XR TAB                                           | 2                | **                         |
| XIGDUO XR TAB 2.5-1000                                    | 2                | **                         |
| XIGDUO XR TAB 5-500MG                                     | 2                | **                         |
| XIGDUO XR TAB 5-1000MG                                    | 2                | **                         |
| XIGDUO XR TAB 10-500MG                                    | 2                | **                         |
| XIGDUO XR TAB 10-1000                                     | 2                | **                         |
| <b>BIGUANIDES</b>                                         |                  |                            |
| FORTAMET TAB 500MG                                        | 3                | PA; **                     |
| FORTAMET TAB 1000MG                                       | 3                | PA; **                     |
| GLUCOPHAGE TAB 500MG                                      | 3                | **                         |
| GLUCOPHAGE TAB 500MG XR                                   | 3                | **                         |
| GLUCOPHAGE TAB 750MG XR                                   | 3                | **                         |
| GLUCOPHAGE TAB 850MG                                      | 3                | **                         |
| GLUCOPHAGE TAB 1000MG                                     | 3                | **                         |
| GLUMETZA TAB 500MG                                        | 3                | PA; **                     |
| GLUMETZA TAB 1000MG                                       | 3                | PA; **                     |
| <i>metformin hcl tab 500 mg</i>                           | 1                | **                         |
| <i>metformin hcl tab 850 mg</i>                           | 1                | **                         |
| <i>metformin hcl tab 1000 mg</i>                          | 1                | **                         |
| <i>metformin hcl tab er 24hr 500 mg</i>                   | 1                | **                         |
| <i>metformin hcl tab er 24hr 750 mg</i>                   | 1                | **                         |
| <i>metformin hcl tab er 24hr modified release 500 mg</i>  | 2                | PA; **                     |
| <i>metformin hcl tab er 24hr modified release 1000 mg</i> | 2                | PA; **                     |
| <i>metformin hcl tab er 24hr osmotic 500 mg</i>           | 2                | PA; **                     |
| <i>metformin hcl tab er 24hr osmotic 1000 mg</i>          | 2                | PA; **                     |
| <b>DIABETIC OTHER</b>                                     |                  |                            |
| BAQSIMI ONE POW 3MG/DOSE                                  | 2                | NM; **                     |
| <i>diazoxide susp 50 mg/ml</i>                            | 2                | **                         |
| GLUCAGEN INJ HYPOKIT                                      | 2                | NM; **                     |
| GLUCAGON EMR SOL 1MG                                      | 2                | NM; **                     |
| GLUCAGON KIT 1MG                                          | 2                | NM; **                     |
| GVOKE HYPO 2 INJ 1MG/.2ML                                 | 2                | NM                         |
| GVOKE HYPO 2 INJ .5/.1ML                                  | 2                | NM                         |
| GVOKE PFS INJ                                             | 2                | NM                         |
| KORLYM TAB 300MG                                          | 3                | PA; **                     |

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| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-----------------------------------------------------------------|------------------|------------------------------|
| PROGLYCEM SUS 50MG/ML                                           | 3                | **                           |
| <b><i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i></b>         |                  |                              |
| JANUVIA TAB 25MG                                                | 2                | **                           |
| JANUVIA TAB 50MG                                                | 2                | **                           |
| JANUVIA TAB 100MG                                               | 2                | **                           |
| <b><i>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</i></b>         |                  |                              |
| CYCLOSET TAB 0.8MG                                              | 3                | **                           |
| <b><i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i></b> |                  |                              |
| OZEMPIC INJ 2/1.5ML                                             | 2                | **                           |
| OZEMPIC INJ 4MG/3ML                                             | 2                | **                           |
| RYBELSUS TAB 3MG                                                | 2                | **                           |
| RYBELSUS TAB 7MG                                                | 2                | **                           |
| RYBELSUS TAB 14MG                                               | 2                | **                           |
| TRULICITY INJ 0.75/0.5                                          | 2                | **                           |
| TRULICITY INJ 1.5/0.5                                           | 2                | **                           |
| TRULICITY INJ 3/0.5                                             | 2                | **                           |
| TRULICITY INJ 4.5/0.5                                           | 2                | **                           |
| VICTOZA INJ 18MG/3ML                                            | 2                | QL (3 pens / 30 days);<br>** |
| <b><i>INSULIN</i></b>                                           |                  |                              |
| BASAGLAR INJ 100UNIT                                            | 2                | **                           |
| FIASP FLEX INJ TOUCH                                            | 2                | **                           |
| FIASP INJ 100/ML                                                | 2                | **                           |
| HUMULIN R INJ U-500                                             | 2                | **                           |
| LANTUS INJ 100/ML                                               | 2                | **                           |
| LANTUS SOLOS INJ 100/ML                                         | 2                | **                           |
| LEVEMIR INJ                                                     | 2                | **                           |
| LEVEMIR INJ FLEXTouc                                            | 2                | **                           |
| NOVOLIN70/30 INJ RELION                                         | 2                | **                           |
| NOVOLIN INJ 70/30                                               | 2                | **                           |
| NOVOLIN N INJ 100 UNIT                                          | 2                | **                           |
| NOVOLIN N INJ RELION                                            | 2                | **                           |
| NOVOLIN N INJ U-100                                             | 2                | **                           |
| NOVOLIN R INJ 100 UNIT                                          | 2                | **                           |
| NOVOLIN R INJ RELION                                            | 2                | **                           |
| NOVOLIN R INJ U-100                                             | 2                | **                           |
| NOVOLOG INJ 100/ML                                              | 2                | **                           |
| NOVOLOG INJ FLEXPEN                                             | 2                | **                           |
| NOVOLOG INJ PENFILL                                             | 2                | **                           |
| NOVOLOG MIX INJ 70/30                                           | 2                | **                           |
| NOVOLOG MIX INJ FLEXPEN                                         | 2                | **                           |
| TOUJEO MAX INJ 300IU/ML                                         | 2                | **                           |
| TOUJEO SOLO INJ 300IU/ML                                        | 2                | **                           |

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| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------|------------------|----------------------------|
| TRESIBA FLEX INJ 100UNIT                                  | 2                | **                         |
| TRESIBA FLEX INJ 200UNIT                                  | 2                | **                         |
| TRESIBA INJ 100UNIT                                       | 2                | **                         |
| <b>INSULIN SENSITIZING AGENTS</b>                         |                  |                            |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i>            | 2                | **                         |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i>            | 2                | **                         |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i>            | 2                | **                         |
| <b>MEGLITINIDE ANALOGUES</b>                              |                  |                            |
| <i>nateglinide tab 60 mg</i>                              | 1                | **                         |
| <i>nateglinide tab 120 mg</i>                             | 1                | **                         |
| <i>repaglinide tab 0.5 mg</i>                             | 2                | **                         |
| <i>repaglinide tab 1 mg</i>                               | 2                | **                         |
| <i>repaglinide tab 2 mg</i>                               | 2                | **                         |
| STARLIX TAB 60MG                                          | 3                | **                         |
| STARLIX TAB 120MG                                         | 3                | **                         |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b> |                  |                            |
| FARXIGA TAB 5MG                                           | 2                | **                         |
| FARXIGA TAB 10MG                                          | 2                | **                         |
| JARDIANCE TAB 10MG                                        | 2                | **                         |
| JARDIANCE TAB 25MG                                        | 2                | **                         |
| <b>SULFONYLUREAS</b>                                      |                  |                            |
| AMARYL TAB 1MG                                            | 3                | **                         |
| AMARYL TAB 2MG                                            | 3                | **                         |
| AMARYL TAB 4MG                                            | 3                | **                         |
| <i>glimepiride tab 1 mg</i>                               | 1                | **                         |
| <i>glimepiride tab 2 mg</i>                               | 1                | **                         |
| <i>glimepiride tab 4 mg</i>                               | 1                | **                         |
| <i>glipizide tab 5 mg</i>                                 | 1                | **                         |
| <i>glipizide tab 10 mg</i>                                | 1                | **                         |
| <i>glipizide tab er 24hr 2.5 mg</i>                       | 1                | **                         |
| <i>glipizide tab er 24hr 5 mg</i>                         | 1                | **                         |
| <i>glipizide tab er 24hr 10 mg</i>                        | 1                | **                         |
| <i>glipizide xl tab 2.5mg</i>                             | 1                | **                         |
| <i>glipizide xl tab 5mg</i>                               | 1                | **                         |
| <i>glipizide xl tab 10mg</i>                              | 1                | **                         |
| GLUCOTROL TAB 5MG                                         | 3                | **                         |
| GLUCOTROL TAB 10MG                                        | 3                | **                         |
| GLUCOTROL XL TAB 2.5MG                                    | 3                | **                         |
| GLUCOTROL XL TAB 5MG                                      | 3                | **                         |
| GLUCOTROL XL TAB 10MG                                     | 3                | **                         |
| <i>glyburide micronized tab 1.5 mg</i>                    | 1                | **                         |
| <i>glyburide micronized tab 3 mg</i>                      | 1                | **                         |
| <i>glyburide micronized tab 6 mg</i>                      | 1                | **                         |

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| <b>Drug Name</b>              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------|------------------|----------------------------|
| <i>glyburide tab 1.25 mg</i>  | 1                | **                         |
| <i>glyburide tab 2.5 mg</i>   | 1                | **                         |
| <i>glyburide tab 5 mg</i>     | 1                | **                         |
| GLYNASE TAB 1.5MG             | 3                | **                         |
| GLYNASE TAB 3MG               | 3                | **                         |
| GLYNASE TAB 6MG               | 3                | **                         |
| <i>tolbutamide tab 500 mg</i> | 1                | **                         |

## **ANTIDIARRHEAL/PROBIOTIC AGENTS**

### **ANTIPERISTALTIC AGENTS**

|                                                          |   |    |
|----------------------------------------------------------|---|----|
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>        | 1 | NM |
| <i>paregoric tincture 2 mg/5ml (morphine equivalent)</i> | 2 | NM |

## **ANTIDOTES AND SPECIFIC ANTAGONISTS**

### **ANTIDOTES - CHELATING AGENTS**

|                                             |   |        |
|---------------------------------------------|---|--------|
| CHEMET CAP 100MG                            | 3 | NM     |
| <i>deferasirox granules packet 90 mg</i>    | 2 | SP     |
| <i>deferasirox granules packet 180 mg</i>   | 2 | SP     |
| <i>deferasirox granules packet 360 mg</i>   | 2 | SP     |
| <i>deferasirox tab 90 mg</i>                | 2 | SP     |
| <i>deferasirox tab 180 mg</i>               | 2 | SP     |
| <i>deferasirox tab 360 mg</i>               | 2 | SP     |
| <i>deferasirox tab for oral susp 125 mg</i> | 2 | SP, PA |
| <i>deferasirox tab for oral susp 250 mg</i> | 2 | SP, PA |
| <i>deferasirox tab for oral susp 500 mg</i> | 2 | SP, PA |
| <i>deferiprone tab 500 mg</i>               | 2 |        |
| EXJADE TAB 125MG                            | 3 | SP, PA |
| EXJADE TAB 250MG                            | 3 | SP, PA |
| EXJADE TAB 500MG                            | 3 | SP, PA |
| FERPRX 2-DAY TAB 1000MG                     | 3 |        |
| FERRIPROX SOL 100MG/ML                      | 3 |        |
| FERRIPROX TAB 500MG                         | 3 |        |
| JADENU SPRKL GRA 90MG                       | 3 | SP     |
| JADENU SPRKL GRA 180MG                      | 3 | SP     |
| JADENU SPRKL GRA 360MG                      | 3 | SP     |
| JADENU TAB 90MG                             | 3 | SP     |
| JADENU TAB 180MG                            | 3 | SP     |
| JADENU TAB 360MG                            | 3 | SP     |

### **OPIOID ANTAGONISTS**

|                                                     |   |    |
|-----------------------------------------------------|---|----|
| <i>naloxone hcl inj 0.4 mg/ml</i>                   | 1 | NM |
| <i>naloxone hcl inj 4 mg/10ml</i>                   | 1 | NM |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i>        | 1 | NM |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | 1 | NM |

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| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------|------------------|----------------------------|
| <i>naloxone hcl solution auto-injector 2 mg/0.4ml</i> | 2                | NM                         |
| <i>naltrexone hcl tab 50 mg</i>                       | 1                | NM                         |
| NARCAN SPR                                            | 2                | NM                         |

## **ANTIEMETICS**

### **0**

|                                                   |   |                            |
|---------------------------------------------------|---|----------------------------|
| <i>ondansetron hcl oral soln 4 mg/5ml</i>         | 1 | QL (225 mL / 30 days), NM  |
| <i>ondansetron hcl tab 4 mg</i>                   | 1 | QL (45 tabs / 30 days), NM |
| <i>ondansetron hcl tab 8 mg</i>                   | 1 | QL (45 tabs / 30 days), NM |
| <i>ondansetron hcl tab 24 mg</i>                  | 1 | QL (14 tabs / 30 days), NM |
| <i>ondansetron orally disintegrating tab 4 mg</i> | 1 | QL (45 tabs / 30 days), NM |
| <i>ondansetron orally disintegrating tab 8 mg</i> | 1 | QL (45 tabs / 30 days), NM |

## **5-HT3 RECEPTOR ANTAGONISTS**

|                                                 |   |                               |
|-------------------------------------------------|---|-------------------------------|
| ANZEMET TAB 50MG                                | 3 | QL (14 tabs / 23 days), NM    |
| <i>granisetron hcl tab 1 mg</i>                 | 2 | QL (14 tabs / 23 days), NM    |
| <i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>   | 1 | NM                            |
| <i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> | 1 | NM                            |
| SANCUSO DIS 3.1MG                               | 3 | QL (2 patches / 23 days), NM  |
| ZOFRAN SOL 4MG/5ML                              | 3 | QL (225mL / 30 days), NM      |
| ZOFRAN TAB 4MG                                  | 3 | QL (45 tablets / 30 days), NM |
| ZOFRAN TAB 4MG ODT                              | 3 | QL (45 tablets / 30 days), NM |
| ZOFRAN TAB 8MG                                  | 3 | QL (45 tablets / 30 days), NM |
| ZOFRAN TAB 8MG ODT                              | 3 | QL (45 tablets / 30 days), NM |

## **ANTIEMETICS - ANTICHOLINERGIC**

|                                             |   |    |
|---------------------------------------------|---|----|
| <i>scopolamine td patch 72hr 1 mg/3days</i> | 2 | NM |
| TIGAN CAP 300MG                             | 3 | NM |
| TRANSDERM-SC DIS 1MG/3DAY                   | 3 | NM |
| <i>trimethobenzamide hcl cap 300 mg</i>     | 1 | NM |

## **ANTIEMETICS - MISCELLANEOUS**

|                     |   |                           |
|---------------------|---|---------------------------|
| AKYNZEO CAP 300-0.5 | 3 | QL (2 caps / 23 days), NM |
|---------------------|---|---------------------------|

| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------|------------------|----------------------------|
| BONJESTA TAB 20-20MG                                      | 3                | QL (60 tabs / 30 days), NM |
| DICLEGIS TAB 10-10MG                                      | 3                | QL (60 tabs / 30 days), NM |
| <i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> | 1                | QL (60 tabs / 30 days), NM |
| <i>dronabinol cap 2.5 mg</i>                              | 2                | NM                         |
| <i>dronabinol cap 5 mg</i>                                | 2                | NM                         |
| <i>dronabinol cap 10 mg</i>                               | 2                | NM                         |
| MARINOL CAP 2.5MG                                         | 3                | NM                         |
| MARINOL CAP 5MG                                           | 3                | NM                         |
| MARINOL CAP 10MG                                          | 3                | NM                         |

### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

|                                                        |   |                           |
|--------------------------------------------------------|---|---------------------------|
| <i>aprepitant capsule 40 mg</i>                        | 2 | QL (1 cap / 21 days), NM  |
| <i>aprepitant capsule 80 mg</i>                        | 2 | QL (8 caps / 21 days), NM |
| <i>aprepitant capsule 125 mg</i>                       | 2 | QL (2 ea / 21 days), NM   |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> | 2 | QL (6 caps / 21 days), NM |
| EMEND CAP 40MG                                         | 3 | QL (1 ea / 21 days), NM   |
| EMEND CAP 80MG                                         | 3 | QL (8 caps / 21 days), NM |
| EMEND CAP 125MG                                        | 3 | QL (2 caps / 21 days), NM |
| EMEND SUS 125MG                                        | 3 | QL (2 kits / 23 days), NM |
| EMEND TRIPAC PAK 80 & 125                              | 3 | QL (6 caps / 21 days), NM |
| VARUBI TAB 90MG                                        | 3 | QL (4 tabs / 30 days), NM |

### **ANTIFUNGALS**

#### **ANTIFUNGALS**

|                                               |   |                          |
|-----------------------------------------------|---|--------------------------|
| ANCOBON CAP 250MG                             | 3 | NM                       |
| ANCOBON CAP 500MG                             | 3 | NM                       |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | 1 | NM                       |
| <i>griseofulvin microsize tab 500 mg</i>      | 1 | NM                       |
| <i>griseofulvin ultramicrosize tab 125 mg</i> | 1 | NM                       |
| <i>griseofulvin ultramicrosize tab 250 mg</i> | 1 | NM                       |
| <i>nystatin tab 500000 unit</i>               | 1 | NM                       |
| <i>terbinafine hcl tab 250 mg</i>             | 1 | QL (112 tabs / year), NM |

#### **IMIDAZOLE-RELATED ANTIFUNGALS**

|                      |   |    |
|----------------------|---|----|
| CRESEMBA CAP 186 MG  | 3 | NM |
| DIFLUCAN SUS 10MG/ML | 3 | NM |

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| Drug Name                              | Drug Tier | Requirements/Limits |
|----------------------------------------|-----------|---------------------|
| DIFLUCAN SUS 40MG/ML                   | 3         | NM                  |
| DIFLUCAN TAB 50MG                      | 3         | NM                  |
| DIFLUCAN TAB 100MG                     | 3         | NM                  |
| DIFLUCAN TAB 150MG                     | 3         | NM                  |
| DIFLUCAN TAB 200MG                     | 3         | NM                  |
| <i>fluconazole for susp 10 mg/ml</i>   | 1         | NM                  |
| <i>fluconazole for susp 40 mg/ml</i>   | 1         | NM                  |
| <i>fluconazole tab 50 mg</i>           | 1         | NM                  |
| <i>fluconazole tab 100 mg</i>          | 1         | NM                  |
| <i>fluconazole tab 150 mg</i>          | 1         | NM                  |
| <i>fluconazole tab 200 mg</i>          | 1         | NM                  |
| <i>itraconazole cap 100 mg</i>         | 2         | PA, NM              |
| <i>itraconazole oral soln 10 mg/ml</i> | 2         | PA, NM              |
| <i>ketoconazole tab 200 mg</i>         | 1         | NM                  |
| NOXAFIL SUS 40MG/ML                    | 3         |                     |
| NOXAFIL TAB 100MG                      | 3         |                     |
| SPORANOX CAP 100MG                     | 3         | PA, NM              |
| SPORANOX CAP PULSEPAK                  | 3         | PA, NM              |
| SPORANOX SOL 10MG/ML                   | 3         | PA, NM              |
| TOLSURA CAP 65MG                       | 3         | PA, NM              |
| VFEND SUS 40MG/ML                      | 3         | NM                  |
| VFEND TAB 50MG                         | 3         | NM                  |
| VFEND TAB 200MG                        | 3         | NM                  |
| <i>voriconazole for susp 40 mg/ml</i>  | 2         | NM                  |
| <i>voriconazole tab 50 mg</i>          | 2         | NM                  |
| <i>voriconazole tab 200 mg</i>         | 2         | NM                  |

## ANTIHIISTAMINES

### ANTIHIISTAMINES - ETHANOLAMINES

|                                            |   |    |
|--------------------------------------------|---|----|
| <i>carbinoxamine maleate soln 4 mg/5ml</i> | 1 | NM |
| <i>carbinoxamine maleate tab 4 mg</i>      | 1 | NM |
| <i>clemastine fumarate tab 2.68 mg</i>     | 1 | NM |

### ANTIHIISTAMINES - NON-SEDATING

|                                                                   |   |    |
|-------------------------------------------------------------------|---|----|
| CLARINEX TAB 5MG                                                  | 3 | NM |
| <i>desloratadine tab 5 mg</i>                                     | 1 | NM |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | 1 | NM |
| <i>levocetirizine dihydrochloride tab 5 mg</i>                    | 1 | NM |

### ANTIHIISTAMINES - PHENOTHIAZINES

|                                           |   |    |
|-------------------------------------------|---|----|
| <i>phenadoz sup 12.5mg</i>                | 1 | NM |
| <i>phenadoz sup 25mg</i>                  | 1 | NM |
| <i>promethazine hcl suppos 12.5 mg</i>    | 1 | NM |
| <i>promethazine hcl suppos 25 mg</i>      | 1 | NM |
| <i>promethazine hcl syrup 6.25 mg/5ml</i> | 1 | NM |
| <i>promethazine hcl tab 12.5 mg</i>       | 1 | NM |

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| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| <i>promethazine hcl tab 25 mg</i>                            | 1                | NM                         |
| <i>promethazine hcl tab 50 mg</i>                            | 1                | NM                         |
| <i>promethegan sup 12.5mg</i>                                | 1                | NM                         |
| <i>promethegan sup 25mg</i>                                  | 1                | NM                         |
| <i>promethegan sup 50mg</i>                                  | 1                | NM                         |
| <b>ANTI HISTAMINES - PIPERIDINES</b>                         |                  |                            |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i>                     | 1                | NM                         |
| <i>cyproheptadine hcl tab 4 mg</i>                           | 1                | NM                         |
| <b>ANTIHYPERLIPIDEMICS</b>                                   |                  |                            |
| <b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b> |                  |                            |
| NEXLETOL TAB 180MG                                           | 3                | PA                         |
| <b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>                    |                  |                            |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                    | 2                |                            |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                    | 2                |                            |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                    | 2                |                            |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                    | 2                |                            |
| NEXLIZET TAB 180/10MG                                        | 3                | PA                         |
| VYTORIN TAB 10-10MG                                          | 3                |                            |
| VYTORIN TAB 10-20MG                                          | 3                |                            |
| VYTORIN TAB 10-40MG                                          | 3                |                            |
| VYTORIN TAB 10-80MG                                          | 3                |                            |
| <b>ANTIHYPERLIPIDEMICS - MISC.</b>                           |                  |                            |
| LOVAZA CAP 1GM                                               | 3                |                            |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                    | 1                |                            |
| VASCEPA CAP 0.5GM                                            | 2                |                            |
| VASCEPA CAP 1GM                                              | 2                |                            |
| <b>BILE ACID SEQUESTRANTS</b>                                |                  |                            |
| <i>cholestyramine light powder 4 gm/dose</i>                 | 1                |                            |
| <i>cholestyramine light powder packets 4 gm</i>              | 1                |                            |
| <i>cholestyramine powder 4 gm/dose</i>                       | 1                |                            |
| <i>cholestyramine powder packets 4 gm</i>                    | 1                |                            |
| <i>colesevelam hcl packet for susp 3.75 gm</i>               | 2                |                            |
| <i>colesevelam hcl tab 625 mg</i>                            | 2                |                            |
| COLESTID FLA GRA 5/7.5GM                                     | 3                |                            |
| COLESTID FLA GRA 5GM                                         | 3                |                            |
| COLESTID GRA 5GM                                             | 3                |                            |
| COLESTID POW 5GM                                             | 3                |                            |
| COLESTID TAB 1GM                                             | 3                |                            |
| <i>colestipol hcl granule packets 5 gm</i>                   | 1                |                            |
| <i>colestipol hcl granules 5 gm</i>                          | 1                |                            |
| <i>colestipol hcl tab 1 gm</i>                               | 1                |                            |
| <i>prevalite pow 4gm</i>                                     | 1                |                            |
| <i>prevalite pow 4gm pk</i>                                  | 1                |                            |

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| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------|------------------|----------------------------|
| QUESTRAN POW 4GM LITE                                            | 3                |                            |
| WELCHOL PAK 3.75GM                                               | 2                |                            |
| WELCHOL TAB 625MG                                                | 2                |                            |
| <b>FIBRIC ACID DERIVATIVES</b>                                   |                  |                            |
| ANTARA CAP 30MG                                                  | 3                |                            |
| ANTARA CAP 90MG                                                  | 3                |                            |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>  | 1                |                            |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | 1                |                            |
| <i>fenofibrate cap 50 mg</i>                                     | 1                |                            |
| <i>fenofibrate cap 150 mg</i>                                    | 1                |                            |
| <i>fenofibrate micronized cap 43 mg</i>                          | 1                |                            |
| <i>fenofibrate micronized cap 67 mg</i>                          | 1                |                            |
| <i>fenofibrate micronized cap 130 mg</i>                         | 1                |                            |
| <i>fenofibrate micronized cap 134 mg</i>                         | 1                |                            |
| <i>fenofibrate micronized cap 200 mg</i>                         | 1                |                            |
| <i>fenofibrate tab 48 mg</i>                                     | 1                |                            |
| <i>fenofibrate tab 54 mg</i>                                     | 1                |                            |
| <i>fenofibrate tab 145 mg</i>                                    | 1                |                            |
| <i>fenofibrate tab 160 mg</i>                                    | 1                |                            |
| <i>gemfibrozil tab 600 mg</i>                                    | 1                |                            |
| LIPOFEN CAP 50MG                                                 | 3                |                            |
| LIPOFEN CAP 150MG                                                | 3                |                            |
| LOPID TAB 600MG                                                  | 3                |                            |
| TRICOR TAB 48MG                                                  | 3                |                            |
| TRICOR TAB 145MG                                                 | 3                |                            |
| TRIGLIDE TAB 160MG                                               | 3                |                            |
| TRILIPIX CAP 45MG                                                | 3                |                            |
| TRILIPIX CAP 135MG                                               | 3                |                            |
| <b>HMG COA REDUCTASE INHIBITORS</b>                              |                  |                            |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i>          | 1                |                            |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i>          | 1                |                            |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i>          | 1                |                            |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i>          | 1                |                            |
| CRESTOR TAB 5MG                                                  | 3                |                            |
| CRESTOR TAB 10MG                                                 | 3                |                            |
| CRESTOR TAB 20MG                                                 | 3                |                            |
| CRESTOR TAB 40MG                                                 | 3                |                            |
| EZALLOR SPR CAP 5MG                                              | 3                |                            |

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| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------|------------------|----------------------------|
| EZALLOR SPR CAP 10MG                                           | 3                |                            |
| EZALLOR SPR CAP 20MG                                           | 3                |                            |
| EZALLOR SPR CAP 40MG                                           | 3                |                            |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i>          | 2                |                            |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i>          | 2                |                            |
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> | 2                |                            |
| LESCOL XL TAB 80MG                                             | 3                |                            |
| LIPITOR TAB 10MG                                               | 3                |                            |
| LIPITOR TAB 20MG                                               | 3                |                            |
| LIPITOR TAB 40MG                                               | 3                |                            |
| LIPITOR TAB 80MG                                               | 3                |                            |
| LIVALO TAB 1MG                                                 | 3                |                            |
| LIVALO TAB 2MG                                                 | 3                |                            |
| LIVALO TAB 4MG                                                 | 3                |                            |
| <i>lovastatin tab 10 mg</i>                                    | 1                |                            |
| <i>lovastatin tab 20 mg</i>                                    | 1                |                            |
| <i>lovastatin tab 40 mg</i>                                    | 1                |                            |
| PRAVACHOL TAB 20MG                                             | 3                |                            |
| PRAVACHOL TAB 40MG                                             | 3                |                            |
| <i>pravastatin sodium tab 10 mg</i>                            | 1                |                            |
| <i>pravastatin sodium tab 20 mg</i>                            | 1                |                            |
| <i>pravastatin sodium tab 40 mg</i>                            | 1                |                            |
| <i>pravastatin sodium tab 80 mg</i>                            | 1                |                            |
| <i>rosuvastatin calcium tab 5 mg</i>                           | 1                |                            |
| <i>rosuvastatin calcium tab 10 mg</i>                          | 1                |                            |
| <i>rosuvastatin calcium tab 20 mg</i>                          | 1                |                            |
| <i>rosuvastatin calcium tab 40 mg</i>                          | 1                |                            |
| <i>simvastatin tab 5 mg</i>                                    | 1                |                            |
| <i>simvastatin tab 10 mg</i>                                   | 1                |                            |
| <i>simvastatin tab 20 mg</i>                                   | 1                |                            |
| <i>simvastatin tab 40 mg</i>                                   | 1                |                            |
| <i>simvastatin tab 80 mg</i>                                   | 1                |                            |
| ZOCOR TAB 10MG                                                 | 3                |                            |
| ZOCOR TAB 20MG                                                 | 3                |                            |
| ZOCOR TAB 40MG                                                 | 3                |                            |
| ZOCOR TAB 80MG                                                 | 3                |                            |
| ZYPITAMAG TAB 1MG                                              | 3                |                            |
| ZYPITAMAG TAB 2MG                                              | 3                |                            |
| ZYPITAMAG TAB 4MG                                              | 3                |                            |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>            |                  |                            |
| <i>ezetimibe tab 10 mg</i>                                     | 1                |                            |

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| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| ZETIA TAB 10MG                                                  | 3                |                            |
| <b>NICOTINIC ACID DERIVATIVES</b>                               |                  |                            |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i>                | 2                |                            |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i>                | 2                |                            |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i>               | 2                |                            |
| <i>niacor tab 500mg</i>                                         | 1                | NM                         |
| NIASPAN TAB 500MG ER                                            | 3                |                            |
| NIASPAN TAB 750MG ER                                            | 3                |                            |
| NIASPAN TAB 1000 ER                                             | 3                |                            |
| <b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b> |                  |                            |
| PRALUENT INJ 75MG/ML                                            | 3                | PA                         |
| PRALUENT INJ 150MG/ML                                           | 3                | PA                         |
| <b>ANTIHYPERTENSIVES</b>                                        |                  |                            |
| <b>ACE INHIBITORS</b>                                           |                  |                            |
| ACCUPRIL TAB 5MG                                                | 3                |                            |
| ACCUPRIL TAB 10MG                                               | 3                |                            |
| ACCUPRIL TAB 20MG                                               | 3                |                            |
| ACCUPRIL TAB 40MG                                               | 3                |                            |
| ALTACE CAP 1.25MG                                               | 3                |                            |
| ALTACE CAP 2.5MG                                                | 3                |                            |
| ALTACE CAP 5MG                                                  | 3                |                            |
| ALTACE CAP 10MG                                                 | 3                |                            |
| <i>benazepril hcl tab 5 mg</i>                                  | 1                |                            |
| <i>benazepril hcl tab 10 mg</i>                                 | 1                |                            |
| <i>benazepril hcl tab 20 mg</i>                                 | 1                |                            |
| <i>benazepril hcl tab 40 mg</i>                                 | 1                |                            |
| <i>captopril tab 12.5 mg</i>                                    | 1                |                            |
| <i>captopril tab 25 mg</i>                                      | 1                |                            |
| <i>captopril tab 50 mg</i>                                      | 1                |                            |
| <i>captopril tab 100 mg</i>                                     | 1                |                            |
| <i>enalapril maleate tab 2.5 mg</i>                             | 1                |                            |
| <i>enalapril maleate tab 5 mg</i>                               | 1                |                            |
| <i>enalapril maleate tab 10 mg</i>                              | 1                |                            |
| <i>enalapril maleate tab 20 mg</i>                              | 1                |                            |
| EPANED SOL 1MG/ML                                               | 3                |                            |
| <i>fosinopril sodium tab 10 mg</i>                              | 1                |                            |
| <i>fosinopril sodium tab 20 mg</i>                              | 1                |                            |
| <i>fosinopril sodium tab 40 mg</i>                              | 1                |                            |
| <i>lisinopril tab 2.5 mg</i>                                    | 1                |                            |
| <i>lisinopril tab 5 mg</i>                                      | 1                |                            |
| <i>lisinopril tab 10 mg</i>                                     | 1                |                            |
| <i>lisinopril tab 20 mg</i>                                     | 1                |                            |
| <i>lisinopril tab 30 mg</i>                                     | 1                |                            |

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| Drug Name                                  | Drug Tier | Requirements/Limits |
|--------------------------------------------|-----------|---------------------|
| <i>lisinopril tab 40 mg</i>                | 1         |                     |
| LOTENSIN TAB 10MG                          | 3         |                     |
| LOTENSIN TAB 20MG                          | 3         |                     |
| LOTENSIN TAB 40MG                          | 3         |                     |
| <i>moexipril hcl tab 7.5 mg</i>            | 1         |                     |
| <i>moexipril hcl tab 15 mg</i>             | 1         |                     |
| <i>perindopril erbumine tab 2 mg</i>       | 1         |                     |
| <i>perindopril erbumine tab 4 mg</i>       | 1         |                     |
| <i>perindopril erbumine tab 8 mg</i>       | 1         |                     |
| PRINIVIL TAB 5MG                           | 3         |                     |
| PRINIVIL TAB 10MG                          | 3         |                     |
| PRINIVIL TAB 20MG                          | 3         |                     |
| QBRELIS SOL 1MG/ML                         | 3         |                     |
| <i>quinapril hcl tab 5 mg</i>              | 1         |                     |
| <i>quinapril hcl tab 10 mg</i>             | 1         |                     |
| <i>quinapril hcl tab 20 mg</i>             | 1         |                     |
| <i>quinapril hcl tab 40 mg</i>             | 1         |                     |
| <i>ramipril cap 1.25 mg</i>                | 1         |                     |
| <i>ramipril cap 2.5 mg</i>                 | 1         |                     |
| <i>ramipril cap 5 mg</i>                   | 1         |                     |
| <i>ramipril cap 10 mg</i>                  | 1         |                     |
| <i>trandolapril tab 1 mg</i>               | 1         |                     |
| <i>trandolapril tab 2 mg</i>               | 1         |                     |
| <i>trandolapril tab 4 mg</i>               | 1         |                     |
| VASOTEC TAB 2.5MG                          | 3         |                     |
| VASOTEC TAB 5MG                            | 3         |                     |
| VASOTEC TAB 10MG                           | 3         |                     |
| VASOTEC TAB 20MG                           | 3         |                     |
| ZESTRIL TAB 2.5MG                          | 3         |                     |
| ZESTRIL TAB 5MG                            | 3         |                     |
| ZESTRIL TAB 10MG                           | 3         |                     |
| ZESTRIL TAB 20MG                           | 3         |                     |
| ZESTRIL TAB 30MG                           | 3         |                     |
| ZESTRIL TAB 40MG                           | 3         |                     |
| <b>AGENTS FOR PHEOCHROMOCYTOMA</b>         |           |                     |
| DEMSER CAP 250MG                           | 3         | NM                  |
| DIBENZYLINE CAP 10MG                       | 2         | NM                  |
| <i>metyrosine cap 250 mg</i>               | 2         | NM                  |
| <i>phenoxybenzamine hcl cap 10 mg</i>      | 2         | NM                  |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b> |           |                     |
| ATACAND TAB 4MG                            | 3         |                     |
| ATACAND TAB 8MG                            | 3         |                     |
| ATACAND TAB 16MG                           | 3         |                     |
| ATACAND TAB 32MG                           | 3         |                     |

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**QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------|------------------|----------------------------|
| AVAPRO TAB 75MG                         | 3                |                            |
| AVAPRO TAB 150MG                        | 3                |                            |
| AVAPRO TAB 300MG                        | 3                |                            |
| BENICAR TAB 5MG                         | 3                |                            |
| BENICAR TAB 20MG                        | 3                |                            |
| BENICAR TAB 40MG                        | 3                |                            |
| <i>candesartan cilexetil tab 4 mg</i>   | 1                |                            |
| <i>candesartan cilexetil tab 8 mg</i>   | 1                |                            |
| <i>candesartan cilexetil tab 16 mg</i>  | 1                |                            |
| <i>candesartan cilexetil tab 32 mg</i>  | 1                |                            |
| COZAAR TAB 25MG                         | 3                |                            |
| COZAAR TAB 50MG                         | 3                |                            |
| COZAAR TAB 100MG                        | 3                |                            |
| DIOVAN TAB 40MG                         | 3                |                            |
| DIOVAN TAB 80MG                         | 3                |                            |
| DIOVAN TAB 160MG                        | 3                |                            |
| DIOVAN TAB 320MG                        | 3                |                            |
| EDARBI TAB 40MG                         | 3                |                            |
| EDARBI TAB 80MG                         | 3                |                            |
| <i>eprosartan mesylate tab 600 mg</i>   | 1                |                            |
| <i>irbesartan tab 75 mg</i>             | 1                |                            |
| <i>irbesartan tab 150 mg</i>            | 1                |                            |
| <i>irbesartan tab 300 mg</i>            | 1                |                            |
| <i>losartan potassium tab 25 mg</i>     | 1                |                            |
| <i>losartan potassium tab 50 mg</i>     | 1                |                            |
| <i>losartan potassium tab 100 mg</i>    | 1                |                            |
| <i>olmesartan medoxomil tab 5 mg</i>    | 2                |                            |
| <i>olmesartan medoxomil tab 20 mg</i>   | 2                |                            |
| <i>olmesartan medoxomil tab 40 mg</i>   | 2                |                            |
| <i>telmisartan tab 20 mg</i>            | 1                |                            |
| <i>telmisartan tab 40 mg</i>            | 1                |                            |
| <i>telmisartan tab 80 mg</i>            | 1                |                            |
| <i>valsartan tab 40 mg</i>              | 1                |                            |
| <i>valsartan tab 80 mg</i>              | 1                |                            |
| <i>valsartan tab 160 mg</i>             | 1                |                            |
| <i>valsartan tab 320 mg</i>             | 1                |                            |
| <b>ANTIADRENERGIC ANTIHYPERTENSIVES</b> |                  |                            |
| CARDURA TAB 1MG                         | 3                |                            |
| CARDURA TAB 2MG                         | 3                |                            |
| CARDURA TAB 4MG                         | 3                |                            |
| CARDURA TAB 8MG                         | 3                |                            |
| <i>clonidine hcl tab 0.1 mg</i>         | 1                |                            |
| <i>clonidine hcl tab 0.2 mg</i>         | 1                |                            |
| <i>clonidine hcl tab 0.3 mg</i>         | 1                |                            |

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| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| <i>clonidine td patch weekly 0.1 mg/24hr</i>                 | 2                |                            |
| <i>clonidine td patch weekly 0.2 mg/24hr</i>                 | 2                |                            |
| <i>clonidine td patch weekly 0.3 mg/24hr</i>                 | 2                |                            |
| <i>doxazosin mesylate tab 1 mg</i>                           | 1                |                            |
| <i>doxazosin mesylate tab 2 mg</i>                           | 1                |                            |
| <i>doxazosin mesylate tab 4 mg</i>                           | 1                |                            |
| <i>doxazosin mesylate tab 8 mg</i>                           | 1                |                            |
| <i>guanfacine hcl tab 1 mg</i>                               | 1                |                            |
| <i>guanfacine hcl tab 2 mg</i>                               | 1                |                            |
| <i>methyldopa tab 250 mg</i>                                 | 1                |                            |
| <i>methyldopa tab 500 mg</i>                                 | 1                |                            |
| MINIPRESS CAP 1MG                                            | 3                |                            |
| MINIPRESS CAP 2MG                                            | 3                |                            |
| MINIPRESS CAP 5MG                                            | 3                |                            |
| <i>prazosin hcl cap 1 mg</i>                                 | 1                |                            |
| <i>prazosin hcl cap 2 mg</i>                                 | 1                |                            |
| <i>prazosin hcl cap 5 mg</i>                                 | 1                |                            |
| <i>terazosin hcl cap 1 mg (base equivalent)</i>              | 1                |                            |
| <i>terazosin hcl cap 2 mg (base equivalent)</i>              | 1                |                            |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>              | 1                |                            |
| <i>terazosin hcl cap 10 mg (base equivalent)</i>             | 1                |                            |
| <b>ANTIHYPERTENSIVE COMBINATIONS</b>                         |                  |                            |
| ACCURETIC TAB 10-12.5                                        | 3                |                            |
| ACCURETIC TAB 20-12.5                                        | 3                |                            |
| ACCURETIC TAB 20-25MG                                        | 3                |                            |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>      | 1                |                            |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>        | 1                |                            |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>        | 1                |                            |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>        | 1                |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>       | 1                |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>       | 1                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>  | 2                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>  | 2                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | 2                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | 2                |                            |

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>                  | 2                |                            |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                  | 2                |                            |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                 | 2                |                            |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                 | 2                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>  | 2                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>    | 2                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | 2                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>   | 2                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>   | 2                |                            |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>                  | 1                |                            |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>                 | 1                |                            |
| AVALIDE TAB 150-12.5                                               | 3                |                            |
| AVALIDE TAB 300-12.5                                               | 3                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>          | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>         | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>         | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>           | 1                |                            |
| BENICAR HCT TAB 20-12.5                                            | 3                |                            |
| BENICAR HCT TAB 40-12.5                                            | 3                |                            |
| BENICAR HCT TAB 40-25MG                                            | 3                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>        | 1                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>          | 1                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>         | 1                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>    | 1                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>    | 1                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>      | 1                |                            |
| DIOVAN HCT TAB 80/12.5                                             | 3                |                            |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| DIOVAN HCT TAB 160-12.5                                             | 3                |                            |
| DIOVAN HCT TAB 160-25MG                                             | 3                |                            |
| DIOVAN HCT TAB 320-12.5                                             | 3                |                            |
| DIOVAN HCT TAB 320-25MG                                             | 3                |                            |
| EDARBYCLOR TAB 40-12.5                                              | 3                |                            |
| EDARBYCLOR TAB 40-25MG                                              | 3                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>    | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>     | 1                |                            |
| EXFORGE TAB 5-160MG                                                 | 3                |                            |
| EXFORGE TAB 5-320MG                                                 | 3                |                            |
| EXFORGE TAB 10-160MG                                                | 3                |                            |
| EXFORGE TAB 10-320MG                                                | 3                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>   | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>   | 1                |                            |
| HYZAAR TAB 50-12.5                                                  | 3                |                            |
| HYZAAR TAB 100-12.5                                                 | 3                |                            |
| HYZAAR TAB 100-25                                                   | 3                |                            |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 1                |                            |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>          | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>          | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>            | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1                |                            |
| LOTENSIN HCT TAB 10-12.5                                            | 3                |                            |
| LOTENSIN HCT TAB 20-12.5                                            | 3                |                            |
| LOTENSIN HCT TAB 20-25MG                                            | 3                |                            |
| LOTREL CAP 5-10MG                                                   | 3                |                            |
| LOTREL CAP 5-20MG                                                   | 3                |                            |
| LOTREL CAP 10-20MG                                                  | 3                |                            |
| LOTREL CAP 10-40MG                                                  | 3                |                            |

