Starting January 1, 2021

View your drug list online:
Cigna.com/druglist

View your coverage info online:
myCigna® App or myCigna.com

24/7 Customer Service:
800.Cigna24 (800.244.6224)

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

Last updated: 09/01/2020. This drug list is subject to change and all prior versions are no longer in effect.
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View your plan’s drug list online

This document was last updated on 09/01/2020.* You can go online to see a more current list of medications your plan covers.

› **The myCigna® App or website** – Log in and click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.

› **Cigna.com** – Go to cigna.com/individuals-families/member-resources/prescription. The drug list will be listed on the right side of the page under “Have coverage through your employer?”

Questions?
Call the toll-free number on your Cigna ID card. We’re here to help. You can also chat with us online on the myCigna website, Monday–Friday, 9:00 am–8:00 pm EST.

* Drug list created: originally created 01/01/2004 Last updated: 09/01/2020, for changes starting 07/01/2019 Next planned update: 03/01/2021, for changes starting 07/01/2021
Information about your drug list

Frequently asked questions (FAQs)
Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. How often is my drug list updated? How do I know if my medication coverage changed?
A. Cigna reviews and updates the prescription drug list every month. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:
   › Moving a medication to a lower cost tier. This can happen at any time during the year.
   › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
   › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
   › Adding coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, you may pay a different amount to fill it. It’s important to know that when we make a change that affects the coverage of a medication you’re taking, we let you know before it happens so you have time to talk with your doctor.

Q. Why doesn’t my plan cover certain medications?
A. Your plan may exclude certain medications or products from coverage. This is known as a “plan (or benefit) exclusion.” For example, your plan excludes medications that aren’t approved by the U.S. Food and Drug Administration (FDA). Log in to the myCigna app or website, or check your plan materials, to find out which medications your specific plan excludes.

Q. How do you decide which medications are covered?
A. The Cigna Prescription Drug List is developed with the help of Cigna’s Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals medications about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management® Business Decision Team then looks at the results of the P&T Committee’s clinical review, as well as the medication’s overall value and other factors before adding it to, or removing it from, the drug list.

Q. Are medications newly approved by the FDA covered on my drug list?
A. Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered – and if so, on what tier. If your doctor feels a currently covered medication isn’t right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

Q. I see several medications on this drug list that can be used to treat my condition. Will my doctor write me a prescription for all of them?
A. No. Just because a medication is listed on your plan’s drug list doesn’t mean your doctor will write you a prescription for it. Your doctor will work with you to find the medication he or she feels is best for your specific treatment.

Q. My medication needs approval before my plan will cover it (also known as prior authorization). What do I need to do to get it covered?
A. Ask your doctor’s office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at cignaforhcp.com. Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. If you do, you’ll be approved for coverage of the medication. If you don’t meet guidelines, you and your doctor can appeal the decision. We’ll send you information either way.

For non-urgent requests, Cigna will let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills). For urgent requests based on exigent circumstances, Cigna will let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. If Cigna doesn’t respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be
considered approved and your plan can’t deny coverage of the medication. Also, if you’ve already received approval from Cigna for your plan to cover your medication, Cigna can’t limit or exclude coverage for that medication if your doctor continues to prescribe it to treat your condition (as long as the medication is appropriately prescribed and is safe and effective in treating your condition).

Q. My plan doesn’t cover my medication. I need to take it because it’s medically necessary for my treatment. What do I need to do to get my plan to cover it?
A. If your doctor feels that your medication is necessary for your treatment and an alternative isn’t right for you, he or she can ask Cigna to consider approving coverage of your medication. Ask your doctor’s office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna’s provider portal at cignaforhcp.com. Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. If you do, you’ll be approved for coverage of your medication. If you don’t meet guidelines, you and your doctor can appeal the decision by submitting a grievance. We’ll send you information either way. If you have questions about how to submit a grievance, check your plan documents or call customers service using the number on your Cigna ID card.

For non-urgent requests, Cigna will let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills). For urgent requests based on exigent circumstances, Cigna will let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. If Cigna doesn’t respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can’t deny coverage of the medication.

Your Step Therapy rights under California State law:
1. A carrier may impose prior authorization requirements on prescription drug benefits.
2. When there is more than one drug that is appropriate for the treatment of a medical condition, a carrier may require step therapy.
   a. In circumstances where an insured is changing policies, the new policy shall not require a repeat of step therapy when that insured is already being treated for a medical condition by a prescription drug provided that the drug is appropriately prescribed and is considered safe and effective. A new policy can impose a prior authorization requirement for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed by the former policy. A new policy must also allow a prescribing provider to prescribe another drug covered by the new policy that is medically appropriate for the insured.
3. A carrier shall provide coverage for the medically necessary dosage and quantity of the drug prescribed for the treatment of a medical condition consistent with professionally recognized standards of practice.

Q. How can I find out how much I’ll pay for a specific medication?
A. Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the myCigna app or website and click on “Price a Medication” to see how much your medication may cost you at the different pharmacies.
Q. How can I save money on my prescription medications?
A. You may be able to save money by switching to a medication that’s on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

Q. Do generics work the same as brand name medications?
A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version. Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

Generics typically cost much less than brand name medications – in some cases, up to 85% less. Just because generics cost less than brands, it doesn’t mean they’re lower-quality medications.

Q. Can I fill my prescription at any pharmacy in my network?
A. It depends. Some plans only allow fills at certain in-network pharmacies or through home delivery. Log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan’s network.

Q. How do I know which pharmacies are in my network?
A. There are thousands of retail pharmacies in your plan’s network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. And some stores are open 24-hours. To find an in-network pharmacy near you, log in to the myCigna App or website. Then click on “Find Care & Costs” to start searching.

Q. Do I have to use home delivery to fill my prescription?
A. It depends on your plan. Some plans require you to fill your maintenance medication and/or specialty medication through home delivery for it to be covered. You should log in to the myCigna App or website, or check your plan materials, to find out if your plan has this requirement.

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery. If you’re taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – at no extra cost. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call 800.835.3784.

If you’re taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice). Their team of specialty-trained pharmacists and nurses can also help you manage your complex medical condition — at no extra cost. To get started using Accredo, call 877.826.7657, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor’s office. To learn more about Accredo, go to Cigna.com/specialty.

Q. I take a medication every day to treat diabetes. My plan requires me to fill my medication through home delivery. What do I need to do to get started?
A. Some plans require you to fill maintenance medications through home delivery. “Maintenance medications” are the medications you take every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma. Some plans cover one or more fills at a retail pharmacy before switching to home delivery. You should check your plan materials to find out if your plan allows retail fills.

To get started using home delivery, call 800.835.3784. Our home delivery pharmacy will deliver your medications right to your door (or location of your choice) and you can get up to a 90-day supply of your medication at one time. They’ll also send you automatic reminders when it’s time to reorder. And you can manage your orders online or through the myCigna mobile app.

Q. I take a specialty medication to treat my multiple sclerosis. My plan requires me to fill my medication through Accredo, a Cigna specialty pharmacy. What do I need to do to get started?
A. You should first check your plan materials. Some plans cover one or more fills at a retail pharmacy before switching to Accredo.

To get started using Accredo, call 877.826.7657. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor’s office. You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, go to Cigna.com/specialty.
Q. I take a specialty medication that can only be filled at certain pharmacies in the United States. How do I fill my prescription?

A. Talk with your doctor. He or she should be able to tell you which in-network pharmacies can fill your prescription. Once you find a pharmacy, ask your doctor to send them your prescription.

You may be able to use Accredo, a Cigna specialty pharmacy, to fill your prescription. Accredo has access to most specialty medications. Call 877.826.7657 for more information. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST.

Q. How can I fill my prescription?

A. First, you’ll need to get a prescription from your doctor. Then, your doctor can either:

1. Send it electronically to the in-network pharmacy of your choice.
2. Give you a paper prescription. You can bring it to the in-network pharmacy of your choice, or you can mail it to home delivery.

Q. How can I get help with my specialty medication?

A. Managing a complex condition isn’t easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo, a Cigna specialty pharmacy. Accredo’s team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They’ll help you work through side effects, check in with you and your doctor to see how your therapy’s going, help you get your medications approved for coverage, and more.