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</i>          | 1                |                            |
| <i>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</i>          | 1                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>           | 1                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>          | 1                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>          | 1                |                            |
| MICARDIS HCT TAB 40/12.5                                           | 3                |                            |
| MICARDIS HCT TAB 80-25MG                                           | 3                |                            |
| MICARDIS HCT TAB 80/12.5                                           | 3                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>     | 2                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>     | 2                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>       | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>  | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>  | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>    | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>   | 2                |                            |
| <i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>          | 1                |                            |
| <i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>          | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>                | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>                | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                  | 1                |                            |
| TARKA TAB 2-180 CR                                                 | 3                |                            |
| TARKA TAB 2-240 CR                                                 | 3                |                            |
| TARKA TAB 4-240 CR                                                 | 3                |                            |
| TEKTURNA HCT TAB 150-12.5                                          | 3                |                            |
| TEKTURNA HCT TAB 150-25MG                                          | 3                |                            |
| TEKTURNA HCT TAB 300-12.5                                          | 3                |                            |
| TEKTURNA HCT TAB 300-25MG                                          | 3                |                            |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                          | 1                |                            |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------|------------------|----------------------------|
| <i>telmisartan-amlodipine tab 40-10 mg</i>             | 1                |                            |
| <i>telmisartan-amlodipine tab 80-5 mg</i>              | 1                |                            |
| <i>telmisartan-amlodipine tab 80-10 mg</i>             | 1                |                            |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>  | 1                |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>  | 1                |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>    | 1                |                            |
| TENORETIC TAB 50                                       | 3                |                            |
| TENORETIC TAB 100                                      | 3                |                            |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i>      | 2                |                            |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i>      | 2                |                            |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>      | 2                |                            |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i>      | 2                |                            |
| TRIBENZOR20- TAB 5-12.5MG                              | 3                |                            |
| TRIBENZOR40- TAB 5-12.5MG                              | 3                |                            |
| TRIBENZOR40- TAB 5-25MG                                | 3                |                            |
| TRIBENZOR40- TAB 10-12.5                               | 3                |                            |
| TRIBENZOR40- TAB 10-25MG                               | 3                |                            |
| TWYNSTA TAB 40-5MG                                     | 3                |                            |
| TWYNSTA TAB 40-10MG                                    | 3                |                            |
| TWYNSTA TAB 80-5MG                                     | 3                |                            |
| TWYNSTA TAB 80-10MG                                    | 3                |                            |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>    | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>   | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>     | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>   | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>     | 1                |                            |
| ZIAC TAB 2.5/6.25                                      | 3                |                            |
| ZIAC TAB 5-6.25MG                                      | 3                |                            |
| ZIAC TAB 10/6.25                                       | 3                |                            |
| <b><i>DIRECT RENIN INHIBITORS</i></b>                  |                  |                            |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i> | 2                |                            |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i> | 2                |                            |
| TEKTURNA TAB 150MG                                     | 3                |                            |
| TEKTURNA TAB 300MG                                     | 3                |                            |

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| Drug Name                                                 | Drug Tier | Requirements/Limits     |
|-----------------------------------------------------------|-----------|-------------------------|
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b> |           |                         |
| <i>epplerenone tab 25 mg</i>                              | 2         |                         |
| <i>epplerenone tab 50 mg</i>                              | 2         |                         |
| <b>VASODILATORS</b>                                       |           |                         |
| <i>hydralazine hcl tab 10 mg</i>                          | 1         |                         |
| <i>hydralazine hcl tab 25 mg</i>                          | 1         |                         |
| <i>hydralazine hcl tab 50 mg</i>                          | 1         |                         |
| <i>hydralazine hcl tab 100 mg</i>                         | 1         |                         |
| <i>minoxidil tab 2.5 mg</i>                               | 1         |                         |
| <i>minoxidil tab 10 mg</i>                                | 1         |                         |
| <b>ANTIMALARIALS</b>                                      |           |                         |
| <b>ANTIMALARIAL COMBINATIONS</b>                          |           |                         |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>            | 2         | QL (42 tabs / year), NM |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>            | 2         | QL (42 tabs / year), NM |
| COARTEM TAB 20-120MG                                      | 3         | QL (24 tabs / year), NM |
| MALARONE TAB 62.5-25                                      | 3         | QL (42 tabs / year), NM |
| MALARONE TAB 250-100                                      | 3         | QL (42 tabs / year), NM |
| <b>ANTIMALARIALS</b>                                      |           |                         |
| <i>chloroquine phosphate tab 250 mg</i>                   | 1         | QL (16 tabs / year)     |
| <i>chloroquine phosphate tab 500 mg</i>                   | 1         | QL (16 tabs / year)     |
| <i>hydroxychloroquine sulfate tab 200 mg</i>              | 1         |                         |
| <i>mefloquine hcl tab 250 mg</i>                          | 1         | QL (14 tabs / year)     |
| PLAQUENIL TAB 200MG                                       | 3         |                         |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i>      | 2         | QL (46 tabs / year), NM |
| PRIMAQUINE TAB 26.3MG                                     | 3         | QL (46 tabs / year), NM |
| QUALAQUIN CAP 324MG                                       | 3         | QL (84 caps / year), NM |
| <i>quinine sulfate cap 324 mg</i>                         | 1         | QL (84 caps / year), NM |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                  |           |                         |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                  |           |                         |
| FIRDAPSE TAB 10MG                                         | 3         | PA, NM                  |
| GUANIDINE TAB 125MG                                       | 2         | NM                      |
| <i>pyridostigmine bromide oral soln 60 mg/5ml</i>         | 2         | NM                      |
| <i>pyridostigmine bromide tab 60 mg</i>                   | 1         | NM                      |
| <i>pyridostigmine bromide tab er 180 mg</i>               | 2         | NM                      |
| RUZURGI TAB 10MG                                          | 3         | PA                      |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                           |           |                         |
| <b>ANTI TB COMBINATIONS</b>                               |           |                         |
| RIFAMATE CAP                                              | 3         | NM                      |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                           |           |                         |
| <i>cycloserine cap 250 mg</i>                             | 2         | NM                      |
| <i>ethambutol hcl tab 100 mg</i>                          | 1         | NM                      |



| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------|------------------|----------------------------|
| <i>ethambutol hcl tab 400 mg</i> | 1                | NM                         |
| <i>isoniazid inj 100 mg/ml</i>   | 1                | NM                         |
| <i>isoniazid syrup 50 mg/5ml</i> | 1                |                            |
| <i>isoniazid tab 100 mg</i>      | 1                |                            |
| <i>isoniazid tab 300 mg</i>      | 1                |                            |
| MYCOBUTIN CAP 150MG              | 3                | NM                         |
| PASER GRA 4GM                    | 3                | NM                         |
| PRETOMANID TAB 200MG             | 3                | NM                         |
| PRIFTIN TAB 150MG                | 3                | NM                         |
| <i>pyrazinamide tab 500 mg</i>   | 1                | NM                         |
| <i>rifabutin cap 150 mg</i>      | 1                | NM                         |
| <i>rifampin cap 150 mg</i>       | 1                | NM                         |
| <i>rifampin cap 300 mg</i>       | 1                | NM                         |
| SIRTURO TAB 20MG                 | 3                | NM                         |
| SIRTURO TAB 100MG                | 3                | NM                         |
| TRECATOR TAB 250MG               | 3                | NM                         |

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

|                                        |   |        |
|----------------------------------------|---|--------|
| ALKERAN TAB 2MG                        | 2 | NM; ** |
| <i>cyclophosphamide cap 25 mg</i>      | 2 | NM; ** |
| <i>cyclophosphamide cap 50 mg</i>      | 2 | NM; ** |
| <i>cyclophosphamide for inj 1 gm</i>   | 1 | NM     |
| <i>cyclophosphamide for inj 2 gm</i>   | 1 | NM     |
| <i>cyclophosphamide for inj 500 mg</i> | 1 | NM     |
| GLEOSTINE CAP 10MG                     | 3 | NM; ** |
| GLEOSTINE CAP 40MG                     | 3 | NM; ** |
| GLEOSTINE CAP 100MG                    | 3 | NM; ** |
| LEUKERAN TAB 2MG                       | 2 | NM; ** |
| <i>melphalan tab 2 mg</i>              | 2 | NM; ** |
| MYLERAN TAB 2MG                        | 2 | NM; ** |
| TEMODAR CAP 5MG                        | 3 | NM; ** |
| TEMODAR CAP 20MG                       | 3 | NM; ** |
| TEMODAR CAP 100MG                      | 3 | NM; ** |
| TEMODAR CAP 140MG                      | 3 | NM; ** |
| TEMODAR CAP 180MG                      | 3 | NM; ** |
| TEMODAR CAP 250MG                      | 3 | NM; ** |
| <i>temozolomide cap 5 mg</i>           | 2 | NM; ** |
| <i>temozolomide cap 20 mg</i>          | 2 | NM; ** |
| <i>temozolomide cap 100 mg</i>         | 2 | NM; ** |
| <i>temozolomide cap 140 mg</i>         | 2 | NM; ** |
| <i>temozolomide cap 180 mg</i>         | 2 | NM; ** |
| <i>temozolomide cap 250 mg</i>         | 2 | NM; ** |

### **ANTIMETABOLITES**

|                                |   |        |
|--------------------------------|---|--------|
| <i>capecitabine tab 150 mg</i> | 2 | NM; ** |
|--------------------------------|---|--------|

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| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------|------------------|----------------------------|
| <i>capecitabine tab 500 mg</i>                            | 2                | NM; **                     |
| <i>cytarabine inj 20 mg/ml</i>                            | 1                | NM                         |
| <i>cytarabine inj pf 20 mg/ml</i>                         | 1                | NM                         |
| <i>cytarabine inj pf 100 mg/ml</i>                        | 1                | NM                         |
| <i>mercaptopurine tab 50 mg</i>                           | 1                | NM; **                     |
| <i>methotrexate sodium for inj 1 gm</i>                   | 2                | NM                         |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>       | 2                | NM                         |
| <i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>     | 2                | NM                         |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>    | 2                | NM                         |
| <i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>  | 2                | NM                         |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> | 2                | NM                         |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i>        | 1                | NM; **                     |
| METHOTREXATE TAB 2.5MG                                    | 3                | NM; **                     |
| PURIXAN SUS 20MG/ML                                       | 3                | NM; **                     |
| TABLOID TAB 40MG                                          | 2                | NM; **                     |
| TREXALL TAB 5MG                                           | 3                | NM; **                     |
| TREXALL TAB 7.5MG                                         | 3                | NM; **                     |
| TREXALL TAB 10MG                                          | 3                | NM; **                     |
| TREXALL TAB 15MG                                          | 3                | NM; **                     |
| XELODA TAB 150MG                                          | 3                | NM; **                     |
| XELODA TAB 500MG                                          | 3                | NM; **                     |
| <b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>                  |                  |                            |
| VENCLEXTA TAB 10MG                                        | 3                | NM; **                     |
| VENCLEXTA TAB 50MG                                        | 3                | NM; **                     |
| VENCLEXTA TAB 100MG                                       | 3                | NM; **                     |
| VENCLEXTA TAB START PK                                    | 3                | NM; **                     |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>       |                  |                            |
| DAURISMO TAB 25MG                                         | 3                | PA, NM; **                 |
| DAURISMO TAB 100MG                                        | 3                | PA, NM; **                 |
| ERIVEDGE CAP 150MG                                        | 3                | NM; **                     |
| ODOMZO CAP 200MG                                          | 3                | NM; **                     |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>       |                  |                            |
| <i>abiraterone acetate tab 250 mg</i>                     | 2                | NM; **                     |
| <i>abiraterone acetate tab 500 mg</i>                     | 2                | NM; **                     |
| <i>anastrozole tab 1 mg</i>                               | 1                | **                         |
| ARIMIDEX TAB 1MG                                          | 3                | **                         |
| AROMASIN TAB 25MG                                         | 3                | **                         |
| <i>bicalutamide tab 50 mg</i>                             | 1                | NM; **                     |

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| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------|------------------|----------------------------|
| CASODEX TAB 50MG                                          | 3                | NM; **                     |
| DEPO-PROVERA INJ 400/ML                                   | 3                | NM                         |
| EMCYT CAP 140MG                                           | 2                | NM; **                     |
| ERLEADA TAB 60MG                                          | 3                | NM; **                     |
| <i>exemestane tab 25 mg</i>                               | 2                | **                         |
| FARESTON TAB 60MG                                         | 3                | **                         |
| FEMARA TAB 2.5MG                                          | 3                | **                         |
| <i>flutamide cap 125 mg</i>                               | 1                | NM; **                     |
| <i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i> | 2                | NM                         |
| <i>letrozole tab 2.5 mg</i>                               | 1                | **                         |
| <i>leuprolide acetate inj kit 5 mg/ml</i>                 | 2                | SP, PA, NM                 |
| LYSODREN TAB 500MG                                        | 3                | NM; **                     |
| <i>megestrol acetate susp 40 mg/ml</i>                    | 2                | NM; **                     |
| <i>megestrol acetate tab 20 mg</i>                        | 2                | NM; **                     |
| <i>megestrol acetate tab 40 mg</i>                        | 2                | NM; **                     |
| NILANDRON TAB 150MG                                       | 2                | NM; **                     |
| <i>nilutamide tab 150 mg</i>                              | 2                | NM; **                     |
| NUBEQA TAB 300MG                                          | 3                | NM; **                     |
| SOLTAMOX SOL 10MG/5ML                                     | 3                | **                         |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i>      | 1                | **                         |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>      | 1                | **                         |
| <i>toremifene citrate tab 60 mg (base equivalent)</i>     | 2                | **                         |
| XTANDI CAP 40MG                                           | 3                | NM; **                     |
| XTANDI TAB 40MG                                           | 3                | NM; **                     |
| XTANDI TAB 80MG                                           | 3                | NM; **                     |
| YONSA TAB 125MG                                           | 3                | NM; **                     |
| <b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>                  |                  |                            |
| POMALYST CAP 1MG                                          | 3                | NM; **                     |
| POMALYST CAP 2MG                                          | 3                | NM; **                     |
| POMALYST CAP 3MG                                          | 3                | NM; **                     |
| POMALYST CAP 4MG                                          | 3                | NM; **                     |
| <b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>                   |                  |                            |
| XPOVIO PAK 40MG                                           | 3                | PA, NM; **                 |
| XPOVIO PAK 60MG                                           | 3                | PA, NM; **                 |
| XPOVIO PAK 80MG                                           | 3                | PA, NM; **                 |
| XPOVIO PAK 100MG                                          | 3                | PA, NM; **                 |
| <b>ANTINEOPLASTIC COMBINATIONS</b>                        |                  |                            |
| INQOVI TAB 35-100MG                                       | 3                | NM; **                     |
| KISQALI 200 PAK FEMARA                                    | 2                | NM; **                     |
| KISQALI 400 PAK FEMARA                                    | 2                | NM; **                     |

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| Drug Name              | Drug Tier | Requirements/Limits |
|------------------------|-----------|---------------------|
| KISQALI 600 PAK FEMARA | 2         | NM; **              |
| LONSURF TAB 15-6.14    | 3         | NM; **              |
| LONSURF TAB 20-8.19    | 3         | NM; **              |

#### **ANTINEOPLASTIC ENZYME INHIBITORS**

|                       |   |            |
|-----------------------|---|------------|
| AFINITOR DIS TAB 2MG  | 3 | NM; **     |
| AFINITOR DIS TAB 3MG  | 3 | NM; **     |
| AFINITOR DIS TAB 5MG  | 3 | NM; **     |
| AFINITOR TAB 2.5MG    | 3 | NM; **     |
| AFINITOR TAB 5MG      | 3 | NM; **     |
| AFINITOR TAB 7.5MG    | 3 | NM; **     |
| AFINITOR TAB 10MG     | 3 | NM; **     |
| ALECENSA CAP 150MG    | 3 | NM; **     |
| ALUNBRIG PAK          | 3 | NM; **     |
| ALUNBRIG TAB 30MG     | 3 | NM; **     |
| ALUNBRIG TAB 90MG     | 3 | NM; **     |
| ALUNBRIG TAB 180MG    | 3 | NM; **     |
| AYVAKIT TAB 100MG     | 3 | PA, NM; ** |
| AYVAKIT TAB 200MG     | 3 | PA, NM; ** |
| AYVAKIT TAB 300MG     | 3 | PA, NM; ** |
| BALVERSA TAB 3MG      | 3 | NM; **     |
| BALVERSA TAB 4MG      | 3 | NM; **     |
| BALVERSA TAB 5MG      | 3 | NM; **     |
| BOSULIF TAB 100MG     | 3 | NM; **     |
| BOSULIF TAB 400MG     | 3 | NM; **     |
| BOSULIF TAB 500MG     | 3 | NM; **     |
| BRAFTOVI CAP 75MG     | 3 | NM; **     |
| BRUKINSA CAP 80MG     | 3 | NM; **     |
| CABOMETYX TAB 20MG    | 2 | NM; **     |
| CABOMETYX TAB 40MG    | 2 | NM; **     |
| CABOMETYX TAB 60MG    | 2 | NM; **     |
| CAPRELSA TAB 100MG    | 3 | NM; **     |
| CAPRELSA TAB 300MG    | 3 | NM; **     |
| COMETRIQ KIT 60MG     | 3 | PA, NM; ** |
| COMETRIQ KIT 100MG    | 3 | PA, NM; ** |
| COMETRIQ KIT 140MG    | 3 | PA, NM; ** |
| COPIKTRA CAP 15MG     | 3 | NM; **     |
| COPIKTRA CAP 25MG     | 3 | NM; **     |
| COTELLIC TAB 20MG     | 3 | NM; **     |
| everolimus tab 2.5 mg | 2 | NM; **     |
| everolimus tab 5 mg   | 2 | NM; **     |
| everolimus tab 7.5 mg | 2 | NM; **     |
| FARYDAK CAP 10MG      | 3 | NM; **     |
| FARYDAK CAP 15MG      | 3 | NM; **     |
| FARYDAK CAP 20MG      | 3 | NM; **     |

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| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------|------------------|----------------------------|
| GILOTRIF TAB 20MG                                     | 3                | NM; **                     |
| GILOTRIF TAB 30MG                                     | 3                | NM; **                     |
| GILOTRIF TAB 40MG                                     | 3                | NM; **                     |
| GLEEVEC TAB 100MG                                     | 3                | NM; **                     |
| GLEEVEC TAB 400MG                                     | 3                | NM; **                     |
| IBRANCE CAP 75MG                                      | 2                | NM; **                     |
| IBRANCE CAP 100MG                                     | 2                | NM; **                     |
| IBRANCE CAP 125MG                                     | 2                | NM; **                     |
| IBRANCE TAB 75MG                                      | 2                | NM; **                     |
| IBRANCE TAB 100MG                                     | 2                | NM; **                     |
| IBRANCE TAB 125MG                                     | 2                | NM; **                     |
| ICLUSIG TAB 15MG                                      | 3                | NM; **                     |
| ICLUSIG TAB 45MG                                      | 3                | NM; **                     |
| IDHIFA TAB 50MG                                       | 3                | NM; **                     |
| IDHIFA TAB 100MG                                      | 3                | NM; **                     |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | 2                | NM; **                     |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | 2                | NM; **                     |
| IMBRUVICA CAP 70MG                                    | 3                | NM; **                     |
| IMBRUVICA CAP 140MG                                   | 3                | NM; **                     |
| IMBRUVICA TAB 140MG                                   | 3                | NM; **                     |
| IMBRUVICA TAB 280MG                                   | 3                | NM; **                     |
| IMBRUVICA TAB 420MG                                   | 3                | NM; **                     |
| IMBRUVICA TAB 560MG                                   | 3                | NM; **                     |
| INLYTA TAB 1MG                                        | 3                | NM; **                     |
| INLYTA TAB 5MG                                        | 3                | NM; **                     |
| INREBIC CAP 100MG                                     | 3                | PA, NM; **                 |
| IRESSA TAB 250MG                                      | 3                | NM; **                     |
| JAKAFI TAB 5MG                                        | 3                | PA, NM; **                 |
| JAKAFI TAB 10MG                                       | 3                | PA, NM; **                 |
| JAKAFI TAB 15MG                                       | 3                | PA, NM; **                 |
| JAKAFI TAB 20MG                                       | 3                | PA, NM; **                 |
| JAKAFI TAB 25MG                                       | 3                | PA, NM; **                 |
| KISQALI TAB 200DOSE                                   | 2                | NM; **                     |
| KISQALI TAB 400DOSE                                   | 2                | NM; **                     |
| KISQALI TAB 600DOSE                                   | 2                | NM; **                     |
| KOSELUGO CAP 10MG                                     | 3                | PA, NM                     |
| KOSELUGO CAP 25MG                                     | 3                | PA, NM                     |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i>   | 2                | NM; **                     |
| LENVIMA CAP 4MG                                       | 3                | NM; **                     |
| LENVIMA CAP 8 MG                                      | 3                | NM; **                     |
| LENVIMA CAP 10 MG                                     | 3                | NM; **                     |

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| <b>Drug Name</b>      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------|------------------|----------------------------|
| LENVIMA CAP 12MG      | 3                | NM; **                     |
| LENVIMA CAP 14 MG     | 3                | NM; **                     |
| LENVIMA CAP 18 MG     | 3                | NM; **                     |
| LENVIMA CAP 20 MG     | 3                | NM; **                     |
| LENVIMA CAP 24 MG     | 3                | NM; **                     |
| LORBRENA TAB 25MG     | 3                | NM; **                     |
| LORBRENA TAB 100MG    | 3                | NM; **                     |
| LYNPARZA TAB 100MG    | 3                | NM; **                     |
| LYNPARZA TAB 150MG    | 3                | NM; **                     |
| MEKINIST TAB 0.5MG    | 3                | NM; **                     |
| MEKINIST TAB 2MG      | 3                | NM; **                     |
| MEKTOVI TAB 15MG      | 3                | NM; **                     |
| NERLYNX TAB 40MG      | 3                | NM; **                     |
| NEXAVAR TAB 200MG     | 3                | NM; **                     |
| NINLARO CAP 2.3MG     | 3                | NM; **                     |
| NINLARO CAP 3MG       | 3                | NM; **                     |
| NINLARO CAP 4MG       | 3                | NM; **                     |
| PEMAZYRE TAB 4.5MG    | 3                | PA, NM; **                 |
| PEMAZYRE TAB 9MG      | 3                | PA, NM; **                 |
| PEMAZYRE TAB 13.5MG   | 3                | PA, NM; **                 |
| PIQRAY 200MG TAB DOSE | 3                | NM; **                     |
| PIQRAY 250MG TAB DOSE | 3                | NM; **                     |
| PIQRAY 300MG TAB DOSE | 3                | NM; **                     |
| QINLOCK TAB 50MG      | 3                | NM; **                     |
| RETEVMO CAP 40MG      | 3                | PA, NM; **                 |
| RETEVMO CAP 80MG      | 3                | PA, NM; **                 |
| ROZLYTREK CAP 100MG   | 3                | PA, NM; **                 |
| ROZLYTREK CAP 200MG   | 3                | PA, NM; **                 |
| RUBRACA TAB 200MG     | 3                | NM; **                     |
| RUBRACA TAB 250MG     | 3                | NM; **                     |
| RUBRACA TAB 300MG     | 3                | NM; **                     |
| RYDAPT CAP 25MG       | 3                | NM; **                     |
| SPRYCEL TAB 20MG      | 3                | NM; **                     |
| SPRYCEL TAB 50MG      | 3                | NM; **                     |
| SPRYCEL TAB 70MG      | 3                | NM; **                     |
| SPRYCEL TAB 80MG      | 3                | NM; **                     |
| SPRYCEL TAB 100MG     | 3                | NM; **                     |
| SPRYCEL TAB 140MG     | 3                | NM; **                     |
| STIVARGA TAB 40MG     | 3                | NM; **                     |
| SUTENT CAP 12.5MG     | 3                | NM; **                     |
| SUTENT CAP 25MG       | 3                | NM; **                     |
| SUTENT CAP 37.5MG     | 3                | NM; **                     |
| SUTENT CAP 50MG       | 3                | NM; **                     |
| TABRECTA TAB 150MG    | 3                | PA, NM; **                 |

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| <b>Drug Name</b>              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------|------------------|----------------------------|
| TABRECTA TAB 200MG            | 3                | PA, NM; **                 |
| TAFINLAR CAP 50MG             | 3                | NM; **                     |
| TAFINLAR CAP 75MG             | 3                | NM; **                     |
| TAGRISSE TAB 40MG             | 3                | NM; **                     |
| TAGRISSE TAB 80MG             | 3                | NM; **                     |
| TALZENNA CAP 0.25MG           | 3                | NM; **                     |
| TALZENNA CAP 1MG              | 3                | NM; **                     |
| TARCEVA TAB 25MG              | 3                | NM; **                     |
| TARCEVA TAB 100MG             | 3                | NM; **                     |
| TARCEVA TAB 150MG             | 3                | NM; **                     |
| TASIGNA CAP 50MG              | 3                | NM; **                     |
| TASIGNA CAP 150MG             | 3                | NM; **                     |
| TASIGNA CAP 200MG             | 3                | NM; **                     |
| TAZVERIK TAB 200MG            | 3                | PA, NM; **                 |
| TIBSOVO TAB 250MG             | 3                | PA, NM; **                 |
| TUKYSA TAB 50MG               | 3                | NM; **                     |
| TUKYSA TAB 150MG              | 3                | NM; **                     |
| TURALIO CAP 200MG             | 3                | PA, NM; **                 |
| TYKERB TAB 250MG              | 3                | NM; **                     |
| VERZENIO TAB 50MG             | 3                | NM; **                     |
| VERZENIO TAB 100MG            | 3                | NM; **                     |
| VERZENIO TAB 150MG            | 3                | NM; **                     |
| VERZENIO TAB 200MG            | 3                | NM; **                     |
| VITRAKVI CAP 25MG             | 3                | PA, NM; **                 |
| VITRAKVI CAP 100MG            | 3                | PA, NM; **                 |
| VITRAKVI SOL 20MG/ML          | 3                | PA, NM; **                 |
| VIZIMPRO TAB 15MG             | 3                | PA, NM; **                 |
| VIZIMPRO TAB 30MG             | 3                | PA, NM; **                 |
| VIZIMPRO TAB 45MG             | 3                | PA, NM; **                 |
| VOTRIENT TAB 200MG            | 3                | NM; **                     |
| XALKORI CAP 200MG             | 3                | NM; **                     |
| XALKORI CAP 250MG             | 3                | NM; **                     |
| XOSPATA TAB 40MG              | 3                | PA, NM; **                 |
| ZEJULA CAP 100MG              | 3                | NM; **                     |
| ZELBORAF TAB 240MG            | 3                | NM; **                     |
| ZOLINZA CAP 100MG             | 3                | PA, NM; **                 |
| ZYDELIG TAB 100MG             | 3                | NM; **                     |
| ZYDELIG TAB 150MG             | 3                | NM; **                     |
| ZYKADIA TAB 150MG             | 3                | NM; **                     |
| <b>ANTINEOPLASTIC ENZYMES</b> |                  |                            |
| ONCASPAR INJ 750/ML           | 3                | SP, NM                     |
| <b>ANTINEOPLASTICS MISC.</b>  |                  |                            |
| ACTIMMUNE INJ 2MU/0.5         | 3                | SP                         |
| <i>bexarotene cap 75 mg</i>   | 2                | NM; **                     |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------|------------------|----------------------------|
| HYDREA CAP 500MG                                     | 3                | NM; **                     |
| <i>hydroxyurea cap 500 mg</i>                        | 1                | NM; **                     |
| INTRON A INJ 10MU                                    | 3                | SP                         |
| INTRON A INJ 18MU                                    | 3                | SP                         |
| INTRON A INJ 25MU                                    | 3                | SP                         |
| INTRON A INJ 50MU                                    | 3                | SP                         |
| MATULANE CAP 50MG                                    | 3                | NM; **                     |
| SYLATRON KIT 200MCG                                  | 3                | SP                         |
| SYLATRON KIT 300MCG                                  | 3                | SP                         |
| SYLATRON KIT 600MCG                                  | 3                | SP                         |
| TARGRETIN CAP 75MG                                   | 3                | NM; **                     |
| <i>tretinoin cap 10 mg</i>                           | 2                | NM; **                     |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>           |                  |                            |
| <i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i> | 1                | NM                         |
| <i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i> | 1                | NM                         |
| <i>leucovorin calcium tab 5 mg</i>                   | 1                | NM; **                     |
| <i>leucovorin calcium tab 10 mg</i>                  | 1                | NM; **                     |
| <i>leucovorin calcium tab 15 mg</i>                  | 1                | NM; **                     |
| <i>leucovorin calcium tab 25 mg</i>                  | 1                | NM; **                     |
| MESNEX TAB 400MG                                     | 2                | NM; **                     |
| <b>MITOTIC INHIBITORS</b>                            |                  |                            |
| <i>etoposide cap 50 mg</i>                           | 2                | NM; **                     |
| <b>TOPOISOMERASE I INHIBITORS</b>                    |                  |                            |
| HYCAMTIN CAP 0.25MG                                  | 3                | NM; **                     |
| HYCAMTIN CAP 1MG                                     | 3                | NM; **                     |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>      |                  |                            |
| <b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>              |                  |                            |
| NOURIANZ TAB 20MG                                    | 3                |                            |
| NOURIANZ TAB 40MG                                    | 3                |                            |
| <b>ANTIPARKINSON ADJUVANTS</b>                       |                  |                            |
| <i>carbidopa tab 25 mg</i>                           | 1                |                            |
| LODOSYN TAB 25MG                                     | 3                |                            |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>                |                  |                            |
| <i>benztropine mesylate tab 0.5 mg</i>               | 1                |                            |
| <i>benztropine mesylate tab 1 mg</i>                 | 1                |                            |
| <i>benztropine mesylate tab 2 mg</i>                 | 1                |                            |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>       | 1                |                            |
| <i>trihexyphenidyl hcl tab 2 mg</i>                  | 1                |                            |
| <i>trihexyphenidyl hcl tab 5 mg</i>                  | 1                |                            |
| <b>ANTIPARKINSON COMT INHIBITORS</b>                 |                  |                            |
| COMTAN TAB 200MG                                     | 3                |                            |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>entacapone tab 200 mg</i>                                        | 2                |                            |
| TASMAR TAB 100MG                                                    | 3                |                            |
| <i>tolcapone tab 100 mg</i>                                         | 2                |                            |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                                  |                  |                            |
| <i>amantadine hcl cap 100 mg</i>                                    | 1                |                            |
| <i>amantadine hcl syrup 50 mg/5ml</i>                               | 1                |                            |
| <i>amantadine hcl tab 100 mg</i>                                    | 1                |                            |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>          | 1                |                            |
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> | 1                |                            |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> | 1                |                            |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> | 1                |                            |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                       | 1                |                            |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                       | 1                |                            |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                       | 1                |                            |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                    | 1                |                            |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                    | 1                |                            |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>            | 2                |                            |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>           | 2                |                            |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>             | 2                |                            |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>          | 2                |                            |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>           | 2                |                            |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>             | 2                |                            |
| DUOPA SUS 4.63-20                                                   | 3                |                            |
| INBRIJA CAP 42MG                                                    | 3                | SP                         |
| KYNMOBI MIS 10MG                                                    | 3                | NM                         |
| KYNMOBI MIS 15MG                                                    | 3                | NM                         |
| KYNMOBI MIS 20MG                                                    | 3                | NM                         |
| KYNMOBI MIS 25MG                                                    | 3                | NM                         |
| KYNMOBI MIS 30MG                                                    | 3                | NM                         |
| MIRAPEX ER TAB 0.75MG                                               | 3                |                            |
| MIRAPEX ER TAB 0.375MG                                              | 3                |                            |
| MIRAPEX ER TAB 1.5MG                                                | 3                |                            |
| MIRAPEX ER TAB 2.25MG                                               | 3                |                            |
| MIRAPEX ER TAB 3.75MG                                               | 3                |                            |
| MIRAPEX ER TAB 3MG                                                  | 3                |                            |

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| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------|------------------|----------------------------|
| MIRAPEX ER TAB 4.5MG                                    | 3                |                            |
| MIRAPEX TAB 0.5MG                                       | 3                |                            |
| MIRAPEX TAB 0.25MG                                      | 3                |                            |
| MIRAPEX TAB 0.75MG                                      | 3                |                            |
| MIRAPEX TAB 0.125MG                                     | 3                |                            |
| MIRAPEX TAB 1.5MG                                       | 3                |                            |
| MIRAPEX TAB 1MG                                         | 3                |                            |
| NEUPRO DIS 1MG/24HR                                     | 3                |                            |
| NEUPRO DIS 2MG/24HR                                     | 3                |                            |
| NEUPRO DIS 3MG/24HR                                     | 3                |                            |
| NEUPRO DIS 4MG/24HR                                     | 3                |                            |
| NEUPRO DIS 6MG/24HR                                     | 3                |                            |
| NEUPRO DIS 8MG/24HR                                     | 3                |                            |
| PARLODEL TAB 2.5MG                                      | 3                |                            |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>           | 2                |                            |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>          | 2                |                            |
| <i>pramipexole dihydrochloride tab 0.75 mg</i>          | 2                |                            |
| <i>pramipexole dihydrochloride tab 0.125 mg</i>         | 2                |                            |
| <i>pramipexole dihydrochloride tab 1 mg</i>             | 2                |                            |
| <i>pramipexole dihydrochloride tab 1.5 mg</i>           | 2                |                            |
| <i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>  | 2                |                            |
| <i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> | 2                |                            |
| <i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>   | 2                |                            |
| <i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>  | 2                |                            |
| <i>pramipexole dihydrochloride tab er 24hr 3 mg</i>     | 2                |                            |
| <i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>  | 2                |                            |
| <i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>   | 2                |                            |
| REQUIP XL TAB 6MG                                       | 3                |                            |
| REQUIP XL TAB 8MG                                       | 3                |                            |
| REQUIP XL TAB 12MG                                      | 3                |                            |
| <i>ropinirole hydrochloride tab 0.5 mg</i>              | 2                |                            |
| <i>ropinirole hydrochloride tab 0.25 mg</i>             | 2                |                            |
| <i>ropinirole hydrochloride tab 1 mg</i>                | 2                |                            |
| <i>ropinirole hydrochloride tab 2 mg</i>                | 2                |                            |
| <i>ropinirole hydrochloride tab 3 mg</i>                | 2                |                            |
| <i>ropinirole hydrochloride tab 4 mg</i>                | 2                |                            |
| <i>ropinirole hydrochloride tab 5 mg</i>                | 2                |                            |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>  | 2                |                            |
| <i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>  | 2                |                            |
| <i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>  | 2                |                            |
| <i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>  | 2                |                            |
| <i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> | 2                |                            |
| RYTARY CAP 95MG                                                     | 3                |                            |
| RYTARY CAP 145MG                                                    | 3                |                            |
| RYTARY CAP 195MG                                                    | 3                |                            |
| RYTARY CAP 245MG                                                    | 3                |                            |
| SINEMET CR TAB 25-100MG                                             | 3                |                            |
| SINEMET CR TAB 50-200MG                                             | 3                |                            |
| SINEMET TAB 10-100MG                                                | 3                |                            |
| SINEMET TAB 25-100MG                                                | 3                |                            |
| SINEMET TAB 25-250MG                                                | 3                |                            |
| STALEVO 50 TAB                                                      | 3                |                            |
| STALEVO 75 TAB                                                      | 3                |                            |
| STALEVO 100 TAB                                                     | 3                |                            |
| STALEVO 125 TAB                                                     | 3                |                            |
| STALEVO 150 TAB                                                     | 3                |                            |
| STALEVO 200 TAB                                                     | 3                |                            |

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

|                                                    |   |  |
|----------------------------------------------------|---|--|
| AZILECT TAB 0.5MG                                  | 3 |  |
| AZILECT TAB 1MG                                    | 3 |  |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i> | 2 |  |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i>   | 2 |  |
| <i>selegiline hcl cap 5 mg</i>                     | 1 |  |
| <i>selegiline hcl tab 5 mg</i>                     | 1 |  |
| XADAGO TAB 50MG                                    | 3 |  |
| XADAGO TAB 100MG                                   | 3 |  |
| ZELAPAR TAB 1.25MG                                 | 3 |  |

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

#### **ANTIMANIC AGENTS**

|                                        |   |  |
|----------------------------------------|---|--|
| <i>lithium carbonate cap 150 mg</i>    | 1 |  |
| <i>lithium carbonate cap 300 mg</i>    | 1 |  |
| <i>lithium carbonate cap 600 mg</i>    | 1 |  |
| <i>lithium carbonate tab 300 mg</i>    | 1 |  |
| <i>lithium carbonate tab er 300 mg</i> | 1 |  |
| <i>lithium carbonate tab er 450 mg</i> | 1 |  |

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| Drug Name                                            | Drug Tier | Requirements/Limits |
|------------------------------------------------------|-----------|---------------------|
| LITHIUM SOL 8MEQ/5ML                                 | 3         |                     |
| LITHOBID TAB 300MG CR                                | 3         |                     |
| <b>ANTIPSYCHOTICS - MISC.</b>                        |           |                     |
| CAPLYTA CAP 42MG                                     | 3         |                     |
| EQUETRO CAP 100MG                                    | 3         |                     |
| EQUETRO CAP 200MG                                    | 3         |                     |
| EQUETRO CAP 300MG                                    | 3         |                     |
| GEODON CAP 40MG                                      | 3         |                     |
| GEODON INJ 20MG                                      | 3         | NM                  |
| LATUDA TAB 20MG                                      | 2         |                     |
| LATUDA TAB 40MG                                      | 2         |                     |
| LATUDA TAB 60MG                                      | 2         |                     |
| LATUDA TAB 80MG                                      | 2         |                     |
| LATUDA TAB 120MG                                     | 2         |                     |
| NUPLAZID CAP 34MG                                    | 3         | SP, PA              |
| NUPLAZID TAB 10MG                                    | 3         | SP, PA              |
| VRAYLAR CAP 1.5-3MG                                  | 2         | NM                  |
| VRAYLAR CAP 1.5MG                                    | 2         |                     |
| VRAYLAR CAP 3MG                                      | 2         |                     |
| VRAYLAR CAP 4.5MG                                    | 2         |                     |
| VRAYLAR CAP 6MG                                      | 2         |                     |
| <i>ziprasidone hcl cap 20 mg</i>                     | 1         |                     |
| <i>ziprasidone hcl cap 40 mg</i>                     | 1         |                     |
| <i>ziprasidone hcl cap 60 mg</i>                     | 1         |                     |
| <i>ziprasidone hcl cap 80 mg</i>                     | 1         |                     |
| <b>BENZISOXAZOLES</b>                                |           |                     |
| INVEGA TAB 1.5MG                                     | 3         |                     |
| INVEGA TAB 3MG                                       | 3         |                     |
| INVEGA TAB 6MG                                       | 3         |                     |
| INVEGA TAB 9MG                                       | 3         |                     |
| <i>paliperidone tab er 24hr 1.5 mg</i>               | 2         |                     |
| <i>paliperidone tab er 24hr 3 mg</i>                 | 2         |                     |
| <i>paliperidone tab er 24hr 6 mg</i>                 | 2         |                     |
| <i>paliperidone tab er 24hr 9 mg</i>                 | 2         |                     |
| RISPERDAL SOL 1MG/ML                                 | 3         |                     |
| RISPERDAL TAB 0.5MG                                  | 3         |                     |
| RISPERDAL TAB 1MG                                    | 3         |                     |
| RISPERDAL TAB 2MG                                    | 3         |                     |
| RISPERDAL TAB 3MG                                    | 3         |                     |
| RISPERDAL TAB 4MG                                    | 3         |                     |
| <i>risperidone orally disintegrating tab 0.5 mg</i>  | 1         |                     |
| <i>risperidone orally disintegrating tab 0.25 mg</i> | 1         |                     |
| <i>risperidone orally disintegrating tab 1 mg</i>    | 1         |                     |

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| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------|------------------|----------------------------|
| <i>risperidone orally disintegrating tab 2 mg</i>   | 1                |                            |
| <i>risperidone orally disintegrating tab 3 mg</i>   | 1                |                            |
| <i>risperidone orally disintegrating tab 4 mg</i>   | 1                |                            |
| <i>risperidone soln 1 mg/ml</i>                     | 1                |                            |
| <i>risperidone tab 0.5 mg</i>                       | 1                |                            |
| <i>risperidone tab 0.25 mg</i>                      | 1                |                            |
| <i>risperidone tab 1 mg</i>                         | 1                |                            |
| <i>risperidone tab 2 mg</i>                         | 1                |                            |
| <i>risperidone tab 3 mg</i>                         | 1                |                            |
| <i>risperidone tab 4 mg</i>                         | 1                |                            |
| <b>BUTYROPHENONES</b>                               |                  |                            |
| <i>haloperidol decanoate im soln 50 mg/ml</i>       | 2                | NM                         |
| <i>haloperidol decanoate im soln 100 mg/ml</i>      | 2                | NM                         |
| <i>haloperidol lactate inj 5 mg/ml</i>              | 1                | NM                         |
| <i>haloperidol lactate oral conc 2 mg/ml</i>        | 1                |                            |
| <i>haloperidol tab 0.5 mg</i>                       | 1                |                            |
| <i>haloperidol tab 1 mg</i>                         | 1                |                            |
| <i>haloperidol tab 2 mg</i>                         | 1                |                            |
| <i>haloperidol tab 5 mg</i>                         | 1                |                            |
| <i>haloperidol tab 10 mg</i>                        | 1                |                            |
| <i>haloperidol tab 20 mg</i>                        | 1                |                            |
| <b>DIBENZAPINES</b>                                 |                  |                            |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i> | 2                |                            |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i>   | 2                |                            |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i>  | 2                |                            |
| <i>clozapine orally disintegrating tab 12.5 mg</i>  | 2                | NM                         |
| <i>clozapine orally disintegrating tab 25 mg</i>    | 2                | NM                         |
| <i>clozapine orally disintegrating tab 100 mg</i>   | 2                | NM                         |
| <i>clozapine orally disintegrating tab 150 mg</i>   | 2                | NM                         |
| <i>clozapine orally disintegrating tab 200 mg</i>   | 2                | NM                         |
| <i>clozapine tab 25 mg</i>                          | 2                | NM                         |
| <i>clozapine tab 50 mg</i>                          | 2                | NM                         |
| <i>clozapine tab 100 mg</i>                         | 2                | NM                         |
| <i>clozapine tab 200 mg</i>                         | 2                | NM                         |
| CLOZARIL TAB 25MG                                   | 3                | NM                         |
| CLOZARIL TAB 100MG                                  | 3                | NM                         |
| <i>loxapine succinate cap 5 mg</i>                  | 1                |                            |
| <i>loxapine succinate cap 10 mg</i>                 | 1                |                            |
| <i>loxapine succinate cap 25 mg</i>                 | 1                |                            |
| <i>loxapine succinate cap 50 mg</i>                 | 1                |                            |
| <i>olanzapine for im inj 10 mg</i>                  | 2                | NM                         |