To get started using Accredo, call 877.826.7657. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. To learn more about Accredo, go to Cigna.com/specialty.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the myCigna App or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

Q. How can I find out my cost-share for each tier on my drug list?

A. Covered medications are divided into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you’ll pay to fill the prescription. Here are three places you can go to find out how much you’ll pay for your medication based on the tier it’s listed in, including the maximum cost-share amount allowed:

1. Check your Cigna ID card. It lists your cost-share for Tier 1, Tier 2, Tier 3 (and Tier 4 if you have a 4-Tier plan) medications.
2. Log in to the myCigna App or website to view your pharmacy coverage information. You can also use the “Price a Medication” feature to find out how much your medication may cost you at the different pharmacies in your plan’s network.
3. Check your Summary of Benefits coverage document.

Q. What’s the difference between medications covered under the pharmacy benefit and medical benefit?

A. Some medications are covered under the pharmacy benefit, some are covered under the medical benefit, and others are covered under both benefits. Typically, medications that are injected or infused are covered under the medical benefit. These are administered at a doctor’s office, an infusion center or at home. Typically, medications that are self-administered and can be filled at a retail pharmacy or through home delivery are covered under the pharmacy benefit. Check your medical summary of benefits coverage to learn more about how your plan covers these medications.

Q. I take an oral cancer medication. How much will I pay for my medication?

A. On January 1, 2015, California passed a bill limiting the cost-share for oral chemotherapy medications. This means that if you have both your medical and pharmacy benefits through Cigna, here’s how certain oral cancer medications are covered:

- For copay plans: These medications will be covered at 100%, or no cost-share ($0) to you.
- For high deductible health plans (HDHPs) that include a Health Savings Account (HSA) or qualified HDHPs: You’ll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share ($0) to you. This is due to a federal HSA requirement.
- For plans with a combined deductible [including Health Reimbursements Accounts (HRAs) with a combined deductible]: You’ll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share ($0) to you.
- For plans with a split deductible [including Health Reimbursements Accounts (HRAs) with a split deductible]: These medications will be covered at 100%, or no cost-share ($0) to you.

Q. Which medications are covered under the Patient Protection and Affordable Care Act (PPACA)’s preventive services coverage requirement?
A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share ($0), depending on your plan. Log in to the myCigna App or website, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at Cigna.com/druglist.

For more information about health care reform, go to www.informedonreform.com or Cigna.com.

Q. How are medications, devices and FDA-approved diabetic, contraceptive and federally-mandated products covered under the pharmacy benefit?

A. Here is how these products are covered under the pharmacy benefit:

- **Preventive care medications and products covered under the Patient Protection and Affordable Care Act (PPACA), also known as “health care reform”:**
  - **Contraceptives:** Covered at 100%, or no cost-share ($0) to you. Certain prescription contraceptives are available at their applicable cost-share.
  - **Tobacco cessation products:** Up to two (2) 90-day courses of treatment per plan year are covered at 100%, or no cost-share ($0) to you. Certain prescription tobacco cessation products are available at their applicable cost-share.
  - **Certain vitamins:** Covered at 100%, or no cost-share ($0) to you. All other prescription vitamins are available at their applicable cost-share and deductible (if applicable).

- **Certain over-the-counter (OTC) medicines:** Covered at 100%, or no cost-share ($0) to you, if you have a prescription from a doctor. All other OTC medicines are excluded from coverage.
- **Oral fertility medications:** Covered at their applicable tier cost-share. For some plans, injectable fertility medications are covered under the medical benefit.
- **Generic preventive care medications:** Covered at 100%, or no cost-share ($0) to you before you meet your deductible. You’ll pay your deductible and applicable cost-share to fill a preferred brand and/or non-preferred brand preventive care medication.
- **Diabetic medications and supplies:** Covered at their applicable cost-share. You can find these on your plan’s drug list. Diabetic testing supplies (like blood glucose test strips, urine test strips, lancets and insulin syringes/pens) that are covered under the Outpatient Prescription Drug Benefit are also shown on your plan’s drug list.
- **Growth Hormones:** Need approval from Cigna before your plan will cover them (prior authorization). If you receive approval for coverage, you’ll pay your applicable tier cost-share to fill the medication.
- **Vaccines:** These are currently covered under the medical benefit. For plans renewing on 2/1/20 and later, on your plan’s renewal date, vaccines will be covered under the pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.
- **Compounded medications:** If the medication is more than $200, you’ll need approval from Cigna before your plan will cover them (prior authorization).

**Words you may need to know**

- **Brand name drug:** A drug that is marketed under a proprietary, trademark-protected name. The brand name drug shall be listed in all CAPITAL letters.

- **Coinsurance:** A percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

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

- **Deductible:** The amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

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

- **Enrollee:** A person enrolled in a health plan who is entitled to receive services from the plan.
Exception request: A request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

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

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

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

Non-formulary drug: A prescription drug that is not listed on the health plan’s formulary.

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

Prescribing provider: A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

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

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

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

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

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

Your prescription drug list

This document shows the medications covered on the Legacy (Standard) 4-Tier Prescription Drug List as of January 1, 2021. All of these medications are approved by the U.S. Food and Drug Administration (FDA). The Legacy (Standard) 4-Tier Prescription Drug List is updated often so it’s important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications in this document. Log in to the myCigna App or website, or check your plan materials, to see which medications your plan covers.
### How to read this drug list

Medications are listed alphabetically by their brand and generic names within their therapeutic category and class.* You can also find your medication using the index at the end of this drug list.

- The generic version of a brand name medication is listed in parentheses and in **bold, lowercase italicized** letters next to the brand name medication.
- If a generic equivalent for a brand name medication is both available and covered, the generic will be listed separately from the brand name medication in **bold, lowercase italicized** letters.
- If a generic equivalent for a brand name medication isn’t available on the market or isn’t covered, the medication won’t be listed separately by its generic version.
- If a generic medication is marketed under a proprietary, trademark-protected brand name, the brand name medication will be listed in **CAPITAL** letters after the generic version in parentheses and regular typeface with the first letter of each word capitalized. For example: **ACCUPRIL (Quinapril)**.

* Medications are listed in the therapeutic category and class provided by First Databank.

### Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you’ll pay to fill the prescription.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Typically generic medications (lowest-cost medications)</strong>. Generics have the same strength and active ingredients as the brand name – but often cost much less.¹</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td><strong>Typically preferred brand medications (medium-cost medications)</strong>. These medications usually cost more than a generic, but less than a non-preferred brand.</td>
<td>$$</td>
</tr>
<tr>
<td>3</td>
<td><strong>Typically non-preferred brand medications (higher-cost medications)</strong>. These medications usually have generic versions and/or one or more preferred brand alternative. You’ll usually pay more for non-preferred medications.</td>
<td>$$$</td>
</tr>
<tr>
<td>4</td>
<td><strong>Specialty medications (highest-cost medications)</strong>. These oral medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis.</td>
<td>$$$$</td>
</tr>
</tbody>
</table>

¹ Medications are listed in the therapeutic category and class provided by First Databank.
**Coverage requirements and limits**

Some medications on your drug list have extra requirements before your plan will cover them.* This helps to make sure you’re receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here’s what each of the abbreviations mean.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td><strong>Prior Authorization:</strong> Certain medications need approval from Cigna before your plan will cover them. Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication.</td>
</tr>
<tr>
<td>QL</td>
<td><strong>Quantity Limit:</strong> For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.</td>
</tr>
<tr>
<td>AGE</td>
<td><strong>Age Requirement:</strong> For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren’t considered clinically appropriate for individuals who aren’t within that age range.</td>
</tr>
<tr>
<td>ST</td>
<td><strong>Step Therapy:</strong> Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn’t cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive prior approval from Cigna).</td>
</tr>
<tr>
<td>SP</td>
<td><strong>Specialty medications</strong> are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. On this drug list, oral and injectable specialty medications are covered on Tier 4. Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers specialty medications.</td>
</tr>
<tr>
<td>HD</td>
<td><strong>Home delivery medications:</strong> Some plans only cover certain medications if they’re filled through home delivery. Depending on your plan, you may be able to receive coverage for one, two or three fills at an in-network retail pharmacy before switching to home delivery. Log in to the myCigna app or website, or check your plan materials, to find out if your plan requires home delivery.</td>
</tr>
<tr>
<td>PPACA</td>
<td><strong>No cost-share preventive medications:</strong> Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires that most plans cover certain categories of medications and other products as preventive care services. These medications may be available to you at no cost-share (copay, coinsurance and/or deductible). Log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers preventive medications.</td>
</tr>
<tr>
<td>CSL</td>
<td><strong>Oral cancer medications subject to cost-share limits:</strong> State law in California limits the cost-share (or amount you’ll pay) for certain oral chemotherapy medications.</td>
</tr>
</tbody>
</table>