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| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------|------------------|----------------------------|
| <i>olanzapine orally disintegrating tab 5 mg</i>  | 2                |                            |
| <i>olanzapine orally disintegrating tab 10 mg</i> | 2                |                            |
| <i>olanzapine orally disintegrating tab 15 mg</i> | 2                |                            |
| <i>olanzapine orally disintegrating tab 20 mg</i> | 2                |                            |
| <i>olanzapine tab 2.5 mg</i>                      | 2                |                            |
| <i>olanzapine tab 5 mg</i>                        | 2                |                            |
| <i>olanzapine tab 7.5 mg</i>                      | 2                |                            |
| <i>olanzapine tab 10 mg</i>                       | 2                |                            |
| <i>olanzapine tab 15 mg</i>                       | 2                |                            |
| <i>olanzapine tab 20 mg</i>                       | 2                |                            |
| <i>quetiapine fumarate tab 25 mg</i>              | 1                |                            |
| <i>quetiapine fumarate tab 50 mg</i>              | 1                |                            |
| <i>quetiapine fumarate tab 100 mg</i>             | 1                |                            |
| <i>quetiapine fumarate tab 200 mg</i>             | 1                |                            |
| <i>quetiapine fumarate tab 300 mg</i>             | 1                |                            |
| <i>quetiapine fumarate tab 400 mg</i>             | 1                |                            |
| <i>quetiapine fumarate tab er 24hr 50 mg</i>      | 2                |                            |
| <i>quetiapine fumarate tab er 24hr 150 mg</i>     | 2                |                            |
| <i>quetiapine fumarate tab er 24hr 200 mg</i>     | 2                |                            |
| <i>quetiapine fumarate tab er 24hr 300 mg</i>     | 2                |                            |
| <i>quetiapine fumarate tab er 24hr 400 mg</i>     | 2                |                            |
| SAPHRIS SUB 2.5MG                                 | 3                |                            |
| SAPHRIS SUB 5MG                                   | 3                |                            |
| SAPHRIS SUB 10MG                                  | 3                |                            |
| SEROQUEL TAB 25MG                                 | 3                |                            |
| SEROQUEL TAB 50MG                                 | 3                |                            |
| SEROQUEL TAB 100MG                                | 3                |                            |
| SEROQUEL TAB 200MG                                | 3                |                            |
| SEROQUEL TAB 300MG                                | 3                |                            |
| SEROQUEL TAB 400MG                                | 3                |                            |
| SEROQUEL XR TAB 50MG                              | 3                |                            |
| SEROQUEL XR TAB 150MG                             | 3                |                            |
| SEROQUEL XR TAB 200MG                             | 3                |                            |
| SEROQUEL XR TAB 300MG                             | 3                |                            |
| SEROQUEL XR TAB 400MG                             | 3                |                            |
| VERSACLOZ SUS 50MG/ML                             | 3                | NM                         |
| ZYPREXA INJ 10MG                                  | 3                | NM                         |
| ZYPREXA TAB 2.5MG                                 | 3                |                            |
| ZYPREXA TAB 5MG                                   | 3                |                            |
| ZYPREXA TAB 7.5MG                                 | 3                |                            |
| ZYPREXA TAB 10MG                                  | 3                |                            |
| ZYPREXA TAB 15MG                                  | 3                |                            |
| ZYPREXA TAB 20MG                                  | 3                |                            |
| ZYPREXA ZYDI TAB 5MG                              | 3                |                            |

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| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------|------------------|----------------------------|
| ZYPREXA ZYDI TAB 10MG                                       | 3                |                            |
| ZYPREXA ZYDI TAB 15MG                                       | 3                |                            |
| ZYPREXA ZYDI TAB 20MG                                       | 3                |                            |
| <b>PHENOTHIAZINES</b>                                       |                  |                            |
| <i>chlorpromazine hcl tab 10 mg</i>                         | 1                |                            |
| <i>compro sup 25mg</i>                                      | 1                | NM                         |
| <i>fluphenazine hcl elixir 2.5 mg/5ml</i>                   | 1                |                            |
| <i>fluphenazine hcl oral conc 5 mg/ml</i>                   | 1                |                            |
| <i>fluphenazine hcl tab 1 mg</i>                            | 1                |                            |
| <i>fluphenazine hcl tab 2.5 mg</i>                          | 1                |                            |
| <i>fluphenazine hcl tab 5 mg</i>                            | 1                |                            |
| <i>fluphenazine hcl tab 10 mg</i>                           | 1                |                            |
| <i>perphenazine tab 2 mg</i>                                | 1                |                            |
| <i>perphenazine tab 4 mg</i>                                | 1                |                            |
| <i>perphenazine tab 8 mg</i>                                | 1                |                            |
| <i>perphenazine tab 16 mg</i>                               | 1                |                            |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>  | 1                |                            |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | 1                |                            |
| <i>prochlorperazine suppos 25 mg</i>                        | 1                | NM                         |
| <i>thioridazine hcl tab 10 mg</i>                           | 1                |                            |
| <i>thioridazine hcl tab 25 mg</i>                           | 1                |                            |
| <i>thioridazine hcl tab 50 mg</i>                           | 1                |                            |
| <i>thioridazine hcl tab 100 mg</i>                          | 1                |                            |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i>       | 1                |                            |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i>       | 1                |                            |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i>       | 1                |                            |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i>      | 1                |                            |
| <b>QUINOLINONE DERIVATIVES</b>                              |                  |                            |
| ABILIFY TAB 2MG                                             | 3                |                            |
| ABILIFY TAB 5MG                                             | 3                |                            |
| ABILIFY TAB 10MG                                            | 3                |                            |
| ABILIFY TAB 15MG                                            | 3                |                            |
| ABILIFY TAB 20MG                                            | 3                |                            |
| ABILIFY TAB 30MG                                            | 3                |                            |
| <i>aripiprazole oral solution 1 mg/ml</i>                   | 2                |                            |
| <i>aripiprazole orally disintegrating tab 10 mg</i>         | 2                |                            |
| <i>aripiprazole orally disintegrating tab 15 mg</i>         | 2                |                            |
| <i>aripiprazole tab 2 mg</i>                                | 2                |                            |

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| Drug Name                     | Drug Tier | Requirements/Limits |
|-------------------------------|-----------|---------------------|
| <i>aripiprazole tab 5 mg</i>  | 2         |                     |
| <i>aripiprazole tab 10 mg</i> | 2         |                     |
| <i>aripiprazole tab 15 mg</i> | 2         |                     |
| <i>aripiprazole tab 20 mg</i> | 2         |                     |
| <i>aripiprazole tab 30 mg</i> | 2         |                     |
| REXULTI TAB 0.5MG             | 3         |                     |
| REXULTI TAB 0.25MG            | 3         |                     |
| REXULTI TAB 1MG               | 3         |                     |
| REXULTI TAB 2MG               | 3         |                     |
| REXULTI TAB 3MG               | 3         |                     |
| REXULTI TAB 4MG               | 3         |                     |

### **THIOXANTHENES**

|                              |   |  |
|------------------------------|---|--|
| <i>thiothixene cap 1 mg</i>  | 1 |  |
| <i>thiothixene cap 2 mg</i>  | 1 |  |
| <i>thiothixene cap 5 mg</i>  | 1 |  |
| <i>thiothixene cap 10 mg</i> | 1 |  |

### **ANTIVIRALS**

#### **ANTIRETROVIRALS**

|                                                                  |   |  |
|------------------------------------------------------------------|---|--|
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>               | 2 |  |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>                  | 2 |  |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                | 2 |  |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | 2 |  |
| APTIVUS CAP 250MG                                                | 2 |  |
| APTIVUS SOL                                                      | 2 |  |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i>                | 2 |  |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i>                | 2 |  |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>                | 2 |  |
| ATRIPLA TAB                                                      | 3 |  |
| BIKTARVY TAB                                                     | 2 |  |
| CIMDUO TAB 300-300                                               | 2 |  |
| COMBIVIR TAB 150-300                                             | 3 |  |
| COMPLERA TAB                                                     | 3 |  |
| CRIXIVAN CAP 200MG                                               | 2 |  |
| CRIXIVAN CAP 400MG                                               | 2 |  |
| DELSTRIGO TAB                                                    | 3 |  |
| DESCOVY TAB 200/25MG                                             | 2 |  |
| <i>didanosine delayed release capsule 200 mg</i>                 | 2 |  |
| <i>didanosine delayed release capsule 250 mg</i>                 | 2 |  |
| <i>didanosine delayed release capsule 400 mg</i>                 | 2 |  |
| DOVATO TAB 50-300MG                                              | 3 |  |
| EDURANT TAB 25MG                                                 | 3 |  |

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| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>efavirenz cap 50 mg</i>                                        | 2                |                            |
| <i>efavirenz cap 200 mg</i>                                       | 2                |                            |
| <i>efavirenz tab 600 mg</i>                                       | 2                |                            |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 2                |                            |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | 2                |                            |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 2                |                            |
| <i>emtricitabine caps 200 mg</i>                                  | 2                |                            |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 2                |                            |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 2                |                            |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 2                |                            |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 2                |                            |
| EMTRIVA CAP 200MG                                                 | 2                |                            |
| EMTRIVA SOL 10MG/ML                                               | 2                |                            |
| EPIVIR SOL 10MG/ML                                                | 3                |                            |
| EPIVIR TAB 150MG                                                  | 3                |                            |
| EPIVIR TAB 300MG                                                  | 3                |                            |
| EPZICOM TAB 600-300                                               | 2                |                            |
| EVOTAZ TAB 300-150                                                | 3                |                            |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i>              | 2                |                            |
| FUZEON INJ 90MG                                                   | 2                |                            |
| GENVOYA TAB                                                       | 2                |                            |
| INTELENCE TAB 25MG                                                | 3                |                            |
| INTELENCE TAB 100MG                                               | 3                |                            |
| INTELENCE TAB 200MG                                               | 3                |                            |
| INVIRASE TAB 500MG                                                | 2                |                            |
| ISENTRESS CHW 25MG                                                | 2                |                            |
| ISENTRESS CHW 100MG                                               | 2                |                            |
| ISENTRESS HD TAB 600MG                                            | 2                |                            |
| ISENTRESS POW 100MG                                               | 2                |                            |
| ISENTRESS TAB 400MG                                               | 2                |                            |
| JULUCA TAB 50-25MG                                                | 3                |                            |
| KALETRA SOL                                                       | 3                |                            |
| KALETRA TAB 100-25MG                                              | 3                |                            |
| KALETRA TAB 200-50MG                                              | 3                |                            |
| <i>lamivudine oral soln 10 mg/ml</i>                              | 2                |                            |
| <i>lamivudine tab 150 mg</i>                                      | 2                |                            |
| <i>lamivudine tab 300 mg</i>                                      | 2                |                            |

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| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| <i>lamivudine-zidovudine tab 150-300 mg</i>                  | 2                |                            |
| LEXIVA SUS 50MG/ML                                           | 3                |                            |
| LEXIVA TAB 700MG                                             | 3                |                            |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 2                |                            |
| <i>nevirapine susp 50 mg/5ml</i>                             | 2                |                            |
| <i>nevirapine tab 200 mg</i>                                 | 2                |                            |
| <i>nevirapine tab er 24hr 100 mg</i>                         | 2                |                            |
| <i>nevirapine tab er 24hr 400 mg</i>                         | 2                |                            |
| NORVIR POW 100MG                                             | 2                |                            |
| NORVIR SOL 80MG/ML                                           | 2                |                            |
| NORVIR TAB 100MG                                             | 2                |                            |
| ODEFSEY TAB                                                  | 2                |                            |
| PIFELTRO TAB 100MG                                           | 3                |                            |
| PREZCOBIX TAB 800-150                                        | 3                |                            |
| PREZISTA SUS 100MG/ML                                        | 2                |                            |
| PREZISTA TAB 75MG                                            | 2                |                            |
| PREZISTA TAB 150MG                                           | 2                |                            |
| PREZISTA TAB 600MG                                           | 2                |                            |
| PREZISTA TAB 800MG                                           | 2                |                            |
| RESCRIPTOR TAB 200MG                                         | 2                |                            |
| RETROVIR CAP 100MG                                           | 3                |                            |
| RETROVIR SYP 50MG/5ML                                        | 3                |                            |
| REYATAZ CAP 150MG                                            | 3                |                            |
| REYATAZ CAP 200MG                                            | 3                |                            |
| REYATAZ CAP 300MG                                            | 3                |                            |
| REYATAZ POW 50MG                                             | 3                |                            |
| <i>ritonavir tab 100 mg</i>                                  | 2                |                            |
| RUKOBIA TAB 600MG ER                                         | 3                |                            |
| SELZENTRY SOL 20MG/ML                                        | 2                |                            |
| SELZENTRY TAB 25MG                                           | 2                |                            |
| SELZENTRY TAB 75MG                                           | 2                |                            |
| SELZENTRY TAB 150MG                                          | 2                |                            |
| SELZENTRY TAB 300MG                                          | 2                |                            |
| <i>stavudine cap 15 mg</i>                                   | 2                |                            |
| <i>stavudine cap 20 mg</i>                                   | 2                |                            |
| <i>stavudine cap 30 mg</i>                                   | 2                |                            |
| <i>stavudine cap 40 mg</i>                                   | 2                |                            |
| STRIBILD TAB                                                 | 3                |                            |
| SUSTIVA CAP 50MG                                             | 3                |                            |
| SUSTIVA CAP 200MG                                            | 3                |                            |
| SUSTIVA TAB 600MG                                            | 3                |                            |
| SYMFI LO TAB                                                 | 2                |                            |
| SYMFI TAB                                                    | 2                |                            |

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| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------|------------------|----------------------------|
| SYMTUZA TAB                                              | 2                |                            |
| <i>tenofovir disoproxil fumarate tab 300 mg</i>          | 2                | SP                         |
| TIVICAY PD TAB 5MG                                       | 3                |                            |
| TIVICAY TAB 10MG                                         | 3                |                            |
| TIVICAY TAB 25MG                                         | 3                |                            |
| TIVICAY TAB 50MG                                         | 3                |                            |
| TRIUMEQ TAB                                              | 3                |                            |
| TRIZIVIR TAB                                             | 3                |                            |
| TYBOST TAB 150MG                                         | 3                |                            |
| VIDEX EC CAP 125MG                                       | 3                |                            |
| VIDEX EC CAP 200MG                                       | 3                |                            |
| VIDEX EC CAP 250MG                                       | 3                |                            |
| VIDEX SOL 2GM                                            | 3                |                            |
| VIRACEPT TAB 250MG                                       | 2                |                            |
| VIRACEPT TAB 625MG                                       | 2                |                            |
| VIRAMUNE SUS 50MG/5ML                                    | 3                |                            |
| VIRAMUNE TAB 200MG                                       | 3                |                            |
| VIRAMUNE XR TAB 400MG                                    | 3                |                            |
| VIREAD POW 40MG/GM                                       | 2                | SP                         |
| VIREAD TAB 150MG                                         | 2                | SP                         |
| VIREAD TAB 200MG                                         | 2                | SP                         |
| VIREAD TAB 250MG                                         | 2                | SP                         |
| VIREAD TAB 300MG                                         | 2                | SP                         |
| ZIAGEN SOL 20MG/ML                                       | 3                |                            |
| ZIAGEN TAB 300MG                                         | 3                |                            |
| <i>zidovudine cap 100 mg</i>                             | 2                |                            |
| <i>zidovudine syrup 10 mg/ml</i>                         | 2                |                            |
| <i>zidovudine tab 300 mg</i>                             | 2                |                            |
| <b>CMV AGENTS</b>                                        |                  |                            |
| PREVYMIS TAB 240MG                                       | 3                |                            |
| PREVYMIS TAB 480MG                                       | 3                |                            |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | 2                |                            |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>   | 2                |                            |
| <b>HEPATITIS AGENTS</b>                                  |                  |                            |
| <i>adefovir dipivoxil tab 10 mg</i>                      | 1                | SP                         |
| BARACLUDE SOL                                            | 3                | SP                         |
| BARACLUDE TAB 0.5MG                                      | 3                | SP                         |
| BARACLUDE TAB 1MG                                        | 3                | SP                         |
| <i>entecavir tab 0.5 mg</i>                              | 2                | SP                         |
| <i>entecavir tab 1 mg</i>                                | 2                | SP                         |
| EPCLUSA TAB 400-100                                      | 2                | SP, PA, NM                 |
| HARVONI PAK                                              | 2                | SP, PA, NM                 |

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| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------|------------------|----------------------------|
| HARVONI PAK 45-200MG               | 2                | SP, PA, NM                 |
| HARVONI TAB 90-400MG               | 2                | SP, PA, NM                 |
| HEPSERA TAB 10MG                   | 3                | SP                         |
| <i>lamivudine tab 100 mg (hbv)</i> | 2                | SP                         |
| MAVYRET TAB 100-40MG               | 2                | SP, PA, NM                 |
| PEGASYS INJ                        | 2                | SP, PA, NM                 |
| PEGASYS INJ 180MCG/M               | 2                | SP, PA, NM                 |
| PEGASYS INJ PROCLICK               | 2                | SP, PA, NM                 |
| <i>ribavirin cap 200 mg</i>        | 2                | SP, PA, NM                 |
| <i>ribavirin tab 200 mg</i>        | 2                | SP, PA, NM                 |
| SOVALDI PAK 150MG                  | 3                | SP, PA, NM                 |
| SOVALDI PAK 200MG                  | 3                | SP, PA, NM                 |
| SOVALDI TAB 400MG                  | 3                | SP, PA, NM                 |
| VEMLIDY TAB 25MG                   | 3                | SP                         |
| VOSEVI TAB                         | 2                | SP, PA, NM                 |

### **HERPES AGENTS**

|                                    |   |    |
|------------------------------------|---|----|
| <i>acyclovir cap 200 mg</i>        | 1 | NM |
| <i>acyclovir susp 200 mg/5ml</i>   | 1 | NM |
| <i>acyclovir tab 400 mg</i>        | 1 | NM |
| <i>acyclovir tab 800 mg</i>        | 1 | NM |
| <i>famciclovir tab 125 mg</i>      | 2 | NM |
| <i>famciclovir tab 250 mg</i>      | 2 | NM |
| <i>famciclovir tab 500 mg</i>      | 2 | NM |
| <i>valacyclovir hcl tab 1 gm</i>   | 1 | NM |
| <i>valacyclovir hcl tab 500 mg</i> | 1 | NM |
| VALTREX TAB 1GM                    | 3 | NM |
| VALTREX TAB 500MG                  | 3 | NM |

### **INFLUENZA AGENTS**

|                                                            |   |                               |
|------------------------------------------------------------|---|-------------------------------|
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>        | 1 | QL (21 caps / 180 days), NM   |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>        | 1 | QL (21 caps / 180 days), NM   |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>        | 1 | QL (21 caps / 180 days), NM   |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 1 | QL (180 mL / 180 days), NM    |
| RELENZA MIS DISKHALE                                       | 3 | QL (1 inhaler / 180 days), NM |
| <i>rimantadine hydrochloride tab 100 mg</i>                | 1 | NM                            |
| TAMIFLU CAP 30MG                                           | 3 | QL (21 caps / 180 days), NM   |
| TAMIFLU CAP 45MG                                           | 3 | QL (21 caps / 180 days), NM   |
| TAMIFLU CAP 75MG                                           | 3 | QL (21 caps / 180 days), NM   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--------------------|------------------|-------------------------------|
| TAMIFLU SUS 6MG/ML | 3                | QL (180 mL / 180 days),<br>NM |
| XOFLUZA TAB 20MG   | 3                | QL (2 tabs / 180 days),<br>NM |
| XOFLUZA TAB 40MG   | 3                | QL (2 tabs / 180 days),<br>NM |

## **BETA BLOCKERS**

### **ALPHA-BETA BLOCKERS**

|                                               |   |
|-----------------------------------------------|---|
| <i>carvedilol phosphate cap er 24hr 10 mg</i> | 2 |
| <i>carvedilol phosphate cap er 24hr 20 mg</i> | 2 |
| <i>carvedilol phosphate cap er 24hr 40 mg</i> | 2 |
| <i>carvedilol phosphate cap er 24hr 80 mg</i> | 2 |
| <i>carvedilol tab 3.125 mg</i>                | 1 |
| <i>carvedilol tab 6.25 mg</i>                 | 1 |
| <i>carvedilol tab 12.5 mg</i>                 | 1 |
| <i>carvedilol tab 25 mg</i>                   | 1 |
| COREG CR CAP 10MG                             | 3 |
| COREG CR CAP 20MG                             | 3 |
| COREG CR CAP 40MG                             | 3 |
| COREG CR CAP 80MG                             | 3 |
| <i>labetalol hcl tab 100 mg</i>               | 1 |
| <i>labetalol hcl tab 200 mg</i>               | 1 |
| <i>labetalol hcl tab 300 mg</i>               | 1 |

### **BETA BLOCKERS CARDIO-SELECTIVE**

|                                                                          |   |
|--------------------------------------------------------------------------|---|
| <i>acebutolol hcl cap 200 mg</i>                                         | 1 |
| <i>acebutolol hcl cap 400 mg</i>                                         | 1 |
| <i>atenolol tab 25 mg</i>                                                | 1 |
| <i>atenolol tab 50 mg</i>                                                | 1 |
| <i>atenolol tab 100 mg</i>                                               | 1 |
| <i>betaxolol hcl tab 10 mg</i>                                           | 1 |
| <i>betaxolol hcl tab 20 mg</i>                                           | 1 |
| <i>bisoprolol fumarate tab 5 mg</i>                                      | 1 |
| <i>bisoprolol fumarate tab 10 mg</i>                                     | 1 |
| BYSTOLIC TAB 2.5MG                                                       | 2 |
| BYSTOLIC TAB 5MG                                                         | 2 |
| BYSTOLIC TAB 10MG                                                        | 2 |
| BYSTOLIC TAB 20MG                                                        | 2 |
| LOPRESSOR TAB 50MG                                                       | 3 |
| LOPRESSOR TAB 100MG                                                      | 3 |
| <i>metoprolol succinate tab er 24hr 25 mg</i><br><i>(tartrate equiv)</i> | 1 |
| <i>metoprolol succinate tab er 24hr 50 mg</i><br><i>(tartrate equiv)</i> | 1 |

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | 1                |                            |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> | 1                |                            |
| <i>metoprolol tartrate tab 25 mg</i>                            | 1                |                            |
| <i>metoprolol tartrate tab 37.5 mg</i>                          | 1                |                            |
| <i>metoprolol tartrate tab 50 mg</i>                            | 1                |                            |
| <i>metoprolol tartrate tab 75 mg</i>                            | 1                |                            |
| <i>metoprolol tartrate tab 100 mg</i>                           | 1                |                            |
| TOPROL XL TAB 25MG                                              | 3                |                            |
| TOPROL XL TAB 50MG                                              | 3                |                            |
| TOPROL XL TAB 100MG                                             | 3                |                            |
| TOPROL XL TAB 200MG                                             | 3                |                            |
| <b>BETA BLOCKERS NON-SELECTIVE</b>                              |                  |                            |
| BETAPACE AF TAB 80MG                                            | 3                |                            |
| BETAPACE AF TAB 120MG                                           | 3                |                            |
| BETAPACE AF TAB 160MG                                           | 3                |                            |
| BETAPACE TAB 80MG                                               | 3                |                            |
| BETAPACE TAB 120MG                                              | 3                |                            |
| BETAPACE TAB 160MG                                              | 3                |                            |
| CORGARD TAB 20MG                                                | 3                |                            |
| CORGARD TAB 40MG                                                | 3                |                            |
| CORGARD TAB 80MG                                                | 3                |                            |
| HEMANGEOL SOL 4.28/ML                                           | 3                |                            |
| <i>nadolol tab 20 mg</i>                                        | 1                |                            |
| <i>nadolol tab 40 mg</i>                                        | 1                |                            |
| <i>nadolol tab 80 mg</i>                                        | 1                |                            |
| <i>pindolol tab 5 mg</i>                                        | 1                |                            |
| <i>pindolol tab 10 mg</i>                                       | 1                |                            |
| <i>propranolol hcl cap er 24hr 60 mg</i>                        | 1                |                            |
| <i>propranolol hcl cap er 24hr 80 mg</i>                        | 1                |                            |
| <i>propranolol hcl cap er 24hr 120 mg</i>                       | 1                |                            |
| <i>propranolol hcl cap er 24hr 160 mg</i>                       | 1                |                            |
| <i>propranolol hcl oral soln 20 mg/5ml</i>                      | 1                |                            |
| <i>propranolol hcl oral soln 40 mg/5ml</i>                      | 1                |                            |
| <i>propranolol hcl tab 10 mg</i>                                | 1                |                            |
| <i>propranolol hcl tab 20 mg</i>                                | 1                |                            |
| <i>propranolol hcl tab 40 mg</i>                                | 1                |                            |
| <i>propranolol hcl tab 60 mg</i>                                | 1                |                            |
| <i>propranolol hcl tab 80 mg</i>                                | 1                |                            |
| <i>sorine tab 80mg</i>                                          | 1                |                            |
| <i>sorine tab 120mg</i>                                         | 1                |                            |
| <i>sorine tab 160mg</i>                                         | 1                |                            |
| <i>sorine tab 240mg</i>                                         | 1                |                            |

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| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------|------------------|----------------------------|
| <i>sotalol hcl (afib/afl) tab 80 mg</i>  | 1                |                            |
| <i>sotalol hcl (afib/afl) tab 120 mg</i> | 1                |                            |
| <i>sotalol hcl (afib/afl) tab 160 mg</i> | 1                |                            |
| <i>sotalol hcl tab 80 mg</i>             | 1                |                            |
| <i>sotalol hcl tab 120 mg</i>            | 1                |                            |
| <i>sotalol hcl tab 160 mg</i>            | 1                |                            |
| <i>sotalol hcl tab 240 mg</i>            | 1                |                            |
| SOTYLIZE SOL 5MG/ML                      | 3                |                            |
| <i>timolol maleate tab 5 mg</i>          | 1                |                            |
| <i>timolol maleate tab 10 mg</i>         | 1                |                            |
| <i>timolol maleate tab 20 mg</i>         | 1                |                            |

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

|                                                         |   |  |
|---------------------------------------------------------|---|--|
| ADALAT CC TAB 30MG ER                                   | 3 |  |
| ADALAT CC TAB 60MG ER                                   | 3 |  |
| ADALAT CC TAB 90MG ER                                   | 3 |  |
| <i>amlodipine besylate tab 2.5 mg (base equivalent)</i> | 1 |  |
| <i>amlodipine besylate tab 5 mg (base equivalent)</i>   | 1 |  |
| <i>amlodipine besylate tab 10 mg (base equivalent)</i>  | 1 |  |
| CARDIZEM CD CAP 120MG/24                                | 3 |  |
| CARDIZEM CD CAP 180MG/24                                | 3 |  |
| CARDIZEM CD CAP 240MG/24                                | 3 |  |
| CARDIZEM CD CAP 300MG/24                                | 3 |  |
| CARDIZEM LA TAB 120MG                                   | 3 |  |
| CARDIZEM LA TAB 180MG                                   | 3 |  |
| CARDIZEM LA TAB 240MG                                   | 3 |  |
| CARDIZEM LA TAB 300MG/24                                | 3 |  |
| CARDIZEM LA TAB 360MG                                   | 3 |  |
| CARDIZEM LA TAB 420MG/24                                | 3 |  |
| <i>cartia xt cap 120/24hr</i>                           | 1 |  |
| <i>cartia xt cap 180/24hr</i>                           | 1 |  |
| <i>cartia xt cap 240/24hr</i>                           | 1 |  |
| <i>cartia xt cap 300/24hr</i>                           | 1 |  |
| <i>dilt-xr cap 120mg</i>                                | 1 |  |
| <i>dilt-xr cap 180mg</i>                                | 1 |  |
| <i>dilt-xr cap 240mg</i>                                | 1 |  |
| <i>diltiazem hcl cap er 12hr 60 mg</i>                  | 1 |  |
| <i>diltiazem hcl cap er 12hr 90 mg</i>                  | 1 |  |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>    | 1 |  |

| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------|------------------|----------------------------|
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>           | 1                |                            |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>           | 1                |                            |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>           | 1                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 180 mg</i>           | 1                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 240 mg</i>           | 1                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 300 mg</i>           | 1                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 360 mg</i>           | 1                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 420 mg</i>           | 1                |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | 1                |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | 1                |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | 1                |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | 1                |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | 1                |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | 1                |                            |
| <i>diltiazem hcl tab 30 mg</i>                                 | 1                |                            |
| <i>diltiazem hcl tab 60 mg</i>                                 | 1                |                            |
| <i>diltiazem hcl tab 90 mg</i>                                 | 1                |                            |
| <i>diltiazem hcl tab 120 mg</i>                                | 1                |                            |
| <i>felodipine tab er 24hr 2.5 mg</i>                           | 1                |                            |
| <i>felodipine tab er 24hr 5 mg</i>                             | 1                |                            |
| <i>felodipine tab er 24hr 10 mg</i>                            | 1                |                            |
| <i>isradipine cap 2.5 mg</i>                                   | 1                |                            |
| <i>isradipine cap 5 mg</i>                                     | 1                |                            |
| KATERZIA SUS 1MG/ML                                            | 3                |                            |
| <i>matzim la tab 180mg/24</i>                                  | 1                |                            |
| <i>matzim la tab 240mg/24</i>                                  | 1                |                            |
| <i>matzim la tab 300mg/24</i>                                  | 1                |                            |
| <i>matzim la tab 360mg/24</i>                                  | 1                |                            |
| <i>matzim la tab 420mg/24</i>                                  | 1                |                            |
| <i>nicardipine hcl cap 20 mg</i>                               | 1                |                            |
| <i>nicardipine hcl cap 30 mg</i>                               | 1                |                            |

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| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------|------------------|----------------------------|
| <i>nifedipine cap 10 mg</i>                         | 1                |                            |
| <i>nifedipine cap 20 mg</i>                         | 1                |                            |
| <i>nifedipine tab er 24hr 30 mg</i>                 | 1                |                            |
| <i>nifedipine tab er 24hr 60 mg</i>                 | 1                |                            |
| <i>nifedipine tab er 24hr 90 mg</i>                 | 1                |                            |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> | 1                |                            |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> | 1                |                            |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> | 1                |                            |
| <i>nimodipine cap 30 mg</i>                         | 2                | NM                         |
| <i>nisoldipine tab er 24hr 8.5 mg</i>               | 2                |                            |
| <i>nisoldipine tab er 24hr 17 mg</i>                | 2                |                            |
| <i>nisoldipine tab er 24hr 20 mg</i>                | 2                |                            |
| <i>nisoldipine tab er 24hr 25.5 mg</i>              | 2                |                            |
| <i>nisoldipine tab er 24hr 30 mg</i>                | 2                |                            |
| <i>nisoldipine tab er 24hr 34 mg</i>                | 2                |                            |
| <i>nisoldipine tab er 24hr 40 mg</i>                | 2                |                            |
| NORVASC TAB 2.5MG                                   | 3                |                            |
| NORVASC TAB 5MG                                     | 3                |                            |
| NORVASC TAB 10MG                                    | 3                |                            |
| NYMALIZE SOL 30/10ML                                | 3                | NM                         |
| NYMALIZE SOL 60/20ML                                | 3                | NM                         |
| PROCARDIA CAP 10MG                                  | 3                |                            |
| PROCARDIA XL TAB 30MG CR                            | 3                |                            |
| PROCARDIA XL TAB 60MG CR                            | 3                |                            |
| PROCARDIA XL TAB 90MG CR                            | 3                |                            |
| SULAR TAB 8.5MG                                     | 3                |                            |
| SULAR TAB 17MG                                      | 3                |                            |
| SULAR TAB 34MG                                      | 3                |                            |
| <i>taztia xt cap 120mg/24</i>                       | 1                |                            |
| <i>taztia xt cap 180mg/24</i>                       | 1                |                            |
| <i>taztia xt cap 240mg/24</i>                       | 1                |                            |
| <i>taztia xt cap 300mg er</i>                       | 1                |                            |
| <i>taztia xt cap 360mg/24</i>                       | 1                |                            |
| <i>tiadylt cap 120mg/24</i>                         | 3                |                            |
| <i>tiadylt cap 180mg/24</i>                         | 3                |                            |
| <i>tiadylt cap 240mg/24</i>                         | 3                |                            |
| <i>tiadylt cap 300mg/24</i>                         | 3                |                            |
| <i>tiadylt cap 360mg/24</i>                         | 3                |                            |
| <i>tiadylt cap 420mg/24</i>                         | 3                |                            |
| TIAZAC CAP 120MG/24                                 | 3                |                            |
| TIAZAC CAP 180MG/24                                 | 3                |                            |

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| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------|------------------|----------------------------|
| TIAZAC CAP 240MG/24                     | 3                |                            |
| TIAZAC CAP 300MG/24                     | 3                |                            |
| TIAZAC CAP 360MG/24                     | 3                |                            |
| TIAZAC CAP 420MG/24                     | 3                |                            |
| <i>verapamil hcl cap er 24hr 100 mg</i> | 1                |                            |
| <i>verapamil hcl cap er 24hr 120 mg</i> | 1                |                            |
| <i>verapamil hcl cap er 24hr 180 mg</i> | 1                |                            |
| <i>verapamil hcl cap er 24hr 200 mg</i> | 1                |                            |
| <i>verapamil hcl cap er 24hr 240 mg</i> | 1                |                            |
| <i>verapamil hcl cap er 24hr 300 mg</i> | 1                |                            |
| <i>verapamil hcl cap er 24hr 360 mg</i> | 1                |                            |
| <i>verapamil hcl tab 40 mg</i>          | 1                |                            |
| <i>verapamil hcl tab 80 mg</i>          | 1                |                            |
| <i>verapamil hcl tab 120 mg</i>         | 1                |                            |
| <i>verapamil hcl tab er 120 mg</i>      | 1                |                            |
| <i>verapamil hcl tab er 180 mg</i>      | 1                |                            |
| <i>verapamil hcl tab er 240 mg</i>      | 1                |                            |
| VERELAN CAP 120MG SR                    | 3                |                            |
| VERELAN CAP 180MG SR                    | 3                |                            |
| VERELAN CAP 240MG SR                    | 3                |                            |
| VERELAN CAP 360MG SR                    | 3                |                            |
| VERELAN PM CAP 100MG ER                 | 3                |                            |
| VERELAN PM CAP 200MG ER                 | 3                |                            |
| VERELAN PM CAP 300MG ER                 | 3                |                            |

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

|                                       |   |    |
|---------------------------------------|---|----|
| <i>digitek tab 0.25mg</i>             | 1 |    |
| <i>digitek tab 0.125mg</i>            | 1 |    |
| <i>digox tab 0.25mg</i>               | 1 |    |
| <i>digox tab 0.125mg</i>              | 1 |    |
| <i>digoxin oral soln 0.05 mg/ml</i>   | 1 |    |
| <i>digoxin tab 125 mcg (0.125 mg)</i> | 1 |    |
| <i>digoxin tab 250 mcg (0.25 mg)</i>  | 1 |    |
| LANOXIN INJ 0.25MG/1                  | 2 | NM |

## **CARDIOVASCULAR AGENTS - MISC.**

### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

|                                                               |   |  |
|---------------------------------------------------------------|---|--|
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> | 1 |  |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | 1 |  |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | 1 |  |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>   | 1 |  |

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| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>  | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>  | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>  | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> | 1                |                            |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> | 1                |                            |
| BIDIL TAB                                                    | 3                |                            |
| CADUET TAB 5-10MG                                            | 3                |                            |
| CADUET TAB 5-20MG                                            | 3                |                            |
| CADUET TAB 5-40MG                                            | 3                |                            |
| CADUET TAB 5-80MG                                            | 3                |                            |
| CADUET TAB 10-10MG                                           | 3                |                            |
| CADUET TAB 10-20MG                                           | 3                |                            |
| CADUET TAB 10-40MG                                           | 3                |                            |
| CADUET TAB 10-80MG                                           | 3                |                            |
| ENTRESTO TAB 24-26MG                                         | 3                |                            |
| ENTRESTO TAB 49-51MG                                         | 3                |                            |
| ENTRESTO TAB 97-103MG                                        | 3                |                            |
| <b>IMPOTENCE AGENTS</b>                                      |                  |                            |
| CAVERJECT IM KIT 10MCG                                       | 3                | QL (6 each / 30 days), NM  |
| CAVERJECT INJ 40MCG                                          | 3                | QL (6 vials / 30 days), NM |
| CAVERJECT KIT 20MCG                                          | 3                | QL (6 kits / 30 days), NM  |
| EDEX KIT 10MCG                                               | 3                | QL (6 each / 30 days), NM  |
| EDEX KIT 20MCG                                               | 3                | QL (6 kits / 30 days), NM  |
| EDEX KIT 40MCG                                               | 3                | QL (6 kits / 30 days), NM  |
| MUSE SUP 125MCG                                              | 3                | QL (6 sup / 30 days), NM   |
| MUSE SUP 250MCG                                              | 3                | QL (6 sup / 30 days), NM   |
| MUSE SUP 500MCG                                              | 3                | QL (6 sup / 30 days), NM   |

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| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-------------------------------------------------------|------------------|------------------------------|
| MUSE SUP 1000MCG                                      | 3                | QL (6 sup / 30 days),<br>NM  |
| <i>sildenafil citrate tab 25 mg</i>                   | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>sildenafil citrate tab 50 mg</i>                   | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>sildenafil citrate tab 100 mg</i>                  | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>tadalafil tab 10 mg</i>                            | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>tadalafil tab 20 mg</i>                            | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>vardenafil hcl orally disintegrating tab 10 mg</i> | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>vardenafil hcl tab 2.5 mg</i>                      | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>vardenafil hcl tab 5 mg</i>                        | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>vardenafil hcl tab 10 mg</i>                       | 2                | QL (4 tabs / 30 days),<br>NM |
| <i>vardenafil hcl tab 20 mg</i>                       | 2                | QL (4 tabs / 30 days),<br>NM |

#### **PROSTAGLANDIN VASODILATORS**

|                           |   |        |
|---------------------------|---|--------|
| ORENITRAM TAB 0.25MG      | 3 | SP, PA |
| ORENITRAM TAB 0.125MG     | 3 | SP, PA |
| ORENITRAM TAB 1MG         | 3 | SP, PA |
| ORENITRAM TAB 2.5MG       | 3 | SP, PA |
| ORENITRAM TAB 5MG         | 3 | SP, PA |
| TYVASO REFIL SOL 0.6MG/ML | 3 | SP, PA |
| TYVASO SOL 0.6MG/ML       | 3 | SP, PA |
| TYVASO START SOL 0.6MG/ML | 3 | SP, PA |
| VENTAVIS SOL 10MCG/ML     | 3 | SP, PA |
| VENTAVIS SOL 20MCG/ML     | 3 | SP, PA |

#### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

|                              |   |        |
|------------------------------|---|--------|
| <i>ambrisentan tab 5 mg</i>  | 2 | SP, PA |
| <i>ambrisentan tab 10 mg</i> | 2 | SP, PA |
| LETAIRIS TAB 5MG             | 3 | SP, PA |
| LETAIRIS TAB 10MG            | 3 | SP, PA |
| OPSUMIT TAB 10MG             | 3 | SP, PA |
| TRACLEER TAB 32MG            | 3 | SP, PA |
| TRACLEER TAB 62.5MG          | 3 | SP, PA |
| TRACLEER TAB 125MG           | 3 | SP, PA |

#### **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

|                  |   |        |
|------------------|---|--------|
| ADCIRCA TAB 20MG | 3 | SP, PA |
|------------------|---|--------|

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| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------|------------------|----------------------------|
| <i>alyq tab 20mg</i>                                             | 2                | SP, PA                     |
| REVATIO SUS 10MG/ML                                              | 3                | SP, PA                     |
| REVATIO TAB 20MG                                                 | 3                | SP, PA                     |
| <i>sildenafil citrate tab 20 mg</i>                              | 2                | SP, PA                     |
| <i>tadalafil tab 20 mg (pah)</i>                                 | 2                | SP, PA                     |
| <b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>    |                  |                            |
| UPTRAVI TAB 200/800                                              | 3                | SP, PA, NM                 |
| UPTRAVI TAB 200MCG                                               | 3                | SP, PA                     |
| UPTRAVI TAB 400MCG                                               | 3                | SP, PA                     |
| UPTRAVI TAB 600MCG                                               | 3                | SP, PA                     |
| UPTRAVI TAB 800MCG                                               | 3                | SP, PA                     |
| UPTRAVI TAB 1000MCG                                              | 3                | SP, PA                     |
| UPTRAVI TAB 1200MCG                                              | 3                | SP, PA                     |
| UPTRAVI TAB 1400MCG                                              | 3                | SP, PA                     |
| UPTRAVI TAB 1600MCG                                              | 3                | SP, PA                     |
| <b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b> |                  |                            |
| ADEMPAS TAB 0.5MG                                                | 3                | SP, PA                     |
| ADEMPAS TAB 1.5MG                                                | 3                | SP, PA                     |
| ADEMPAS TAB 1MG                                                  | 3                | SP, PA                     |
| ADEMPAS TAB 2.5MG                                                | 3                | SP, PA                     |
| ADEMPAS TAB 2MG                                                  | 3                | SP, PA                     |
| <b>SINUS NODE INHIBITORS</b>                                     |                  |                            |
| CORLANOR TAB 5MG                                                 | 3                |                            |
| CORLANOR TAB 7.5MG                                               | 3                |                            |
| <b>TRANSTHYRETIN STABILIZERS</b>                                 |                  |                            |
| VYNDAMAX CAP 61MG                                                | 3                | SP, PA                     |
| VYNDAQEL CAP 20MG                                                | 3                | SP, PA                     |
| <b>CEPHALOSPORINS</b>                                            |                  |                            |
| <b>CEPHALOSPORINS - 1ST GENERATION</b>                           |                  |                            |
| <i>cefadroxil cap 500 mg</i>                                     | 1                | NM                         |
| <i>cefadroxil for susp 250 mg/5ml</i>                            | 1                | NM                         |
| <i>cefadroxil for susp 500 mg/5ml</i>                            | 1                | NM                         |
| <i>cefadroxil tab 1 gm</i>                                       | 1                | NM                         |
| <i>cefazolin sodium for inj 1 gm</i>                             | 1                | NM                         |
| <i>cefazolin sodium for inj 10 gm</i>                            | 1                | NM                         |
| <i>cefazolin sodium for inj 500 mg</i>                           | 1                | NM                         |
| <i>cephalexin cap 250 mg</i>                                     | 1                | NM                         |
| <i>cephalexin cap 500 mg</i>                                     | 1                | NM                         |
| <i>cephalexin cap 750 mg</i>                                     | 1                | NM                         |
| <i>cephalexin for susp 125 mg/5ml</i>                            | 1                | NM                         |
| <i>cephalexin for susp 250 mg/5ml</i>                            | 1                | NM                         |
| KEFLEX CAP 250MG                                                 | 3                | NM                         |

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| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------|------------------|----------------------------|
| KEFLEX CAP 500MG                                   | 3                | NM                         |
| KEFLEX CAP 750MG                                   | 3                | NM                         |
| <b>CEPHALOSPORINS - 2ND GENERATION</b>             |                  |                            |
| <i>cefaclor cap 250 mg</i>                         | 1                | NM                         |
| <i>cefaclor cap 500 mg</i>                         | 1                | NM                         |
| CEFACLOR ER TAB 500MG                              | 2                | NM                         |
| <i>cefaclor for susp 125 mg/5ml</i>                | 1                | NM                         |
| <i>cefaclor for susp 250 mg/5ml</i>                | 1                | NM                         |
| <i>cefaclor for susp 375 mg/5ml</i>                | 1                | NM                         |
| <i>cefprozil for susp 125 mg/5ml</i>               | 1                | NM                         |
| <i>cefprozil for susp 250 mg/5ml</i>               | 1                | NM                         |
| <i>cefprozil tab 250 mg</i>                        | 1                | NM                         |
| <i>cefprozil tab 500 mg</i>                        | 1                | NM                         |
| <i>cefuroxime axetil tab 250 mg</i>                | 1                | NM                         |
| <i>cefuroxime axetil tab 500 mg</i>                | 1                | NM                         |
| <b>CEPHALOSPORINS - 3RD GENERATION</b>             |                  |                            |
| <i>cefdinir cap 300 mg</i>                         | 1                | NM                         |
| <i>cefdinir for susp 125 mg/5ml</i>                | 1                | NM                         |
| <i>cefdinir for susp 250 mg/5ml</i>                | 1                | NM                         |
| <i>cefixime for susp 100 mg/5ml</i>                | 2                | NM                         |
| <i>cefixime for susp 200 mg/5ml</i>                | 2                | NM                         |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i>     | 1                | NM                         |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i>    | 1                | NM                         |
| <i>cefpodoxime proxetil tab 100 mg</i>             | 1                | NM                         |
| <i>cefpodoxime proxetil tab 200 mg</i>             | 1                | NM                         |
| <i>ceftazidime for inj 1 gm</i>                    | 2                | NM                         |
| <i>ceftazidime for inj 2 gm</i>                    | 2                | NM                         |
| <i>ceftazidime for inj 6 gm</i>                    | 2                | NM                         |
| <i>ceftriaxone sodium for inj 1 gm</i>             | 2                | PA, NM                     |
| <i>ceftriaxone sodium for inj 2 gm</i>             | 2                | PA, NM                     |
| <i>ceftriaxone sodium for inj 10 gm</i>            | 2                | PA, NM                     |
| <i>ceftriaxone sodium for inj 250 mg</i>           | 2                | QL (4 vials / 23 days), NM |
| <i>ceftriaxone sodium for inj 500 mg</i>           | 2                | QL (8 vials / 23 days), NM |
| <i>ceftriaxone sodium for iv soln 1 gm</i>         | 2                | PA, NM                     |
| <i>ceftriaxone sodium for iv soln 2 gm</i>         | 2                | PA, NM                     |
| <i>ceftriaxone sodium in dextrose inj 20 mg/ml</i> | 2                | PA, NM                     |
| <i>ceftriaxone sodium in dextrose inj 40 mg/ml</i> | 2                | PA, NM                     |
| SPECTRACEF TAB 400MG                               | 3                | NM                         |
| SUPRAX CAP 400MG                                   | 3                | NM                         |
| SUPRAX CHW 100MG                                   | 3                | NM                         |