* These coverage requirements may not apply to your specific plan. That’s because some plans don’t have prior authorization, quantity limits, Step Therapy and/or age requirements. Log in to the myCigna App or website, or check your plan materials, to find out if your plan includes these specific coverage requirements.
Use the sample chart below to help you understand how to read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Legacy (Standard) 4-Tier Prescription Drug List.

| Therapeutic drug category and class | describes the condition the medication is used to treat |
| Coverage requirements and limits | lets you know if your plan has extra requirements before it will cover the medication |
| Drug tier | gives you an idea of how much you may pay for a medication |
| Prescription drug name | is the name of the medication |

Medications are listed in alphabetical order within each column. Brand name medications are in all CAPITAL letters. Generic medications are in lowercase italics.

### ANALGESICS (Pain Relief And Inflammatory Disease)

#### ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>butalbital-acetaminophen</td>
<td>T1</td>
<td>QL (6 tabs/day)</td>
</tr>
<tr>
<td>tencon</td>
<td>T1</td>
<td>QL (6 caps/day)</td>
</tr>
</tbody>
</table>

#### ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>butalbital-aspirin-cafeine 50-325-40</td>
<td>T1</td>
<td>QL (6 tabs/day)</td>
</tr>
<tr>
<td>butalbital-aspirin-cafeine 50-325-40 (Fiorinal)</td>
<td>T1</td>
<td>QL (6 caps/day)</td>
</tr>
<tr>
<td>FIORINAL (butalbital-aspirin-cafeine)</td>
<td>T3</td>
<td>QL (6 caps/day)</td>
</tr>
</tbody>
</table>

### ANALGESIC/ANTIPYRETIC, SALICYLATES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>choline mag trisalicylate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diflunisal</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ANTIMIGRAINE PREPARATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>almotriptan malate</td>
<td>T1</td>
<td>QL (12 tabs/30 days)</td>
</tr>
<tr>
<td>AMERGE (naratriptan hcl)</td>
<td>T3</td>
<td>QL (9 tabs/30 days)</td>
</tr>
<tr>
<td>cergot tablet (Cafergot)</td>
<td>T1</td>
<td>QL (40 tabs/28 days)</td>
</tr>
<tr>
<td>CAFERGOT TABLET (ergotamine-caffeine)</td>
<td>T3</td>
<td>QL (40 tabs/28 days)</td>
</tr>
<tr>
<td>dicydroergotamine 1 mg/ml amp</td>
<td>T1</td>
<td>QL (10 ampules/30 days)</td>
</tr>
<tr>
<td>dicydroergotamine 4 mg/ml spry</td>
<td>T1</td>
<td>QL (8 nasal units/30 days)</td>
</tr>
<tr>
<td>eletriptan hbr (Relpax)</td>
<td>T1</td>
<td>QL (6 tabs/30 days)</td>
</tr>
<tr>
<td>ergotamine-caffeine (Cafergot)</td>
<td>T1</td>
<td>QL (40 tabs/28 days)</td>
</tr>
<tr>
<td>FROVA (trovatriptan succinate)</td>
<td>T3</td>
<td>QL (18 tabs/30 days)</td>
</tr>
</tbody>
</table>

This chart is just a sample. It may not show how these medications are actually covered on the Legacy (Standard) 4-Tier Prescription Drug List.
How to find your medication
Find your condition in the alphabetical list below. Then go to that page to see the covered medications available to treat the condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANALGESICS (Pain Relief And Inflammatory Disease)</td>
<td>14–20</td>
</tr>
<tr>
<td>ANALGESICS (Urinary Tract Conditions)</td>
<td>20</td>
</tr>
<tr>
<td>ANESTHETICS (Miscellaneous)</td>
<td>20</td>
</tr>
<tr>
<td>ANESTHETICS (Pain Relief And Inflammatory Disease)</td>
<td>20</td>
</tr>
<tr>
<td>ANESTHETICS (Urinary Tract Conditions)</td>
<td>20</td>
</tr>
<tr>
<td>ANTIALERGY (Allergy/Nasal Sprays)</td>
<td>21</td>
</tr>
<tr>
<td>ANTIARTHRITICS (Pain Relief And Inflammatory Disease)</td>
<td>21–24</td>
</tr>
<tr>
<td>ANTIASTHMATICS (Asthma/COPD/Respiratory)</td>
<td>24–27</td>
</tr>
<tr>
<td>ANTIBIOTICS (Ear Medications)</td>
<td>27</td>
</tr>
<tr>
<td>ANTIBIOTICS (Eye Conditions)</td>
<td>27, 28</td>
</tr>
<tr>
<td>ANTIBIOTICS (Infections)</td>
<td>28–35</td>
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<tr>
<td>ANTIBIOTICS (Skin Conditions)</td>
<td>35, 36</td>
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<tr>
<td>ANTICOAGULANTS (Blood Thinners/Anti-Clotting)</td>
<td>36, 37</td>
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<tr>
<td>ANTIDOTES (Gastrointestinal/Heartburn)</td>
<td>37</td>
</tr>
<tr>
<td>ANTIDOTES (Substance Abuse)</td>
<td>37</td>
</tr>
<tr>
<td>ANTIFUNGALS (Eye Conditions)</td>
<td>37</td>
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<tr>
<td>ANTIFUNGALS (Feminine Products)</td>
<td>38</td>
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<tr>
<td>ANTIFUNGALS (Infections)</td>
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<tr>
<td>ANTIFUNGALS (Skin Conditions)</td>
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<tr>
<td>ANTIHISTAMINE AND DECONGESTANT COMBINATION (Allergy/Nasal Sprays)</td>
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<td>ANTIHISTAMINES (Allergy/Nasal Sprays)</td>
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<td>ANTIHISTAMINES (Eye Conditions)</td>
<td>40</td>
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<tr>
<td>ANTIHYPERGLYCEMICS (Diabetes)</td>
<td>40–45</td>
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<tr>
<td>ANTIINFECTIVES/MISCELLANEOUS (Feminine Products)</td>
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<td>ANTIINFECTIVES/MISCELLANEOUS (Infections)</td>
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<td>ELECT/CALORIC/H2O (Urinary Tract Conditions)</td>
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<td>GASTROINTESTINAL (Cholesterol Medications)</td>
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<td>HORMONES (Hormonal Agents)</td>
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<td>IMMUNOSUPPRESSANTS (Transplant Medications)</td>
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<td>MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)</td>
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<td>PRE-NATAL VITAMINS (Nutritional/Dietary)</td>
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<td>PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)</td>
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<td>PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)</td>
<td>120–122</td>
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<td>PSYCHOTHERAPEUTIC DRUGS (Miscellaneous)</td>
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<td>Prescription Drug Name</td>
<td>Drug Tier</td>
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<td>------------------------</td>
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<tr>
<td>ALLZITAL</td>
<td>T3</td>
</tr>
<tr>
<td>butalbital/acetaminophen</td>
<td>T1</td>
</tr>
<tr>
<td>ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.</td>
<td></td>
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<tr>
<td>butalb-aspirin-caffe 50-325-40</td>
<td>T1</td>
</tr>
<tr>
<td>butalb-asa-caffeine cap (Fiorinal)</td>
<td>T1</td>
</tr>
<tr>
<td>FIORINAL (butalbital-aspirin-caffeine)</td>
<td>T3</td>
</tr>
<tr>
<td>ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB</td>
<td></td>
</tr>
<tr>
<td>butalb/acetaminophen/caffeine</td>
<td>T1</td>
</tr>
<tr>
<td>butalb/acetaminophen/caffeine (Esgic)</td>
<td>T1</td>
</tr>
<tr>
<td>butalb/acetaminophen/caffeine (Zebutal)</td>
<td>T1</td>
</tr>
<tr>
<td>ESGIC 50-325-40 MG TABLET (butalbital-acetaminophen-caffeine)</td>
<td>T3</td>
</tr>
<tr>
<td>ESGIC CAPSULE (butalbital-acetaminophen-caffeine)</td>
<td>T3</td>
</tr>
<tr>
<td>VANATOL LQ</td>
<td>T3</td>
</tr>
<tr>
<td>VANATOL S</td>
<td>T3</td>
</tr>
<tr>
<td>VTOL LQ</td>
<td>T3</td>
</tr>
<tr>
<td>ZEBUTAL (butalbital-acetaminophen-caffeine)</td>
<td>T3</td>
</tr>
<tr>
<td>ANALGESIC/ANTIPYRETICS, SALICYLATES</td>
<td></td>
</tr>
<tr>
<td>choline salicyl/mag salicylate</td>
<td>T1</td>
</tr>
<tr>
<td>diflunisal</td>
<td>T1</td>
</tr>
<tr>
<td>ANTIMIGRAINE PREPARATIONS</td>
<td></td>
</tr>
<tr>
<td>AIMOVIG AUTOINJECTOR</td>
<td>T2</td>
</tr>
<tr>
<td>AJOVY</td>
<td>T2</td>
</tr>
<tr>
<td>almotriptan malate</td>
<td>T1</td>
</tr>
<tr>
<td>AMERGE (naratriptan hcl)</td>
<td>T3</td>
</tr>
<tr>
<td>CAFERGOT (ergotamine-caffeine)</td>
<td>T3</td>
</tr>
<tr>
<td>CAMBIA</td>
<td>T3</td>
</tr>
<tr>
<td>D.H.E.45 (dihydroergotamine mesylate)</td>
<td>T3</td>
</tr>
<tr>
<td>dihydroergotamine 1 mg/ml amp (D.H.E.45)</td>
<td>T1</td>
</tr>
<tr>
<td>dihydroergotamine 4 mg/ml spry (Migranal)</td>
<td>T1</td>
</tr>
<tr>
<td>eletriptan hbr 20 mg tablet (Relpax)</td>
<td>T1</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
## ANALGESICS (Pain Relief And Inflammatory Disease)

### ANTIMIGRAINE PREPARATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>eletriptan hbr 40 mg tablet (Relpax)</td>
<td>T1</td>
<td>QL (18 tabs/28 days)</td>
</tr>
<tr>
<td>EMGALITY PEN</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>EMGALITY SYRINGE</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>ERGOMAR</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>ergotamine tartrate/caffeine (Cafergot)</td>
<td>T1</td>
<td>QL (40 tabs/28 days)</td>
</tr>
<tr>
<td>FROVA (frovatriptan succinate)</td>
<td>T3</td>
<td>PA QL (18 tabs/30 days)</td>
</tr>
<tr>
<td>frovatriptan succinate (Frova)</td>
<td>T1</td>
<td>QL (18 tabs/30 days)</td>
</tr>
<tr>
<td>IMITREX 100 MG TABLET (sumatriptan succinate)</td>
<td>T3</td>
<td>PA QL (9 tabs/30 days)</td>
</tr>
<tr>
<td>IMITREX 20 MG NASAL SPRAY (sumatriptan)</td>
<td>T3</td>
<td>PA QL (2 boxes/30 days)</td>
</tr>
<tr>
<td>IMITREX 25 MG NASAL SPRAY (sumatriptan succinate)</td>
<td>T3</td>
<td>PA QL (9 tabs/30 days)</td>
</tr>
<tr>
<td>IMITREX 4 MG/0.5 ML CARTRIDGES (sumatriptan succinate)</td>
<td>T3</td>
<td>PA QL (4ml/30 days)</td>
</tr>
<tr>
<td>IMITREX 4 MG/0.5 ML PEN INJECT (sumatriptan succinate)</td>
<td>T3</td>
<td>PA QL (4ml/30 days)</td>
</tr>
<tr>
<td>IMITREX 5 MG NASAL SPRAY (sumatriptan)</td>
<td>T3</td>
<td>PA QL (2 boxes/30 days)</td>
</tr>
<tr>
<td>IMITREX 50 MG TABLET (sumatriptan succinate)</td>
<td>T3</td>
<td>PA QL (9 tabs/30 days)</td>
</tr>
<tr>
<td>IMITREX 6 MG/0.5 ML CARTRIDGES (sumatriptan succinate)</td>
<td>T3</td>
<td>PA QL (4ml/30 days)</td>
</tr>
<tr>
<td>IMITREX 6 MG/0.5 ML PEN INJECT (sumatriptan succinate)</td>
<td>T3</td>
<td>PA QL (4ml/30 days)</td>
</tr>
<tr>
<td>MAXALT MLT (rizatriptan)</td>
<td>T3</td>
<td>PA QL (12 tabs/30 days)</td>
</tr>
<tr>
<td>MIGRANAL (dihydroergotamine mesylate)</td>
<td>T3</td>
<td>PA QL (8/30 days)</td>
</tr>
<tr>
<td>naratriptan hcl (Amerge)</td>
<td>T1</td>
<td>QL (9 tabs/30 days)</td>
</tr>
<tr>
<td>ONZETRA XSAIL</td>
<td>T3</td>
<td>PA QL (1 box/30 days)</td>
</tr>
<tr>
<td>RELPAX (eletriptan hbr)</td>
<td>T3</td>
<td>PA QL (6 tabs/30 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate</td>
<td>T3</td>
<td>PA QL (6 tabs/30 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate (Maxalt MLT)</td>
<td>T1</td>
<td>QL (12 tabs/30 days)</td>
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<tr>
<td>rizatriptan benzoate (Maxalt)</td>
<td>T1</td>
<td>QL (12 tabs/30 days)</td>
</tr>
<tr>
<td>sumatriptan (Lmitrex)</td>
<td>T1</td>
<td>QL (2 boxes/30 days)</td>
</tr>
<tr>
<td>sumatriptan 4 mg/0.5 ml cart (Lmitrex)</td>
<td>T1</td>
<td>QL (4ml/30 days)</td>
</tr>
<tr>
<td>sumatriptan 4 mg/0.5 ml inject (Lmitrex)</td>
<td>T1</td>
<td>QL (4ml/30 days)</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
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## ANALGESICS (Pain Relief And Inflammatory Disease)

### ANTIMIGRAINE PREPARATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sumatriptan 6 mg/0.5 ml inject (Imitrex)</td>
<td>T1</td>
<td>QL (4ml/30 days)</td>
</tr>
<tr>
<td>sumatriptan 6 mg/0.5 ml refill (Imitrex)</td>
<td>T1</td>
<td>QL (4ml/30 days)</td>
</tr>
<tr>
<td>sumatriptan 6 mg/0.5 ml syrng</td>
<td>T1</td>
<td>QL (4ml/30 days)</td>
</tr>
<tr>
<td>sumatriptan 6 mg/0.5 ml vial (Imitrex)</td>
<td>T1</td>
<td>QL (5ml/30 days)</td>
</tr>
<tr>
<td>sumatriptan succ 100 mg tablet (Imitrex)</td>
<td>T1</td>
<td>QL (9 tabs/30 days)</td>
</tr>
<tr>
<td>sumatriptan succ 25 mg tablet (Imitrex)</td>
<td>T1</td>
<td>QL (9 tabs/30 days)</td>
</tr>
<tr>
<td>sumatriptan succ 50 mg tablet (Imitrex)</td>
<td>T1</td>
<td>QL (9 tabs/30 days)</td>
</tr>
<tr>
<td>sumatriptan succ/naproxen sod (Treximet)</td>
<td>T1</td>
<td>QL (18 tabs/30 days)</td>
</tr>
<tr>
<td>TOSYMRA</td>
<td>T3</td>
<td>PA QL (2 boxes/30 days)</td>
</tr>
<tr>
<td>TREXIMET (sumatriptan succ-naproxen sod)</td>
<td>T3</td>
<td>PA QL (18 tabs/30 days)</td>
</tr>
<tr>
<td>ZEMBRACE SYMTOUCH</td>
<td>T3</td>
<td>PA QL (16 injectors/30 days)</td>
</tr>
<tr>
<td>zolmitriptan (Zomig ZMT)</td>
<td>T1</td>
<td>QL (12 tabs/30 days)</td>
</tr>
<tr>
<td>zolmitriptan (Zomig)</td>
<td>T1</td>
<td>QL (12 tabs/30 days)</td>
</tr>
<tr>
<td>ZOMIG 2.5 MG NASAL SPRAY</td>
<td>T3</td>
<td>PA QL (2 boxes/30 days)</td>
</tr>
<tr>
<td>ZOMIG 2.5 MG TABLET (zolmitriptan)</td>
<td>T3</td>
<td>PA QL (12 tabs/30 days)</td>
</tr>
<tr>
<td>ZOMIG 5 MG NASAL SPRAY</td>
<td>T3</td>
<td>PA QL (2 boxes/30 days)</td>
</tr>
<tr>
<td>ZOMIG 5 MG TABLET (zolmitriptan)</td>
<td>T3</td>
<td>PA QL (12 tabs/30 days)</td>
</tr>
<tr>
<td>ZOMIG ZMT (zolmitriptan odt)</td>
<td>T3</td>
<td>PA QL (12 tabs/30 days)</td>
</tr>
</tbody>
</table>