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| <b>Drug Name</b>       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------|------------------|----------------------------|
| SUPRAX CHW 200MG       | 3                | NM                         |
| SUPRAX SUS 100/5ML     | 3                | NM                         |
| SUPRAX SUS 200/5ML     | 3                | NM                         |
| SUPRAX SUS 500/5ML     | 3                | NM                         |
| <i>tazicef inj 1gm</i> | 2                | NM                         |
| <i>tazicef inj 2gm</i> | 2                | NM                         |
| <i>tazicef inj 6gm</i> | 2                | NM                         |

#### **CEPHALOSPORINS - 4TH GENERATION**

|                                  |   |    |
|----------------------------------|---|----|
| <i>cefepime hcl for inj 1 gm</i> | 2 | NM |
| <i>cefepime hcl for inj 2 gm</i> | 2 | NM |

#### **CONTRACEPTIVES**

##### **COMBINATION CONTRACEPTIVES - ORAL**

|                                |   |
|--------------------------------|---|
| <i>altavera tab</i>            | 1 |
| <i>alyacen tab 1/35</i>        | 1 |
| <i>alyacen tab 7/7/7</i>       | 1 |
| <i>amethia lo tab</i>          | 1 |
| <i>amethia tab</i>             | 1 |
| <i>amethyst tab 90-20mcg</i>   | 1 |
| <i>apri tab</i>                | 1 |
| <i>aranelle tab</i>            | 1 |
| <i>ashlyna tab</i>             | 1 |
| <i>aubra eq tab 0.1-0.02</i>   | 1 |
| <i>aubra tab 0.1-0.02</i>      | 1 |
| <i>aurovela 24 tab fe 1/20</i> | 1 |
| <i>aurovela fe tab 1/20</i>    | 1 |
| <i>aurovela tab 1.5/30</i>     | 1 |
| <i>aviane tab</i>              | 1 |
| <i>azurette tab 28 day</i>     | 1 |
| <i>balziva tab</i>             | 1 |
| <i>bekyree tab</i>             | 1 |
| BEYAZ TAB                      | 3 |
| <i>blisovi fe tab 1.5/30</i>   | 1 |
| <i>briellyn tab</i>            | 1 |
| <i>camrese lo tab</i>          | 1 |
| <i>camrese tab</i>             | 1 |
| <i>caziant pak</i>             | 1 |
| <i>chateal eq tab 0.15/30</i>  | 1 |
| <i>chateal tab 0.15/30</i>     | 1 |
| <i>cryselle-28 tab 28 tabs</i> | 1 |
| <i>cyclafem tab 1/35</i>       | 1 |
| <i>cyclafem tab 7/7/7</i>      | 1 |
| <i>cyred eq tab</i>            | 1 |
| <i>cyred tab</i>               | 1 |
| <i>dasetta tab 1/35</i>        | 1 |

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| <b>Drug Name</b>                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------|------------------|----------------------------|
| <i>dasetta tab 7/7/7</i>                                                | 1                |                            |
| <i>daysee tab</i>                                                       | 1                |                            |
| <i>delyla tab 0.1-0.02</i>                                              | 1                |                            |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1                |                            |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>           | 1                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>     | 1                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>     | 1                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                     | 1                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                     | 1                |                            |
| <i>elinest tab</i>                                                      | 1                |                            |
| <i>enpresse-28 tab</i>                                                  | 1                |                            |
| <i>enskyce tab</i>                                                      | 1                |                            |
| <i>estarylla tab 0.25-35</i>                                            | 1                |                            |
| <b>ESTROSTEP FE TAB</b>                                                 | 3                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>     | 1                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>     | 1                |                            |
| <b>FALESSA KIT</b>                                                      | 3                |                            |
| <i>falmina tab</i>                                                      | 1                |                            |
| <i>fayosim tab</i>                                                      | 1                |                            |
| <i>femynor tab 0.25-35</i>                                              | 1                |                            |
| <b>GENERESS FE CHW</b>                                                  | 3                |                            |
| <i>gianvi tab 3-0.02mg</i>                                              | 1                |                            |
| <i>hailey 24 tab fe</i>                                                 | 1                |                            |
| <i>introvale tab</i>                                                    | 1                |                            |
| <i>isibloom tab</i>                                                     | 1                |                            |
| <i>jasmiel tab 3-0.02mg</i>                                             | 1                |                            |
| <i>jolessa tab</i>                                                      | 1                |                            |
| <i>juleber tab</i>                                                      | 1                |                            |
| <i>junel 1.5/30 tab</i>                                                 | 1                |                            |
| <i>junel 1/20 tab</i>                                                   | 1                |                            |
| <i>junel fe 24 tab 1/20</i>                                             | 1                |                            |
| <i>junel fe tab 1.5/30</i>                                              | 1                |                            |
| <i>junel fe tab 1/20</i>                                                | 1                |                            |
| <i>kaitlib fe chw</i>                                                   | 1                |                            |
| <i>kariva tab 28 day</i>                                                | 1                |                            |
| <i>kelnor 1/50 tab</i>                                                  | 1                |                            |
| <i>kelnor tab 1/35</i>                                                  | 1                |                            |

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| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------|------------------|----------------------------|
| <i>kurvelo tab 0.15/30</i>                                               | 1                |                            |
| <i>larin 24 tab fe 1/20</i>                                              | 1                |                            |
| <i>larin fe tab 1.5/30</i>                                               | 1                |                            |
| <i>larin fe tab 1/20</i>                                                 | 1                |                            |
| <i>larin tab 1.5/30</i>                                                  | 1                |                            |
| <i>larin tab 1/20</i>                                                    | 1                |                            |
| <i>larissia tab</i>                                                      | 1                |                            |
| <i>layolis fe chw</i>                                                    | 1                |                            |
| <i>leena tab</i>                                                         | 1                |                            |
| <i>lessina tab</i>                                                       | 1                |                            |
| <i>levonest tab</i>                                                      | 1                |                            |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> | 1                |                            |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>   | 1                |                            |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>  | 1                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | 1                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>          | 1                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>         | 1                |                            |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>      | 1                |                            |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>       | 1                |                            |
| <i>levora-28 tab 0.15/30</i>                                             | 1                |                            |
| <i>lillow tab 0.15/30</i>                                                | 1                |                            |
| LO LOESTRIN TAB 1-10-10                                                  | 2                |                            |
| LOESTRIN 21 TAB 1.5/30                                                   | 3                |                            |
| LOESTRIN FE TAB 1.5/30                                                   | 3                |                            |
| LOESTRIN FE TAB 1/20                                                     | 3                |                            |
| LOESTRIN TAB 1/20-21                                                     | 3                |                            |
| <i>loryna tab 3-0.02mg</i>                                               | 1                |                            |
| LOSEASONIQUE TAB                                                         | 3                |                            |
| <i>low-ogestrel tab</i>                                                  | 1                |                            |
| <i>lutra tab</i>                                                         | 1                |                            |
| <i>marlissa tab 0.15/30</i>                                              | 1                |                            |
| <i>melodetta chw 24 fe</i>                                               | 1                |                            |
| <i>mibelas 24 chw fe</i>                                                 | 1                |                            |
| <i>microgestin tab 1.5/30</i>                                            | 1                |                            |
| <i>microgestin tab 1/20</i>                                              | 1                |                            |
| <i>microgestin tab fe1.5/30</i>                                          | 1                |                            |
| <i>microgestin tab fe 1/20</i>                                           | 1                |                            |

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| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------|------------------|----------------------------|
| <i>mili tab 0.25/35</i>                                                | 1                |                            |
| MINASTRIN 24 CHW FE                                                    | 3                |                            |
| MIRCETTE TAB 28 DAY                                                    | 3                |                            |
| <i>mono-lynyah tab 0.25-35</i>                                         | 1                |                            |
| NATAZIA TAB                                                            | 3                |                            |
| <i>necon tab 0.5/35</i>                                                | 1                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 1                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 1                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>       | 1                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 1                |                            |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>    | 1                |                            |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>     | 1                |                            |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1                |                            |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>     | 1                |                            |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>     | 1                |                            |
| <i>nortrel tab 0.5/35</i>                                              | 1                |                            |
| <i>nortrel tab 1/35</i>                                                | 1                |                            |
| <i>nortrel tab 7/7/7</i>                                               | 1                |                            |
| <i>ocella tab 3-0.03mg</i>                                             | 1                |                            |
| <i>ogestrel tab</i>                                                    | 1                |                            |
| <i>orsythia tab</i>                                                    | 1                |                            |
| ORTHO TRI- TAB CYCLN LO                                                | 3                |                            |
| ORTHO-NOVUM TAB 1/35                                                   | 3                |                            |
| ORTHO-NOVUM TAB 7/7/7                                                  | 3                |                            |
| <i>philith tab 0.4-35</i>                                              | 1                |                            |
| <i>pimtrea tab</i>                                                     | 1                |                            |
| <i>portia-28 tab</i>                                                   | 1                |                            |
| <i>previfem tab</i>                                                    | 1                |                            |
| QUARTETTE TAB                                                          | 3                |                            |
| <i>reclipsen tab</i>                                                   | 1                |                            |
| <i>rivelsa tab</i>                                                     | 1                |                            |
| SAFYRAL TAB                                                            | 3                |                            |
| SEASONIQUE TAB                                                         | 3                |                            |
| <i>setlakin tab</i>                                                    | 1                |                            |
| <i>sprintec 28 tab 28 day</i>                                          | 1                |                            |
| <i>sronyx tab</i>                                                      | 1                |                            |

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| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>syeda tab 3-0.03mg</i>                                         | 1                |                            |
| <i>tarina 24 fe tab</i>                                           | 1                |                            |
| <i>tarina fe tab 1/20</i>                                         | 1                |                            |
| <i>tarina fe tab 1/20 eq</i>                                      | 1                |                            |
| TAYTULLA CAP 1MG/20MC                                             | 3                |                            |
| <i>tilia fe tab</i>                                               | 1                |                            |
| <i>tri femynor tab</i>                                            | 1                |                            |
| <i>tri-estaryll tab</i>                                           | 1                |                            |
| <i>tri-legest tab fe</i>                                          | 1                |                            |
| <i>tri-linyah tab</i>                                             | 1                |                            |
| <i>tri-lo tab estaryll</i>                                        | 1                |                            |
| <i>tri-lo- tab marzia</i>                                         | 1                |                            |
| <i>tri-lo- tab sprintec</i>                                       | 1                |                            |
| <i>tri-mili tab</i>                                               | 1                |                            |
| <i>tri-previfem tab</i>                                           | 1                |                            |
| <i>tri-sprintec tab</i>                                           | 1                |                            |
| <i>tri-vylibra tab</i>                                            | 1                |                            |
| <i>tri-vylibra tab lo</i>                                         | 1                |                            |
| <i>trivora-28 tab</i>                                             | 1                |                            |
| <i>tydemy tab</i>                                                 | 1                |                            |
| <i>velivet pak</i>                                                | 1                |                            |
| <i>vienva tab 0.1-20</i>                                          | 1                |                            |
| <i>viorele tab</i>                                                | 1                |                            |
| <i>volnea tab</i>                                                 | 1                |                            |
| <i>vyfemla tab 0.4-35</i>                                         | 1                |                            |
| <i>vylibra tab 0.25-35</i>                                        | 1                |                            |
| <i>wera tab 0.5/35</i>                                            | 1                |                            |
| <i>wymzya fe chw 0.4mg-35</i>                                     | 1                |                            |
| YASMIN 28 TAB 3-0.03MG                                            | 3                |                            |
| YAZ TAB 3-0.02MG                                                  | 3                |                            |
| <i>zarah tab 3-0.03mg</i>                                         | 1                |                            |
| <i>zovia 1/35e tab</i>                                            | 1                |                            |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>                   |                  |                            |
| TWIRLA DIS 120-30                                                 | 3                |                            |
| <i>xulane dis 150-35</i>                                          | 1                |                            |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                       |                  |                            |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | 2                |                            |
| NUVARING MIS                                                      | 3                |                            |
| <b>EMERGENCY CONTRACEPTIVES</b>                                   |                  |                            |
| <i>aftera tab 1.5mg</i>                                           | 1                | NM                         |
| <i>econtra ez tab 1.5mg</i>                                       | 1                | NM                         |
| <i>econtra os tab 1.5mg</i>                                       | 1                | NM                         |
| ELLA TAB 30MG                                                     | 3                | NM                         |

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| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------|------------------|----------------------------|
| <i>levonorgestrel tab 1.5 mg</i> | 1                | NM                         |
| <i>my choice tab 1.5mg</i>       | 1                | NM                         |
| <i>my way tab 1.5mg</i>          | 1                | NM                         |
| <i>new day tab 1.5mg</i>         | 1                | NM                         |
| <i>opcicon tab 1.5mg</i>         | 1                | NM                         |
| <i>option 2 tab 1.5mg</i>        | 1                | NM                         |
| PLAN B TAB 1.5MG                 | 3                | NM                         |
| <i>prevenza tab 1.5mg</i>        | 1                | NM                         |
| <i>react tab 1.5mg</i>           | 1                | NM                         |
| <i>take action tab 1.5mg</i>     | 1                | NM                         |

#### **PROGESTIN CONTRACEPTIVES - INJECTABLE**

|                                                                    |   |                                      |
|--------------------------------------------------------------------|---|--------------------------------------|
| DEPO-PROVERA INJ 150MG/ML                                          | 3 | NM                                   |
| DEPO-SQ PROV INJ 104                                               | 3 | QL (6.154 injections / 300 days), NM |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>               | 1 | QL (4 injections / 300 days), NM     |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> | 1 | QL (4 injections / 300 days), NM     |

#### **PROGESTIN CONTRACEPTIVES - ORAL**

|                                  |   |  |
|----------------------------------|---|--|
| <i>camila tab 0.35mg</i>         | 1 |  |
| <i>deblitane tab 0.35mg</i>      | 1 |  |
| <i>errin tab 0.35mg</i>          | 1 |  |
| <i>heather tab 0.35mg</i>        | 1 |  |
| <i>incassia tab 0.35mg</i>       | 1 |  |
| <i>jencycla tab 0.35mg</i>       | 1 |  |
| <i>lyza tab 0.35mg</i>           | 1 |  |
| <i>nora-be tab 0.35mg</i>        | 1 |  |
| <i>norethindrone tab 0.35 mg</i> | 1 |  |
| <i>norlyda tab 0.35mg</i>        | 1 |  |
| <i>norlyroc tab 0.35mg</i>       | 1 |  |
| ORTHO MICRON TAB 0.35MG          | 3 |  |
| <i>sharobel tab 0.35mg</i>       | 1 |  |
| SLYND TAB 4MG                    | 3 |  |
| <i>tulana tab 0.35mg</i>         | 1 |  |

#### **CORTICOSTEROIDS**

##### **GLUCOCORTICOSTEROIDS**

|                                                      |   |    |
|------------------------------------------------------|---|----|
| <i>budesonide delayed release particles cap 3 mg</i> | 2 | NM |
| <i>budesonide tab er 24hr 9 mg</i>                   | 2 | NM |
| CORTEF TAB 5MG                                       | 3 | NM |
| CORTEF TAB 10MG                                      | 3 | NM |
| CORTEF TAB 20MG                                      | 3 | NM |
| <i>cortisone acetate tab 25 mg</i>                   | 1 | NM |
| <i>decadron tab 0.5mg</i>                            | 1 | NM |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>decadron tab 0.75mg</i>                                          | 1                | NM                         |
| <i>decadron tab 4mg</i>                                             | 1                | NM                         |
| <i>decadron tab 6mg</i>                                             | 1                | NM                         |
| DEXAMETHASON CON 1MG/ML                                             | 3                | NM                         |
| <i>dexamethasone elixir 0.5 mg/5ml</i>                              | 1                | NM                         |
| <i>dexamethasone sodium phosphate inj 10 mg/ml</i>                  | 1                | NM                         |
| <i>dexamethasone soln 0.5 mg/5ml</i>                                | 1                | NM                         |
| <i>dexamethasone tab 0.5 mg</i>                                     | 1                | NM                         |
| <i>dexamethasone tab 0.75 mg</i>                                    | 1                | NM                         |
| <i>dexamethasone tab 1 mg</i>                                       | 1                | NM                         |
| <i>dexamethasone tab 1.5 mg</i>                                     | 1                | NM                         |
| <i>dexamethasone tab 2 mg</i>                                       | 1                | NM                         |
| <i>dexamethasone tab 4 mg</i>                                       | 1                | NM                         |
| <i>dexamethasone tab 6 mg</i>                                       | 1                | NM                         |
| EMFLAZA SUS 22.75/ML                                                | 3                | PA, NM                     |
| EMFLAZA TAB 6MG                                                     | 3                | PA, NM                     |
| EMFLAZA TAB 18MG                                                    | 3                | PA, NM                     |
| EMFLAZA TAB 30MG                                                    | 3                | PA, NM                     |
| EMFLAZA TAB 36MG                                                    | 3                | PA, NM                     |
| ENTOCORT EC CAP 3MG DR                                              | 3                | NM                         |
| <i>hydrocortisone tab 5 mg</i>                                      | 1                | NM                         |
| <i>hydrocortisone tab 10 mg</i>                                     | 1                | NM                         |
| <i>hydrocortisone tab 20 mg</i>                                     | 1                | NM                         |
| MEDROL TAB 2MG                                                      | 3                | NM                         |
| MEDROL TAB 4MG                                                      | 3                | NM                         |
| MEDROL TAB 8MG                                                      | 3                | NM                         |
| MEDROL TAB 16MG                                                     | 3                | NM                         |
| MEDROL TAB 32MG                                                     | 3                | NM                         |
| <i>methylprednisolone tab 4 mg</i>                                  | 1                | NM                         |
| <i>methylprednisolone tab 8 mg</i>                                  | 1                | NM                         |
| <i>methylprednisolone tab 16 mg</i>                                 | 1                | NM                         |
| <i>methylprednisolone tab 32 mg</i>                                 | 1                | NM                         |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i>                | 1                | NM                         |
| MILLIPRED DP PAK 5MG                                                | 3                | NM                         |
| MILLIPRED TAB 5MG                                                   | 3                | NM                         |
| ORTIKOS CAP 6MG ER                                                  | 3                | NM                         |
| ORTIKOS CAP 9MG ER                                                  | 3                | NM                         |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | 1                | NM                         |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>  | 1                | NM                         |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>  | 1                | NM                         |

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| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------|------------------|----------------------------|
| <i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i> | 1                | NM                         |
| <i>prednisone oral soln 5 mg/5ml</i>                          | 1                | NM                         |
| <i>prednisone tab 1 mg</i>                                    | 1                | NM                         |
| <i>prednisone tab 2.5 mg</i>                                  | 1                | NM                         |
| <i>prednisone tab 5 mg</i>                                    | 1                | NM                         |
| <i>prednisone tab 10 mg</i>                                   | 1                | NM                         |
| <i>prednisone tab 20 mg</i>                                   | 1                | NM                         |
| <i>prednisone tab 50 mg</i>                                   | 1                | NM                         |
| <i>prednisone tab therapy pack 5 mg (21)</i>                  | 1                | NM                         |
| <i>prednisone tab therapy pack 5 mg (48)</i>                  | 1                | NM                         |
| <i>prednisone tab therapy pack 10 mg (21)</i>                 | 1                | NM                         |
| <i>prednisone tab therapy pack 10 mg (48)</i>                 | 1                | NM                         |
| SOLU-CORTEF INJ 100MG                                         | 3                | NM                         |
| SOLU-CORTEF INJ 250MG                                         | 3                | NM                         |
| SOLU-CORTEF INJ 500MG                                         | 3                | NM                         |
| SOLU-CORTEF INJ 1000MG                                        | 3                | NM                         |
| SOLU-MEDROL INJ 1GM                                           | 3                | NM                         |
| SOLU-MEDROL INJ 40MG                                          | 3                | NM                         |
| SOLU-MEDROL INJ 125MG                                         | 3                | NM                         |
| SOLU-MEDROL INJ 500MG                                         | 3                | NM                         |
| SOLU-MEDROL INJ 1000MG                                        | 3                | NM                         |
| UCERIS TAB 9MG                                                | 3                | NM                         |

### **MINERALOCORTICOIDS**

|                                           |   |  |
|-------------------------------------------|---|--|
| <i>fludrocortisone acetate tab 0.1 mg</i> | 1 |  |
|-------------------------------------------|---|--|

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

#### **ANTITUSSIVES**

|                                                      |   |    |
|------------------------------------------------------|---|----|
| <i>benzonatate cap 100 mg</i>                        | 1 | NM |
| <i>benzonatate cap 200 mg</i>                        | 1 | NM |
| <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> | 1 | NM |
| <i>hydrocodone w/ homatropine tab 5-1.5 mg</i>       | 1 | NM |
| <i>hydromet syp 5-1.5/5</i>                          | 1 | NM |

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

|                                                             |   |    |
|-------------------------------------------------------------|---|----|
| <i>bromfed dm syp</i>                                       | 1 | NM |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>               | 1 | NM |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>   | 1 | NM |
| <i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> | 1 | NM |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>         | 1 | NM |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>                 | 1 | NM |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>   | 1                | NM                         |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>                | 1                | NM                         |
| TUXARIN ER TAB 54.3-8MG                                            | 3                | NM                         |
| TUZISTRA XR SUS                                                    | 3                | NM                         |
| <i>virtussin ac sol 100-10/5</i>                                   | 1                | NM                         |
| <b>MISC. RESPIRATORY INHALANTS</b>                                 |                  |                            |
| HYPERSAL NEB 3.5%                                                  | 3                | PA, NM                     |
| <i>sodium chloride soln nebu 0.9%</i>                              | 1                | NM                         |
| <b>MUCOLYTICS</b>                                                  |                  |                            |
| <i>acetylcysteine inhal soln 10%</i>                               | 2                | NM                         |
| <i>acetylcysteine inhal soln 20%</i>                               | 2                | NM                         |
| <b>DERMATOLOGICALS</b>                                             |                  |                            |
| <b>ACNE PRODUCTS</b>                                               |                  |                            |
| <i>adapalene cream 0.1%</i>                                        | 2                | NM                         |
| <i>adapalene gel 0.1%</i>                                          | 2                | NM                         |
| <i>adapalene gel 0.3%</i>                                          | 2                | NM                         |
| <i>adapalene pads 0.1%</i>                                         | 2                | NM                         |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>                     | 2                | NM                         |
| <i>amnesteem cap 10mg</i>                                          | 2                | NM                         |
| <i>amnesteem cap 20mg</i>                                          | 2                | NM                         |
| <i>amnesteem cap 40mg</i>                                          | 2                | NM                         |
| <i>benzepro aer 5.3%</i>                                           | 2                | NM                         |
| <i>benziq wash liq 5.25%</i>                                       | 2                | NM                         |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                      | 2                | NM                         |
| <i>bp 10-1 emu</i>                                                 | 2                | NM                         |
| <i>bp cleansing emu 10-4%</i>                                      | 1                | NM                         |
| <i>bp foam aer 5.3%</i>                                            | 2                | NM                         |
| <i>claravis cap 10mg</i>                                           | 2                | NM                         |
| <i>claravis cap 20mg</i>                                           | 2                | NM                         |
| <i>claravis cap 30mg</i>                                           | 2                | NM                         |
| <i>claravis cap 40mg</i>                                           | 2                | NM                         |
| CLEOCIN-T LOT 1%                                                   | 3                | NM                         |
| <i>clindacin mis etz 1%</i>                                        | 1                | NM                         |
| <i>clindacin-p pad 1%</i>                                          | 1                | NM                         |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 1                | NM                         |
| <i>clindamycin phosphate lotion 1%</i>                             | 1                | NM                         |
| <i>clindamycin phosphate soln 1%</i>                               | 1                | NM                         |
| <i>clindamycin phosphate swab 1%</i>                               | 1                | NM                         |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>             | 1                | NM                         |
| <i>dapsone gel 5%</i>                                              | 2                | NM                         |

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| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------|------------------|----------------------------|
| <i>ery pad 2%</i>                                         | 1                | NM                         |
| <i>erythromycin gel 2%</i>                                | 1                | NM                         |
| <i>erythromycin soln 2%</i>                               | 1                | NM                         |
| <i>isotretinoin cap 10 mg</i>                             | 2                | NM                         |
| <i>isotretinoin cap 20 mg</i>                             | 2                | NM                         |
| <i>isotretinoin cap 30 mg</i>                             | 2                | NM                         |
| <i>isotretinoin cap 40 mg</i>                             | 2                | NM                         |
| KLARON LOT 10%                                            | 3                | NM                         |
| <i>myorisan cap 10mg</i>                                  | 2                | NM                         |
| <i>myorisan cap 20mg</i>                                  | 2                | NM                         |
| <i>myorisan cap 30mg</i>                                  | 2                | NM                         |
| <i>myorisan cap 40mg</i>                                  | 2                | NM                         |
| SOD SUL/SULF EMU 10-5%                                    | 3                | NM                         |
| <i>sss 10-5 aer 10-5%</i>                                 | 2                | NM                         |
| <i>sss cre 10%-5%</i>                                     | 2                | NM                         |
| <i>sulfacetamide sodium lotion 10% (acne)</i>             | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>   | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>      | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>      | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur cream 10-2%</i>         | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur cream 10-5%</i>         | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur emulsion 10-5%</i>      | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>     | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>        | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur susp 8-4%</i>           | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur wash 9-4%</i>           | 2                | NM                         |
| <i>sulfacetamide sodium w/ sulfur wash 9-4.5%</i>         | 2                | NM                         |
| <i>sulfacleanse sus 8-4%</i>                              | 2                | NM                         |
| <i>sulfamez emu 10-1%</i>                                 | 2                | NM                         |
| <i>tretinoin cream 0.1%</i>                               | 2                | NM                         |
| <i>tretinoin cream 0.05%</i>                              | 2                | NM                         |
| <i>tretinoin cream 0.025%</i>                             | 2                | NM                         |
| <i>tretinoin gel 0.01%</i>                                | 2                | NM                         |
| <i>tretinoin gel 0.05%</i>                                | 2                | NM                         |

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| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------|------------------|----------------------------|
| <i>tretinoin gel 0.025%</i>                           | 2                | NM                         |
| <i>zenatane cap 10mg</i>                              | 2                | NM                         |
| <i>zenatane cap 20mg</i>                              | 2                | NM                         |
| <i>zenatane cap 30mg</i>                              | 2                | NM                         |
| <i>zenatane cap 40mg</i>                              | 2                | NM                         |
| <b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b> |                  |                            |
| VEREGEN OIN 15%                                       | 3                | NM                         |
| <b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>             |                  |                            |
| <i>diclofenac sodium gel 1%</i>                       | 2                | NM                         |
| <i>diclofenac sodium soln 1.5%</i>                    | 1                | NM                         |
| VOLTAREN GEL 1%                                       | 3                | NM                         |
| <b>ANTIBIOTICS - TOPICAL</b>                          |                  |                            |
| ALTABAX OIN 1%                                        | 3                | NM                         |
| CENTANY OIN 2%                                        | 3                | NM                         |
| CORTISPORIN CRE 0.5%                                  | 3                | NM                         |
| CORTISPORIN OIN 1%                                    | 3                | NM                         |
| <i>gentamicin sulfate oint 0.1%</i>                   | 1                | NM                         |
| <i>mupirocin oint 2%</i>                              | 1                | NM                         |
| <b>ANTIFUNGALS - TOPICAL</b>                          |                  |                            |
| <i>ciclodan sol 8%</i>                                | 1                | QL (20 mL / year), NM      |
| <i>ciclopirox gel 0.77%</i>                           | 1                | NM                         |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i>    | 1                | NM                         |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i>     | 2                | NM                         |
| <i>ciclopirox shampoo 1%</i>                          | 1                | NM                         |
| <i>ciclopirox solution 8%</i>                         | 1                | QL (20 mL / year), NM      |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>    | 1                | NM                         |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i>   | 1                | NM                         |
| <i>econazole nitrate cream 1%</i>                     | 2                | NM                         |
| EXELDERM CRE 1%                                       | 3                | NM                         |
| EXELDERM SOL 1%                                       | 3                | NM                         |
| JUBLIA SOL 10%                                        | 3                | PA, NM                     |
| KERYDIN SOL 5%                                        | 3                | PA, NM                     |
| <i>ketoconazole cream 2%</i>                          | 1                | NM                         |
| <i>ketoconazole shampoo 2%</i>                        | 1                | NM                         |
| LOTRISONE CRE                                         | 3                | NM                         |
| <i>luliconazole cream 1%</i>                          | 2                | NM                         |
| LUZU CRE 1%                                           | 3                | NM                         |
| <i>naftifine hcl cream 1%</i>                         | 2                | NM                         |
| <i>naftifine hcl cream 2%</i>                         | 2                | NM                         |
| NAFTIN CRE 2%                                         | 3                | NM                         |

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| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------|------------------|----------------------------|
| NAFTIN GEL 1%                                                 | 3                | NM                         |
| NAFTIN GEL 2%                                                 | 3                | NM                         |
| NIZORAL SHA 2%                                                | 3                | NM                         |
| <i>nyamyc pow 100000</i>                                      | 1                | NM                         |
| <i>nystatin cream 100000 unit/gm</i>                          | 1                | NM                         |
| <i>nystatin oint 100000 unit/gm</i>                           | 1                | NM                         |
| <i>nystatin topical powder 100000 unit/gm</i>                 | 1                | NM                         |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>      | 1                | NM                         |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>       | 1                | NM                         |
| <i>nystop pow 100000</i>                                      | 1                | NM                         |
| PENLAC SOL 8%                                                 | 3                | PA, QL (20 mL / year), NM  |
| <i>sulconazole nitrate cream 1%</i>                           | 2                | NM                         |
| <i>tavaborole soln 5%</i>                                     | 2                | PA, NM                     |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b> |                  |                            |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i>           | 2                | PA, NM                     |
| EFUDEX CRE 5%                                                 | 3                | NM                         |
| <i>fluorouracil cream 0.5%</i>                                | 2                | NM                         |
| <i>fluorouracil cream 5%</i>                                  | 2                | NM                         |
| <i>fluorouracil soln 2%</i>                                   | 2                | NM                         |
| <i>fluorouracil soln 5%</i>                                   | 2                | NM                         |
| PANRETIN GEL 0.1%                                             | 2                | NM                         |
| PICATO GEL 0.05%                                              | 3                | NM                         |
| PICATO GEL 0.015%                                             | 3                | NM                         |
| TARGRETIN GEL 1%                                              | 3                | NM                         |
| TOLAK CRE 4%                                                  | 3                | NM                         |
| VALCHLOR GEL 0.016%                                           | 3                | PA, NM                     |
| <b>ANTIPRURITICS - TOPICAL</b>                                |                  |                            |
| <i>doxepin hcl cream 5%</i>                                   | 2                | PA, NM                     |
| PRUDOXIN CRE 5%                                               | 3                | PA, NM                     |
| ZONALON CRE 5%                                                | 3                | PA, NM                     |
| <b>ANTIPSORIATICS</b>                                         |                  |                            |
| <i>acitretin cap 10 mg</i>                                    | 2                | NM                         |
| <i>acitretin cap 17.5 mg</i>                                  | 2                | NM                         |
| <i>acitretin cap 25 mg</i>                                    | 2                | NM                         |
| <i>calcipotriene cream 0.005%</i>                             | 2                | NM                         |
| <i>calcipotriene oint 0.005%</i>                              | 2                | NM                         |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>                  | 2                | NM                         |
| <i>calcitrene oin 0.005%</i>                                  | 2                | NM                         |
| <i>calcitriol oint 3 mcg/gm</i>                               | 2                | NM                         |

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| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                                                         |
|--------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------|
| COSENTYX INJ 150MG/ML                | 2                | SP, PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                                                         |
| COSENTYX INJ 300DOSE                 | 2                | SP, PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                                                         |
| COSENTYX PEN INJ 150MG/ML            | 2                | SP, PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                                                         |
| COSENTYX PEN INJ 300DOSE             | 2                | SP, PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis                                                         |
| DOVONEX CRE 0.005%                   | 3                | NM                                                                                                                                 |
| <i>methoxsalen rapid cap 10 mg</i>   | 2                | NM                                                                                                                                 |
| SKYRIZI INJ 150DOSE                  | 2                | SP, PA; Preferred agent for Psoriasis                                                                                              |
| SORIATANE CAP 10MG                   | 3                | NM                                                                                                                                 |
| SORIATANE CAP 25MG                   | 3                | NM                                                                                                                                 |
| STELARA INJ 45MG/0.5                 | 2                | SP, PA; Preferred agent for Crohn's Disease (after failure of Humira), Psoriasis, and Ulcerative Colitis (after failure of Humira) |
| STELARA INJ 90MG/ML                  | 2                | SP, PA; Preferred agent for Crohn's Disease (after failure of Humira), Psoriasis, and Ulcerative Colitis (after failure of Humira) |
| TALTZ INJ 80MG/ML                    | 2                | SP, PA; Preferred agent for Psoriasis                                                                                              |
| <i>tazarotene cream 0.1%</i>         | 2                | NM                                                                                                                                 |
| TAZORAC CRE 0.1%                     | 3                | NM                                                                                                                                 |
| TAZORAC CRE 0.05%                    | 3                | NM                                                                                                                                 |
| TAZORAC GEL 0.1%                     | 3                | NM                                                                                                                                 |
| TAZORAC GEL 0.05%                    | 3                | NM                                                                                                                                 |
| TREMFYA INJ 100MG/ML                 | 2                | SP, PA; Preferred agent for Psoriasis                                                                                              |
| <b>ANTISEBORRHEIC PRODUCTS</b>       |                  |                                                                                                                                    |
| <i>selenium sulfide lotion 2.5%</i>  | 1                | NM                                                                                                                                 |
| <i>selenium sulfide shampoo 2.3%</i> | 2                | NM                                                                                                                                 |

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| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------|------------------|----------------------------|
| <i>selenium sulfide shampoo 2.25%</i>                       | 2                | NM                         |
| <i>sulfacetamide sodium cleansing gel 10%</i>               | 2                | NM                         |
| <i>sulfacetamide sodium liquid 10%</i>                      | 1                | NM                         |
| <i>sulfacetamide sodium shampoo 10%</i>                     | 1                | NM                         |
| <b>ANTIVIRALS - TOPICAL</b>                                 |                  |                            |
| <i>acyclovir cream 5%</i>                                   | 2                | NM                         |
| <i>acyclovir oint 5%</i>                                    | 2                | NM                         |
| DENAVIR CRE 1%                                              | 3                | NM                         |
| ZOVIRAX CRE 5%                                              | 3                | NM                         |
| ZOVIRAX OIN 5%                                              | 3                | NM                         |
| <b>BURN PRODUCTS</b>                                        |                  |                            |
| <i>mafenide acetate packet for topical soln 5% (50 gm)</i>  | 2                | NM                         |
| SILVADENE CRE 1%                                            | 3                | NM                         |
| <i>silver sulfadiazine cream 1%</i>                         | 1                | NM                         |
| <i>ssd cre 1%</i>                                           | 1                | NM                         |
| SULFAMYLON CRE 85MG/GM                                      | 3                | NM                         |
| SULFAMYLON PAK 5%                                           | 3                | NM                         |
| <b>CORTICOSTEROIDS - TOPICAL</b>                            |                  |                            |
| <i>alclometasone dipropionate cream 0.05%</i>               | 1                | NM                         |
| <i>alclometasone dipropionate oint 0.05%</i>                | 1                | NM                         |
| <i>amcinonide cream 0.1%</i>                                | 2                | NM                         |
| <i>amcinonide lotion 0.1%</i>                               | 2                | NM                         |
| AMCINONIDE OIN 0.1%                                         | 2                | NM                         |
| <i>betamethasone dipropionate augmented cream 0.05%</i>     | 1                | NM                         |
| <i>betamethasone dipropionate augmented gel 0.05%</i>       | 1                | NM                         |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>    | 1                | NM                         |
| <i>betamethasone dipropionate augmented oint 0.05%</i>      | 1                | NM                         |
| <i>betamethasone dipropionate cream 0.05%</i>               | 1                | NM                         |
| <i>betamethasone dipropionate lotion 0.05%</i>              | 1                | NM                         |
| <i>betamethasone dipropionate oint 0.05%</i>                | 1                | NM                         |
| <i>betamethasone valerate aerosol foam 0.12%</i>            | 1                | NM                         |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>  | 1                | NM                         |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 1                | NM                         |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>   | 1                | NM                         |
| <i>clobetasol e cre 0.05%</i>                               | 2                | NM                         |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------|------------------|----------------------------|
| <i>clobetasol propionate cream 0.05%</i>            | 2                | NM                         |
| <i>clobetasol propionate gel 0.05%</i>              | 2                | NM                         |
| <i>clobetasol propionate lotion 0.05%</i>           | 2                | NM                         |
| <i>clobetasol propionate oint 0.05%</i>             | 2                | NM                         |
| <i>clobetasol propionate soln 0.05%</i>             | 2                | NM                         |
| DERMA-SMOOTH OIL /FS BODY                           | 3                | NM                         |
| DERMA-SMOOTH OIL /FS SCLP                           | 3                | NM                         |
| <i>desonide cream 0.05%</i>                         | 2                | NM                         |
| <i>desonide lotion 0.05%</i>                        | 2                | NM                         |
| <i>desonide oint 0.05%</i>                          | 2                | NM                         |
| DESOWEN CRE 0.05%                                   | 3                | NM                         |
| <i>desoximetasone cream 0.05%</i>                   | 2                | NM                         |
| <i>desoximetasone cream 0.25%</i>                   | 2                | NM                         |
| <i>desoximetasone gel 0.05%</i>                     | 2                | NM                         |
| <i>desoximetasone oint 0.05%</i>                    | 2                | NM                         |
| <i>desoximetasone oint 0.25%</i>                    | 2                | NM                         |
| <i>desoximetasone spray 0.25%</i>                   | 2                | NM                         |
| <i>diflorasone diacetate cream 0.05%</i>            | 2                | NM                         |
| <i>diflorasone diacetate oint 0.05%</i>             | 2                | NM                         |
| DIPROLENE AF CRE 0.05%                              | 3                | NM                         |
| DIPROLENE OIN 0.05%                                 | 3                | NM                         |
| ELOCON CRE 0.1%                                     | 3                | NM                         |
| EPIFOAM AER 1%                                      | 3                | NM                         |
| <i>fluocinolone acetonide cream 0.01%</i>           | 1                | NM                         |
| <i>fluocinolone acetonide cream 0.025%</i>          | 1                | NM                         |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i>  | 2                | NM                         |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> | 2                | NM                         |
| <i>fluocinolone acetonide oint 0.025%</i>           | 1                | NM                         |
| <i>fluocinolone acetonide soln 0.01%</i>            | 1                | NM                         |
| <i>fluocinonide cream 0.05%</i>                     | 1                | NM                         |
| <i>fluocinonide emulsified base cream 0.05%</i>     | 1                | NM                         |
| <i>fluocinonide gel 0.05%</i>                       | 1                | NM                         |
| <i>fluocinonide oint 0.05%</i>                      | 1                | NM                         |
| <i>fluocinonide soln 0.05%</i>                      | 1                | NM                         |
| <i>flurandrenolide cream 0.05%</i>                  | 2                | NM                         |
| <i>flurandrenolide lotion 0.05%</i>                 | 2                | NM                         |
| <i>flurandrenolide oint 0.05%</i>                   | 2                | NM                         |
| <i>fluticasone propionate cream 0.05%</i>           | 1                | NM                         |
| <i>fluticasone propionate lotion 0.05%</i>          | 1                | NM                         |
| <i>fluticasone propionate oint 0.005%</i>           | 1                | NM                         |
| <i>halobetasol propionate cream 0.05%</i>           | 2                | NM                         |
| <i>halobetasol propionate oint 0.05%</i>            | 2                | NM                         |
| <i>hydrocortisone butyrate cream 0.1%</i>           | 1                | NM                         |
| <i>hydrocortisone butyrate lotion 0.1%</i>          | 2                | NM                         |

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| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------|------------------|----------------------------|
| <i>hydrocortisone butyrate oint 0.1%</i>                | 1                | NM                         |
| <i>hydrocortisone butyrate soln 0.1%</i>                | 1                | NM                         |
| <i>hydrocortisone cream 2.5%</i>                        | 1                | NM                         |
| <i>hydrocortisone lotion 2.5%</i>                       | 1                | NM                         |
| <i>hydrocortisone oint 2.5%</i>                         | 1                | NM                         |
| <i>hydrocortisone valerate cream 0.2%</i>               | 1                | NM                         |
| <i>hydrocortisone valerate oint 0.2%</i>                | 1                | NM                         |
| <i>mometasone furoate cream 0.1%</i>                    | 1                | NM                         |
| <i>mometasone furoate oint 0.1%</i>                     | 1                | NM                         |
| <i>mometasone furoate solution 0.1% (lotion)</i>        | 1                | NM                         |
| <i>prednicarbate cream 0.1%</i>                         | 1                | NM                         |
| <i>prednicarbate oint 0.1%</i>                          | 1                | NM                         |
| TEMOVATE CRE 0.05%                                      | 3                | NM                         |
| TEMOVATE OIN 0.05%                                      | 3                | NM                         |
| TEXACORT SOL 2.5%                                       | 3                | NM                         |
| <i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i> | 2                | NM                         |
| <i>triamcinolone acetonide cream 0.1%</i>               | 1                | NM                         |
| <i>triamcinolone acetonide cream 0.5%</i>               | 1                | NM                         |
| <i>triamcinolone acetonide cream 0.025%</i>             | 1                | NM                         |
| <i>triamcinolone acetonide lotion 0.1%</i>              | 1                | NM                         |
| <i>triamcinolone acetonide lotion 0.025%</i>            | 1                | NM                         |
| <i>triamcinolone acetonide oint 0.1%</i>                | 1                | NM                         |
| <i>triamcinolone acetonide oint 0.5%</i>                | 1                | NM                         |
| <i>triamcinolone acetonide oint 0.025%</i>              | 1                | NM                         |
| <i>triderm cre 0.1%</i>                                 | 1                | NM                         |
| <i>triderm cre 0.5%</i>                                 | 1                | NM                         |
| TRIDESILON CRE 0.05%                                    | 3                | NM                         |
| <b>ECZEMA AGENTS</b>                                    |                  |                            |
| DUPIXENT INJ 200/1.14                                   | 2                | SP, PA                     |
| DUPIXENT INJ 300/2ML                                    | 2                | SP, PA, NM                 |
| <b>EMOLLIENT/KERATOLYTIC AGENTS</b>                     |                  |                            |
| CEM-UREA SOL 45%                                        | 2                | NM                         |
| <i>cerovel lot 40%</i>                                  | 2                | NM                         |
| HYDRO 40 AER FOAM                                       | 3                | NM                         |
| KERALAC CRE 47%                                         | 3                | NM                         |
| <i>umecta mouss aer 40%</i>                             | 2                | NM                         |
| <i>urea cream 39%</i>                                   | 2                | NM                         |
| <i>urea cream 40%</i>                                   | 2                | NM                         |
| <i>urea cream 41%</i>                                   | 2                | NM                         |
| <i>urea cream 45%</i>                                   | 2                | NM                         |
| <i>urea cream 47%</i>                                   | 2                | NM                         |
| <i>urea hydrati aer 35%</i>                             | 1                | NM                         |