### NASAL NSAIDS, COX NON-SELECTIVE, SYSTEMIC ANALGESIC

| KETOROLAC 15.75 MG NASAL SPRAY                            | T3        | QL (10 bots/30 days)                      |
| SPRIX                                                   | T3        | PA QL (5 bots/30 days)                     |

### NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS

| diclofenac potassium                                     | T1        | HD                                        |
| FENORTHO 200 MG CAPSULE                                  | T1        | PA                                        |
| ketorolac 10 mg tablet                                   | T1        | QL (20 tabs/25 days) HD                   |
| ketorolac 15 mg/ml syringe                               | T1        | QL (40 ml/30 days) HD                     |
| ketorolac 15 mg/ml vial                                  | T1        | QL (40 ml/30 days) HD                     |
| ketorolac 30 mg/ml carpuject                             | T1        | HD                                        |
| ketorolac 30 mg/ml syringe                               | T1        | QL (20ml/30 days) HD                      |
| ketorolac 30 mg/ml vial                                  | T1        | QL (20ml/30 days) HD                      |
| ketorolac 60 mg/2 ml carpuject                            | T1        | QL (20ml/30 days) HD                      |
| ketorolac 60 mg/2 ml syringe                             | T1        | QL (20ml/30 days) HD                      |
| ketorolac 60 mg/2 ml vial                                | T1        | QL (20ml/30 days) HD                      |
| mefenamic acid                                          | T1        | HD                                        |
| ZIPSOR                                                  | T3        | PA ST HD                                  |
## ANALGESICS (Pain Relief And Inflammatory Disease)

### OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetamin-codeine 300-30 mg/12.5</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>acetaminop-codeine 120-12 mg/5</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>acetaminophen-cod #2 tablet</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>acetaminophen-cod #3 tablet (Tylenol-Codeine No.3)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>acetaminophen-cod #4 tablet (Tylenol-Codeine No.4)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>APADAZ</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>benzhydrocodone/acetaminophen (Apadaz)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen (Norco)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>NORCO (lorcet hd)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>NORCO (lorcet plus)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>NORCO (lorcet)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>oxycodone hcl/acetaminophen</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>oxycodone hcl/acetaminophen (Percocet)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>PERCOCET (oxycodone-acetaminophen)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>tramadol hcl/acetaminophen (Ultracet)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TYLENOL-CODEINE NO.3 (acetaminophen-codeine)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>TYLENOL-CODEINE NO.4 (acetaminophen-codeine)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>ULTRACET (tramadol hcl-acetaminophen)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### OPIOID ANALGESIC AND NSAID COMBINATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocodone/ibuprofen</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>ibuprofen/oxycodone hcl</td>
<td>T1</td>
<td>PA</td>
</tr>
</tbody>
</table>

### OPIOID ANALGESIC AND SALICYLATE ANALGESIC COMB

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxycodone hcl/aspirin</td>
<td>T1</td>
<td>PA</td>
</tr>
</tbody>
</table>

### OPIOID ANALGESIC, NON-SALICYLATE, XANTHINE COMB

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen/caff/dihydrocod</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>acetaminophen/caff/dihydrocod (Trezix)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>TREZIX (acetamin-caff-dihydrocodeine)</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

### OPIOID ANALGESICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIQ (fentanyl citrate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>ARYMO ER</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>BELBUCA 150 MCG FILM</td>
<td>T2</td>
<td>QL (2 films/day)</td>
</tr>
</tbody>
</table>

**Notes:**
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## ANALGESICS (Pain Relief And Inflammatory Disease)

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<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELBUCA 300 MCG FILM</td>
<td>T2</td>
<td>QL (2 films/day)</td>
</tr>
<tr>
<td>BELBUCA 450 MCG FILM</td>
<td>T2</td>
<td>QL (2 films/day)</td>
</tr>
<tr>
<td>BELBUCA 600 MCG FILM</td>
<td>T2</td>
<td>QL (2 films/day)</td>
</tr>
<tr>
<td>BELBUCA 75 MCG FILM</td>
<td>T2</td>
<td>QL (2 films/day)</td>
</tr>
<tr>
<td>BELBUCA 750 MCG FILM</td>
<td>T2</td>
<td>QL (60 films/30 days)</td>
</tr>
<tr>
<td>BELBUCA 900 MCG FILM</td>
<td>T2</td>
<td>QL (2 films/day)</td>
</tr>
<tr>
<td><em>buprenorphine (Butrans)</em></td>
<td>T1</td>
<td>QL (4 patches/28 days)</td>
</tr>
<tr>
<td><em>butorphanol tartrate</em></td>
<td>T1</td>
<td>PA QL (6 bots/30 days)</td>
</tr>
<tr>
<td><em>BUTRANS (buprenorphine)</em></td>
<td>T3</td>
<td>QL (4 patches/28 days)</td>
</tr>
<tr>
<td><em>codeine sulfate</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>CONZIP (tramadol hcl er)</em></td>
<td>T3</td>
<td>PA QL (1 cap/day)</td>
</tr>
<tr>
<td>DILAUDID 2 MG TABLET</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td><em>DILAUDID 4 MG TABLET</em></td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td><em>DILAUDID 5 MG/5 ML ORAL LIQUID</em></td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td><em>DILAUDID 8 MG TABLET</em></td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>DOLOPHINE HCL (methadone hcl)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>DURAGESIC (fentanyl)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td><em>fentanyl</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>fentanyl (Duragesic)</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>fentanyl citrate (Actiq)</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>fentanyl citrate (Fentora)</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>FENTORA (fentanyl citrate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td><em>hydrocodone bitartrate (Zohydro ER)</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>hydromorphone hcl</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>hydromorphone hcl (Dilaudid)</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>HYSINGLA ER</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>KADIAN</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>KADIAN (morphine sulfate er)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>LAZANDA</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td><em>levorphanol tartrate</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>meperidine hcl</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>methadone hcl</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>methadone hcl (Dolophine Hcl)</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>MORPHABOND ER</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td><em>morphine sulfate</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>morphine sulfate (Kadian)</em></td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td><em>morphine sulfate (MS Contin)</em></td>
<td>T1</td>
<td>PA</td>
</tr>
</tbody>
</table>

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# ANALGESICS (Pain Relief And Inflammatory Disease)

## OPIOID ANALGESICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS CONTIN (morphine sulfate er)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>NUCYNTA</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>NUCYNTA ER</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>OPANA (oxymorphone hcl)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>opium/belladonna alkaloids</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>OXYCODONE (oxycodeone hcl)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>oxycodone hcl</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>oxycodone hcl (Oxycontin)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>OXYCONTIN (oxycodone hcl)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>oxycodone hcl (Roxicodone)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>oxycodone hcl (Opana)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>pentazocine hcl/naloxone hcl</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>ROXICODONE (oxycodone hcl)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>SUBSYS</td>
<td>T3</td>
<td>PA</td>
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<tr>
<td>tramadol er 300 mg tablet</td>
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<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>tramadol hcl 100 mg tablet</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>tramadol hcl 50 mg tablet (Ultram)</td>
<td>T1</td>
<td>QL (8 tabs/day)</td>
</tr>
<tr>
<td>tramadol hcl er 100 mg capsule (Conzip)</td>
<td>T1</td>
<td>QL (1 cap/day)</td>
</tr>
<tr>
<td>tramadol hcl er 100 mg capsule</td>
<td>T1</td>
<td>QL (1 cap/day)</td>
</tr>
<tr>
<td>tramadol hcl er 150 mg capsule (Conzip)</td>
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<td>QL (1 cap/day)</td>
</tr>
<tr>
<td>tramadol hcl er 200 mg capsule (Conzip)</td>
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<tr>
<td>tramadol hcl er 200 mg tablet</td>
<td>T1</td>
<td>QL (1 cap/day)</td>
</tr>
<tr>
<td>tramadol hcl er 300 mg capsule (Conzip)</td>
<td>T1</td>
<td>QL (1 cap/day)</td>
</tr>
<tr>
<td>tramadol hcl er 300 mg tablet</td>
<td>T3</td>
<td>QL (8 tabs/day)</td>
</tr>
<tr>
<td>ULTRAM (tramadol hcl)</td>
<td>T3</td>
<td>QL (1 cap/day)</td>
</tr>
<tr>
<td>XTAMPZA ER</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>ZOHYDRO ER (hydrocodone bitartrate er)</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

## OPIOID AND SALICYLATE ANALGESICS, BARBIT, XANTHINE

- codeine/butalbital/asa/caffeine (Fiorinal With Codeine #3) | T1 | PA |
- FIORINAL WITH CODEINE #3 (butalbital compound-codeine) | T3 | PA |

## OPIOID, NON-SALICYL ANALGESIC, BARBITURATE, XANTHINE

- butalbit/acetamin/caff/codeine | T1 | PA |
- butalbit/acetamin/caff/codeine (Fioricet With Codeine) | T1 | PA |

---

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### ANALGESICS (Pain Relief And Inflammatory Disease)

#### OPIOID, NON-SALICYL. ANALGESIC, BARBITURATE, XANTHINE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIORICET WITH CODEINE</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>SKELETAL MUSCLE RELAXANT, SALICYL., OPIOID ANALGESIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>carisoprodol/aspirin/codeine</td>
<td>T1</td>
<td>PA</td>
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</tbody>
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### ANALGESICS (Urinary Tract Conditions)

#### URINARY TRACT ANALGESIC AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>ELMIRON</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>RIMSO-50</td>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>

### ANESTHETICS (Miscellaneous)

#### GENERAL ANESTHETICS, INHALANT

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>desflurane (Suprane)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>FORANE (terrell)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>isoflurane (Forane)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sevoflurane (Ultane)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>SUPRANE (desflurane)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ULTANE (sevoflurane)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### ANESTHETICS (Pain Relief And Inflammatory Disease)

#### LOCAL ANESTHETICS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine hcl</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### TOPICAL LOCAL ANESTHETICS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CETACAINE</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>L.E.T. (LIDO-EPI-NEPH-TETRA)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>lidocaine 5% ointment</td>
<td>T1</td>
<td>QL (145gm/30 days)</td>
</tr>
<tr>
<td>lidocaine 5% patch (Lidoderm)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lidocaine/prilocaine</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>LIDODERM (lidocaine)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PAIN EASE MEDIUM STREAM SPRAY</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>SYNERA</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ZTLIDO</td>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>

### ANESTHETICS (Urinary Tract Conditions)

#### URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenazopyridine hcl (Pyridium)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PYRIDIUM (phenazopyridine hcl)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
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- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
### ANTIALLEGERGY (Allergy/Nasal Sprays)

**MAST CELL STABILIZERS**

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>cromolyn 100 mg/5 ml oral conc</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>(Gastrocrom)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GASTROCRON <em>(cromolyn sodium)</em></td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### ANTIARTHRITICS (Pain Relief And Inflammatory Disease)

**ANALGESIC/ANTIPYRETICS, SALICYLATES**

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ANTIARTHRITIC AND CHELATING AGENTS

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>T2</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

### ANTIARTHRITIC, FOLATE ANTAGONIST AGENTS

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>T1</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

### ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T4</td>
<td>PA QL (28 syringes/28 days) SP</td>
</tr>
</tbody>
</table>

### ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4 (PDE4) INHIB.

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2</td>
<td>PA QL (1 pack/180 days) SP HD</td>
</tr>
<tr>
<td>T2</td>
<td>PA QL (2 tabs/day) SP HD</td>
</tr>
</tbody>
</table>

### ANTINFLAMMATORY, SEL.COSTIM.MOD., T-CELL INHIBITOR

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T4</td>
<td>PA QL (4 syringes/28 days) SP HD</td>
</tr>
<tr>
<td>T4</td>
<td>PA QL (4 injectors/28 days) SP HD</td>
</tr>
</tbody>
</table>

### COLCHICINE

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>T3</td>
<td>PA QL (10ml/day) HD</td>
</tr>
</tbody>
</table>

### GOLD SALTS

<table>
<thead>
<tr>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>
## ANTIARTHRITICS (Pain Relief And Inflammatory Disease)

### HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>allopurinol (Zyloprim)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>febuxostat 40 mg tablet</em> (Uloric)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td><em>febuxostat 80 mg tablet</em> (Uloric)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>ULORIC 40 MG TABLET (febuxostat)</td>
<td>T2</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>ULORIC 80 MG TABLET (febuxostat)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>ZYLOPRIM (allopurinol)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

### JANUS KINASE (JAK) INHIBITORS

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>T3</th>
<th>PA QL (1 tab/day) SP HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLUMIANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RINVOQ ER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XELJANZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XELJANZ XR</td>
<td></td>
<td></td>
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</tbody>
</table>

### NSAID AND HISTAMINE H2 RECEPTOR ANTAGONIST COMB.

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>T3</th>
<th>PA ST HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUEXIS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NSAID, COX INHIBITOR-TYPE AND PROTON-PUMP INHIBITOR

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>T3</th>
<th>PA ST QL (2 tabs/day) HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIMOVO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NSAIDS (COX NON-SPEC.INHIB) AND PROSTAGLANDIN ANALOG

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>T3</th>
<th>ST HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTHROTEC 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTHROTEC 75</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>diclofenac sodium-misoprostol</em> (Arthrotec 50)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><em>diclofenac sodium-misoprostol</em> (Arthrotec 75)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>T3</th>
<th>ST HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAYPRO (oxaprozin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>diclofenac sod dr 25 mg tab</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diclofenac sod dr 50 mg tab</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diclofenac sod dr 75 mg tab</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diclofenac sod ec 25 mg tab</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diclofenac sod ec 50 mg tab</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diclofenac sod ec 75 mg tab</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diclofenac sodium</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>EC-NAPROSYN (naproxen)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>etodolac</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>etodolac (Lodine)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>FELDENE (piroxicam)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>fenoprofen 200 mg capsule</td>
<td>T1</td>
<td>PA HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
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### ANTIRHEUMATICS (Pain Relief And Inflammatory Disease)

#### NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fenoprofen 400 mg capsule (Nalfon)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>fenoprofen 600 mg tablet</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>fenoprofen calcium</td>
<td>T1</td>
<td>PA HD</td>
</tr>
<tr>
<td>flurbiprofen</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>ibuprofen</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>INDOCIN 25 mg/5 ml SUSPENSION</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>INDOCIN 50 mg SUPPOSITORY</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>indomethacin</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>INDOMETHACIN 20 mg CAPSULE</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>indomethacin 25 mg capsule</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>indomethacin 50 mg capsule</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>ketoprofen</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>LODINE (etodolac)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>meclofenamate sodium</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>meloxicam (Mobic)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>MOBIC (meloxicam)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>nabumetone</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>NALFON 400 MG CAPSULE (fenoprofen calcium)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>nalfon 600 mg tablet</td>
<td>T1</td>
<td>ST HD</td>
</tr>
<tr>
<td>NAPRELAN</td>
<td>T3</td>
<td>PA ST HD</td>
</tr>
<tr>
<td>NAPRELAN (naproxen sodium er)</td>
<td>T3</td>
<td>PA ST HD</td>
</tr>
<tr>
<td>NAPROSYN (naproxen)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>naproxen</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>naproxen (Ec-naprosyn)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>naproxen (Naprosyn)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>naproxen sodium</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>naproxen sodium (Naprelan)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>oxaprozin (Daypro)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>piroxicam (Feldene)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>QMIIZ ODT 15 MG TABLET</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>QMIIZ ODT 7.5 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>RELAFEN DS</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>sulindac</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TIVORBEX</td>
<td>T3</td>
<td>PA ST HD</td>
</tr>
<tr>
<td>tolmetin sodium</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>VIVLODEX 10 MG CAPSULE</td>
<td>T3</td>
<td>PA ST HD</td>
</tr>
<tr>
<td>VIVLODEX 5 MG CAPSULE</td>
<td>T3</td>
<td>PA ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>ZORVOLEX</td>
<td>T3</td>
<td>PA ST HD</td>
</tr>
</tbody>
</table>