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| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>urea in zinc undecylenate-lactic acid vehicle emulsion 50%</i> | 2                | NM                         |
| <i>urea lotion 40%</i>                                            | 2                | NM                         |
| <i>urea nail gel 45%</i>                                          | 2                | NM                         |
| <i>urea suspension 40%</i>                                        | 2                | NM                         |
| <i>urea-c40 lot 40%</i>                                           | 2                | NM                         |
| <b>ENZYMES - TOPICAL</b>                                          |                  |                            |
| SANTYL OIN 250/GM                                                 | 3                | QL (30 gm / 30 days), NM   |
| <b>IMMUNOMODULATING AGENTS - TOPICAL</b>                          |                  |                            |
| ALDARA CRE 5%                                                     | 3                | NM                         |
| <i>imiquimod cream 5%</i>                                         | 2                | NM                         |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>                         |                  |                            |
| ELIDEL CRE 1%                                                     | 3                | NM                         |
| <i>pimecrolimus cream 1%</i>                                      | 2                | NM                         |
| PROTOPIC OIN 0.1%                                                 | 3                | NM                         |
| PROTOPIC OIN 0.03%                                                | 3                | NM                         |
| <i>tacrolimus oint 0.1%</i>                                       | 2                | NM                         |
| <i>tacrolimus oint 0.03%</i>                                      | 2                | NM                         |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>                             |                  |                            |
| CONDYLOX GEL 0.5%                                                 | 3                | NM                         |
| PODOCON SOL 25%                                                   | 3                | NM                         |
| <i>podofilox soln 0.5%</i>                                        | 2                | NM                         |
| PYROGALL ACD OIN                                                  | 2                | NM                         |
| <i>salicylic acid er film-forming soln 28.5%</i>                  | 2                | NM                         |
| <b>LOCAL ANESTHETICS - TOPICAL</b>                                |                  |                            |
| <i>glydo gel 2%</i>                                               | 1                | NM                         |
| <i>lido-sorb lot 3%</i>                                           | 2                | NM                         |
| <i>lidocaine hcl cream 3%</i>                                     | 1                | NM                         |
| <i>lidocaine hcl lotion 3%</i>                                    | 2                | NM                         |
| <i>lidocaine hcl soln 4%</i>                                      | 1                | NM                         |
| <i>lidocaine hcl urethral/mucosal gel 2%</i>                      | 1                | NM                         |
| <i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>    | 1                | NM                         |
| <i>lidocaine oint 5%</i>                                          | 2                | NM                         |
| <i>lidocaine patch 5%</i>                                         | 2                | NM                         |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>                        | 2                | NM                         |
| LIDODERM DIS 5%                                                   | 3                | NM                         |
| <i>7t lido gel 2%</i>                                             | 1                | NM                         |
| <b>MISC. TOPICAL</b>                                              |                  |                            |
| DRYSOL SOL 20%                                                    | 3                | NM                         |
| XERAC-AC SOL 6.25%                                                | 3                | NM                         |

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| Drug Name                                              | Drug Tier | Requirements/Limits |
|--------------------------------------------------------|-----------|---------------------|
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b> |           |                     |
| EUCRISA OIN 2%                                         | 2         | NM                  |

|                       |  |  |
|-----------------------|--|--|
| <b>ROSACEA AGENTS</b> |  |  |
|-----------------------|--|--|

|                                                        |   |        |
|--------------------------------------------------------|---|--------|
| <i>azelaic acid gel 15%</i>                            | 2 | NM     |
| <i>doxycycline (rosacea) cap delayed release 40 mg</i> | 1 | PA, NM |
| FINACEA AER 15%                                        | 2 | NM     |
| FINACEA GEL 15%                                        | 3 | NM     |
| METROCREAM CRE 0.75%                                   | 3 | NM     |
| METROGEL GEL 1%                                        | 3 | NM     |
| METROLOTION LOT 0.75%                                  | 3 | NM     |
| <i>metronidazole cream 0.75%</i>                       | 2 | NM     |
| <i>metronidazole gel 0.75%</i>                         | 2 | NM     |
| <i>metronidazole gel 1%</i>                            | 2 | NM     |
| <i>metronidazole lotion 0.75%</i>                      | 2 | NM     |
| ORACEA CAP 40MG                                        | 3 | PA, NM |
| RHOFADE CRE 1%                                         | 3 | NM     |
| <i>rosadan cre 0.75%</i>                               | 2 | NM     |
| <i>rosadan gel 0.75%</i>                               | 2 | NM     |
| SOOLANTRA CRE 1%                                       | 2 | NM     |

|                                       |  |  |
|---------------------------------------|--|--|
| <b>SCABICIDES &amp; PEDICULICIDES</b> |  |  |
|---------------------------------------|--|--|

|                               |   |    |
|-------------------------------|---|----|
| <i>crotan lot 10%</i>         | 2 | NM |
| EURAX CRE 10%                 | 3 | NM |
| EURAX LOT 10%                 | 3 | NM |
| <i>ivermectin lotion 0.5%</i> | 2 | NM |
| <i>lindane shampoo 1%</i>     | 1 | NM |
| <i>malathion lotion 0.5%</i>  | 2 | NM |
| NATROBA SUS 0.9%              | 3 | NM |
| OVIDE LOT 0.5%                | 3 | NM |
| <i>permethrin cream 5%</i>    | 1 | NM |
| SKLICE LOT 0.5%               | 2 | NM |
| <i>spinosad susp 0.9%</i>     | 2 | NM |
| ULESFIA LOT 5%                | 3 | NM |

|                            |  |  |
|----------------------------|--|--|
| <b>DIAGNOSTIC PRODUCTS</b> |  |  |
|----------------------------|--|--|

|                         |  |  |
|-------------------------|--|--|
| <b>DIAGNOSTIC DRUGS</b> |  |  |
|-------------------------|--|--|

|                      |   |    |
|----------------------|---|----|
| METOPIRONE CAP 250MG | 3 | NM |
|----------------------|---|----|

|                         |  |  |
|-------------------------|--|--|
| <b>DIAGNOSTIC TESTS</b> |  |  |
|-------------------------|--|--|

|                    |   |                               |
|--------------------|---|-------------------------------|
| KETOSTIX TES STRIP | 1 | NM                            |
| ONETOUCH TES ULTRA | 2 | QL (200 strips / 30 days), NM |
| ONETOUCH TES VERIO | 2 | QL (200 strips / 30 days), NM |



| Drug Name                                                    | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------|-----------|---------------------|
| <b>DIGESTIVE AIDS</b>                                        |           |                     |
| <b><i>DIGESTIVE ENZYMES</i></b>                              |           |                     |
| CREON CAP 3000UNIT                                           | 2         |                     |
| CREON CAP 6000UNIT                                           | 2         |                     |
| CREON CAP 12000UNT                                           | 2         |                     |
| CREON CAP 24000UNT                                           | 2         |                     |
| CREON CAP 36000UNT                                           | 2         |                     |
| PANCREAZE CAP 2600UNIT                                       | 3         |                     |
| PANCREAZE CAP 4200UNIT                                       | 3         |                     |
| PANCREAZE CAP 10500UNT                                       | 3         |                     |
| PANCREAZE CAP 16800UNT                                       | 3         |                     |
| PANCREAZE CAP 21000UNT                                       | 3         |                     |
| PERTZYE CAP 4000UNIT                                         | 3         |                     |
| PERTZYE CAP 8000UNIT                                         | 3         |                     |
| PERTZYE CAP 16000U                                           | 3         |                     |
| PERTZYE CAP 24000U                                           | 3         |                     |
| SUCRAID SOL 8500/ML                                          | 3         |                     |
| VIOKACE TAB 10440                                            | 3         |                     |
| VIOKACE TAB 20880                                            | 3         |                     |
| ZENPEP CAP 3000UNIT                                          | 3         |                     |
| ZENPEP CAP 5000UNIT                                          | 3         |                     |
| ZENPEP CAP 10000UNT                                          | 3         |                     |
| ZENPEP CAP 15000UNT                                          | 3         |                     |
| ZENPEP CAP 20000UNT                                          | 3         |                     |
| ZENPEP CAP 25000                                             | 3         |                     |
| ZENPEP CAP 40000                                             | 3         |                     |
| <b>DIURETICS</b>                                             |           |                     |
| <b><i>CARBONIC ANHYDRASE INHIBITORS</i></b>                  |           |                     |
| <i>acetazolamide cap er 12hr 500 mg</i>                      | 1         |                     |
| <i>acetazolamide sodium for inj 500 mg</i>                   | 2         | NM                  |
| <i>acetazolamide tab 125 mg</i>                              | 1         |                     |
| <i>acetazolamide tab 250 mg</i>                              | 1         |                     |
| <i>methazolamide tab 25 mg</i>                               | 2         |                     |
| <i>methazolamide tab 50 mg</i>                               | 2         |                     |
| <b><i>DIURETIC COMBINATIONS</i></b>                          |           |                     |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>       | 1         |                     |
| DYAZIDE CAP 37.5-25                                          | 3         |                     |
| MAXZIDE TAB 75-50                                            | 3         |                     |
| MAXZIDE-25 TAB                                               | 3         |                     |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> | 1         |                     |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>  | 1         |                     |

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| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------|------------------|----------------------------|
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>   | 1                |                            |
| <b>LOOP DIURETICS</b>                                       |                  |                            |
| <i>bumetanide tab 0.5 mg</i>                                | 1                |                            |
| <i>bumetanide tab 1 mg</i>                                  | 1                |                            |
| <i>bumetanide tab 2 mg</i>                                  | 1                |                            |
| <i>ethacrynic acid tab 25 mg</i>                            | 2                |                            |
| <i>furosemide inj 10 mg/ml</i>                              | 1                | NM                         |
| <i>furosemide oral soln 8 mg/ml</i>                         | 1                |                            |
| <i>furosemide oral soln 10 mg/ml</i>                        | 1                |                            |
| <i>furosemide tab 20 mg</i>                                 | 1                |                            |
| <i>furosemide tab 40 mg</i>                                 | 1                |                            |
| <i>furosemide tab 80 mg</i>                                 | 1                |                            |
| LASIX TAB 20MG                                              | 3                |                            |
| LASIX TAB 40MG                                              | 3                |                            |
| LASIX TAB 80MG                                              | 3                |                            |
| <i>torsemide tab 5 mg</i>                                   | 1                |                            |
| <i>torsemide tab 10 mg</i>                                  | 1                |                            |
| <i>torsemide tab 20 mg</i>                                  | 1                |                            |
| <i>torsemide tab 100 mg</i>                                 | 1                |                            |
| <b>POTASSIUM SPARING DIURETICS</b>                          |                  |                            |
| ALDACTONE TAB 25MG                                          | 3                |                            |
| ALDACTONE TAB 50MG                                          | 3                |                            |
| ALDACTONE TAB 100MG                                         | 3                |                            |
| <i>amiloride hcl tab 5 mg</i>                               | 1                |                            |
| <i>spironolactone tab 25 mg</i>                             | 1                |                            |
| <i>spironolactone tab 50 mg</i>                             | 1                |                            |
| <i>spironolactone tab 100 mg</i>                            | 1                |                            |
| <i>triamterene cap 50 mg</i>                                | 2                |                            |
| <i>triamterene cap 100 mg</i>                               | 2                |                            |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>                |                  |                            |
| <i>chlorothiazide tab 250 mg</i>                            | 1                |                            |
| <i>chlorothiazide tab 500 mg</i>                            | 1                |                            |
| <i>chlorthalidone tab 25 mg</i>                             | 1                |                            |
| <i>chlorthalidone tab 50 mg</i>                             | 1                |                            |
| DIURIL SUS 250/5ML                                          | 3                |                            |
| <i>hydrochlorothiazide cap 12.5 mg</i>                      | 1                |                            |
| <i>hydrochlorothiazide tab 12.5 mg</i>                      | 1                |                            |
| <i>hydrochlorothiazide tab 25 mg</i>                        | 1                |                            |
| <i>hydrochlorothiazide tab 50 mg</i>                        | 1                |                            |
| <i>indapamide tab 1.25 mg</i>                               | 1                |                            |
| <i>indapamide tab 2.5 mg</i>                                | 1                |                            |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------|------------------|----------------------------|
| <i>metolazone tab 2.5 mg</i>                           | 1                |                            |
| <i>metolazone tab 5 mg</i>                             | 1                |                            |
| <i>metolazone tab 10 mg</i>                            | 1                |                            |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>          |                  |                            |
| <b>ADRENAL STEROID INHIBITORS</b>                      |                  |                            |
| ISTURISA TAB 1MG                                       | 3                |                            |
| ISTURISA TAB 5MG                                       | 3                |                            |
| ISTURISA TAB 10MG                                      | 3                |                            |
| <b>BONE DENSITY REGULATORS</b>                         |                  |                            |
| ACTONEL TAB 5MG                                        | 3                |                            |
| ACTONEL TAB 30MG                                       | 3                | NM                         |
| ACTONEL TAB 35MG                                       | 3                |                            |
| ACTONEL TAB 150MG                                      | 3                |                            |
| <i>alendronate sodium oral soln 70 mg/75ml</i>         | 1                |                            |
| <i>alendronate sodium tab 5 mg</i>                     | 1                |                            |
| <i>alendronate sodium tab 10 mg</i>                    | 1                |                            |
| <i>alendronate sodium tab 35 mg</i>                    | 1                |                            |
| <i>alendronate sodium tab 70 mg</i>                    | 1                |                            |
| ATELVIA TAB                                            | 3                |                            |
| BONIVA TAB 150MG                                       | 3                |                            |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>     | 2                |                            |
| <i>etidronate disodium tab 400 mg</i>                  | 1                | NM                         |
| FORTEO INJ 620/2.48                                    | 2                | SP                         |
| FOSAMAX + D TAB 70-2800                                | 3                |                            |
| FOSAMAX + D TAB 70-5600                                | 3                |                            |
| FOSAMAX TAB 70MG                                       | 3                |                            |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | 1                |                            |
| MIACALCIN INJ 200/ML                                   | 3                | NM                         |
| NATPARA INJ 25MCG                                      | 3                | SP                         |
| NATPARA INJ 50MCG                                      | 3                | SP                         |
| NATPARA INJ 75MCG                                      | 3                | SP                         |
| NATPARA INJ 100MCG                                     | 3                | SP                         |
| <i>risedronate sodium tab 5 mg</i>                     | 2                |                            |
| <i>risedronate sodium tab 30 mg</i>                    | 2                | NM                         |
| <i>risedronate sodium tab 35 mg</i>                    | 2                |                            |
| <i>risedronate sodium tab 150 mg</i>                   | 2                |                            |
| <i>risedronate sodium tab delayed release 35 mg</i>    | 2                |                            |
| TERIPARATIDE INJ                                       | 2                | SP                         |
| TYMLOS INJ                                             | 2                | SP                         |
| <b>FERTILITY REGULATORS</b>                            |                  |                            |
| CHOR GONADOT INJ 10000UNT                              | 3                | SP, NM                     |

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| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------|------------------|----------------------------|
| <i>clomiphene citrate tab 50 mg</i>                           | 1                | QL (30 tabs / 30 days), NM |
| FOLLISTIM AQ INJ 300UNIT                                      | 2                | SP, PA, NM                 |
| FOLLISTIM AQ INJ 600UNIT                                      | 2                | SP, PA, NM                 |
| FOLLISTIM AQ INJ 900UNIT                                      | 2                | SP, PA, NM                 |
| GONAL-F INJ 450UNIT                                           | 3                | SP, PA, NM                 |
| GONAL-F INJ 1050UNIT                                          | 3                | SP, PA, NM                 |
| GONAL-F RFF INJ 75UNIT                                        | 3                | SP, PA, NM                 |
| GONAL-F RFF INJ 300/0.5                                       | 3                | SP, PA, NM                 |
| GONAL-F RFF INJ 450/0.75                                      | 3                | SP, PA, NM                 |
| GONAL-F RFF INJ 900/1.5                                       | 3                | SP, PA, NM                 |
| MENOPUR INJ 75UNIT                                            | 3                | SP, PA, NM                 |
| NOVAREL INJ 5000UNIT                                          | 3                | SP, NM                     |
| NOVAREL INJ 10000UNT                                          | 3                | SP, NM                     |
| OVIDREL INJ                                                   | 3                | SP, NM                     |
| PREGNYL INJ 10000UNT                                          | 3                | SP, NM                     |
| <b>GNRH/LHRH ANTAGONISTS</b>                                  |                  |                            |
| CETROTIDE KIT 0.25MG                                          | 3                | SP, PA, NM                 |
| GANIRELIX AC INJ 250/0.5                                      | 3                | SP, PA, NM                 |
| <i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i> | 2                | SP, PA, NM                 |
| ORILISSA TAB 150MG                                            | 2                | NM                         |
| ORILISSA TAB 200MG                                            | 2                | NM                         |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>                    |                  |                            |
| SOMAVERT INJ 10MG                                             | 3                | SP                         |
| SOMAVERT INJ 15MG                                             | 3                | SP                         |
| SOMAVERT INJ 20MG                                             | 3                | SP                         |
| SOMAVERT INJ 25MG                                             | 3                | SP                         |
| SOMAVERT INJ 30MG                                             | 3                | SP                         |
| <b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>               |                  |                            |
| EGRIFTA SOL 1MG                                               | 3                |                            |
| <b>GROWTH HORMONES</b>                                        |                  |                            |
| GENOTROPIN INJ 0.2MG                                          | 2                | SP, PA                     |
| GENOTROPIN INJ 0.4MG                                          | 2                | SP, PA                     |
| GENOTROPIN INJ 0.6MG                                          | 2                | SP, PA                     |
| GENOTROPIN INJ 0.8MG                                          | 2                | SP, PA                     |
| GENOTROPIN INJ 1.2MG                                          | 2                | SP, PA                     |
| GENOTROPIN INJ 1.4MG                                          | 2                | SP, PA                     |
| GENOTROPIN INJ 1.6MG                                          | 2                | SP, PA                     |
| GENOTROPIN INJ 1.8MG                                          | 2                | SP, PA                     |
| GENOTROPIN INJ 1MG                                            | 2                | SP, PA                     |
| GENOTROPIN INJ 2MG                                            | 2                | SP, PA                     |
| GENOTROPIN INJ 5MG                                            | 2                | SP, PA                     |
| GENOTROPIN INJ 12MG                                           | 2                | SP, PA                     |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------|------------------|----------------------------|
| NORDITROPIN INJ 5/1.5ML                                | 2                | SP, PA                     |
| NORDITROPIN INJ 10/1.5ML                               | 2                | SP, PA                     |
| NORDITROPIN INJ 15/1.5ML                               | 2                | SP, PA                     |
| NORDITROPIN INJ 30/3ML                                 | 2                | SP, PA                     |
| SEROSTIM INJ 4MG                                       | 3                | SP, PA                     |
| SEROSTIM INJ 5MG                                       | 3                | SP, PA                     |
| SEROSTIM INJ 6MG                                       | 3                | SP, PA                     |
| <b>HORMONE RECEPTOR MODULATORS</b>                     |                  |                            |
| EVISTA TAB 60MG                                        | 3                |                            |
| OSPHENA TAB 60MG                                       | 3                |                            |
| <i>raloxifene hcl tab 60 mg</i>                        | 1                | AGE                        |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b> |                  |                            |
| LUPANETA KIT 3.75-5                                    | 3                | SP, NM                     |
| LUPANETA KIT 11.25-5                                   | 3                | SP, NM                     |
| SYNAREL SOL 2MG/ML                                     | 2                | NM                         |
| <b>METABOLIC MODIFIERS</b>                             |                  |                            |
| <i>calcitriol cap 0.5 mcg</i>                          | 2                |                            |
| <i>calcitriol cap 0.25 mcg</i>                         | 2                |                            |
| <i>calcitriol oral soln 1 mcg/ml</i>                   | 2                |                            |
| CARNITOR SF SOL 1GM/10ML                               | 3                |                            |
| CARNITOR SOL 1GM/10ML                                  | 3                |                            |
| CARNITOR TAB 330MG                                     | 3                |                            |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i>           | 2                | SP                         |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i>           | 2                | SP                         |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i>           | 2                | SP                         |
| <i>doxercalciferol cap 0.5 mcg</i>                     | 2                |                            |
| <i>doxercalciferol cap 1 mcg</i>                       | 2                |                            |
| <i>doxercalciferol cap 2.5 mcg</i>                     | 2                |                            |
| GALAFOLD CAP 123MG                                     | 3                | PA                         |
| KUVAN POW 100MG                                        | 3                | PA                         |
| KUVAN POW 500MG                                        | 3                | PA                         |
| KUVAN TAB 100MG                                        | 3                | PA                         |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>         | 2                |                            |
| <i>levocarnitine tab 330 mg</i>                        | 2                |                            |
| NITYR TAB 2MG                                          | 3                | PA                         |
| NITYR TAB 5MG                                          | 3                | PA                         |
| NITYR TAB 10MG                                         | 3                | PA                         |
| ORFADIN CAP 2MG                                        | 3                | PA                         |
| ORFADIN CAP 5MG                                        | 3                | PA                         |
| ORFADIN CAP 10MG                                       | 3                | PA                         |
| ORFADIN CAP 20MG                                       | 3                | PA                         |
| ORFADIN SUS 4MG/ML                                     | 3                | PA                         |
| PALYNZIQ INJ 2.5/0.5                                   | 3                | SP, PA                     |

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| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------|------------------|----------------------------|
| PALYNZIQ INJ 10/0.5ML                                     | 3                | SP, PA                     |
| PALYNZIQ INJ 20MG/ML                                      | 3                | SP, PA                     |
| <i>paricalcitol cap 1 mcg</i>                             | 2                |                            |
| <i>paricalcitol cap 2 mcg</i>                             | 2                |                            |
| <i>paricalcitol cap 4 mcg</i>                             | 2                |                            |
| RAVICTI LIQ 1.1GM/ML                                      | 3                | SP, PA                     |
| RAYALDEE CAP 30MCG                                        | 3                |                            |
| <i>sapropterin dihydrochloride powder packet 100 mg</i>   | 2                | PA                         |
| <i>sapropterin dihydrochloride powder packet 500 mg</i>   | 2                | PA                         |
| <i>sapropterin dihydrochloride tab 100 mg</i>             | 2                | PA                         |
| SENSIPAR TAB 30MG                                         | 3                | SP                         |
| SENSIPAR TAB 60MG                                         | 3                | SP                         |
| SENSIPAR TAB 90MG                                         | 3                | SP                         |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> | 2                | SP                         |
| <i>sodium phenylbutyrate tab 500 mg</i>                   | 2                | SP                         |
| STRENSIQ INJ 18/0.45                                      | 3                | PA                         |
| STRENSIQ INJ 28/0.7ML                                     | 3                | PA                         |
| STRENSIQ INJ 40MG/ML                                      | 3                | PA                         |
| STRENSIQ INJ 80/0.8ML                                     | 3                | PA                         |
| XURIDEN POW 2GM                                           | 3                | PA                         |

#### **POSTERIOR PITUITARY HORMONES**

|                                                                   |   |    |
|-------------------------------------------------------------------|---|----|
| DDAVP INJ 4MCG/ML                                                 | 3 | NM |
| DDAVP SOL 0.01%                                                   | 3 |    |
| DDAVP SPR 0.01%                                                   | 3 |    |
| DDAVP TAB 0.1MG                                                   | 3 |    |
| DDAVP TAB 0.2MG                                                   | 3 |    |
| <i>desmopressin acetate inj 4 mcg/ml</i>                          | 2 | NM |
| <i>desmopressin acetate nasal spray soln 0.01%</i>                | 2 |    |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | 2 |    |
| <i>desmopressin acetate tab 0.1 mg</i>                            | 1 |    |
| <i>desmopressin acetate tab 0.2 mg</i>                            | 1 |    |
| STIMATE SOL 1.5MG/ML                                              | 2 | SP |

#### **PROLACTIN INHIBITORS**

|                               |   |    |
|-------------------------------|---|----|
| <i>cabergoline tab 0.5 mg</i> | 2 | NM |
|-------------------------------|---|----|

#### **SOMATOSTATIC AGENTS**

|                          |   |    |
|--------------------------|---|----|
| BYNFEZIA PEN INJ 2500MCG | 3 | SP |
| MYCAPSSA CAP 20MG        | 3 |    |
| SIGNIFOR INJ 0.3MG/ML    | 3 | PA |
| SIGNIFOR INJ 0.6MG/ML    | 3 | PA |

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| Drug Name               | Drug Tier | Requirements/Limits |
|-------------------------|-----------|---------------------|
| SIGNIFOR INJ 0.9MG/ML   | 3         | PA                  |
| SOMATULINE INJ 60/0.2ML | 3         | SP, NM              |
| SOMATULINE INJ 90/0.3ML | 3         | SP, NM              |
| SOMATULINE INJ 120/.5ML | 3         | SP, NM              |

#### **VASOPRESSIN RECEPTOR ANTAGONISTS**

|                            |   |                                    |
|----------------------------|---|------------------------------------|
| JYNARQUE PAK 30-15MG       | 3 | PA, NM                             |
| JYNARQUE PAK 45-15MG       | 3 | PA, NM                             |
| JYNARQUE PAK 60-30MG       | 3 | PA, NM                             |
| JYNARQUE PAK 90-30MG       | 3 | PA, NM                             |
| JYNARQUE TAB 15MG          | 3 | PA, NM                             |
| JYNARQUE TAB 30MG          | 3 | PA, NM                             |
| SAMSCA TAB 15MG            | 3 | SP, QL (60 Tablets / 180 days), NM |
| SAMSCA TAB 30MG            | 3 | SP, QL (60 Tablets / 180 days), NM |
| <i>tolvaptan tab 30 mg</i> | 2 | SP, QL (60 Tablets / 180 days), NM |

#### **ESTROGENS**

##### **ESTROGEN COMBINATIONS**

|                                                                   |   |    |
|-------------------------------------------------------------------|---|----|
| ACTIVELLA TAB 1-0.5MG                                             | 3 |    |
| <i>amabelz tab 0.5-0.1</i>                                        | 1 |    |
| <i>amabelz tab 1-0.5mg</i>                                        | 1 |    |
| ANGELIQ TAB 0.5-1MG                                               | 3 |    |
| ANGELIQ TAB 0.25-0.5                                              | 3 |    |
| BIJUVA CAP 1-100MG                                                | 3 |    |
| CLIMARA PRO DIS WEEKLY                                            | 3 |    |
| COMBIPATCH DIS                                                    | 3 |    |
| DUAVEE TAB 0.45-20                                                | 3 |    |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>       | 1 |    |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>         | 1 |    |
| FEMHRT TAB 0.5-2.5                                                | 3 |    |
| <i>fyavolv tab 0.5-2.5</i>                                        | 1 |    |
| <i>fyavolv tab 1-5</i>                                            | 1 |    |
| <i>jinteli tab 1mg-5mcg</i>                                       | 1 |    |
| <i>lopreeza tab 1-0.5mg</i>                                       | 1 |    |
| <i>mimvey tab 1-0.5mg</i>                                         | 1 |    |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 1 |    |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>     | 1 |    |
| ORIAHNN CAP                                                       | 2 | NM |
| PREFEST TAB                                                       | 3 |    |

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| Drug Name                                                       | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------|-----------|---------------------|
| PREMPHASE TAB                                                   | 3         |                     |
| PREMPRO TAB                                                     | 3         |                     |
| PREMPRO TAB 0.3-1.5                                             | 3         |                     |
| PREMPRO TAB 0.45-1.5                                            | 3         |                     |
| PREMPRO TAB 0.625-5                                             | 3         |                     |
| <b>ESTROGENS</b>                                                |           |                     |
| ALORA DIS 0.05MG                                                | 3         |                     |
| CLIMARA DIS 0.1MG                                               | 3         |                     |
| CLIMARA DIS 0.05MG                                              | 3         |                     |
| CLIMARA DIS 0.06MG                                              | 3         |                     |
| CLIMARA DIS 0.025MG                                             | 3         |                     |
| CLIMARA DIS 0.075MG                                             | 3         |                     |
| CLIMARA DIS 0.0375MG                                            | 3         |                     |
| DEPO-ESTRADI INJ 5MG/ML                                         | 3         | NM                  |
| DIVIGEL GEL 0.5MG                                               | 3         |                     |
| DIVIGEL GEL 0.25MG                                              | 3         |                     |
| DIVIGEL GEL 0.75MG                                              | 3         |                     |
| DIVIGEL GEL 1.25MG                                              | 3         |                     |
| DIVIGEL GEL 1MG/GM                                              | 3         |                     |
| ELESTRIN GEL 0.06%                                              | 3         |                     |
| ESTRACE TAB 0.5MG                                               | 3         |                     |
| ESTRACE TAB 1MG                                                 | 3         |                     |
| ESTRACE TAB 2MG                                                 | 3         |                     |
| <i>estradiol tab 0.5 mg</i>                                     | 1         |                     |
| <i>estradiol tab 1 mg</i>                                       | 1         |                     |
| <i>estradiol tab 2 mg</i>                                       | 1         |                     |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>              | 1         |                     |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>             | 1         |                     |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>            | 1         |                     |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>            | 1         |                     |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>           | 1         |                     |
| <i>estradiol td patch weekly 0.1 mg/24hr</i>                    | 1         |                     |
| <i>estradiol td patch weekly 0.05 mg/24hr</i>                   | 1         |                     |
| <i>estradiol td patch weekly 0.06 mg/24hr</i>                   | 1         |                     |
| <i>estradiol td patch weekly 0.025 mg/24hr</i>                  | 1         |                     |
| <i>estradiol td patch weekly 0.075 mg/24hr</i>                  | 1         |                     |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | 1         |                     |
| <i>estradiol valerate im in oil 20 mg/ml</i>                    | 1         | NM                  |

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| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------|------------------|----------------------------|
| <i>estradiol valerate im in oil 40 mg/ml</i> | 1                | NM                         |
| ESTROGEL GEL                                 | 3                |                            |
| EVAMIST SPR 1.53MG                           | 3                |                            |
| MENEST TAB 0.3MG                             | 3                |                            |
| MENEST TAB 0.625MG                           | 3                |                            |
| MENEST TAB 1.25MG                            | 3                |                            |
| MENOSTAR DIS 14MCG                           | 3                |                            |
| MINIVELLE DIS 0.1MG                          | 3                |                            |
| MINIVELLE DIS 0.05MG                         | 3                |                            |
| MINIVELLE DIS 0.025MG                        | 3                |                            |
| MINIVELLE DIS 0.075MG                        | 3                |                            |
| MINIVELLE DIS 0.0375MG                       | 3                |                            |
| PREMARIN TAB 0.3MG                           | 3                |                            |
| PREMARIN TAB 0.9MG                           | 3                |                            |
| PREMARIN TAB 0.45MG                          | 3                |                            |
| PREMARIN TAB 0.625MG                         | 3                |                            |
| PREMARIN TAB 1.25MG                          | 3                |                            |
| VIVELLE-DOT DIS 0.1MG                        | 3                |                            |
| VIVELLE-DOT DIS 0.05MG                       | 3                |                            |
| VIVELLE-DOT DIS 0.025MG                      | 3                |                            |
| VIVELLE-DOT DIS 0.075MG                      | 3                |                            |
| VIVELLE-DOT DIS 0.0375MG                     | 3                |                            |

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

|                                                  |   |    |
|--------------------------------------------------|---|----|
| BAXDELA TAB 450MG                                | 3 | NM |
| CIPRO (5%) SUS 250MG/5                           | 3 | NM |
| CIPRO (10%) SUS 500MG/5                          | 3 | NM |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> | 1 | NM |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> | 1 | NM |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> | 1 | NM |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> | 1 | NM |
| LEVAQUIN TAB 500MG                               | 3 | NM |
| LEVAQUIN TAB 750MG                               | 3 | NM |
| <i>levofloxacin oral soln 25 mg/ml</i>           | 1 | NM |
| <i>levofloxacin tab 250 mg</i>                   | 1 | NM |
| <i>levofloxacin tab 500 mg</i>                   | 1 | NM |
| <i>levofloxacin tab 750 mg</i>                   | 1 | NM |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i>  | 1 | NM |
| <i>ofloxacin tab 300 mg</i>                      | 1 | NM |
| <i>ofloxacin tab 400 mg</i>                      | 1 | NM |

## **GASTROINTESTINAL AGENTS - MISC.**

### **5-HT4 RECEPTOR AGONISTS**

|                   |   |  |
|-------------------|---|--|
| MOTEGRITY TAB 1MG | 3 |  |
|-------------------|---|--|

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| Drug Name                                                         | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------|-----------|---------------------|
| MOTEGRITY TAB 2MG                                                 | 3         |                     |
| <b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>           |           |                     |
| TRULANCE TAB 3MG                                                  | 3         |                     |
| <b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>                        |           |                     |
| OICALIVA TAB 5MG                                                  | 3         | SP, PA              |
| OICALIVA TAB 10MG                                                 | 3         | SP, PA              |
| <b>GALLSTONE SOLUBILIZING AGENTS</b>                              |           |                     |
| ACTIGALL CAP 300MG                                                | 3         |                     |
| CHENODAL TAB 250MG                                                | 3         | NM                  |
| URSO 250 TAB 250MG                                                | 3         |                     |
| URSO FORTE TAB 500MG                                              | 3         |                     |
| <i>ursodiol cap 300 mg</i>                                        | 2         |                     |
| <i>ursodiol tab 250 mg</i>                                        | 2         |                     |
| <i>ursodiol tab 500 mg</i>                                        | 2         |                     |
| <b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>                        |           |                     |
| <i>cromolyn sodium oral conc 100 mg/5ml</i>                       | 2         |                     |
| GASTROCROM CON 100/5ML                                            | 3         |                     |
| <b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>               |           |                     |
| AMITIZA CAP 8MCG                                                  | 2         |                     |
| AMITIZA CAP 24MCG                                                 | 2         |                     |
| <i>lubiprostone cap 8 mcg</i>                                     | 1         |                     |
| <i>lubiprostone cap 24 mcg</i>                                    | 1         |                     |
| <b>GASTROINTESTINAL STIMULANTS</b>                                |           |                     |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 1         | NM                  |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i>              | 1         | NM                  |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i>             | 1         | NM                  |
| <b>INFLAMMATORY BOWEL AGENTS</b>                                  |           |                     |
| APRISO CAP 0.375GM                                                | 3         |                     |
| ASACOL HD TAB 800MG                                               | 3         | NM                  |
| AZULFIDINE TAB 500MG                                              | 3         |                     |
| AZULFIDINE TAB 500MG EN                                           | 3         |                     |
| <i>balsalazide disodium cap 750 mg</i>                            | 1         | NM                  |
| CANASA SUP 1000MG                                                 | 3         | NM                  |
| CIMZIA KIT 200MG                                                  | 3         | SP, PA, NM          |
| CIMZIA PREFL KIT 200MG/ML                                         | 3         | SP, PA              |
| CIMZIA START KIT 200MG/ML                                         | 3         | SP, PA              |
| COLAZAL CAP 750MG                                                 | 3         | NM                  |
| <i>mesalamine cap er 24hr 0.375 gm</i>                            | 2         |                     |
| <i>mesalamine enema 4 gm</i>                                      | 2         | NM                  |
| <i>mesalamine suppos 1000 mg</i>                                  | 2         | NM                  |

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| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------|------------------|----------------------------|
| <i>mesalamine tab delayed release 1.2 gm</i>                     | 2                |                            |
| <i>mesalamine tab delayed release 800 mg</i>                     | 2                | NM                         |
| PENTASA CAP 250MG CR                                             | 2                |                            |
| PENTASA CAP 500MG CR                                             | 2                |                            |
| ROWASA KIT 4GM                                                   | 3                | NM                         |
| <i>sulfasalazine tab 500 mg</i>                                  | 1                |                            |
| <i>sulfasalazine tab delayed release 500 mg</i>                  | 1                |                            |
| <b>INTESTINAL ACIDIFIERS</b>                                     |                  |                            |
| <i>enulose sol 10gm/15</i>                                       | 1                |                            |
| <i>generlac sol 10gm/15</i>                                      | 1                |                            |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>            | 1                |                            |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>                     |                  |                            |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i>                     | 2                | PA                         |
| <i>alosetron hcl tab 1 mg (base equiv)</i>                       | 2                | PA                         |
| LINZESS CAP 72MCG                                                | 2                |                            |
| LINZESS CAP 145MCG                                               | 2                |                            |
| LINZESS CAP 290MCG                                               | 2                |                            |
| VIBERZI TAB 75MG                                                 | 3                | PA                         |
| VIBERZI TAB 100MG                                                | 3                | PA                         |
| <b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>                    |                  |                            |
| MOVANTIK TAB 12.5MG                                              | 3                | NM                         |
| MOVANTIK TAB 25MG                                                | 3                | NM                         |
| RELISTOR INJ 8/0.4ML                                             | 3                | NM                         |
| RELISTOR INJ 12/0.6ML                                            | 3                | NM                         |
| RELISTOR TAB 150MG                                               | 3                | NM                         |
| <b>PHOSPHATE BINDER AGENTS</b>                                   |                  |                            |
| AURYXIA TAB 210MG                                                | 3                |                            |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | 1                |                            |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | 1                |                            |
| FOSRENOL CHW 500MG                                               | 3                |                            |
| FOSRENOL CHW 750MG                                               | 3                |                            |
| FOSRENOL CHW 1000MG                                              | 3                |                            |
| FOSRENOL POW 750MG                                               | 3                |                            |
| FOSRENOL POW 1000MG                                              | 3                |                            |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i>           | 2                |                            |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i>           | 2                |                            |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i>          | 2                |                            |
| PHOSLYRA SOL                                                     | 3                |                            |

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| Drug Name                                        | Drug Tier | Requirements/Limits |
|--------------------------------------------------|-----------|---------------------|
| RENAGEL TAB 800MG                                | 3         |                     |
| RENVELA POW 0.8GM                                | 3         |                     |
| RENVELA POW 2.4GM                                | 3         |                     |
| RENVELA TAB 800MG                                | 3         |                     |
| <i>sevelamer carbonate packet 0.8 gm</i>         | 2         |                     |
| <i>sevelamer carbonate packet 2.4 gm</i>         | 2         |                     |
| <i>sevelamer carbonate tab 800 mg</i>            | 2         |                     |
| <i>sevelamer hcl tab 800 mg</i>                  | 2         |                     |
| VELPHORO CHW 500MG                               | 3         |                     |
| <b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>         |           |                     |
| GATTEX KIT 5MG                                   | 3         | SP, PA              |
| <b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>         |           |                     |
| XERMELO TAB 250MG                                | 3         |                     |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>      |           |                     |
| <b>ACIDIFIERS</b>                                |           |                     |
| K-PHOS TAB NO 2                                  | 2         | NM                  |
| <b>ALKALINIZERS</b>                              |           |                     |
| ORACIT SOL                                       | 2         | NM                  |
| <i>potassium citrate tab er 5 meq (540 mg)</i>   | 2         | NM                  |
| <i>potassium citrate tab er 10 meq (1080 mg)</i> | 2         | NM                  |
| <i>potassium citrate tab er 15 meq (1620 mg)</i> | 2         | NM                  |
| <b>CYSTINOSIS AGENTS</b>                         |           |                     |
| CYSTAGON CAP 50MG                                | 2         | SP                  |
| CYSTAGON CAP 150MG                               | 2         | SP                  |
| PROCYSBI CAP 25MG                                | 3         | PA                  |
| PROCYSBI CAP 75MG                                | 3         | PA                  |
| PROCYSBI GRA 75MG                                | 3         | PA                  |
| PROCYSBI GRA 300MG                               | 3         | PA                  |
| <b>GENITOURINARY IRRIGANTS</b>                   |           |                     |
| <i>argyl saline sol 0.9%</i>                     | 2         | NM                  |
| <i>curity salin sol 0.9% irr</i>                 | 2         | NM                  |
| <i>sodium chloride irrigation soln 0.9%</i>      | 2         | NM                  |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>              |           |                     |
| ELMIRON CAP 100MG                                | 3         | NM                  |
| <b>PROSTATIC HYPERTROPHY AGENTS</b>              |           |                     |
| <i>alfuzosin hcl tab er 24hr 10 mg</i>           | 1         |                     |
| AVODART CAP 0.5MG                                | 3         |                     |
| CARDURA XL TAB 4MG                               | 3         |                     |
| CARDURA XL TAB 8MG                               | 3         |                     |
| <i>dutasteride cap 0.5 mg</i>                    | 2         |                     |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 2         |                     |
| <i>finasteride tab 5 mg</i>                      | 1         |                     |
| FLOMAX CAP 0.4MG                                 | 3         |                     |

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| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------|------------------|----------------------------|
| JALYN CAP                        | 3                |                            |
| PROSCAR TAB 5MG                  | 3                |                            |
| RAPAFLO CAP 4MG                  | 3                |                            |
| RAPAFLO CAP 8MG                  | 3                |                            |
| <i>silodosin cap 4 mg</i>        | 2                |                            |
| <i>silodosin cap 8 mg</i>        | 2                |                            |
| <i>tadalafil tab 2.5 mg</i>      | 2                | PA, QL (30 tabs / 30 days) |
| <i>tadalafil tab 5 mg</i>        | 2                | PA, QL (30 tabs / 30 days) |
| <i>tamsulosin hcl cap 0.4 mg</i> | 1                |                            |
| UROXATRAL TAB 10MG               | 3                |                            |

### **URINARY ANALGESICS**

|                                       |   |    |
|---------------------------------------|---|----|
| <i>phenazo tab 200mg</i>              | 1 | NM |
| <i>phenazopyridine hcl tab 100 mg</i> | 1 | NM |
| <i>phenazopyridine hcl tab 200 mg</i> | 1 | NM |
| PYRIDIUM TAB 100MG                    | 3 | NM |
| PYRIDIUM TAB 200MG                    | 3 | NM |

### **URINARY STONE AGENTS**

|                     |   |  |
|---------------------|---|--|
| THIOLA EC TAB 100MG | 3 |  |
| THIOLA EC TAB 300MG | 3 |  |
| THIOLA TAB 100MG    | 3 |  |

### **GOUT AGENTS**

#### **GOUT AGENT COMBINATIONS**

|                                                |   |  |
|------------------------------------------------|---|--|
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 |  |
|------------------------------------------------|---|--|