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- **AGE** - Age Requirement  
- **SP** - Specialty medication  
- **HD** - May require home delivery  
- **PPACA** - No cost-share preventive medications  
- **CSL** - Oral cancer medications subject to cost-share limits
## ANTIARTHRITICS (Pain Relief And Inflammatory Disease)

### NSAIDS, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITOR

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELEBREX 100 MG CAPSULE (celecoxib)</td>
<td>T3</td>
<td>ST QL (2 caps/day) HD</td>
</tr>
<tr>
<td>CELEBREX 200 MG CAPSULE (celecoxib)</td>
<td>T3</td>
<td>ST QL (2 caps/day) HD</td>
</tr>
<tr>
<td>CELEBREX 400 MG CAPSULE (celecoxib)</td>
<td>T3</td>
<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>CELEBREX 50 MG CAPSULE (celecoxib)</td>
<td>T3</td>
<td>ST QL (2 caps/day) HD</td>
</tr>
<tr>
<td>celecoxib 100 mg capsule (Celebrex)</td>
<td>T1</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>celecoxib 200 mg capsule (Celebrex)</td>
<td>T1</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>celecoxib 400 mg capsule (Celebrex)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>celecoxib 50 mg capsule (Celebrex)</td>
<td>T1</td>
<td>QL (2 caps/day) HD</td>
</tr>
</tbody>
</table>

### URICOSURIC AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>probenecid</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>probenecid/colchicine</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ANTIASTHMATICS (Asthma/COPD/Respiratory)

#### 5-LIPOXYGENASE INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>zileuton</td>
<td>T1</td>
</tr>
<tr>
<td>ZYFLO</td>
<td>T3</td>
</tr>
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</table>

#### ANTICHOLINERGICS, ORALLY INHALED LONG ACTING

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCRUSE ELLIPTA</td>
<td>T2</td>
</tr>
<tr>
<td>LONHALA MAGNAIR REFILL</td>
<td>T3</td>
</tr>
<tr>
<td>LONHALA MAGNAIR STARTER</td>
<td>T3</td>
</tr>
<tr>
<td>SEEBRI NEOHALER</td>
<td>T3</td>
</tr>
<tr>
<td>SPIRIVA</td>
<td>T3</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT</td>
<td>T3</td>
</tr>
<tr>
<td>TUDORZA PRESSAIR</td>
<td>T3</td>
</tr>
<tr>
<td>YUPELRI</td>
<td>T3</td>
</tr>
</tbody>
</table>

#### ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATROVENT HFA</td>
<td>T2</td>
</tr>
<tr>
<td>ipratropium bromide</td>
<td>T1</td>
</tr>
</tbody>
</table>

### BETA-ADRENERGIC AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol sulf 2 mg/5 ml syrup</td>
<td>T1</td>
</tr>
<tr>
<td>albuterol sulfate 2 mg tab</td>
<td>T1</td>
</tr>
<tr>
<td>albuterol sulfate 4 mg tab</td>
<td>T1</td>
</tr>
<tr>
<td>albuterol sulfate er 4 mg tab</td>
<td>T1</td>
</tr>
<tr>
<td>albuterol sulfate er 8 mg tab</td>
<td>T1</td>
</tr>
</tbody>
</table>

---

* T1 - Typically generics  * T2 - Typically preferred brands  * T3 - Typically non-preferred brands  * T4 - Injectable specialty medications  * PA - Prior Authorization  * QL - Quantity Limit  * ST - Step Therapy  * AGE - Age Requirement  * SP - Specialty medication  * HD - May require home delivery  * PPACA - No cost-share preventive medications  * CSL - Oral cancer medications subject to cost-share limits
### ANTIASTHMATICS (Asthma/COPD/Respiratory)

#### BETA-ADRENERGIC AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>metaproterenol sulfate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>terbutaline sulfate</td>
<td>T1</td>
<td>HD</td>
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</table>

#### BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol 2.5 mg/0.5 ml sol</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>albuterol 5 mg/ml solution</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>albuterol sul 0.63 mg/3 ml sol</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>albuterol sul 1.25 mg/3 ml sol</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>albuterol sul 2.5 mg/3 ml soln</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate (Ventolin Hfa)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>levalbuterol hcl (Xopenex Concentrate)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>levalbuterol hcl (Xopenex)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>levalbuterol tartrate (Xopenex HFA)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PROAIR DIGIHALER</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>PROAIR HFA (albuterol sulfate hfa)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>PROAIR RESPICLICK</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>PROVENTIL HFA (albuterol sulfate hfa)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>VENTOLIN HFA (albuterol sulfate hfa)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>XOPENEX (levalbuterol hcl)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>XOPENEX CONCENTRATE (levalbuterol concentrate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>XOPENEX HFA (levalbuterol tartrate hfa)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

#### BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARCAPTA NEOHALER</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>STRIVERDI RESPIMAT</td>
<td>T3</td>
<td>ST HD</td>
</tr>
</tbody>
</table>

#### BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROVANA</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PERFOROMIST</td>
<td>T3</td>
<td>QL (240ml/30 days) HD</td>
</tr>
<tr>
<td>SEREVENT DISKUS</td>
<td>T2</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANORO ELLIPTA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>BEVESPI AEROSPHERE</td>
<td>T2</td>
<td>ST HD</td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>DUAKLIR PRESSAIR</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>ipratropium/albuterol sulfate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>STIOLTO RESPIMAT</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>UTIBRON NEOHALER</td>
<td>T3</td>
<td>ST HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
## ANTIASTHMATICS (Asthma/COPD/Respiratory)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, INHALED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVAIR DISKUS <em>(wixela inhub)</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ADVAIR HFA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>AIRDUO RESPICLICK <em>(fluticasone-salmeterol)</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>BREO ELLIPTA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>BUDESONIDE-FORMOTEROL FUMARATE</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>DULERA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td><em>fluticasone propion/salmeterol</em> (Advair Diskus)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>fluticasone propion/salmeterol</em> (Airduo Respicelick)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>SYMBICORT</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td><strong>BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRELEGY ELLIPTA</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td><strong>GLUCOCORTICOIDS, ORALLY INHALED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALVESCO</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ASMANEX</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>ASMANEX HFA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td><em>budesonide</em> (Pulmicort)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>FLOVENT Diskus</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>FLOVENT HFA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>PULMICORT <em>(budesonide)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PULMICORT FLEXHALER</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>QVAR REDIHALER</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONIST, MAB</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FASENRA PEN</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td><strong>LEUKOTRIENE RECEPTOR ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCOLATE <em>(zafirlukast)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><em>montelukast sodium</em> <em>(Singulair)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>SINGULAIR <em>(montelukast sodium)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><em>zafirlukast</em> <em>(Accolate)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>MAST CELL STABILIZERS, ORALLY INHALED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>cromolyn 20 mg/2 ml neb soln</em></td>
<td>T1</td>
<td>QL (480ml/30 days) HD</td>
</tr>
<tr>
<td><strong>MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XOLAIR</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td><strong>MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUCALA</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

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### ANTIASTHMATICS (Asthma/COPD/Respiratory)

#### MUCOLYTICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetylcysteine</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### PHOSPHODIESTERASE-4 (PDE4) INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DALIRESP 250 MCG TABLET</td>
<td>T3</td>
<td>QL (28 tabs/180 days) HD</td>
</tr>
<tr>
<td>DALIRESP 500 MCG TABLET</td>
<td>T3</td>
<td>QL (2 tabs/day) HD</td>
</tr>
</tbody>
</table>