#### **GOUT AGENTS**

|                               |   |                            |
|-------------------------------|---|----------------------------|
| <i>allopurinol tab 100 mg</i> | 1 |                            |
| <i>allopurinol tab 300 mg</i> | 1 |                            |
| <i>colchicine cap 0.6 mg</i>  | 2 | QL (60 caps / 23 days), NM |
| <i>colchicine tab 0.6 mg</i>  | 2 | QL (60 tabs / 23 days), NM |
| COLCRYS TAB 0.6MG             | 3 | QL (60 tabs / 23 days), NM |
| <i>febuxostat tab 40 mg</i>   | 2 |                            |
| <i>febuxostat tab 80 mg</i>   | 2 |                            |
| GLOPERBA SOL 0.6/5ML          | 3 | QL (300 ML / 30 days), NM  |
| MITIGARE CAP 0.6MG            | 3 | QL (60 caps / 23 days), NM |
| ULORIC TAB 40MG               | 3 | PA                         |
| ULORIC TAB 80MG               | 3 | PA                         |
| ZYLOPRIM TAB 100MG            | 3 |                            |
| ZYLOPRIM TAB 300MG            | 3 |                            |

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| Drug Name                                                | Drug Tier | Requirements/Limits |
|----------------------------------------------------------|-----------|---------------------|
| <b>URICOSURICS</b>                                       |           |                     |
| <i>probenecid tab 500 mg</i>                             | 1         |                     |
| <b>HEMATOLOGICAL AGENTS - MISC.</b>                      |           |                     |
| <b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>         |           |                     |
| GIVLAARI INJ 189MG/ML                                    | 3         | PA, NM              |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>                |           |                     |
| FIRAZYR INJ 30MG/3ML                                     | 3         | SP, PA, NM          |
| <i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> | 2         | SP, PA, NM          |
| <b>COMPLEMENT INHIBITORS</b>                             |           |                     |
| HAEGARDA INJ 2000UNIT                                    | 3         | SP, PA, NM          |
| HAEGARDA INJ 3000UNIT                                    | 3         | SP, PA, NM          |
| <b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>         |           |                     |
| TAVALISSE TAB 100MG                                      | 3         | PA                  |
| TAVALISSE TAB 150MG                                      | 3         | PA                  |
| <b>HEMATORHEOLOGIC AGENTS</b>                            |           |                     |
| <i>pentoxifylline tab er 400 mg</i>                      | 1         |                     |
| <b>PLASMA KALLIKREIN INHIBITORS</b>                      |           |                     |
| TAKHZYRO INJ 300/2ML                                     | 3         | SP, PA              |
| <b>PLATELET AGGREGATION INHIBITORS</b>                   |           |                     |
| AGGRENOX CAP 25-200MG                                    | 3         |                     |
| AGRYLIN CAP 0.5MG                                        | 3         |                     |
| <i>anagrelide hcl cap 0.5 mg</i>                         | 1         |                     |
| <i>anagrelide hcl cap 1 mg</i>                           | 1         |                     |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>        | 2         |                     |
| BRILINTA TAB 60MG                                        | 2         |                     |
| BRILINTA TAB 90MG                                        | 2         |                     |
| <i>cilostazol tab 50 mg</i>                              | 1         |                     |
| <i>cilostazol tab 100 mg</i>                             | 1         |                     |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>      | 1         |                     |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i>     | 1         | NM                  |
| <i>dipyridamole tab 25 mg</i>                            | 1         |                     |
| <i>dipyridamole tab 50 mg</i>                            | 1         |                     |
| <i>dipyridamole tab 75 mg</i>                            | 1         |                     |
| EFFIENT TAB 5MG                                          | 3         |                     |
| EFFIENT TAB 10MG                                         | 3         |                     |
| PLAVIX TAB 75MG                                          | 3         |                     |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>               | 2         |                     |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>              | 2         |                     |
| ZONTIVITY TAB 2.08MG                                     | 3         |                     |

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| Drug Name                             | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---------------------|
| <b>HEMATOPOIETIC AGENTS</b>           |           |                     |
| <b>AGENTS FOR GAUCHER DISEASE</b>     |           |                     |
| CERDELGA CAP 84MG                     | 3         | SP, PA              |
| <i>miglustat cap 100 mg</i>           | 2         | SP, PA              |
| ZAVESCA CAP 100MG                     | 3         | SP, PA              |
| <b>AGENTS FOR SICKLE CELL ANEMIA</b>  |           |                     |
| DROXIA CAP 200MG                      | 2         |                     |
| DROXIA CAP 300MG                      | 2         |                     |
| DROXIA CAP 400MG                      | 2         |                     |
| ENDARI POW 5GM                        | 3         | NM                  |
| OXBRYTA TAB 500MG                     | 3         | SP, PA              |
| <b>COBALAMINS</b>                     |           |                     |
| <i>cyanocobalamin inj 1000 mcg/ml</i> | 1         | NM                  |
| <b>FOLIC ACID/FOLATES</b>             |           |                     |
| <i>fa-8 cap 800mcg</i>                | 1         | AGE                 |
| <i>fa-8 tab 0.8mg</i>                 | 1         | AGE                 |
| <i>folate tab 400mcg</i>              | 1         | AGE, NM             |
| <i>folic acid cap 0.8 mg</i>          | 1         | AGE                 |
| <i>folic acid tab 1 mg</i>            | 1         |                     |
| <i>folic acid tab 400 mcg</i>         | 1         | AGE, NM             |
| <i>folic acid tab 800mcg</i>          | 1         | AGE                 |
| <i>sm folic acd tab 400mcg</i>        | 1         | AGE, NM             |
| <i>yl folic aci tab 400mcg</i>        | 1         | AGE, NM             |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>   |           |                     |
| ARANESP INJ 10MCG                     | 3         | NM                  |
| ARANESP INJ 25MCG                     | 3         | NM                  |
| ARANESP INJ 40MCG                     | 3         | NM                  |
| ARANESP INJ 60MCG                     | 3         | NM                  |
| ARANESP INJ 100MCG                    | 3         | NM                  |
| ARANESP INJ 150MCG                    | 3         | NM                  |
| ARANESP INJ 200MCG                    | 3         | NM                  |
| ARANESP INJ 300MCG                    | 3         | NM                  |
| ARANESP INJ 500MCG                    | 3         | NM                  |
| DOPTelet TAB 20MG                     | 3         | SP, PA, NM          |
| EPOGEN INJ 2000/ML                    | 3         | NM                  |
| EPOGEN INJ 3000/ML                    | 3         | NM                  |
| EPOGEN INJ 4000/ML                    | 3         | NM                  |
| EPOGEN INJ 10000/ML                   | 3         | NM                  |
| EPOGEN INJ 20000/ML                   | 3         | NM                  |
| FULPHILA INJ 6/0.6ML                  | 3         | NM                  |
| LEUKINE INJ 250MCG                    | 3         | NM                  |
| MIRCERA INJ 30MCG                     | 3         | NM                  |
| MIRCERA INJ 50MCG                     | 3         | NM                  |

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| <b>Drug Name</b>      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------|------------------|----------------------------|
| MIRCERA INJ 75MCG     | 3                | NM                         |
| MIRCERA INJ 100MCG    | 3                | NM                         |
| MIRCERA INJ 150MCG    | 3                | NM                         |
| MIRCERA INJ 200MCG    | 3                | NM                         |
| MULPLETA TAB 3MG      | 3                | SP, PA, NM                 |
| NEULASTA INJ 6MG/0.6M | 3                | NM                         |
| NEULASTA KIT 6MG/0.6M | 3                | NM                         |
| NEUPOGEN INJ 300/0.5  | 3                | NM                         |
| NEUPOGEN INJ 300MCG   | 3                | NM                         |
| NEUPOGEN INJ 480/0.8  | 3                | NM                         |
| NEUPOGEN INJ 480MCG   | 3                | NM                         |
| NIVESTYM INJ 300/0.5  | 2                | NM                         |
| NIVESTYM INJ 300MCG   | 2                | NM                         |
| NIVESTYM INJ 480/0.8  | 2                | NM                         |
| NIVESTYM INJ 480MCG   | 2                | NM                         |
| PROCRIT INJ 2000/ML   | 3                | NM                         |
| PROCRIT INJ 3000/ML   | 3                | NM                         |
| PROCRIT INJ 4000/ML   | 3                | NM                         |
| PROCRIT INJ 10000/ML  | 3                | NM                         |
| PROCRIT INJ 20000/ML  | 3                | NM                         |
| PROCRIT INJ 40000/ML  | 3                | NM                         |
| PROMACTA PAK 25MG     | 3                |                            |
| PROMACTA POW 12.5MG   | 3                | SP                         |
| PROMACTA TAB 12.5MG   | 3                | SP                         |
| PROMACTA TAB 25MG     | 3                | SP                         |
| PROMACTA TAB 50MG     | 3                | SP                         |
| PROMACTA TAB 75MG     | 3                | SP                         |
| RETACRIT INJ 2000UNIT | 2                | NM                         |
| RETACRIT INJ 3000UNIT | 2                | NM                         |
| RETACRIT INJ 4000UNIT | 2                | NM                         |
| RETACRIT INJ 10000UNT | 2                | NM                         |
| RETACRIT INJ 40000UNT | 2                | NM                         |
| UDENYCA INJ 6MG/.6ML  | 2                | NM                         |
| ZARXIO INJ 300/0.5    | 3                | NM                         |
| ZARXIO INJ 480/0.8    | 3                | NM                         |
| ZIEXTENZO INJ 6/0.6ML | 3                | PA, NM                     |

### **STEM CELL MOBILIZERS**

|             |   |        |
|-------------|---|--------|
| MOZOBIL INJ | 3 | SP, NM |
|-------------|---|--------|

### **HEMOSTATICS**

#### **HEMOSTATICS - SYSTEMIC**

|                                     |   |    |
|-------------------------------------|---|----|
| AMICAR SOL 0.25/ML                  | 3 | NM |
| AMICAR TAB 500MG                    | 3 | NM |
| AMICAR TAB 1000MG                   | 3 | NM |
| <i>aminocaproic acid tab 500 mg</i> | 2 | NM |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|--------------------------------------------------|------------------|------------------------------------|
| <i>aminocaproic acid tab 1000 mg</i>             | 2                | NM                                 |
| LYSTEDA TAB 650MG                                | 3                | NM                                 |
| <i>tranexamic acid tab 650 mg</i>                | 1                | NM                                 |
| <b>HEMOSTATICS - TOPICAL</b>                     |                  |                                    |
| MONSELS FERR SOL SUBSULF                         | 2                | NM                                 |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b> |                  |                                    |
| <b>BARBITURATE HYPNOTICS</b>                     |                  |                                    |
| BUTISOL SOD TAB 30MG                             | 3                | NM                                 |
| <i>phenobarbital elixir 20 mg/5ml</i>            | 1                |                                    |
| <i>phenobarbital tab 15 mg</i>                   | 1                |                                    |
| <i>phenobarbital tab 16.2 mg</i>                 | 1                |                                    |
| <i>phenobarbital tab 30 mg</i>                   | 1                |                                    |
| <i>phenobarbital tab 32.4 mg</i>                 | 1                |                                    |
| <i>phenobarbital tab 60 mg</i>                   | 1                |                                    |
| <i>phenobarbital tab 64.8 mg</i>                 | 1                |                                    |
| <i>phenobarbital tab 97.2 mg</i>                 | 1                |                                    |
| <i>phenobarbital tab 100 mg</i>                  | 1                |                                    |
| <b>HYPNOTICS - TRICYCLIC AGENTS</b>              |                  |                                    |
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> | 2                | QL (30 tabs / 30 days), NM         |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> | 2                | QL (30 tabs / 30 days), NM         |
| SILENOR TAB 3MG                                  | 3                | PA, QL (30 tabs / 30 days), NM     |
| SILENOR TAB 6MG                                  | 3                | PA, QL (30 tabs / 30 days), NM     |
| <b>NON-BARBITURATE HYPNOTICS</b>                 |                  |                                    |
| AMBIEN CR TAB 6.25MG                             | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| AMBIEN CR TAB 12.5MG                             | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| AMBIEN TAB 5MG                                   | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| AMBIEN TAB 10MG                                  | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| DORAL TAB 15MG                                   | 3                | QL (30 tabs / 30 days), NM         |
| EDLUAR SUB 5MG                                   | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| EDLUAR SUB 10MG                                  | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| <i>estazolam tab 1 mg</i>                        | 1                | QL (30 tabs / 30 days), NM         |
| <i>estazolam tab 2 mg</i>                        | 1                | QL (30 tabs / 30 days), NM         |

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| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|-----------------------------------------|------------------|------------------------------------|
| <i>eszopiclone tab 1 mg</i>             | 1                | QL (30 tabs / 30 days), NM         |
| <i>eszopiclone tab 2 mg</i>             | 1                | QL (30 tabs / 30 days), NM         |
| <i>eszopiclone tab 3 mg</i>             | 1                | QL (30 tabs / 30 days), NM         |
| <i>flurazepam hcl cap 15 mg</i>         | 1                | QL (30 caps / 30 days), NM         |
| <i>flurazepam hcl cap 30 mg</i>         | 1                | QL (30 caps / 30 days), NM         |
| HALCION TAB 0.25MG                      | 3                | QL (30 tabs / 30 days), NM         |
| INTERMEZZO SUB 1.75MG                   | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| INTERMEZZO SUB 3.5MG                    | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| LUNESTA TAB 1MG                         | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| LUNESTA TAB 2MG                         | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| LUNESTA TAB 3MG                         | 3                | ST, PA, QL (30 tabs / 30 days), NM |
| RESTORIL CAP 7.5MG                      | 3                | QL (30 caps / 30 days), NM         |
| RESTORIL CAP 15MG                       | 3                | QL (30 caps / 30 days), NM         |
| RESTORIL CAP 30MG                       | 3                | QL (30 caps / 30 days), NM         |
| <i>temazepam cap 7.5 mg</i>             | 1                | QL (30 caps / 30 days), NM         |
| <i>temazepam cap 15 mg</i>              | 1                | QL (30 caps / 30 days), NM         |
| <i>temazepam cap 30 mg</i>              | 1                | QL (30 caps / 30 days), NM         |
| <i>triazolam tab 0.25 mg</i>            | 1                | QL (30 tabs / 30 days), NM         |
| <i>triazolam tab 0.125 mg</i>           | 1                | QL (30 tabs / 30 days), NM         |
| <i>zaleplon cap 5 mg</i>                | 1                | QL (30 caps / 30 days), NM         |
| <i>zaleplon cap 10 mg</i>               | 1                | QL (30 caps / 30 days), NM         |
| <i>zolpidem tartrate sl tab 1.75 mg</i> | 2                | ST, PA, QL (30 ea / 30 days), NM   |
| <i>zolpidem tartrate sl tab 3.5 mg</i>  | 2                | ST, PA, QL (30 ea / 30 days), NM   |

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| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------|------------------|----------------------------|
| <i>zolpidem tartrate tab 5 mg</i>       | 1                | QL (30 tabs / 30 days), NM |
| <i>zolpidem tartrate tab 10 mg</i>      | 1                | QL (30 tabs / 30 days), NM |
| <i>zolpidem tartrate tab er 6.25 mg</i> | 1                | QL (30 tabs / 30 days), NM |
| <i>zolpidem tartrate tab er 12.5 mg</i> | 1                | QL (30 tabs / 30 days), NM |

### **OREXIN RECEPTOR ANTAGONISTS**

|                   |   |                                  |
|-------------------|---|----------------------------------|
| BELSOMRA TAB 5MG  | 3 | ST, PA, QL (30 ea / 30 days), NM |
| BELSOMRA TAB 10MG | 3 | ST, PA, QL (30 ea / 30 days), NM |
| BELSOMRA TAB 15MG | 3 | ST, PA, QL (30 ea / 30 days), NM |
| BELSOMRA TAB 20MG | 3 | ST, PA, QL (30 ea / 30 days), NM |
| DAYVIGO TAB 5MG   | 3 | ST, QL (30 tabs / 30 days), NM   |
| DAYVIGO TAB 10MG  | 3 | ST, QL (30 tabs / 30 days), NM   |

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

|                           |   |                                    |
|---------------------------|---|------------------------------------|
| HETLIOZ CAP 20MG          | 3 | PA                                 |
| HETLIOZ LQ SUS 4MG/ML     | 3 | PA                                 |
| <i>ramelteon tab 8 mg</i> | 1 | QL (30 tablets / 30 days), NM      |
| ROZEREM TAB 8MG           | 3 | ST, PA, QL (30 tabs / 30 days), NM |

### **LAXATIVES**

#### **LAXATIVE COMBINATIONS**

|                                                               |   |         |
|---------------------------------------------------------------|---|---------|
| COLYTE/FLAVR SOL PACKS                                        | 3 | NM      |
| <i>gavilyte-c sol</i>                                         | 1 | NM      |
| <i>gavilyte-g sol</i>                                         | 1 | NM      |
| <i>gavilyte-n sol flav pk</i>                                 | 1 | NM      |
| GOLYTELY SOL                                                  | 3 | NM      |
| GOLYTELY SOL PINEAPPL                                         | 3 | NM      |
| NULYTELY SOL FLAV PKS                                         | 3 | NM      |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 1 | NM      |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>           | 1 | NM      |
| SUPREP BOWEL SOL PREP KIT                                     | 3 | AGE, NM |
| SUTAB TAB                                                     | 3 | NM      |
| <i>trilyte sol</i>                                            | 1 | NM      |

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| Drug Name                                              | Drug Tier | Requirements/Limits |
|--------------------------------------------------------|-----------|---------------------|
| <b>LAXATIVES - MISCELLANEOUS</b>                       |           |                     |
| <i>constulose sol 10gm/15</i>                          | 1         |                     |
| <i>lactulose solution 10 gm/15ml</i>                   | 1         |                     |
| <b>MACROLIDES</b>                                      |           |                     |
| <b>AZITHROMYCIN</b>                                    |           |                     |
| <i>azithromycin for susp 100 mg/5ml</i>                | 1         | NM                  |
| <i>azithromycin for susp 200 mg/5ml</i>                | 1         | NM                  |
| <i>azithromycin powd pack for susp 1 gm</i>            | 1         | NM                  |
| <i>azithromycin tab 250 mg</i>                         | 1         | NM                  |
| <i>azithromycin tab 500 mg</i>                         | 1         | NM                  |
| <i>azithromycin tab 600 mg</i>                         | 1         | NM                  |
| ZITHROMAX POW 1GM PAK                                  | 3         | NM                  |
| ZITHROMAX SUS 100/5ML                                  | 3         | NM                  |
| ZITHROMAX SUS 200/5ML                                  | 3         | NM                  |
| ZITHROMAX TAB 250MG                                    | 3         | NM                  |
| ZITHROMAX TAB 500MG                                    | 3         | NM                  |
| ZITHROMAX TAB 600MG                                    | 3         | NM                  |
| ZITHROMAX TAB TRI-PAK                                  | 3         | NM                  |
| ZITHROMAX TAB Z-PAK                                    | 3         | NM                  |
| <b>CLARITHROMYCIN</b>                                  |           |                     |
| <i>clarithromycin for susp 125 mg/5ml</i>              | 1         | NM                  |
| <i>clarithromycin for susp 250 mg/5ml</i>              | 1         | NM                  |
| <i>clarithromycin tab 250 mg</i>                       | 1         | NM                  |
| <i>clarithromycin tab 500 mg</i>                       | 1         | NM                  |
| <i>clarithromycin tab er 24hr 500 mg</i>               | 1         | NM                  |
| <b>ERYTHROMYCINS</b>                                   |           |                     |
| <i>e.e.s. 400 tab 400mg</i>                            | 1         | NM                  |
| E.E.S. GRAN SUS 200/5ML                                | 3         | NM                  |
| <i>ery-tab tab 250mg ec</i>                            | 1         | NM                  |
| <i>ery-tab tab 333mg ec</i>                            | 1         | NM                  |
| <i>ery-tab tab 500mg ec</i>                            | 1         | NM                  |
| ERYPED SUS 200/5ML                                     | 3         | NM                  |
| ERYPED SUS 400/5ML                                     | 3         | NM                  |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> | 2         | NM                  |
| <i>erythromycin ethylsuccinate for susp 400 mg/5ml</i> | 2         | NM                  |
| <i>erythromycin ethylsuccinate tab 400 mg</i>          | 1         | NM                  |
| <i>erythromycin tab 250 mg</i>                         | 1         | NM                  |
| <i>erythromycin tab 500 mg</i>                         | 1         | NM                  |
| <b>FIDAXOMICIN</b>                                     |           |                     |
| DIFICID TAB 200MG                                      | 3         | NM                  |

| Drug Name                                                    | Drug Tier | Requirements/Limits                |
|--------------------------------------------------------------|-----------|------------------------------------|
| <b>MEDICAL DEVICES AND SUPPLIES</b>                          |           |                                    |
| <b>DIABETIC SUPPLIES</b>                                     |           |                                    |
| OMNIPOD KIT STARTER                                          | 2         | QL (1 kit / 365 days), NM          |
| OMNIPOD MIS 5 PACK                                           | 2         | QL (10 pods / 30 days), NM         |
| OMNIPOD DASH 5 PACK                                          | 2         | QL (10 pods / 30 days), NM         |
| ONETOUCH KIT VERIO RE                                        | 2         | QL (200 boxes / 30 days), NM       |
| V-GO 20 KIT                                                  | 2         | QL (1 box / 30 days), NM           |
| V-GO 30 KIT                                                  | 2         | QL (1 box / 30 days), NM           |
| V-GO 40 KIT                                                  | 2         | QL (1 box / 30 days), NM           |
| <b>MIGRAINE PRODUCTS</b>                                     |           |                                    |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b> |           |                                    |
| AJOVY INJ 225/1.5                                            | 3         | PA                                 |
| NURTEC TAB 75MG ODT                                          | 3         | PA, QL (15 tabs / 30 days), NM     |
| UBRELVY TAB 50MG                                             | 3         | PA, QL (16 tabs / 30 days), NM     |
| UBRELVY TAB 100MG                                            | 3         | PA, QL (16 tabs / 30 days), NM     |
| <b>MIGRAINE COMBINATIONS</b>                                 |           |                                    |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                   | 2         | NM                                 |
| <i>sumatriptan-naproxen sodium tab 85-500 mg</i>             | 2         | PA, NM                             |
| TREXIMET TAB 10-60MG                                         | 3         | PA, QL (9 tablets per 30 days), NM |
| TREXIMET TAB 85-500MG                                        | 3         | PA, QL (9 tablets per 30 days), NM |
| <b>MIGRAINE PRODUCTS</b>                                     |           |                                    |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i>                | 2         | PA, QL (20 ampules / 30 days), NM  |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>        | 2         | PA, QL (8mL per 30 days), NM       |
| ERGOMAR SUB 2MG                                              | 3         | NM                                 |
| <b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>             |           |                                    |
| AIMOVIG INJ 70MG/ML                                          | 3         | PA                                 |
| AIMOVIG INJ 140MG/ML                                         | 3         | PA                                 |
| AJOVY INJ 225/1.5                                            | 3         | PA                                 |
| EMGALITY INJ 100MG/ML                                        | 3         | PA                                 |

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| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|------------------------------------------------------------|------------------|------------------------------------|
| EMGALITY INJ 120MG/ML                                      | 3                | PA                                 |
| <b>MIGRAINE PRODUCTS - NSAIDS</b>                          |                  |                                    |
| CAMBIA POW 50MG                                            | 3                | QL (9 packets / 45 days), NM       |
| <b>SEROTONIN AGONISTS</b>                                  |                  |                                    |
| <i>almotriptan malate tab 6.25 mg</i>                      | 2                | NM                                 |
| <i>almotriptan malate tab 6.25 mg</i>                      | 2                | QL (12 tabs / 30 days), NM         |
| <i>almotriptan malate tab 12.5 mg</i>                      | 2                | QL (8 ea / 30 days), NM            |
| <i>almotriptan malate tab 12.5 mg</i>                      | 2                | QL (8 tabs / 30 days), NM          |
| AMERGE TAB 1MG                                             | 3                | PA, QL (18 tabs / 30 days), NM     |
| AMERGE TAB 2.5MG                                           | 3                | PA, QL (9 tabs / 30 days), NM      |
| AXERT TAB 6.25MG                                           | 3                | PA, QL (12 tabs / 30 days), NM     |
| AXERT TAB 12.5MG                                           | 3                | PA, QL (8 tabs / 30 days), NM      |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> | 2                | QL (12 tabs / 30 days), NM         |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> | 2                | QL (8 tabs / 30 days), NM          |
| FROVA TAB 2.5MG                                            | 3                | PA, QL (12 tabs / 30 days), NM     |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> | 2                | QL (12 tabs / 30 days), NM         |
| IMITREX INJ 4MG/0.5                                        | 3                | PA, QL (6 inj per 30 days), NM     |
| IMITREX INJ 6MG/0.5                                        | 3                | PA, QL (4 inj per 30 days), NM     |
| IMITREX INJ 6MG/0.5                                        | 3                | PA, QL (4 inj per 30days), NM      |
| IMITREX SPR 5MG/ACT                                        | 3                | PA, QL (12 inhalers / 30 days), NM |
| IMITREX SPR 20MG/ACT                                       | 3                | PA, QL (12 inhalers / 30 days), NM |
| IMITREX TAB 25MG                                           | 3                | PA, QL (18 tabs / 30 days), NM     |
| IMITREX TAB 50MG                                           | 3                | PA, QL (30 tabs / 30 days), NM     |
| IMITREX TAB 100MG                                          | 3                | PA, QL (9 tabs / 30 days), NM      |
| MAXALT TAB 10MG                                            | 3                | PA, QL (12 tabs / 30 days), NM     |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---------------------------------------------------------------------|------------------|--------------------------------------|
| MAXALT-MLT TAB 5MG                                                  | 3                | PA, QL (12 tabs / 30 days), NM       |
| MAXALT-MLT TAB 10MG                                                 | 3                | PA, QL (12 tabs / 30 days), NM       |
| <i>naratriptan hcl tab 1 mg (base equiv)</i>                        | 1                | QL (18 tabs / 30 days), NM           |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i>                      | 1                | QL (9 tabs / 30 days), NM            |
| ONZETRA XSAI MIS 11MG                                               | 3                | PA, QL (30 nosepieces / 30 days), NM |
| RELPAK TAB 20MG                                                     | 3                | PA, QL (12 tabs / 30 days), NM       |
| RELPAK TAB 40MG                                                     | 3                | PA, QL (8 tabs / 30 days), NM        |
| REYVOW TAB 50MG                                                     | 3                | PA, QL (4 tabs / 30 days), NM        |
| REYVOW TAB 100MG                                                    | 3                | PA, QL (4 tabs / 30 days), NM        |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>  | 2                | QL (12 tabs / 30 days), NM           |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | 2                | QL (12 tabs / 30 days), NM           |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i>              | 2                | QL (12 ea / 30 days), NM             |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i>             | 2                | QL (12 ea / 30 days), NM             |
| <i>sumatriptan nasal spray 5 mg/act</i>                             | 2                | QL (12 inhalers / 30 days), NM       |
| <i>sumatriptan nasal spray 20 mg/act</i>                            | 2                | QL (12 inhalers / 30 days), NM       |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>                         | 2                | QL (4 inj per 30 days), NM           |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>      | 2                | QL (6 inj per 30 days), NM           |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>      | 2                | QL (4 inj per 30 days), NM           |
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>          | 2                | QL (6 inj per 30 days), NM           |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>          | 2                | QL (4 inj per 30days), NM            |
| <i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>  | 2                | QL (4 inj per 30 days), NM           |
| <i>sumatriptan succinate tab 25 mg</i>                              | 2                | QL (18 tabs / 30 days), NM           |
| <i>sumatriptan succinate tab 50 mg</i>                              | 2                | QL (18 tabs / 30 days), NM           |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|------------------------------------------------------|------------------|--------------------------------------|
| <i>sumatriptan succinate tab 100 mg</i>              | 2                | QL (9 tabs / 30 days), NM            |
| SUMAVEL DOSE INJ 6MG/0.5                             | 3                | PA, QL (12 injections / 30 days), NM |
| TOSYMRA SOL 10MG                                     | 3                | PA, QL (18 sprays / 30 days), NM     |
| ZEMBRACE SYM INJ 3/0.5ML                             | 3                | PA, NM                               |
| <i>zolmitriptan nasal spray 2.5 mg/spray unit</i>    | 2                | QL (12 doses per 30 days), NM        |
| <i>zolmitriptan nasal spray 5 mg/spray unit</i>      | 2                | QL (12 doses per 30 days), NM        |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i> | 1                | QL (12 tabs / 30 days), NM           |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>   | 1                | QL (8 tabs / 30 days), NM            |
| <i>zolmitriptan tab 2.5 mg</i>                       | 1                | QL (12 tabs / 30 days), NM           |
| <i>zolmitriptan tab 5 mg</i>                         | 1                | QL (8 tabs / 30 days), NM            |
| ZOMIG SPR 2.5MG                                      | 3                | PA, QL (12 doses per 30 days), NM    |
| ZOMIG SPR 5MG                                        | 3                | PA, QL (12 doses per 30 days), NM    |
| ZOMIG TAB 2.5MG                                      | 3                | PA, QL (12 tabs / 30 days), NM       |
| ZOMIG TAB 5MG                                        | 3                | PA, QL (8 tabs / 30 days), NM        |
| ZOMIG ZMT TAB 2.5 MG                                 | 3                | PA, QL (12 tabs / 30 days), NM       |
| ZOMIG ZMT TAB 5MG ODT                                | 3                | PA, QL (8 tabs / 30 days), NM        |

## **MINERALS & ELECTROLYTES**

### **FLUORIDE**

|                                 |   |     |
|---------------------------------|---|-----|
| FLUORABON DRO                   | 3 | AGE |
| <i>floritab chw 0.5mg f</i>     | 1 | AGE |
| <i>floritab chw 0.25mg f</i>    | 1 | AGE |
| <i>floritab chw 1mg f</i>       | 1 |     |
| <i>floritab chw 2.2mg</i>       | 1 |     |
| <i>floritab dro 0.125mg</i>     | 1 | AGE |
| <i>flura-drops dro 0.25mg f</i> | 1 | AGE |
| <i>ludent chw 0.5mg f</i>       | 1 | AGE |
| <i>ludent chw 0.25mg f</i>      | 1 | AGE |
| <i>ludent chw 1mg f</i>         | 1 |     |
| <i>nafrinse chw 1mg f</i>       | 1 |     |
| <i>nafrinse dro 0.125mg</i>     | 1 | AGE |

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| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------|------------------|----------------------------|
| <i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>     | 1                | AGE                        |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>   | 1                | AGE                        |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>       | 1                |                            |
| <i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>   | 1                | AGE                        |
| <i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>          | 1                | AGE                        |
| <i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>            | 1                |                            |
| <b>MAGNESIUM</b>                                               |                  |                            |
| MAGNEBIND TAB 400                                              | 2                | NM                         |
| <b>PHOSPHATE</b>                                               |                  |                            |
| K-PHOS TAB                                                     | 2                |                            |
| <b>POTASSIUM</b>                                               |                  |                            |
| EFFER-K TAB 10MEQ                                              | 3                | NM                         |
| EFFER-K TAB 20MEQ                                              | 3                | NM                         |
| K-TAB TAB 8MEQ CR                                              | 3                |                            |
| K-TAB TAB 20MEQ                                                | 3                |                            |
| <i>klor-con 8 tab 8meq er</i>                                  | 1                |                            |
| <i>klor-con 10 tab 10meq er</i>                                | 1                |                            |
| <i>klor-con m10 tab 10meq er</i>                               | 1                |                            |
| <i>klor-con m15 tab 15meq er</i>                               | 1                |                            |
| <i>klor-con m20 tab 20meq er</i>                               | 1                |                            |
| <i>klor-con pak 20meq</i>                                      | 1                |                            |
| <i>klor-con spr cap 8meq</i>                                   | 1                |                            |
| <i>klor-con spr cap 10meq</i>                                  | 1                |                            |
| <i>potassium chloride cap er 8 meq</i>                         | 1                |                            |
| <i>potassium chloride cap er 10 meq</i>                        | 1                |                            |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i> | 1                |                            |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i> | 1                |                            |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i>          | 1                |                            |
| <i>potassium chloride oral soln 20% (40 meq/15ml)</i>          | 1                |                            |
| <i>potassium chloride powder packet 20 meq</i>                 | 1                |                            |
| <i>potassium chloride tab er 8 meq (600 mg)</i>                | 1                |                            |
| <i>potassium chloride tab er 10 meq</i>                        | 1                |                            |
| <i>potassium chloride tab er 20 meq (1500 mg)</i>              | 1                |                            |

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| Drug Name                                              | Drug Tier | Requirements/Limits |
|--------------------------------------------------------|-----------|---------------------|
| <b>SODIUM</b>                                          |           |                     |
| <i>sodium chloride inj 2.5 meq/ml (14.6%)</i>          | 2         | NM                  |
| <i>sodium chloride preservative free (pf) inj 0.9%</i> | 1         | NM                  |
| <b>ZINC</b>                                            |           |                     |
| GALZIN CAP 25MG                                        | 2         | NM                  |
| GALZIN CAP 50MG                                        | 2         | NM                  |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>               |           |                     |
| <b>CHELATING AGENTS</b>                                |           |                     |
| CUPRIMINE CAP 250MG                                    | 3         | PA, NM              |
| DEPEN TITRA TAB 250MG                                  | 3         | NM                  |
| <i>penicillamine tab 250 mg</i>                        | 2         | NM                  |
| SYPRINE CAP 250MG                                      | 3         | PA, NM              |
| <i>trientine hcl cap 250 mg</i>                        | 2         | PA, NM              |
| <b>ENZYMES</b>                                         |           |                     |
| XIAFLEX INJ 0.9MG                                      | 3         | NM                  |
| <b>IMMUNOMODULATORS</b>                                |           |                     |
| REVLIMID CAP 2.5MG                                     | 3         | NM                  |
| REVLIMID CAP 5MG                                       | 3         | NM                  |
| REVLIMID CAP 10MG                                      | 3         | NM                  |
| REVLIMID CAP 15MG                                      | 3         | NM                  |
| REVLIMID CAP 20MG                                      | 3         | NM                  |
| REVLIMID CAP 25MG                                      | 3         | NM                  |
| THALOMID CAP 50MG                                      | 3         |                     |
| THALOMID CAP 100MG                                     | 3         |                     |
| THALOMID CAP 150MG                                     | 3         |                     |
| THALOMID CAP 200MG                                     | 3         |                     |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                        |           |                     |
| ASTAGRAF XL CAP 0.5MG                                  | 3         |                     |
| ASTAGRAF XL CAP 1MG                                    | 3         |                     |
| ASTAGRAF XL CAP 5MG                                    | 3         |                     |
| AZASAN TAB 75 MG                                       | 3         |                     |
| AZASAN TAB 100MG                                       | 3         |                     |
| <i>azathioprine tab 50 mg</i>                          | 1         |                     |
| CELLCEPT CAP 250MG                                     | 3         |                     |
| CELLCEPT SUS 200MG/ML                                  | 3         |                     |
| CELLCEPT TAB 500MG                                     | 3         |                     |
| <i>cyclosporine cap 25 mg</i>                          | 2         |                     |
| <i>cyclosporine modified cap 25 mg</i>                 | 2         |                     |
| <i>cyclosporine modified cap 50 mg</i>                 | 2         |                     |
| <i>cyclosporine modified cap 100 mg</i>                | 2         |                     |
| <i>cyclosporine modified oral soln 100 mg/ml</i>       | 2         |                     |
| ENSPRYNG INJ                                           | 3         | SP, PA              |

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| Drug Name                                                           | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------|-----------|---------------------|
| ENVARUSUS XR TAB 0.75MG                                             | 3         |                     |
| ENVARUSUS XR TAB 1MG                                                | 3         |                     |
| ENVARUSUS XR TAB 4MG                                                | 3         |                     |
| <i>everolimus tab 0.5 mg</i>                                        | 2         |                     |
| <i>everolimus tab 0.25 mg</i>                                       | 2         |                     |
| <i>everolimus tab 0.75 mg</i>                                       | 2         |                     |
| <i>gengraf cap 25mg</i>                                             | 2         |                     |
| <i>gengraf cap 100mg</i>                                            | 2         |                     |
| <i>gengraf sol 100mg/ml</i>                                         | 2         |                     |
| IMURAN TAB 50MG                                                     | 3         |                     |
| <i>mycophenolate mofetil cap 250 mg</i>                             | 2         |                     |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                | 2         |                     |
| <i>mycophenolate mofetil tab 500 mg</i>                             | 2         |                     |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 2         |                     |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 2         |                     |
| MYFORTIC TAB 180MG                                                  | 3         |                     |
| MYFORTIC TAB 360MG                                                  | 3         |                     |
| NEORAL CAP 25MG                                                     | 3         |                     |
| NEORAL CAP 100MG                                                    | 3         |                     |
| NEORAL SOL 100MG/ML                                                 | 3         |                     |
| PROGRAF CAP 0.5MG                                                   | 3         |                     |
| PROGRAF CAP 1MG                                                     | 3         |                     |
| PROGRAF CAP 5MG                                                     | 3         |                     |
| PROGRAF GRA 0.2MG                                                   | 3         |                     |
| PROGRAF GRA 1MG                                                     | 3         |                     |
| RAPAMUNE SOL 1MG/ML                                                 | 3         |                     |
| RAPAMUNE TAB 0.5MG                                                  | 3         |                     |
| RAPAMUNE TAB 1MG                                                    | 3         |                     |
| RAPAMUNE TAB 2MG                                                    | 3         |                     |
| SANDIMMUNE CAP 25MG                                                 | 3         |                     |
| SANDIMMUNE CAP 100MG                                                | 2         |                     |
| SANDIMMUNE SOL 100MG/ML                                             | 3         |                     |
| <i>sirolimus oral soln 1 mg/ml</i>                                  | 2         |                     |
| <i>sirolimus tab 0.5 mg</i>                                         | 2         |                     |
| <i>sirolimus tab 1 mg</i>                                           | 2         |                     |
| <i>sirolimus tab 2 mg</i>                                           | 2         |                     |
| <i>tacrolimus cap 0.5 mg</i>                                        | 2         |                     |
| <i>tacrolimus cap 1 mg</i>                                          | 2         |                     |
| <i>tacrolimus cap 5 mg</i>                                          | 2         |                     |
| ZORTRESS TAB 0.5MG                                                  | 3         |                     |
| ZORTRESS TAB 0.25MG                                                 | 3         |                     |

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| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------|------------------|----------------------------|
| ZORTRESS TAB 0.75MG                                         | 3                |                            |
| ZORTRESS TAB 1MG                                            | 3                |                            |
| <b>IRRIGATION SOLUTIONS</b>                                 |                  |                            |
| <i>argyl saline sol 100ml</i>                               | 1                | NM                         |
| <i>water for irrigation, sterile irrigation soln</i>        | 1                | NM                         |
| <b>POTASSIUM REMOVING AGENTS</b>                            |                  |                            |
| <i>kionex sus 15gm/60</i>                                   | 1                | NM                         |
| LOKELMA PAK 5GM                                             | 3                |                            |
| LOKELMA PAK 10GM                                            | 3                |                            |
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>    | 1                | NM                         |
| <i>sodium polystyrene sulfonate powder</i>                  | 1                | NM                         |
| <i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i> | 1                | NM                         |
| <i>sps sus 15gm/60</i>                                      | 1                | NM                         |
| VELTASSA POW 8.4GM                                          | 3                |                            |
| VELTASSA POW 16.8GM                                         | 3                |                            |
| VELTASSA POW 25.2GM                                         | 3                |                            |
| <b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>                  |                  |                            |
| BENLYSTA INJ 200MG/ML                                       | 3                | SP, PA                     |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                           |                  |                            |
| <b>ANESTHETICS TOPICAL ORAL</b>                             |                  |                            |
| <i>lidocaine hcl laryngotracheal soln 4%</i>                | 2                | NM                         |
| <i>lidocaine hcl viscous soln 2%</i>                        | 2                | NM                         |
| <b>ANTI-INFECTIVES - THROAT</b>                             |                  |                            |
| <i>clotrimazole troche 10 mg</i>                            | 2                | NM                         |
| <i>nystatin susp 100000 unit/ml</i>                         | 1                | NM                         |
| <b>ANTISEPTICS - MOUTH/THROAT</b>                           |                  |                            |
| <i>chlorhexidine gluconate soln 0.12%</i>                   | 2                | NM                         |
| DEBACTEROL SOL 30-50%                                       | 2                | NM                         |
| <i>paroex sol 0.12%</i>                                     | 2                | NM                         |
| <i>periogard sol 0.12%</i>                                  | 2                | NM                         |
| <b>DENTAL PRODUCTS</b>                                      |                  |                            |
| <i>cavarest gel 1.1%</i>                                    | 1                |                            |
| <i>clinpro 5000 pst 1.1%</i>                                | 1                |                            |
| <i>denta 5000 cre plus</i>                                  | 1                |                            |
| <i>denta 5000 cre plus 2pk</i>                              | 1                |                            |
| <i>dentagel gel 1.1%</i>                                    | 1                |                            |
| <i>fluoridex pst 1.1%</i>                                   | 1                |                            |
| PREVDNT 5000 PST 1.1%                                       | 3                |                            |
| PREVDNT 5000 PST 1.1-5%                                     | 3                | NM                         |
| PREVIDENT CRE 5000 PLS                                      | 3                |                            |
| PREVIDENT GEL 1.1%                                          | 3                |                            |

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| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------|------------------|----------------------------|
| PREVIDENT GEL 1.1% BER                                   | 3                |                            |
| PREVIDENT GEL 1.1% MIN                                   | 3                |                            |
| PREVIDENT PST 1.1%                                       | 3                |                            |
| PREVIDENT SOL 0.2%                                       | 3                |                            |
| <i>sf 5000 plus cre 1.1%</i>                             | 1                |                            |
| <i>sf gel 1.1%</i>                                       | 1                |                            |
| <b>STEROIDS - MOUTH/THROAT/DENTAL</b>                    |                  |                            |
| <i>oralone dent pst 0.1%</i>                             | 2                | NM                         |
| <i>triamcinolone acetonide dental paste 0.1%</i>         | 2                | NM                         |
| <b>THROAT PRODUCTS - MISC.</b>                           |                  |                            |
| <i>cevimeline hcl cap 30 mg</i>                          | 2                |                            |
| EVOXAC CAP 30MG                                          | 3                |                            |
| <i>pilocarpine hcl tab 5 mg</i>                          | 2                |                            |
| <i>pilocarpine hcl tab 7.5 mg</i>                        | 2                |                            |
| <b>MULTIVITAMINS</b>                                     |                  |                            |
| <b>PED MULTI VITAMINS W/FL &amp; FE</b>                  |                  |                            |
| <i>multi-vit/fe dro /fl 0.25</i>                         | 1                | NM                         |
| <i>multi-vit/fl dro /fe 0.25</i>                         | 1                | NM                         |
| <i>multivit/fl/ dro fe 0.25</i>                          | 1                | NM                         |
| <b>PED MV W/ FLUORIDE</b>                                |                  |                            |
| FLORIVA DRO PLUS                                         | 3                | NM                         |
| <i>multi vit/fl chw 0.25mg</i>                           | 1                | NM                         |
| <i>multi vit/fl dro 0.5mg/ml</i>                         | 1                | NM                         |
| <i>multi vit/fl dro 0.5mg/ml</i>                         | 3                | NM                         |
| <i>multi-vit/fl dro 0.5mg/ml</i>                         | 1                | NM                         |
| <i>multivit/fl chw 0.5mg</i>                             | 1                | NM                         |
| <i>multivit/fl chw 0.25mg</i>                            | 1                | NM                         |
| <i>multivit/fl chw 1mg</i>                               | 1                | NM                         |
| <i>multivit/fl chw 1mg</i>                               | 3                | NM                         |
| <i>multivit/fl dro 0.25mg</i>                            | 1                | NM                         |
| <i>multivit/fl sol 0.5mg/ml</i>                          | 1                | NM                         |
| <i>mvc-fluoride chw 0.5mg</i>                            | 1                | NM                         |
| <i>mvc-fluoride chw 0.25mg</i>                           | 1                | NM                         |
| <i>mvc-fluoride chw 1mg</i>                              | 1                | NM                         |
| <i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i> | 1                | NM                         |
| POLY-VI-FLOR CHW 0.5MG                                   | 3                | NM                         |
| POLY-VI-FLOR CHW 0.25MG                                  | 3                | NM                         |
| POLY-VI-FLOR CHW 1MG                                     | 3                | NM                         |
| POLY-VI-FLOR MIS FS                                      | 3                | NM                         |
| POLY-VI-FLOR MIS FS 0.5MG                                | 3                | NM                         |
| POLY-VI-FLOR MIS FS 0.25                                 | 3                | NM                         |
| POLY-VI-FLOR SUS 0.25/ML                                 | 3                | NM                         |

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| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------|------------------|----------------------------|
| TRI-VI-FLOR SUS 0.5MG/ML         | 3                | NM                         |
| TRI-VI-FLOR SUS 0.25/ML          | 3                | NM                         |
| TRI-VI-FLORO SUS 0.5MG/ML        | 3                | NM                         |
| TRI-VI-FLORO SUS 0.25/ML         | 3                | NM                         |
| <i>tri-vit/fluoro dro 0.5mg</i>  | 1                | NM                         |
| <i>tri-vit/fluoro dro 0.25mg</i> | 1                | NM                         |
| <i>vit a/c/d/fl dro 0.25mg</i>   | 1                | NM                         |
| <b>PRENATAL VITAMINS</b>         |                  |                            |
| ATABEX EC TAB 29-1MG             | 3                | NM                         |
| ATABEX OB TAB 29-1MG             | 3                | NM                         |
| BAL-CARE MIS DHA                 | 3                | NM                         |
| C-NATE DHA CAP 28-1-200          | 3                | NM                         |
| CITRANATAL CAP HARMONY           | 3                | NM                         |
| CITRANATAL MIS                   | 3                | NM                         |
| CITRANATAL MIS 90 DHA            | 3                | NM                         |
| CITRANATAL MIS B-CALM            | 3                | NM                         |
| CITRANATAL PAK ASSURE            | 3                | NM                         |
| CITRANATAL PAK DHA               | 3                | NM                         |
| CITRANATAL PAK ESSENCE           | 3                | NM                         |
| CITRANATAL TAB BLOOM             | 3                | NM                         |
| CITRANATAL TAB RX                | 3                | NM                         |
| CO-NATAL FA TAB 29-1MG           | 3                | NM                         |
| COMPLETE NAT PAK DHA             | 3                | NM                         |
| COMPLETENATE CHW                 | 3                | NM                         |
| CONCEPT DHA CAP                  | 3                | NM                         |
| CONCEPT OB CAP                   | 3                | NM                         |
| DUET DHA 400 MIS 25-1-400        | 3                | NM                         |
| DUET DHA MIS BALANCED            | 3                | NM                         |
| <i>elite-ob tab</i>              | 1                | NM                         |
| FOLET DHA PAK                    | 3                | NM                         |
| FOLET ONE CAP 38-1-225           | 3                | NM                         |
| FOLIVANE-OB CAP                  | 3                | NM                         |
| <i>inatal gt tab</i>             | 1                | NM                         |
| KOSHR PRENAT TAB 30-1MG          | 3                | NM                         |
| M-NATAL PLUS TAB                 | 3                | NM                         |
| M-VIT TAB 27-1MG                 | 3                | NM                         |
| MARNATAL-F CAP                   | 3                | NM                         |
| MYNATAL CAP                      | 3                | NM                         |
| MYNATAL PLUS TAB                 | 3                | NM                         |
| MYNATAL TAB                      | 3                | NM                         |
| MYNATAL TAB ADVANCE              | 3                | NM                         |
| MYNATAL-Z TAB                    | 3                | NM                         |
| MYNATE 90 TAB PLUS               | 3                | NM                         |
| NATACHEW CHW                     | 3                | NM                         |

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| Drug Name                  | Drug Tier | Requirements/Limits |
|----------------------------|-----------|---------------------|
| NATALVIT TAB 75-1MG        | 3         | NM                  |
| NEONATAL 19 TAB            | 3         | NM                  |
| NEONATAL FE TAB            | 3         | NM                  |
| NEONATAL PLS TAB 27-1MG    | 3         | NM                  |
| NEONATAL/DHA MIS           | 3         | NM                  |
| NESTABS DHA PAK            | 3         | NM                  |
| NESTABS ONE CAP            | 3         | NM                  |
| NESTABS TAB                | 3         | NM                  |
| NIVA-PLUS TAB              | 3         | NM                  |
| O-CAL TAB PRENATAL         | 3         | NM                  |
| OB COMPLETE TAB            | 3         | NM                  |
| OB COMPLETE TAB PREMIER    | 3         | NM                  |
| OB COMPLETE/ CAP DHA       | 3         | NM                  |
| OBSTETRIX EC TAB           | 3         | NM                  |
| OBSTETRIX PAK DHA          | 3         | NM                  |
| OBSTETRXX ONE CAP 38-1-225 | 3         | NM                  |
| PNV FOLIC AC TAB + IRON    | 3         | NM                  |
| PNV PRENATAL TAB PLUS      | 3         | NM                  |
| PNV TABS TAB 29-1MG        | 3         | NM                  |
| <i>pnv-dha cap</i>         | 1         | NM                  |
| PNV-DHA CAP DOCUSATE       | 3         | NM                  |
| PNV-OMEGA CAP              | 3         | NM                  |
| <i>pnv-select tab</i>      | 1         | NM                  |
| PR NATAL 400 PAK           | 3         | NM                  |
| PR NATAL 400 PAK EC        | 3         | NM                  |
| PR NATAL 430 PAK           | 3         | NM                  |
| PR NATAL 430 PAK EC        | 3         | NM                  |
| PRENA1 CHW                 | 3         | NM                  |
| PRENA1 PEARL CAP           | 3         | NM                  |
| PRENA 1 TRUE MIS           | 3         | NM                  |
| PRENAISSANCE CAP           | 3         | NM                  |
| PRENAISSANCE CAP PLUS      | 3         | NM                  |
| PRENATA CHW 29-1MG         | 3         | NM                  |
| <i>prenatabs rx tab</i>    | 1         | NM                  |
| PRENATAL 19 CHW 29-1MG     | 3         | NM                  |
| <i>prenatal 19 chw tab</i> | 1         | NM                  |
| <i>prenatal 19 tab</i>     | 1         | NM                  |
| PRENATAL 19 TAB 29-1MG     | 3         | NM                  |
| PRENATAL DHA PAK 27-1-250  | 3         | NM                  |
| PRENATAL PLS MIS MV + DHA  | 3         | NM                  |
| PRENATAL TAB 27-1MG        | 3         | NM                  |
| PRENATAL VIT TAB LOW IRON  | 3         | NM                  |
| PRENATAL+FE TAB 29-1MG     | 3         | NM                  |
| PRENATAL-U CAP 106.5-1     | 3         | NM                  |

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| Drug Name                 | Drug Tier | Requirements/Limits |
|---------------------------|-----------|---------------------|
| PREPLUS TAB 27-1MG        | 3         | NM                  |
| PRETAB TAB 29-1MG         | 3         | NM                  |
| PROVIDA OB CAP            | 3         | NM                  |
| R-NATAL OB CAP 20-1-320   | 3         | NM                  |
| REDICHEW RX CHW           | 3         | NM                  |
| RELNATE DHA CAP           | 3         | NM                  |
| SE-NATAL 19 CHW           | 3         | NM                  |
| SE-NATAL 19 TAB           | 3         | NM                  |
| SELECT-OB CHW             | 3         | NM                  |
| SELECT-OB+ PAK DHA        | 3         | NM                  |
| TARON-C DHA CAP           | 3         | NM                  |
| TARON-PREX CAP            | 3         | NM                  |
| THRIVITE 19 TAB           | 3         | NM                  |
| THRIVITE RX TAB 29-1MG    | 3         | NM                  |
| TRI-TABS DHA MIS          | 3         | NM                  |
| TRICARE PRE CAP 27-1-500  | 3         | NM                  |
| TRICARE TAB PRENATAL      | 3         | NM                  |
| TRINATAL RX TAB 1         | 3         | NM                  |
| <i>trinate tab</i>        | 1         | NM                  |
| TRISTART DHA CAP          | 3         | NM                  |
| TRISTART ONE CAP 35-1-215 | 3         | NM                  |
| TRIVEEN-DUO PAK DHA       | 3         | NM                  |
| VINATE DHA CAP 27-1.13    | 3         | NM                  |
| VINATE II TAB             | 3         | NM                  |
| VINATE M TAB              | 3         | NM                  |
| VINATE ONE TAB            | 3         | NM                  |
| VIRT-C DHA CAP            | 3         | NM                  |
| VIRT-NATE CAP DHA         | 3         | NM                  |
| VIRT-PN DHA CAP           | 3         | NM                  |
| VIRT-PN PLUS CAP          | 3         | NM                  |
| VITAFOL CAP ULTRA         | 3         | NM                  |
| VITAFOL CHW GUMMIES       | 3         | NM                  |
| VITAFOL FE+ CAP           | 3         | NM                  |
| VITAFOL STRP MIS 1MG      | 3         | NM                  |
| VITAFOL-NANO TAB          | 3         | NM                  |
| VITAFOL-OB PAK +DHA       | 3         | NM                  |
| VITAFOL-OB TAB 65-1MG     | 3         | NM                  |
| VITAFOL-ONE CAP           | 3         | NM                  |
| VITAMEDMD CAP ONE RX      | 3         | NM                  |
| VITAPEARL CAP             | 3         | NM                  |
| VITATRUE MIS              | 3         | NM                  |
| VIVA DHA CAP              | 3         | NM                  |
| VOL-PLUS TAB              | 3         | NM                  |
| VOL-TAB RX TAB            | 3         | NM                  |

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| <b>Drug Name</b>     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------|------------------|----------------------------|
| VP-HEME OB MIS + DHA | 3                | NM                         |
| VP-PNV-DHA CAP       | 3                | NM                         |
| ZATEAN-PN CAP DHA    | 3                | NM                         |
| ZATEAN-PN CAP PLUS   | 3                | NM                         |

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

|                                                  |   |    |
|--------------------------------------------------|---|----|
| <i>baclofen tab 5 mg</i>                         | 1 | NM |
| <i>baclofen tab 10 mg</i>                        | 1 | NM |
| <i>baclofen tab 20 mg</i>                        | 1 | NM |
| <i>carisoprodol tab 250 mg</i>                   | 2 | NM |
| <i>carisoprodol tab 350 mg</i>                   | 2 | NM |
| <i>chlorzoxazone tab 500 mg</i>                  | 1 | NM |
| <i>cyclobenzaprine hcl tab 5 mg</i>              | 1 | NM |
| <i>cyclobenzaprine hcl tab 7.5 mg</i>            | 1 | NM |
| <i>cyclobenzaprine hcl tab 10 mg</i>             | 1 | NM |
| <i>fexmid tab 7.5mg</i>                          | 1 | NM |
| LORZONE TAB 375MG                                | 3 | NM |
| LORZONE TAB 750MG                                | 3 | NM |
| <i>metaxalone tab 800 mg</i>                     | 2 | NM |
| <i>methocarbamol tab 500 mg</i>                  | 1 | NM |
| <i>methocarbamol tab 750 mg</i>                  | 1 | NM |
| <i>orphenadrine citrate inj 30 mg/ml</i>         | 2 | NM |
| <i>orphenadrine citrate tab er 12hr 100 mg</i>   | 2 | NM |
| OZOBAX SOL 5MG/5ML                               | 3 | NM |
| ROBAXIN INJ 100MG/ML                             | 3 | NM |
| ROBAXIN-750 TAB 750MG                            | 3 | NM |
| SOMA TAB 250MG                                   | 3 | NM |
| SOMA TAB 350MG                                   | 3 | NM |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | 1 | NM |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i> | 1 | NM |
| ZANAFLEX TAB 4MG                                 | 3 | NM |

### **DIRECT MUSCLE RELAXANTS**

|                                     |   |    |
|-------------------------------------|---|----|
| DANTRIUM CAP 25MG                   | 3 | NM |
| DANTRIUM CAP 50MG                   | 3 | NM |
| <i>dantrolene sodium cap 25 mg</i>  | 2 | NM |
| <i>dantrolene sodium cap 50 mg</i>  | 2 | NM |
| <i>dantrolene sodium cap 100 mg</i> | 2 | NM |

### **MUSCLE RELAXANT COMBINATIONS**

|                                                                |   |    |
|----------------------------------------------------------------|---|----|
| <i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i> | 2 | NM |
| NORGESIC TAB FORTE                                             | 3 | NM |

| Drug Name                                                         | Drug Tier | Requirements/Limits       |
|-------------------------------------------------------------------|-----------|---------------------------|
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>                        |           |                           |
| <b>NASAL AGENT COMBINATIONS</b>                                   |           |                           |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 2         | NM                        |
| DYMISTA SPR 137-50                                                | 3         | PA, NM                    |
| <b>NASAL ANTIALLERGY</b>                                          |           |                           |
| ASTEPRO SPR 0.15%                                                 | 2         | NM                        |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>            | 1         | NM                        |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>         | 1         | NM                        |
| <i>olopatadine hcl nasal soln 0.6%</i>                            | 1         | NM                        |
| PATANASE SPR 0.6%                                                 | 3         | NM                        |
| <b>NASAL ANTICHOLINERGICS</b>                                     |           |                           |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>        | 1         |                           |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>        | 1         |                           |
| <b>NASAL STEROIDS</b>                                             |           |                           |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>                 | 1         | NM                        |
| <i>mometasone furoate nasal susp 50 mcg/act</i>                   | 1         | NM                        |
| NASONEX SPR 50MCG/AC                                              | 3         | PA, NM                    |
| OMNARIS SPR                                                       | 3         | PA, NM                    |
| QNASL AER 80MCG                                                   | 3         | PA, NM                    |
| QNASL CHILD SPR 40MCG                                             | 3         | PA, NM                    |
| XHANCE MIS 93MCG                                                  | 3         | PA, NM                    |
| ZETONNA AER 37MCG                                                 | 3         | PA, NM                    |
| <b>NEUROMUSCULAR AGENTS</b>                                       |           |                           |
| <b>ALS AGENTS</b>                                                 |           |                           |
| <i>riluzole tab 50 mg</i>                                         | 1         |                           |
| TIGLUTIK SUS 50/10ML                                              | 3         | PA                        |
| <b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>                       |           |                           |
| EVRYSDI SOL                                                       | 3         | PA, QL (240 mL / 30 days) |
| <b>NUTRIENTS</b>                                                  |           |                           |
| <b>LIPIDS</b>                                                     |           |                           |
| DOJOLVI LIQ 100%                                                  | 3         | SP, PA                    |
| <b>OPHTHALMIC AGENTS</b>                                          |           |                           |
| <b>ARTIFICIAL TEARS AND LUBRICANTS</b>                            |           |                           |
| LACRISERT MIS 5MG OP                                              | 3         | NM                        |
| <b>BETA-BLOCKERS - OPHTHALMIC</b>                                 |           |                           |
| <i>betaxolol hcl ophth soln 0.5%</i>                              | 1         |                           |

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| BETIMOL SOL 0.5%                                                   | 3                |                            |
| BETIMOL SOL 0.25%                                                  | 3                |                            |
| BETOPTIC-S SUS 0.25% OP                                            | 3                |                            |
| <i>carteolol hcl ophth soln 1%</i>                                 | 1                |                            |
| COMBIGAN SOL 0.2/0.5%                                              | 3                |                            |
| COSOPT PF SOL 2%-0.5%                                              | 3                |                            |
| COSOPT SOL 22.3-6.8                                                | 3                |                            |
| <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> | 1                |                            |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>   | 1                |                            |
| ISTALOL SOL 0.5% OP                                                | 3                |                            |
| <i>levobunolol hcl ophth soln 0.5%</i>                             | 1                |                            |
| <i>timolol maleate ophth gel forming soln 0.5%</i>                 | 1                |                            |
| <i>timolol maleate ophth gel forming soln 0.25%</i>                | 1                |                            |
| <i>timolol maleate ophth soln 0.5%</i>                             | 1                |                            |
| <i>timolol maleate ophth soln 0.5% (once-daily)</i>                | 1                |                            |
| <i>timolol maleate ophth soln 0.25%</i>                            | 1                |                            |
| TIMOPTIC SOL 0.5% OP                                               | 3                |                            |
| TIMOPTIC SOL 0.25% OP                                              | 3                |                            |
| TIMOPTIC-XE SOL 0.5% OP                                            | 3                |                            |
| TIMOPTIC-XE SOL 0.25% OP                                           | 3                |                            |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                      |                  |                            |
| ATROPINE SUL SOL 1% OP                                             | 3                |                            |
| ATROPINE SULFATE OPHTH OINT 1%                                     | 3                |                            |
| CYCLOGYL SOL 0.5% OP                                               | 3                |                            |
| CYCLOGYL SOL 1% OP                                                 | 3                |                            |
| CYCLOGYL SOL 2% OP                                                 | 3                |                            |
| <i>cyclopentolate hcl ophth soln 0.5%</i>                          | 1                |                            |
| <i>cyclopentolate hcl ophth soln 1%</i>                            | 1                |                            |
| <i>cyclopentolate hcl ophth soln 2%</i>                            | 1                |                            |
| ISOPTO ATROP SOL 1% OP                                             | 3                |                            |
| <i>tropicamide ophth soln 0.5%</i>                                 | 1                |                            |
| <i>tropicamide ophth soln 1%</i>                                   | 1                |                            |
| <b>MIOTICS</b>                                                     |                  |                            |
| ISOPTO CARP SOL 1% OP                                              | 3                |                            |
| ISOPTO CARP SOL 2% OP                                              | 3                |                            |
| ISOPTO CARP SOL 4% OP                                              | 3                |                            |
| PHOSPHOLINE SOL 0.125%OP                                           | 2                |                            |
| <i>pilocarpine hcl ophth soln 1%</i>                               | 1                |                            |
| <i>pilocarpine hcl ophth soln 2%</i>                               | 1                |                            |

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| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------|------------------|----------------------------|
| <i>pilocarpine hcl ophth soln 4%</i>                                   | 1                |                            |
| <b>OPHTHALMIC ADRENERGIC AGENTS</b>                                    |                  |                            |
| ALPHAGAN P SOL 0.1%                                                    | 3                |                            |
| ALPHAGAN P SOL 0.15%                                                   | 3                |                            |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>             | 1                | NM                         |
| <i>brimonidine tartrate ophth soln 0.2%</i>                            | 1                |                            |
| <i>brimonidine tartrate ophth soln 0.15%</i>                           | 1                |                            |
| IOPIDINE SOL 1% OP                                                     | 3                | NM                         |
| SIMBRINZA SUS 1-0.2%                                                   | 3                |                            |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                                      |                  |                            |
| <i>ak-poly-bac oin op</i>                                              | 1                | NM                         |
| AZASITE SOL 1%                                                         | 3                | NM                         |
| <i>bacitracin ophth oint 500 unit/gm</i>                               | 1                | NM                         |
| <i>bacitracin-polymyxin b ophth oint</i>                               | 1                | NM                         |
| BESIVANCE SUS 0.6%                                                     | 3                | NM                         |
| BETADINE SOL 5% OP                                                     | 3                | NM                         |
| CILOXAN OIN 0.3% OP                                                    | 3                | NM                         |
| CILOXAN SOL 0.3% OP                                                    | 3                | NM                         |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>             | 1                | NM                         |
| <i>erythromycin ophth oint 5 mg/gm</i>                                 | 2                | NM                         |
| <i>gatifloxacin ophth soln 0.5%</i>                                    | 2                | NM                         |
| <i>gentak oin 0.3% op</i>                                              | 1                | NM                         |
| <i>gentamicin sulfate ophth soln 0.3%</i>                              | 1                | NM                         |
| <i>levofloxacin ophth soln 0.5%</i>                                    | 1                | NM                         |
| MOXEZA SOL 0.5%                                                        | 3                | NM                         |
| <i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>      | 2                | NM                         |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>                   | 1                | NM                         |
| NATACYN SUS 5% OP                                                      | 3                | NM                         |
| <i>neo-polycin oin op</i>                                              | 1                | NM                         |
| <i>neomycin-bacitracin zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>  | 1                | NM                         |
| <i>neomycin-polymyx-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1                | NM                         |
| OCUFLOX DRO 0.3% OP                                                    | 3                | NM                         |
| <i>ofloxacin ophth soln 0.3%</i>                                       | 1                | NM                         |
| <i>polycin oin op</i>                                                  | 1                | NM                         |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>          | 1                | NM                         |
| POLYTRIM SOL OP                                                        | 3                | NM                         |
| <i>sulfacetamide sodium ophth oint 10%</i>                             | 1                | NM                         |

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| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------|------------------|----------------------------|
| <i>sulfacetamide sodium ophth soln 10%</i>              | 1                | NM                         |
| <i>tobramycin ophth soln 0.3%</i>                       | 1                | NM                         |
| TOBREX OIN 0.3% OP                                      | 3                | NM                         |
| TOBREX SOL 0.3% OP                                      | 3                | NM                         |
| <i>trifluridine ophth soln 1%</i>                       | 1                | NM                         |
| VIGAMOX DRO 0.5%                                        | 3                | NM                         |
| ZIRGAN GEL 0.15%                                        | 3                | NM                         |
| ZYMAXID SOL 0.5%                                        | 3                | NM                         |
| <b>OPHTHALMIC IMMUNOMODULATORS</b>                      |                  |                            |
| RESTASIS EMU 0.05%                                      | 2                |                            |
| RESTASIS MUL EMU 0.05%                                  | 2                |                            |
| <b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>                  |                  |                            |
| XIIDRA DRO 5%                                           | 2                |                            |
| <b>OPHTHALMIC KINASE INHIBITORS</b>                     |                  |                            |
| RHOPRESSA SOL 0.02%                                     | 2                |                            |
| ROCKLATAN DRO                                           | 2                |                            |
| <b>OPHTHALMIC NERVE GROWTH FACTORS</b>                  |                  |                            |
| OXERVATE SOL 20MCG/ML                                   | 3                | PA, NM                     |
| <b>OPHTHALMIC STEROIDS</b>                              |                  |                            |
| ALREX SUS 0.2%                                          | 3                | NM                         |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>   | 1                | NM                         |
| BLEPHAMIDE OIN S.O.P.                                   | 3                | NM                         |
| BLEPHAMIDE SUS OP                                       | 3                | NM                         |
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i>   | 1                | NM                         |
| DUREZOL EMU 0.05%                                       | 3                | NM                         |
| FLAREX SUS 0.1% OP                                      | 3                | NM                         |
| <i>fluorometholone ophth susp 0.1%</i>                  | 1                | NM                         |
| FML FORTE SUS 0.25% OP                                  | 3                | NM                         |
| FML OIN 0.1% OP                                         | 3                | NM                         |
| INVELTYS SUS 1%                                         | 3                | NM                         |
| LOTEMAX GEL 0.5%                                        | 3                | NM                         |
| LOTEMAX OIN 0.5%                                        | 3                | NM                         |
| LOTEMAX SM GEL 0.38%                                    | 3                | NM                         |
| LOTEMAX SUS 0.5%                                        | 3                | NM                         |
| <i>loteprednol etabonate ophth gel 0.5%</i>             | 2                | NM                         |
| MAXIDEX SUS 0.1% OP                                     | 3                | NM                         |
| MAXITROL OIN 0.1% OP                                    | 3                | NM                         |
| MAXITROL SUS 0.1% OP                                    | 3                | NM                         |
| <i>neo-polycin oin hc 1%op</i>                          | 1                | NM                         |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 1                | NM                         |

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | 1                | NM                         |
| <i>neomycin-polymyxin-hc ophth susp</i>                            | 1                | NM                         |
| PRED MILD SUS 0.12% OP                                             | 3                | NM                         |
| PRED SOD PHO SOL 1% OP                                             | 3                | NM                         |
| PRED-G S.O.P OIN OP                                                | 3                | NM                         |
| PRED-G SUS OP                                                      | 3                | NM                         |
| <i>prednisolone acetate ophth susp 1%</i>                          | 1                | NM                         |
| PREDNISOLONE SUS 1%                                                | 3                | NM                         |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1                | NM                         |
| TOBRADEX OIN 0.3-0.1%                                              | 3                | NM                         |
| TOBRADEX ST SUS 0.3-0.05                                           | 3                | NM                         |
| TOBRADEX SUS 0.3-0.1%                                              | 3                | NM                         |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                | 1                | NM                         |
| ZYLET SUS 0.5-0.3%                                                 | 3                | NM                         |
| <b>OPHTHALMICS - MISC.</b>                                         |                  |                            |
| ACULAR LS SOL 0.4%                                                 | 3                | NM                         |
| ACULAR SOL 0.5% OP                                                 | 3                | NM                         |
| ACUVAIL SOL 0.45%                                                  | 3                | NM                         |
| ALOCIL SOL 2%                                                      | 3                | NM                         |
| ALOMIDE SOL 0.1% OP                                                | 3                | NM                         |
| <i>azelastine hcl ophth soln 0.05%</i>                             | 1                | NM                         |
| AZOPT SUS 1% OP                                                    | 3                |                            |
| BEPREVE DRO 1.5%                                                   | 3                | NM                         |
| <i>brinzolamide ophth susp 1%</i>                                  | 2                |                            |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 1                | NM                         |
| BROMSITE DRO 0.075%                                                | 3                | NM                         |
| <i>cromolyn sodium ophth soln 4%</i>                               | 1                | NM                         |
| CYSTADROPS SOL 0.37%                                               | 3                | PA                         |
| <i>diclofenac sodium ophth soln 0.1%</i>                           | 1                | NM                         |
| <i>dorzolamide hcl ophth soln 2%</i>                               | 1                |                            |
| DORZOLAMIDE SOL 2%                                                 | 3                |                            |
| <i>epinastine hcl ophth soln 0.05%</i>                             | 1                | NM                         |
| <i>flurbiprofen sodium ophth soln 0.03%</i>                        | 1                | NM                         |
| ILEVRO DRO 0.3% OP                                                 | 3                | NM                         |
| <i>ketorolac tromethamine ophth soln 0.4%</i>                      | 2                | NM                         |
| <i>ketorolac tromethamine ophth soln 0.5%</i>                      | 2                | NM                         |
| LASTACFT SOL 0.25%                                                 | 3                | NM                         |
| NEVANAC SUS 0.1%                                                   | 3                | NM                         |
| <i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>           | 1                | NM                         |

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|---------------------------------------------------------------------|------------------|----------------------------|
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>            | 1                | NM                         |
| PATADAY SOL 0.2%                                                    | 3                | NM                         |
| PATANOL SOL 0.1% OP                                                 | 3                | NM                         |
| PAZEO DRO 0.7%                                                      | 3                | NM                         |
| PROLENSA SOL 0.07%                                                  | 3                | NM                         |
| TRUSOPT SOL 2% OP                                                   | 3                |                            |
| UPNEEQ SOL 0.1%                                                     | 3                |                            |
| ZERVIAE DRO 0.24%                                                   | 3                | PA, NM                     |
| <b>PROSTAGLANDINS - OPHTHALMIC</b>                                  |                  |                            |
| <i>bimatoprost ophth soln 0.03%</i>                                 | 1                |                            |
| <i>latanoprost ophth soln 0.005%</i>                                | 1                |                            |
| LUMIGAN SOL 0.01%                                                   | 2                |                            |
| TRAVATAN Z DRO 0.004%                                               | 3                |                            |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>  | 2                |                            |
| XALATAN SOL 0.005%                                                  | 3                |                            |
| XELPROS EMU 0.005%                                                  | 3                |                            |
| ZIOPTAN DRO 0.0015%                                                 | 3                |                            |
| <b>OTIC AGENTS</b>                                                  |                  |                            |
| <b>OTIC AGENTS - MISCELLANEOUS</b>                                  |                  |                            |
| <i>acetic acid otic soln 2%</i>                                     | 1                | NM                         |
| <b>OTIC ANTI-INFECTIVES</b>                                         |                  |                            |
| CETRAXAL SOL 0.2%                                                   | 3                | NM                         |
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>           | 1                | NM                         |
| <i>ofloxacin otic soln 0.3%</i>                                     | 1                | NM                         |
| <b>OTIC COMBINATIONS</b>                                            |                  |                            |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>               | 2                | NM                         |
| <i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i> | 2                | NM                         |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                           | 1                | NM                         |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>   | 1                | NM                         |
| <b>OTIC STEROIDS</b>                                                |                  |                            |
| DERMOTIC OIL 0.01%                                                  | 3                | NM                         |
| <i>flac oil 0.01%</i>                                               | 2                | NM                         |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>                      | 2                | NM                         |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>                 | 1                | NM                         |
| <b>OXYTOCICS</b>                                                    |                  |                            |
| <b>OXYTOCICS</b>                                                    |                  |                            |
| <i>methergine tab 0.2mg</i>                                         | 2                | QL (28 tabs / year), NM    |

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| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>methylergonovine maleate tab 0.2 mg</i>                      | 2                | QL (28 tabs / year), NM    |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>                  |                  |                            |
| <b>IMMUNE SERUMS</b>                                            |                  |                            |
| HEPAGAM B INJ                                                   | 2                | SP, NM                     |
| HYPERHEP B INJ                                                  | 2                | SP, NM                     |
| NABI-HB INJ                                                     | 2                | SP, NM                     |
| RHOPHYLAC INJ 1500/2ML                                          | 2                | SP, NM                     |
| WINRHO SDF INJ 1500UNIT                                         | 2                | SP, NM                     |
| WINRHO SDF INJ 2500UNIT                                         | 2                | SP, NM                     |
| WINRHO SDF INJ 5000UNIT                                         | 2                | SP, NM                     |
| WINRHO SDF INJ 15000UNT                                         | 2                | SP, NM                     |
| <b>PENICILLINS</b>                                              |                  |                            |
| <b>AMINOPENICILLINS</b>                                         |                  |                            |
| <i>amoxicillin (trihydrate) cap 250 mg</i>                      | 1                | NM                         |
| <i>amoxicillin (trihydrate) cap 500 mg</i>                      | 1                | NM                         |
| <i>amoxicillin (trihydrate) chew tab 125 mg</i>                 | 1                | NM                         |
| <i>amoxicillin (trihydrate) chew tab 250 mg</i>                 | 1                | NM                         |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>             | 1                | NM                         |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>             | 1                | NM                         |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>             | 1                | NM                         |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>             | 1                | NM                         |
| <i>amoxicillin (trihydrate) tab 500 mg</i>                      | 1                | NM                         |
| <i>amoxicillin (trihydrate) tab 875 mg</i>                      | 1                | NM                         |
| <i>ampicillin cap 500 mg</i>                                    | 1                | NM                         |
| <b>NATURAL PENICILLINS</b>                                      |                  |                            |
| <i>penicillin v potassium for soln 125 mg/5ml</i>               | 1                | NM                         |
| <i>penicillin v potassium for soln 250 mg/5ml</i>               | 1                | NM                         |
| <i>penicillin v potassium tab 250 mg</i>                        | 1                | NM                         |
| <i>penicillin v potassium tab 500 mg</i>                        | 1                | NM                         |
| <b>PENICILLIN COMBINATIONS</b>                                  |                  |                            |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>     | 1                | NM                         |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>       | 1                | NM                         |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> | 1                | NM                         |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> | 1                | NM                         |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>   | 1                | NM                         |

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| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> | 1                | NM                         |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>           | 1                | NM                         |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>           | 1                | NM                         |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>           | 1                | NM                         |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> | 1                | NM                         |
| AUGMENTIN SUS 125/5ML                                           | 3                | NM                         |
| AUGMENTIN SUS 250/5ML                                           | 3                | NM                         |
| AUGMENTIN SUS ES-600                                            | 3                | NM                         |
| AUGMENTIN TAB 500MG                                             | 3                | NM                         |

### **PENICILLINASE-RESISTANT PENICILLINS**

|                                        |   |    |
|----------------------------------------|---|----|
| <i>dicloxacillin sodium cap 250 mg</i> | 1 | NM |
| <i>dicloxacillin sodium cap 500 mg</i> | 1 | NM |

### **PROGESTINS**

#### **PROGESTINS**

|                                               |   |    |
|-----------------------------------------------|---|----|
| <i>medroxyprogesterone acetate tab 2.5 mg</i> | 1 |    |
| <i>medroxyprogesterone acetate tab 5 mg</i>   | 1 |    |
| <i>medroxyprogesterone acetate tab 10 mg</i>  | 1 |    |
| MEGACE ES SUS 625/5ML                         | 3 |    |
| <i>megestrol acetate susp 625 mg/5ml</i>      | 2 |    |
| <i>norethindrone acetate tab 5 mg</i>         | 1 |    |
| <i>progesterone cap 100 mg</i>                | 1 |    |
| <i>progesterone cap 200 mg</i>                | 1 |    |
| <i>progesterone im in oil 50 mg/ml</i>        | 1 | NM |
| PROMETRIUM CAP 100MG                          | 3 |    |
| PROMETRIUM CAP 200MG                          | 3 |    |
| PROVERA TAB 5MG                               | 3 |    |
| PROVERA TAB 10MG                              | 3 |    |

### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

#### **AGENTS FOR CHEMICAL DEPENDENCY**

|                                                       |   |                              |
|-------------------------------------------------------|---|------------------------------|
| <i>acamprosate calcium tab delayed release 333 mg</i> | 2 |                              |
| ANTABUSE TAB 250MG                                    | 3 |                              |
| ANTABUSE TAB 500MG                                    | 3 |                              |
| <i>disulfiram tab 250 mg</i>                          | 2 |                              |
| <i>disulfiram tab 500 mg</i>                          | 2 |                              |
| LUCEMYRA TAB 0.18MG                                   | 3 | QL (168 tabs / 180 days), NM |

#### **ANTI-CATALECTIC AGENTS**

|                    |   |                               |
|--------------------|---|-------------------------------|
| XYREM SOL 500MG/ML | 3 | PA, QL (540 ML / 30 days), NM |
|--------------------|---|-------------------------------|

#### **ANTIDEMENTIA AGENTS**

|                 |   |  |
|-----------------|---|--|
| ARICEPT TAB 5MG | 3 |  |
|-----------------|---|--|

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| ARICEPT TAB 10MG                                                   | 3                |                            |
| ARICEPT TAB 23MG                                                   | 3                |                            |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>      | 2                |                            |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i>     | 2                |                            |
| <i>donepezil hydrochloride tab 5 mg</i>                            | 2                |                            |
| <i>donepezil hydrochloride tab 10 mg</i>                           | 2                |                            |
| <i>donepezil hydrochloride tab 23 mg</i>                           | 2                |                            |
| EXELON DIS 4.6MG/24                                                | 3                |                            |
| EXELON DIS 9.5MG/24                                                | 3                |                            |
| EXELON DIS 13.3/24                                                 | 3                |                            |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i>                   | 1                |                            |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i>                  | 1                |                            |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i>                  | 1                |                            |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i>                  | 1                |                            |
| <i>galantamine hydrobromide tab 4 mg</i>                           | 1                |                            |
| <i>galantamine hydrobromide tab 8 mg</i>                           | 1                |                            |
| <i>galantamine hydrobromide tab 12 mg</i>                          | 1                |                            |
| <i>memantine hcl cap er 24hr 7 mg</i>                              | 2                |                            |
| <i>memantine hcl cap er 24hr 14 mg</i>                             | 2                |                            |
| <i>memantine hcl cap er 24hr 21 mg</i>                             | 2                |                            |
| <i>memantine hcl cap er 24hr 28 mg</i>                             | 2                |                            |
| <i>memantine hcl oral solution 2 mg/ml</i>                         | 2                |                            |
| <i>memantine hcl tab 5 mg</i>                                      | 2                |                            |
| <i>memantine hcl tab 10 mg</i>                                     | 2                |                            |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> | 2                | NM                         |
| NAMENDA TAB 5-10MG                                                 | 3                | NM                         |
| NAMENDA TAB 5MG                                                    | 3                |                            |
| NAMENDA TAB 10MG                                                   | 3                |                            |
| NAMENDA XR CAP 7MG                                                 | 3                |                            |
| NAMENDA XR CAP 14MG                                                | 3                |                            |
| NAMENDA XR CAP 21MG                                                | 3                |                            |
| NAMENDA XR CAP 28MG                                                | 3                |                            |
| NAMENDA XR CAP TITRATIO                                            | 3                | NM                         |
| NAMZARIC CAP                                                       | 3                | NM                         |
| NAMZARIC CAP 7-10MG                                                | 3                |                            |
| NAMZARIC CAP 14-10MG                                               | 3                |                            |
| NAMZARIC CAP 21-10MG                                               | 3                |                            |
| NAMZARIC CAP 28-10MG                                               | 3                |                            |

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| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------|------------------|----------------------------|
| RAZADYNE ER CAP 8MG                                       | 3                |                            |
| RAZADYNE ER CAP 16MG                                      | 3                |                            |
| RAZADYNE ER CAP 24MG                                      | 3                |                            |
| RAZADYNE TAB 4MG                                          | 3                |                            |
| RAZADYNE TAB 8MG                                          | 3                |                            |
| RAZADYNE TAB 12MG                                         | 3                |                            |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> | 2                |                            |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>   | 2                |                            |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> | 2                |                            |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>   | 2                |                            |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>             | 2                |                            |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>             | 2                |                            |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>            | 2                |                            |
| <b>COMBINATION PSYCHOTHERAPEUTICS</b>                     |                  |                            |
| <i>olanzapine-fluoxetine hcl cap 3-25 mg</i>              | 2                |                            |
| <i>olanzapine-fluoxetine hcl cap 6-25 mg</i>              | 2                |                            |
| <i>olanzapine-fluoxetine hcl cap 6-50 mg</i>              | 2                |                            |
| <i>olanzapine-fluoxetine hcl cap 12-25 mg</i>             | 2                |                            |
| <i>olanzapine-fluoxetine hcl cap 12-50 mg</i>             | 2                |                            |
| SYMBYAX CAP 3-25MG                                        | 3                |                            |
| SYMBYAX CAP 6-25MG                                        | 3                |                            |
| SYMBYAX CAP 6-50MG                                        | 3                |                            |
| SYMBYAX CAP 12-50MG                                       | 3                |                            |
| <b>FIBROMYALGIA AGENTS</b>                                |                  |                            |
| SAVELLA MIS TITR PAK                                      | 3                | NM                         |
| SAVELLA TAB 12.5MG                                        | 3                |                            |
| SAVELLA TAB 25MG                                          | 3                |                            |
| SAVELLA TAB 50MG                                          | 3                |                            |
| SAVELLA TAB 100MG                                         | 3                |                            |
| <b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>    |                  |                            |
| VYLEESI INJ 1.75/0.3                                      | 3                | PA, NM                     |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>                     |                  |                            |
| AUSTEDO TAB 6MG                                           | 2                | SP, PA                     |
| AUSTEDO TAB 9MG                                           | 2                | SP, PA                     |
| AUSTEDO TAB 12MG                                          | 2                | SP, PA                     |
| INGREZZA CAP 40-80MG                                      | 3                | PA, NM                     |
| INGREZZA CAP 40MG                                         | 3                | PA                         |
| INGREZZA CAP 80MG                                         | 3                | PA                         |
| <i>tetrabenazine tab 12.5 mg</i>                          | 2                | SP, PA                     |
| <i>tetrabenazine tab 25 mg</i>                            | 2                | SP, PA                     |

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| <b>Drug Name</b>                                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------|------------------|----------------------------|
| XENAZINE TAB 12.5MG                                                  | 3                | SP, PA                     |
| XENAZINE TAB 25MG                                                    | 3                | SP, PA                     |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                     |                  |                            |
| AMPYRA TAB 10MG                                                      | 3                | SP                         |
| AUBAGIO TAB 7MG                                                      | 2                | SP                         |
| AUBAGIO TAB 14MG                                                     | 2                | SP                         |
| AVONEX PEN KIT 30MCG                                                 | 2                | SP                         |
| AVONEX PREFL KIT 30MCG                                               | 2                | SP                         |
| BAFIERTAM CAP 95MG                                                   | 2                | SP                         |
| BETASERON INJ 0.3MG                                                  | 3                | SP, PA                     |
| COPAXONE INJ 20MG/ML                                                 | 2                | SP                         |
| COPAXONE INJ 40MG/ML                                                 | 2                | SP                         |
| <i>dalfampridine tab er 12hr 10 mg</i>                               | 2                | SP                         |
| <i>dimethyl fumarate capsule delayed release 120 mg</i>              | 2                | SP                         |
| <i>dimethyl fumarate capsule delayed release 240 mg</i>              | 2                | SP                         |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> | 2                | SP, NM                     |
| GILENYA CAP 0.5MG                                                    | 2                | SP                         |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>            | 2                | SP                         |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>            | 2                | SP                         |
| <i>glatopa inj 20mg/ml</i>                                           | 2                | SP                         |
| <i>glatopa inj 40mg/ml</i>                                           | 2                | SP                         |
| MAVENCLAD PAK 10MG(4)                                                | 3                | SP, PA, NM                 |
| MAVENCLAD PAK 10MG(5)                                                | 3                | SP, PA, NM                 |
| MAVENCLAD PAK 10MG(6)                                                | 3                | SP, PA, NM                 |
| MAVENCLAD PAK 10MG(7)                                                | 3                | SP, PA, NM                 |
| MAVENCLAD PAK 10MG(8)                                                | 3                | SP, PA, NM                 |
| MAVENCLAD PAK 10MG(9)                                                | 3                | SP, PA, NM                 |
| MAVENCLAD PAK 10MG(10)                                               | 3                | SP, PA, NM                 |
| MAYZENT PAK STARTER                                                  | 2                | SP, NM                     |
| MAYZENT TAB 0.25MG                                                   | 2                | SP                         |
| MAYZENT TAB 2MG                                                      | 2                | SP                         |
| PLEGRIDY INJ                                                         | 2                | SP                         |
| PLEGRIDY INJ PEN                                                     | 2                | SP                         |
| PLEGRIDY INJ STARTER                                                 | 2                | SP, NM                     |
| PLEGRIDY PEN INJ STARTER                                             | 2                | SP, NM                     |
| REBIF INJ 22/0.5                                                     | 2                | SP                         |
| REBIF INJ 44/0.5                                                     | 2                | SP                         |
| REBIF REBIDO INJ 22/0.5                                              | 2                | SP                         |
| REBIF REBIDO INJ 44/0.5                                              | 2                | SP                         |

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|-------------------------------------------------------------|------------------|-----------------------------------------------|
| REBIF REBIDO INJ TITRATN                                    | 2                | SP                                            |
| REBIF TITRTN INJ PACK                                       | 2                | SP                                            |
| TECFIDERA CAP 120MG                                         | 3                | SP                                            |
| TECFIDERA CAP 240MG                                         | 3                | SP                                            |
| TECFIDERA MIS STARTER                                       | 3                | SP, NM                                        |
| ZEPOSIA 7DAY CAP STR PACK                                   | 2                | SP, NM                                        |
| ZEPOSIA CAP .92MG                                           | 2                | SP                                            |
| ZEPOSIA CAP STR KIT                                         | 2                | SP, NM                                        |
| <b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b> |                  |                                               |
| GRALISE STAR MIS 300/600                                    | 3                | PA, NM                                        |
| GRALISE TAB 300MG                                           | 3                | PA                                            |
| GRALISE TAB 600MG                                           | 3                | PA                                            |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>                     |                  |                                               |
| NUEDEXTA CAP 20-10MG                                        | 3                | PA                                            |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>    |                  |                                               |
| <i>ergoloid mesylates tab 1 mg</i>                          | 2                |                                               |
| <i>pimozide tab 1 mg</i>                                    | 2                |                                               |
| <i>pimozide tab 2 mg</i>                                    | 2                |                                               |
| <b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>                   |                  |                                               |
| HORIZANT TAB 300MG ER                                       | 3                | PA                                            |
| HORIZANT TAB 600MG ER                                       | 3                | PA                                            |
| <b>SMOKING DETERRENTS</b>                                   |                  |                                               |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| CHANTIX PAK 0.5& 1MG                                        | 2                | NM; Maximum 168 day supply per calendar year. |
| CHANTIX PAK 1MG                                             | 2                | NM; Maximum 168 day supply per calendar year. |
| CHANTIX TAB 0.5MG                                           | 2                | NM; Maximum 168 day supply per calendar year. |
| CHANTIX TAB 1MG                                             | 2                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine dis 7mg/24hr</i>                            | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine dis 14mg/24h</i>                            | 1                | NM; Maximum 168 day supply per calendar year. |

| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|----------------------------------|------------------|-----------------------------------------------|
| <i>cvs nicotine dis 21mg/24h</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine gum 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine gum 2mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine gum 2mgfruit</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine gum 4mg cinn</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine gum 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine gum 4mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine gum 4mgfruit</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine loz 2mg</i>      | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine loz 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine loz 4mg cinn</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>cvs nicotine loz 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine dis 7mg/24hr</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine dis 14mg/24h</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine dis 21mg/24h</i>  | 1                | NM; Maximum 168 day supply per calendar year. |

| <b>Drug Name</b>                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|---------------------------------|------------------|-----------------------------------------------|
| <i>eq nicotine gum 2mg cinn</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 2mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 2mgfruit</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 4mg cinn</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 4mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 4mg ref</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 4mg strt</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 4mgfruit</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine loz 2mg cher</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine loz 2mg cinn</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine loz 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine loz 4mg chry</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine loz 4mg cinn</i> | 1                | NM; Maximum 168 day supply per calendar year. |

| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|----------------------------------|------------------|-----------------------------------------------|
| <i>eq nicotine loz 4mg mint</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine gum 2mg</i>       | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine loz 2mg mint</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>eq nicotine loz 4mg mint</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine dis 7mg/24hr</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine dis 14mg/24h</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine gum 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine gum 2mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine gum 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine gum 4mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine loz 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine loz 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>gnp nicotine loz mini 2mg</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>hm nicotine dis 7mg/24hr</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>hm nicotine dis 14mg/24h</i>  | 1                | NM; Maximum 168 day supply per calendar year. |



| <b>Drug Name</b>                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|---------------------------------|------------------|-----------------------------------------------|
| <i>hm nicotine dis 21mg/24h</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>hm nicotine gum 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>hm nicotine gum 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>hm nicotine loz 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>hm nicotine loz 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>kls quit2 gum 2mg</i>        | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>kls quit2 loz 2mg</i>        | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>kls quit4 gum 4mg</i>        | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>kls quit4 loz 4mg</i>        | 1                | NM; Maximum 168 day supply per calendar year. |
| NICODERM CQ DIS 7MG/24HR        | 3                | NM; Maximum 168 day supply per calendar year. |
| NICODERM CQ DIS 14MG/24H        | 3                | NM; Maximum 168 day supply per calendar year. |
| NICODERM CQ DIS 21MG/24H        | 3                | NM; Maximum 168 day supply per calendar year. |
| <i>nicorelief gum 2mg mint</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicorelief gum 2mg orig</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 2MG               | 3                | NM; Maximum 168 day supply per calendar year. |

| <b>Drug Name</b>             | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|------------------------------|------------------|-----------------------------------------------|
| NICORETTE GUM 2MG CINN       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 2MG MINT       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 2MG ORIG       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 2MGFRUIT       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 4MG            | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 4MG CINN       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 4MG MINT       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 4MG ORIG       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE GUM 4MGFRUIT       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE LOZ 2MG MINT       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE LOZ 4MG MINT       | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE ST GUM 2MG MINT    | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE ST GUM 2MG ORIG    | 3                | NM; Maximum 168 day supply per calendar year. |
| NICORETTE ST GUM 4MG ORIG    | 3                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine dis 7mg/24hr</i> | 1                | NM; Maximum 168 day supply per calendar year. |

| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|------------------------------------------|------------------|-----------------------------------------------|
| <i>nicotine dis step 1</i>               | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine gum 4mg</i>                  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine loz 2mg mint</i>             | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine loz 4mg mint</i>             | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine loz mini 2mg</i>             | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine pol loz 4mg mint</i>         | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine polacrilex gum 2 mg</i>      | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine polacrilex gum 4 mg</i>      | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| NICOTINE SYS KIT TRANSDER                | 3                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| NICOTROL INH                             | 3                | NM; Maximum 168 day supply per calendar year. |

| <b>Drug Name</b>                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|---------------------------------|------------------|-----------------------------------------------|
| NICOTROL NS SPR 10MG/ML         | 3                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine dis 7mg/24hr</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine dis 14mg/24h</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine dis 21mg/24h</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine gum 2mg</i>      | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine gum 2mg cinn</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine gum 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine gum 2mgfruit</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine gum 4mg</i>      | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine gum 4mg frut</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine gum 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine loz 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>ra nicotine loz 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sm nicotine dis 7mg/24hr</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sm nicotine dis 14mg/24h</i> | 1                | NM; Maximum 168 day supply per calendar year. |

| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|----------------------------------|------------------|-----------------------------------------------|
| <i>sm nicotine dis 21mg/24h</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sm nicotine gum 2mg</i>       | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sm nicotine gum 2mg mint</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sm nicotine gum 4mg</i>       | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sm nicotine gum 4mg mint</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sm nicotine loz 2mg mint</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sm nicotine loz 4mg mint</i>  | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>sr nicotine gum 2mg</i>       | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>stop smoking gum 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>stop smoking gum 2mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>stop smoking gum 4mg</i>      | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>stop smoking loz 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>stop smoking loz 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine dis 7mg/24hr</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine dis 14mg/24h</i> | 1                | NM; Maximum 168 day supply per calendar year. |

| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|----------------------------------|------------------|-----------------------------------------------|
| <i>tgt nicotine dis 21mg/24h</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine gum 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine gum 2mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine gum 2mgfruit</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine gum 4mg</i>      | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine gum 4mg orig</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine loz 2mg chry</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine loz 2mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine loz 4mg chry</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>tgt nicotine loz 4mg mint</i> | 1                | NM; Maximum 168 day supply per calendar year. |
| <i>thrive gum 2mg mint</i>       | 1                | NM; Maximum 168 day supply per calendar year. |

#### **TRANSTHYRETIN AMYLOIDOSIS AGENTS**

|                     |   |    |
|---------------------|---|----|
| TEGSEDI INJ 284/1.5 | 3 | PA |
|---------------------|---|----|

#### **VASOMOTOR SYMPTOM AGENTS**

|                                                    |   |  |
|----------------------------------------------------|---|--|
| BRISDELLE CAP 7.5MG                                | 3 |  |
| <i>paroxetine mesylate cap 7.5 mg (base equiv)</i> | 2 |  |

#### **RESPIRATORY AGENTS - MISC.**

##### **CYSTIC FIBROSIS AGENTS**

|                     |   |    |
|---------------------|---|----|
| KALYDECO PAK 50MG   | 3 | PA |
| KALYDECO PAK 75MG   | 3 | PA |
| KALYDECO TAB 150MG  | 3 | PA |
| ORKAMBI GRA 100-125 | 3 | PA |
| ORKAMBI GRA 150-188 | 3 | PA |

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| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------|------------------|----------------------------|
| ORKAMBI TAB 100-125                                   | 3                | PA                         |
| ORKAMBI TAB 200-125                                   | 3                | PA                         |
| PULMOZYME SOL 1MG/ML                                  | 3                | SP, PA                     |
| SYMDEKO TAB 100-150                                   | 3                | PA                         |
| TRIKAFTA TAB                                          | 3                | PA                         |
| <b>PULMONARY FIBROSIS AGENTS</b>                      |                  |                            |
| ESBRIET CAP 267MG                                     | 3                | SP, PA                     |
| ESBRIET TAB 267MG                                     | 3                | SP, PA                     |
| ESBRIET TAB 801MG                                     | 3                | SP, PA                     |
| OFEV CAP 100MG                                        | 3                | SP, PA                     |
| OFEV CAP 150MG                                        | 3                | SP, PA                     |
| <b>SULFONAMIDES</b>                                   |                  |                            |
| <b>SULFONAMIDES</b>                                   |                  |                            |
| SULFADIAZINE TAB 500MG                                | 3                | NM                         |
| <b>TETRACYCLINES</b>                                  |                  |                            |
| <b>AMINOMETHYLCYCLINES</b>                            |                  |                            |
| NUZYRA TAB 150MG                                      | 3                | NM                         |
| <b>TETRACYCLINES</b>                                  |                  |                            |
| <i>avidoxy tab 100mg</i>                              | 2                | NM                         |
| <i>coremino tab 45mg</i>                              | 2                | PA, NM                     |
| <i>coremino tab 90mg</i>                              | 2                | PA, NM                     |
| <i>coremino tab 135mg</i>                             | 2                | PA, NM                     |
| <i>demeclocycline hcl tab 150 mg</i>                  | 2                | NM                         |
| <i>demeclocycline hcl tab 300 mg</i>                  | 2                | NM                         |
| DORYX MPC TAB 120MG                                   | 3                | PA, NM                     |
| DORYX TAB 50MG                                        | 3                | PA, NM                     |
| DORYX TAB 200MG                                       | 3                | PA, NM                     |
| <i>doxycycline hyclate cap 50 mg</i>                  | 2                | NM                         |
| <i>doxycycline hyclate cap 100 mg</i>                 | 2                | NM                         |
| <i>doxycycline hyclate tab 20 mg</i>                  | 2                | NM                         |
| <i>doxycycline hyclate tab 100 mg</i>                 | 2                | NM                         |
| <i>doxycycline hyclate tab delayed release 50 mg</i>  | 2                | PA, NM                     |
| <i>doxycycline hyclate tab delayed release 75 mg</i>  | 2                | PA, NM                     |
| <i>doxycycline hyclate tab delayed release 100 mg</i> | 2                | PA, NM                     |
| <i>doxycycline hyclate tab delayed release 150 mg</i> | 2                | PA, NM                     |
| <i>doxycycline hyclate tab delayed release 200 mg</i> | 2                | PA, NM                     |
| <i>doxycycline monohydrate cap 50 mg</i>              | 2                | NM                         |
| <i>doxycycline monohydrate cap 75 mg</i>              | 2                | NM                         |
| <i>doxycycline monohydrate cap 100 mg</i>             | 2                | NM                         |

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| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------|------------------|----------------------------|
| <i>doxycycline monohydrate cap 150 mg</i>         | 2                | NM                         |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i> | 2                | NM                         |
| <i>doxycycline monohydrate tab 50 mg</i>          | 2                | NM                         |
| <i>doxycycline monohydrate tab 75 mg</i>          | 2                | NM                         |
| <i>doxycycline monohydrate tab 100 mg</i>         | 2                | NM                         |
| <i>doxycycline monohydrate tab 150 mg</i>         | 2                | NM                         |
| <i>minocycline hcl cap 50 mg</i>                  | 1                | NM                         |
| <i>minocycline hcl cap 75 mg</i>                  | 1                | NM                         |
| <i>minocycline hcl cap 100 mg</i>                 | 1                | NM                         |
| <i>minocycline hcl tab er 24hr 45 mg</i>          | 2                | PA, NM                     |
| <i>minocycline hcl tab er 24hr 55 mg</i>          | 2                | PA, NM                     |
| <i>minocycline hcl tab er 24hr 65 mg</i>          | 2                | PA, NM                     |
| <i>minocycline hcl tab er 24hr 80 mg</i>          | 2                | PA, NM                     |
| <i>minocycline hcl tab er 24hr 90 mg</i>          | 2                | PA, NM                     |
| <i>minocycline hcl tab er 24hr 105 mg</i>         | 2                | PA, NM                     |
| <i>minocycline hcl tab er 24hr 115 mg</i>         | 2                | PA, NM                     |
| <i>minocycline hcl tab er 24hr 135 mg</i>         | 2                | PA, NM                     |
| <i>mondoxyne nl cap 75mg</i>                      | 2                | NM                         |
| <i>mondoxyne nl cap 100mg</i>                     | 2                | NM                         |
| <i>morgidox cap 1x50mg</i>                        | 2                | NM                         |
| <i>morgidox cap 1x100mg</i>                       | 2                | NM                         |
| <i>morgidox cap 2x100mg</i>                       | 2                | NM                         |
| <i>okebo cap 75mg</i>                             | 2                | NM                         |
| SOLODYN TAB 55MG                                  | 3                | PA, NM                     |
| SOLODYN TAB 65MG                                  | 3                | PA, NM                     |
| SOLODYN TAB 80MG                                  | 3                | PA, NM                     |
| SOLODYN TAB 105MG                                 | 3                | PA, NM                     |
| SOLODYN TAB 115MG                                 | 3                | PA, NM                     |
| <i>tetracycline hcl cap 250 mg</i>                | 2                | NM                         |
| <i>tetracycline hcl cap 500 mg</i>                | 2                | NM                         |
| VIBRAMYCIN SYP 50MG/5ML                           | 3                | NM                         |

## **THYROID AGENTS**

### **ANTITHYROID AGENTS**

|                                   |   |
|-----------------------------------|---|
| <i>methimazole tab 5 mg</i>       | 1 |
| <i>methimazole tab 10 mg</i>      | 1 |
| <i>propylthiouracil tab 50 mg</i> | 1 |
| TAPAZOLE TAB 5MG                  | 3 |
| TAPAZOLE TAB 10MG                 | 3 |

### **THYROID HORMONES**

|                       |   |
|-----------------------|---|
| ARMOUR THYRO TAB 15MG | 3 |
| ARMOUR THYRO TAB 30MG | 3 |
| ARMOUR THYRO TAB 60MG | 3 |
| ARMOUR THYRO TAB 90MG | 3 |

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| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------|------------------|----------------------------|
| ARMOUR THYRO TAB 120MG                  | 3                |                            |
| ARMOUR THYRO TAB 180MG                  | 3                |                            |
| ARMOUR THYRO TAB 240MG                  | 3                |                            |
| ARMOUR THYRO TAB 300MG                  | 3                |                            |
| CYTOMEL TAB 5MCG                        | 3                |                            |
| CYTOMEL TAB 25MCG                       | 3                |                            |
| CYTOMEL TAB 50MCG                       | 3                |                            |
| <i>euthyrox tab 25mcg</i>               | 1                |                            |
| <i>euthyrox tab 50mcg</i>               | 1                |                            |
| <i>euthyrox tab 75mcg</i>               | 1                |                            |
| <i>euthyrox tab 88mcg</i>               | 1                |                            |
| <i>euthyrox tab 100mcg</i>              | 1                |                            |
| <i>euthyrox tab 112mcg</i>              | 1                |                            |
| <i>euthyrox tab 125mcg</i>              | 1                |                            |
| <i>euthyrox tab 137mcg</i>              | 1                |                            |
| <i>euthyrox tab 150mcg</i>              | 1                |                            |
| <i>euthyrox tab 175mcg</i>              | 1                |                            |
| <i>euthyrox tab 200mcg</i>              | 1                |                            |
| <i>levo-t tab 25mcg</i>                 | 1                |                            |
| <i>levo-t tab 50mcg</i>                 | 1                |                            |
| <i>levo-t tab 75mcg</i>                 | 1                |                            |
| <i>levo-t tab 88mcg</i>                 | 1                |                            |
| <i>levo-t tab 100mcg</i>                | 1                |                            |
| <i>levo-t tab 112mcg</i>                | 1                |                            |
| <i>levo-t tab 125mcg</i>                | 1                |                            |
| <i>levo-t tab 137mcg</i>                | 1                |                            |
| <i>levo-t tab 150mcg</i>                | 1                |                            |
| <i>levo-t tab 175mcg</i>                | 1                |                            |
| <i>levo-t tab 200 mcg</i>               | 1                |                            |
| <i>levo-t tab 300 mcg</i>               | 1                |                            |
| <i>levothyroxine sodium cap 13 mcg</i>  | 2                |                            |
| <i>levothyroxine sodium cap 25 mcg</i>  | 2                |                            |
| <i>levothyroxine sodium cap 50 mcg</i>  | 2                |                            |
| <i>levothyroxine sodium cap 75 mcg</i>  | 2                |                            |
| <i>levothyroxine sodium cap 88 mcg</i>  | 2                |                            |
| <i>levothyroxine sodium cap 100 mcg</i> | 2                |                            |
| <i>levothyroxine sodium cap 112 mcg</i> | 2                |                            |
| <i>levothyroxine sodium cap 125 mcg</i> | 2                |                            |
| <i>levothyroxine sodium cap 137 mcg</i> | 2                |                            |
| <i>levothyroxine sodium cap 150 mcg</i> | 2                |                            |
| <i>levothyroxine sodium cap 175 mcg</i> | 2                |                            |
| <i>levothyroxine sodium cap 200 mcg</i> | 2                |                            |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1                |                            |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1                |                            |

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| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------|------------------|----------------------------|
| <i>levothyroxine sodium tab 75 mcg</i>  | 1                |                            |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1                |                            |
| <i>levothyroxine sodium tab 100 mcg</i> | 1                |                            |
| <i>levothyroxine sodium tab 112 mcg</i> | 1                |                            |
| <i>levothyroxine sodium tab 125 mcg</i> | 1                |                            |
| <i>levothyroxine sodium tab 137 mcg</i> | 1                |                            |
| <i>levothyroxine sodium tab 150 mcg</i> | 1                |                            |
| <i>levothyroxine sodium tab 175 mcg</i> | 1                |                            |
| <i>levothyroxine sodium tab 200 mcg</i> | 1                |                            |
| <i>levothyroxine sodium tab 300 mcg</i> | 1                |                            |
| <i>levoxyl tab 25mcg</i>                | 1                |                            |
| <i>levoxyl tab 50mcg</i>                | 1                |                            |
| <i>levoxyl tab 75mcg</i>                | 1                |                            |
| <i>levoxyl tab 88mcg</i>                | 1                |                            |
| <i>levoxyl tab 100mcg</i>               | 1                |                            |
| <i>levoxyl tab 112mcg</i>               | 1                |                            |
| <i>levoxyl tab 125mcg</i>               | 1                |                            |
| <i>levoxyl tab 137mcg</i>               | 1                |                            |
| <i>levoxyl tab 150mcg</i>               | 1                |                            |
| <i>levoxyl tab 175mcg</i>               | 1                |                            |
| <i>levoxyl tab 200mcg</i>               | 1                |                            |
| <i>liothyronine sodium tab 5 mcg</i>    | 1                |                            |
| <i>liothyronine sodium tab 25 mcg</i>   | 1                |                            |
| <i>liothyronine sodium tab 50 mcg</i>   | 1                |                            |
| NATURE THROI TAB 162.5MG                | 3                |                            |
| NATURE-THROI TAB 16.25MG                | 3                |                            |
| NATURE-THROI TAB 32.5MG                 | 3                |                            |
| NATURE-THROI TAB 48.75MG                | 3                |                            |
| NATURE-THROI TAB 65MG                   | 3                |                            |
| NATURE-THROI TAB 81.25MG                | 3                |                            |
| NATURE-THROI TAB 97.5MG                 | 3                |                            |
| NATURE-THROI TAB 113.75MG               | 3                |                            |
| NATURE-THROI TAB 130MG                  | 3                |                            |
| NATURE-THROI TAB 146.25MG               | 3                |                            |
| NATURE-THROI TAB 195MG                  | 3                |                            |
| NATURE-THROI TAB 260MG                  | 3                |                            |
| NATURE-THROI TAB 325MG                  | 3                |                            |
| <i>np thyroid tab 15mg</i>              | 1                |                            |
| <i>np thyroid tab 30mg</i>              | 1                |                            |
| <i>np thyroid tab 60mg</i>              | 1                |                            |
| <i>np thyroid tab 90mg</i>              | 1                |                            |
| <i>np thyroid tab 120mg</i>             | 1                |                            |
| SYNTHROID TAB 25MCG                     | 3                |                            |
| SYNTHROID TAB 50MCG                     | 3                |                            |

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| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------|------------------|----------------------------|
| SYNTHROID TAB 75MCG                    | 3                |                            |
| SYNTHROID TAB 88MCG                    | 3                |                            |
| SYNTHROID TAB 100MCG                   | 3                |                            |
| SYNTHROID TAB 112MCG                   | 3                |                            |
| SYNTHROID TAB 125MCG                   | 3                |                            |
| SYNTHROID TAB 137MCG                   | 3                |                            |
| SYNTHROID TAB 150MCG                   | 3                |                            |
| SYNTHROID TAB 175MCG                   | 3                |                            |
| SYNTHROID TAB 200MCG                   | 3                |                            |
| SYNTHROID TAB 300MCG                   | 3                |                            |
| <i>thyroid tab 15 mg (1/4 grain)</i>   | 1                |                            |
| <i>thyroid tab 30 mg (1/2 grain)</i>   | 1                |                            |
| <i>thyroid tab 60 mg (1 grain)</i>     | 1                |                            |
| <i>thyroid tab 90 mg (1 1/2 grain)</i> | 1                |                            |
| <i>thyroid tab 120 mg (2 grain)</i>    | 1                |                            |
| THYROLAR-1 TAB 60MG                    | 3                |                            |
| THYROLAR-1/2 TAB 30MG                  | 3                |                            |
| THYROLAR-1/4 TAB 15MG                  | 3                |                            |
| THYROLAR-2 TAB 120MG                   | 3                |                            |
| THYROLAR-3 TAB 180MG                   | 3                |                            |
| TIROSINT CAP 13MCG                     | 3                |                            |
| TIROSINT CAP 25MCG                     | 3                |                            |
| TIROSINT CAP 50MCG                     | 3                |                            |
| TIROSINT CAP 75MCG                     | 3                |                            |
| TIROSINT CAP 88MCG                     | 3                |                            |
| TIROSINT CAP 100MCG                    | 3                |                            |
| TIROSINT CAP 112MCG                    | 3                |                            |
| TIROSINT CAP 125MCG                    | 3                |                            |
| TIROSINT CAP 137MCG                    | 3                |                            |
| TIROSINT CAP 150MCG                    | 3                |                            |
| TIROSINT CAP 175MCG                    | 3                |                            |
| TIROSINT CAP 200                       | 3                |                            |
| TIROSINT-SOL SOL 13MCG/ML              | 3                |                            |
| TIROSINT-SOL SOL 25MCG/ML              | 3                |                            |
| TIROSINT-SOL SOL 50MCG/ML              | 3                |                            |
| TIROSINT-SOL SOL 75MCG/ML              | 3                |                            |
| TIROSINT-SOL SOL 88MCG/ML              | 3                |                            |
| TIROSINT-SOL SOL 100MCG                | 3                |                            |
| TIROSINT-SOL SOL 112MCG                | 3                |                            |
| TIROSINT-SOL SOL 125MCG                | 3                |                            |
| TIROSINT-SOL SOL 137MCG                | 3                |                            |
| TIROSINT-SOL SOL 150MCG                | 3                |                            |
| TIROSINT-SOL SOL 175MCG                | 3                |                            |
| TIROSINT-SOL SOL 200MCG                | 3                |                            |

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| <b>Drug Name</b>            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------|------------------|----------------------------|
| <i>unithroid tab 25mcg</i>  | 1                |                            |
| <i>unithroid tab 50mcg</i>  | 1                |                            |
| <i>unithroid tab 75mcg</i>  | 1                |                            |
| <i>unithroid tab 88mcg</i>  | 1                |                            |
| <i>unithroid tab 100mcg</i> | 1                |                            |
| <i>unithroid tab 112mcg</i> | 1                |                            |
| <i>unithroid tab 125mcg</i> | 1                |                            |
| <i>unithroid tab 137mcg</i> | 1                |                            |
| <i>unithroid tab 150mcg</i> | 1                |                            |
| <i>unithroid tab 175mcg</i> | 1                |                            |
| <i>unithroid tab 200mcg</i> | 1                |                            |
| <i>unithroid tab 300mcg</i> | 1                |                            |
| WESTHROID TAB 32.5MG        | 3                |                            |
| WESTHROID TAB 65MG          | 3                |                            |
| WESTHROID TAB 97.5MG        | 3                |                            |
| WESTHROID TAB 130MG         | 3                |                            |
| WESTHROID TAB 195MG         | 3                |                            |
| WP THYROID TAB 16.25MG      | 3                |                            |
| WP THYROID TAB 32.5MG       | 3                |                            |
| WP THYROID TAB 48.75MG      | 3                |                            |
| WP THYROID TAB 65MG         | 3                |                            |
| WP THYROID TAB 81.25MG      | 3                |                            |
| WP THYROID TAB 97.5MG       | 3                |                            |
| WP THYROID TAB 113.75MG     | 3                |                            |
| WP THYROID TAB 130MG        | 3                |                            |

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

### **ANTISPASMODICS**

|                                                 |   |    |
|-------------------------------------------------|---|----|
| ANASPAZ TAB 0.125MG                             | 3 |    |
| CUVPOSA SOL 1MG/5ML                             | 3 |    |
| <i>dicyclomine hcl cap 10 mg</i>                | 1 | NM |
| <i>dicyclomine hcl tab 20 mg</i>                | 1 | NM |
| <i>ed-spaz tab 0.125mg</i>                      | 1 |    |
| GLYCATE TAB 1.5MG                               | 3 | NM |
| GLYCOPYRROLA TAB 1.5MG                          | 3 | NM |
| <i>glycopyrrolate tab 1 mg</i>                  | 1 | NM |
| <i>glycopyrrolate tab 2 mg</i>                  | 1 | NM |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>  | 1 |    |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>      | 1 |    |
| <i>hyoscyamine sulfate tab 0.125 mg</i>         | 1 |    |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i>  | 1 |    |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> | 1 |    |
| LEVBID TAB 0.375 ER                             | 3 |    |
| LEVSIN INJ 0.5MG/ML                             | 3 | NM |
| LEVSIN TAB 0.125MG                              | 3 |    |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| LEVSIN/SL SUB 0.125MG                                               | 3                |                            |
| <i>methscopolamine bromide tab 2.5 mg</i>                           | 2                | NM                         |
| <i>methscopolamine bromide tab 5 mg</i>                             | 2                | NM                         |
| <i>nulev tab 0.125mg</i>                                            | 1                |                            |
| <i>oscimin sr tab 0.375mg</i>                                       | 1                |                            |
| <i>oscimin sub 0.125mg</i>                                          | 1                |                            |
| <i>oscimin tab 0.125mg</i>                                          | 1                |                            |
| <i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> | 2                | NM                         |
| <i>propantheline bromide tab 15 mg</i>                              | 1                | NM                         |
| SYMAX DUOTAB TAB                                                    | 3                |                            |
| <i>symax-sr tab 0.375mg</i>                                         | 1                |                            |
| <b>H-2 ANTAGONISTS</b>                                              |                  |                            |
| <i>cimetidine hcl soln 300 mg/5ml</i>                               | 1                |                            |
| <i>cimetidine tab 200 mg</i>                                        | 1                | NM                         |
| <i>cimetidine tab 300 mg</i>                                        | 1                |                            |
| <i>cimetidine tab 400 mg</i>                                        | 1                |                            |
| <i>cimetidine tab 800 mg</i>                                        | 1                |                            |
| <i>famotidine for susp 40 mg/5ml</i>                                | 1                |                            |
| <i>famotidine tab 20 mg</i>                                         | 1                |                            |
| <i>famotidine tab 40 mg</i>                                         | 1                |                            |
| <i>nizatidine cap 150 mg</i>                                        | 1                |                            |
| <i>nizatidine cap 300 mg</i>                                        | 1                |                            |
| <i>nizatidine oral soln 15 mg/ml</i>                                | 1                |                            |
| PEPCID TAB 20MG                                                     | 3                |                            |
| PEPCID TAB 40MG                                                     | 3                |                            |
| <i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>                    | 1                |                            |
| <i>ranitidine hcl tab 150 mg</i>                                    | 1                |                            |
| <i>ranitidine hcl tab 300 mg</i>                                    | 1                |                            |
| <b>MISC. ANTI-ULCER</b>                                             |                  |                            |
| CARAFATE SUS 1GM/10ML                                               | 3                |                            |
| CARAFATE TAB 1GM                                                    | 3                |                            |
| <i>sucralfate susp 1 gm/10ml</i>                                    | 2                |                            |
| <i>sucralfate tab 1 gm</i>                                          | 2                |                            |
| <b>PROTON PUMP INHIBITORS</b>                                       |                  |                            |
| ACIPHEX SPR CAP 5MG                                                 | 3                | PA, QL (60 caps / 30 days) |
| ACIPHEX SPR CAP 10MG                                                | 3                | PA, QL (60 caps / 30 days) |
| ACIPHEX TAB 20MG                                                    | 3                | PA, QL (60 tabs / 30 days) |
| DEXILANT CAP 30MG DR                                                | 3                | QL (60 capsules / 30 days) |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---------------------------------------------------------------------|------------------|-------------------------------|
| DEXILANT CAP 60MG DR                                                | 3                | QL (60 capsules / 30 days)    |
| <i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>   | 2                | QL (60 caps / 30 days)        |
| <i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>   | 2                | QL (60 caps / 30 days)        |
| <i>esomeprazole magnesium for delayed release susp packet 10 mg</i> | 2                | QL (60 packets / 30 days)     |
| <i>esomeprazole magnesium for delayed release susp packet 20 mg</i> | 2                | QL (60 packets / 30 days)     |
| <i>esomeprazole magnesium for delayed release susp packet 40 mg</i> | 2                | QL (60 packets / 30 days)     |
| FIRST-OMEPRASUS 2MG/ML                                              | 3                | AGE                           |
| <i>lansoprazole cap delayed release 15 mg</i>                       | 1                | QL (60 caps / 30 days)        |
| <i>lansoprazole cap delayed release 30 mg</i>                       | 1                | QL (60 caps / 30 days)        |
| LANSOPRAZOLE SUS 3MG/ML                                             | 3                | AGE                           |
| <i>lansoprazole tab delayed release orally disintegrating 15 mg</i> | 2                | QL (60 ea / 30 days)          |
| <i>lansoprazole tab delayed release orally disintegrating 30 mg</i> | 2                | QL (60 ea / 30 days)          |
| NEXIUM CAP 20MG                                                     | 3                | PA, QL (60 caps / 30 days)    |
| NEXIUM CAP 40MG                                                     | 3                | PA, QL (60 caps / 30 days)    |
| NEXIUM GRA 2.5MG DR                                                 | 3                | PA, QL (60 packets / 30 days) |
| NEXIUM GRA 5MG DR                                                   | 3                | PA, QL (60 packets / 30 days) |
| NEXIUM GRA 10MG DR                                                  | 3                | PA, QL (60 packets / 30 days) |
| NEXIUM GRA 20MG DR                                                  | 3                | PA, QL (60 packets / 30 days) |
| NEXIUM GRA 40MG DR                                                  | 3                | PA, QL (60 packets / 30 days) |
| OMEPRAZOLE + SUS SYRSPEND                                           | 3                | AGE                           |
| <i>omeprazole cap delayed release 10 mg</i>                         | 1                |                               |
| <i>omeprazole cap delayed release 20 mg</i>                         | 1                |                               |
| <i>omeprazole cap delayed release 40 mg</i>                         | 1                |                               |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i>                | 1                | QL (60 tabs / 30 days)        |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i>                | 1                | QL (60 tabs / 30 days)        |
| <i>pantoprazole sodium for delayed release susp packet 40 mg</i>    | 2                | QL (60 packets / 30 days)     |
| PREVACID CAP 15MG DR                                                | 3                | PA, QL (60 caps / 30 days)    |

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| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|----------------------------------------|------------------|-------------------------------|
| PREVACID CAP 30MG DR                   | 3                | PA, QL (60 caps / 30 days)    |
| PREVACID TAB 15MG STB                  | 3                | QL (60 ea / 30 days)          |
| PREVACID TAB 30MG STB                  | 3                | QL (60 ea / 30 days)          |
| PRILOSEC POW 2.5MG                     | 3                | PA, QL (60 packets / 30 days) |
| PRILOSEC POW 10MG                      | 3                | PA, QL (60 packets / 30 days) |
| PROTONIX PAK 40MG                      | 3                | PA, QL (60 packets / 30 days) |
| PROTONIX TAB 20MG                      | 3                | PA, QL (60 tabs / 30 days)    |
| PROTONIX TAB 40MG                      | 3                | PA, QL (60 tabs / 30 days)    |
| <i>rabeprazole sodium ec tab 20 mg</i> | 2                | QL (60 tabs / 30 days)        |

#### **ULCER DRUGS - PROSTAGLANDINS**

|                                |   |  |
|--------------------------------|---|--|
| CYTOTEC TAB 100MCG             | 3 |  |
| CYTOTEC TAB 200MCG             | 3 |  |
| <i>misoprostol tab 100 mcg</i> | 1 |  |
| <i>misoprostol tab 200 mcg</i> | 1 |  |

#### **ULCER THERAPY COMBINATIONS**

|                                                                    |   |                            |
|--------------------------------------------------------------------|---|----------------------------|
| <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> | 2 | NM                         |
| <i>omeppi cap 40-1100</i>                                          | 2 | PA, QL (60 caps / 30 days) |
| <i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>                | 2 | PA, QL (60 caps / 30 days) |
| <i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> | 2 | PA                         |
| <i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> | 2 | PA                         |
| PYLERA CAP                                                         | 3 | NM                         |
| TALICIA CAP                                                        | 3 | NM                         |

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

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

|                                                   |   |    |
|---------------------------------------------------|---|----|
| HIPREX TAB 1GM                                    | 3 | NM |
| MACROBID CAP 100MG                                | 3 | NM |
| MACRODANTIN CAP 25MG                              | 3 | NM |
| MACRODANTIN CAP 50MG                              | 3 | NM |
| MACRODANTIN CAP 100MG                             | 3 | NM |
| <i>methenamine hippurate tab 1 gm</i>             | 1 | NM |
| MONUROL PAK GRANULES                              | 3 | NM |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i>  | 1 | NM |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i>  | 1 | NM |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i> | 1 | NM |

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| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>nitrofurantoin monohydrate</i>                               | 1                | NM                         |
| <i>macrocrystalline cap 100 mg</i>                              |                  |                            |
| <b>URINARY ANTISPASMODICS</b>                                   |                  |                            |
| <b>URINARY ANTISPASMODIC - ANTIMUSCARINICS</b>                  |                  |                            |
| <b>(ANTICHOLINERGIC)</b>                                        |                  |                            |
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> | 2                |                            |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>  | 2                |                            |
| DETROL LA CAP 2MG                                               | 3                |                            |
| DETROL LA CAP 4MG                                               | 3                |                            |
| DITROPAN XL TAB 5MG                                             | 3                |                            |
| DITROPAN XL TAB 10MG                                            | 3                |                            |
| ENABLEX TAB 7.5MG                                               | 3                |                            |
| ENABLEX TAB 15MG                                                | 3                |                            |
| GELNIQUE GEL 10%                                                | 3                |                            |
| <i>oxybutynin chloride syrup 5 mg/5ml</i>                       | 1                |                            |
| <i>oxybutynin chloride tab 5 mg</i>                             | 1                |                            |
| <i>oxybutynin chloride tab er 24hr 5 mg</i>                     | 1                |                            |
| <i>oxybutynin chloride tab er 24hr 10 mg</i>                    | 1                |                            |
| <i>oxybutynin chloride tab er 24hr 15 mg</i>                    | 1                |                            |
| <i>solifenacin succinate tab 5 mg</i>                           | 2                |                            |
| <i>solifenacin succinate tab 10 mg</i>                          | 2                |                            |
| <i>tolterodine tartrate cap er 24hr 2 mg</i>                    | 2                |                            |
| <i>tolterodine tartrate cap er 24hr 4 mg</i>                    | 2                |                            |
| <i>tolterodine tartrate tab 1 mg</i>                            | 2                |                            |
| <i>tolterodine tartrate tab 2 mg</i>                            | 2                |                            |
| TOVIAZ TAB 4MG                                                  | 3                |                            |
| TOVIAZ TAB 8MG                                                  | 3                |                            |
| <i>trospium chloride cap er 24hr 60 mg</i>                      | 2                |                            |
| <i>trospium chloride tab 20 mg</i>                              | 2                |                            |
| VESICARE LS SUS 5MG/5ML                                         | 3                |                            |
| VESICARE TAB 5MG                                                | 3                |                            |
| VESICARE TAB 10MG                                               | 3                |                            |
| <b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>      |                  |                            |
| MYRBETRIQ TAB 25MG                                              | 2                |                            |
| MYRBETRIQ TAB 50MG                                              | 2                |                            |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>            |                  |                            |
| <i>bethanechol chloride tab 5 mg</i>                            | 1                | NM                         |
| <i>bethanechol chloride tab 10 mg</i>                           | 1                | NM                         |
| <i>bethanechol chloride tab 25 mg</i>                           | 1                | NM                         |
| <i>bethanechol chloride tab 50 mg</i>                           | 1                | NM                         |



| Drug Name                                               | Drug Tier | Requirements/Limits |
|---------------------------------------------------------|-----------|---------------------|
| <b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b> |           |                     |
| <i>flavoxate hcl tab 100 mg</i>                         | 1         |                     |
| <b>VAGINAL AND RELATED PRODUCTS</b>                     |           |                     |
| <b>MISCELLANEOUS VAGINAL PRODUCTS</b>                   |           |                     |
| INTRAROSA SUP 6.5MG                                     | 3         |                     |
| <b>SPERMICIDES</b>                                      |           |                     |
| CONCEPTROL GEL 4%                                       | 3         | NM                  |
| ENCARE SUP 100MG                                        | 3         | NM                  |
| GYNOL II GEL 3%                                         | 3         | NM                  |
| SHUR-SEAL GEL 2%                                        | 3         | NM                  |
| TODAY SPONGE MIS                                        | 3         | NM                  |
| VCF VAGINAL AER CONTRACP                                | 3         | NM                  |
| <i>vcf vaginal gel contrace</i>                         | 1         | NM                  |
| VCF VAGINAL MIS CONTRACP                                | 3         | NM                  |
| <b>VAGINAL ANTI-INFECTIVES</b>                          |           |                     |
| AVC CRE 15%                                             | 2         | NM                  |
| CLEOCIN CRE 2% VAG                                      | 3         | NM                  |
| CLEOCIN SUP 100MG                                       | 3         | NM                  |
| <i>clindamycin phosphate vaginal cream 2%</i>           | 1         | NM                  |
| CLINDESSE CRE 2%                                        | 2         | NM                  |
| GYNAZOLE-1 CRE 2%                                       | 3         | NM                  |
| <i>metronidazole vaginal gel 0.75%</i>                  | 1         | NM                  |
| <i>terconazole vaginal cream 0.4%</i>                   | 1         | NM                  |
| <i>terconazole vaginal cream 0.8%</i>                   | 1         | NM                  |
| <i>terconazole vaginal suppos 80 mg</i>                 | 1         | NM                  |
| <i>vandazole gel 0.75%</i>                              | 1         | NM                  |
| <b>VAGINAL ESTROGENS</b>                                |           |                     |
| ESTRACE VAG CRE 0.01%                                   | 3         |                     |
| <i>estradiol vaginal cream 0.1 mg/gm</i>                | 2         |                     |
| <i>estradiol vaginal tab 10 mcg</i>                     | 2         |                     |
| ESTRING MIS 2MG                                         | 2         |                     |
| FEMRING MIS 0.1MG/24                                    | 3         |                     |
| FEMRING MIS 0.05/24H                                    | 3         |                     |
| PREMARIN VAG CRE 0.625MG                                | 3         |                     |
| VAGIFEM TAB 10MCG                                       | 3         |                     |
| <i>yuvaferm tab 10mcg</i>                               | 2         |                     |
| <b>VAGINAL PROGESTINS</b>                               |           |                     |
| CRINONE GEL 8% VAG                                      | 3         | AGE, NM             |
| ENDOMETRIN SUP 100MG                                    | 3         | AGE, NM             |
| <b>VASOPRESSORS</b>                                     |           |                     |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>                       |           |                     |
| ADRENALIN INJ 1MG/ML                                    | 2         | NM                  |
| ADRENALIN INJ 30/30ML                                   | 2         | NM                  |

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| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>              | 2                | NM                         |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>   | 1                | QL (2 pens / 30 days), NM  |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>  | 1                | QL (2 pens / 30 days), NM  |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> | 1                | QL (2 pens / 30 days), NM  |
| EPIPEN 2-PAK INJ 0.3MG                                            | 2                | QL (2 pens / 30 days), NM  |
| EPIPEN-JR INJ 0.15MG                                              | 2                | QL (2 pens / 30 days), NM  |
| SYMJEPI INJ 0.3MG                                                 | 2                | QL (2 pens / 30 days), NM  |
| SYMJEPI INJ 0.15MG                                                | 2                | QL (2 pens / 30 days), NM  |

#### **NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**

|                             |   |        |
|-----------------------------|---|--------|
| <i>droxidopa cap 100 mg</i> | 2 | SP, NM |
| <i>droxidopa cap 200 mg</i> | 2 | SP, NM |
| <i>droxidopa cap 300 mg</i> | 2 | SP, NM |
| NORTHERA CAP 100MG          | 3 | SP, NM |
| NORTHERA CAP 200MG          | 3 | SP, NM |
| NORTHERA CAP 300MG          | 3 | SP, NM |

#### **VASOPRESSORS**

|                                 |   |    |
|---------------------------------|---|----|
| EPINEPHRINE INJ 1MG/ML          | 2 | NM |
| <i>midodrine hcl tab 2.5 mg</i> | 1 | NM |
| <i>midodrine hcl tab 5 mg</i>   | 1 | NM |
| <i>midodrine hcl tab 10 mg</i>  | 1 | NM |

#### **VITAMINS**

##### **OIL SOLUBLE VITAMINS**

|                                                |   |    |
|------------------------------------------------|---|----|
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> | 1 |    |
| MEPHYTON TAB 5MG                               | 3 | NM |
| <i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>   | 1 | NM |
| <i>phytonadione inj 10 mg/ml</i>               | 1 | NM |
| <i>phytonadione tab 5 mg</i>                   | 1 | NM |

##### **WATER SOLUBLE VITAMINS**

|                                     |   |    |
|-------------------------------------|---|----|
| <i>pyridoxine hcl inj 100 mg/ml</i> | 1 | NM |
|-------------------------------------|---|----|

## **Index**

Generate the index.