#### XANTHINES

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIXOPHYLLIN (theophylline)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>THEO-24</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>theophylline anhydrous</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>theophylline anhydrous (Elixophyllin)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### ANTIBIOTICS (Ear Medications)

#### EAR PREPARATIONS, ANTIBIOTICS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CETRAXAL (ciprofloxacin hcl)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl (Cetraxal)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>COLY-MYCIN S</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>CORTISPORIN-TC</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>neomycin/polymyxin b/hydrocort</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ofloxacin</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>CIPRO HC</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>CIPRODEX</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>CIPROFLOXACIN HCL-FLUOCINOLONE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>OTOVEL</td>
<td>T3</td>
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</table>

#### ANTIBIOTICS (Eye Conditions)

#### EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAXITROL (neomycin-polymyxin-dexameth)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>neomycin/bacit/p-myx/hydrocort</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>neomycin/polymyxin b/dexameth (Maxitrol)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>neomycin/polymyxin b/hydrocort</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PRED-G</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX EYE DROPS (tobramycin-dexamethasone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX EYE OINTMENT</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX ST</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>tobramycin/dexamethasone (Tobradex)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ZYLET</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

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# ANTIBIOTICS (Eye Conditions)

## EYE SULFONAMIDES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLEPH-10 <em>(sulfacetamide sodium)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE S.O.P.</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td><em>sulfacetamide sodium</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>sulfacetamide sodium</em> (Bleph-10)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>sulfacetamide/prednisolone sp</em></td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

## OPHTHALMIC ANTIBIOTICS

<table>
<thead>
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<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZASITE</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>bacitracin</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>bacitracin/polymyxin b sulfate</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>BESIVANCE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>CILOXAN 0.3% EYE DROPS <em>(ciprofloxacin hcl)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>CILOXAN 0.3% OINTMENT</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td><em>ciprofloxacin hcl</em> (Ciloxan)*</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>erythromycin base</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>gatifloxacin</em> <em>(Zymaxid)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>gentamicin sulfate</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>levofoxacin</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>MOXEZA <em>(moxifloxacin)</em></td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td><em>moxifloxacin hcl</em> <em>(Moxeza)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>moxifloxacin hcl</em> <em>(Vigamox)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>neomycin sulf/bacitracin/poly</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>neomycin/polymyxn b/gramicidin</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>OCUFLOX <em>(ofloxacin)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><em>ofloxacin</em> <em>(Ocuflox)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>polymyxin b sulf/trimethoprim</em> <em>(Polytrim)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>POLYTRIM <em>(polymyxin b sul-trimethoprim)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><em>tobramycin 0.3% eye drop</em> <em>(Tobrex)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TOBREX 0.3% EYE DROP <em>(tobramycin)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>TOBREX 0.3% EYE OINTMENT</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>VIGAMOX <em>(moxifloxacin)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ZYMAXID <em>(gatifloxacin)</em></td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

## ANTIBIOTICS (Infections)

### 2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLOSEC</td>
<td>T3</td>
</tr>
</tbody>
</table>
## Antibiotics (Infections)

### Absorbable Sulfonamide Antibacterial Agents

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACTRIM <em>(sulfamethoxazole-trimethoprim)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>BACTRIM DS <em>(sulfamethoxazole-trimethoprim)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>sulfadiazine</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole/trimethoprim</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole/trimethoprim (Bactrim DS)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole/trimethoprim (Bactrim)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole/trimethoprim (Sulfatrim)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>SULFATRIM <em>(sulfamethoxazole-trimethoprim)</em></td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### Aminoglycoside Antibiotics

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIKAYCE</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>BETHKIS</td>
<td>T3</td>
<td>PA QL (8ml/day) SP HD</td>
</tr>
<tr>
<td>gentamicin sulfate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate/pf</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>KITABIS PAK <em>(tobramycin)</em></td>
<td>T3</td>
<td>PA QL (10ml/day) SP HD</td>
</tr>
<tr>
<td>neomycin sulfate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TOBI <em>(tobramycin)</em></td>
<td>T3</td>
<td>PA QL (10ml/day) SP HD</td>
</tr>
<tr>
<td>TOBI PODHALER</td>
<td>T2</td>
<td>PA QL (8 caps/day) SP HD</td>
</tr>
<tr>
<td>tobramycin 1,200 mg/30 ml vial</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tobramycin 1.2 gm vial</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>tobramycin 1.2 gram/30 ml vial</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tobramycin 10 mg/ml vial</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tobramycin 300 mg/5 ml ampule (Tobi)</td>
<td>T1</td>
<td>PA QL (10ml/day) SP HD</td>
</tr>
<tr>
<td>tobramycin 40 mg/ml vial</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tobramycin 80 mg/2 ml vial</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tobramycin pak 300 mg/5 ml (Kitabis Pak)</td>
<td>T1</td>
<td>PA QL (10ml/day) SP HD</td>
</tr>
</tbody>
</table>

### Anaerobic Antiprotozoal-Antibacterial Agents

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAGYL <em>(metronidazole)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>metronidazole (Flagyl)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

### Antimicrobial, Antibacterial, Misc.

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPREX <em>(methenamine hippurate)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>meth/meblue/sod phos/psal/hyos</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>meth/meblue/sod phos/psal/hyos (Uretron D-S)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>meth/meblue/sod phos/psal/hyos (Uribel)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methen/mblue/sal/sod phos/hyos</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

- **T1** - Typically generics  
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- **T3** - Typically non-preferred brands  
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- **ST** - Step Therapy  
- **AGE** - Age Requirement  
- **SP** - Specialty medication  
- **HD** - May require home delivery  
- **PPACA** - No cost-share preventive medications  
- **CSL** - Oral cancer medications subject to cost-share limits
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>methenam/m.blue/salicyl/hyoscy</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methenam/sod phos/mblue/hyoscy (Urogescic-Blue)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methenamine hippurate (Hiprex)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methenamine mandelate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>MONUROL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PRIMSOL</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>trimethoprim</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>URETRON D-S (utira-c)</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>URIBEL (vilamit mb)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>UROGESIC-BLUE (uryl)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><strong>ANTILEPROTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dapsone 100 mg tablet</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>dapsone 25 mg tablet</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>THALOMID</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
<tr>
<td><strong>ANTI-MYCOBACTERIUM AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ethambutol hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>ethambutol hcl (Myambutol)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>isoniazid</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>MYAMBUTOL (ethambutol hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MYCOBUTIN (rifabutin)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>PASER</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>pyrazinamide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>rifabutin (Mycobutin)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TRECATOR</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td><strong>ANTITUBERCULAR ANTIBIOTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cycloserine</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PRETOMANID</td>
<td>T3</td>
<td>PA QL (1 tab/day)</td>
</tr>
<tr>
<td>PRIFTIN</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>RIFADIN (rifampin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>RIFAMATE</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>rifampin (Rifadin)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>RIFATER</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>SIRTURO</td>
<td>T3</td>
<td>SP</td>
</tr>
<tr>
<td><strong>BETALACTAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAYSTON</td>
<td>T3</td>
<td>PA QL (3ml/day) SP HD</td>
</tr>
<tr>
<td><strong>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cefadroxil</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

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## ANTIBIOTICS (Infections)

### CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cepalexin</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>cepalexin (Keflex)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>KEFLEX (cephalexin)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>cefaclor</td>
<td>T1</td>
</tr>
<tr>
<td>cefprozil</td>
<td>T1</td>
</tr>
<tr>
<td>cefuroxime axetil</td>
<td>T1</td>
</tr>
</tbody>
</table>

### CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>cefdinir</td>
<td>T1</td>
</tr>
<tr>
<td>cefditoren pivoxil</td>
<td>T1</td>
</tr>
<tr>
<td>cefditoren pivoxil (Spectracef)</td>
<td>T1</td>
</tr>
<tr>
<td>cefixime (Suprax)</td>
<td>T1</td>
</tr>
<tr>
<td>cefpodoxime proxetil</td>
<td>T1</td>
</tr>
<tr>
<td>ceftriaxone sodium</td>
<td>T1</td>
</tr>
<tr>
<td>SPECTRACEF (cefditoren pivoxil)</td>
<td>T3</td>
</tr>
<tr>
<td>SUPRAX</td>
<td>T3</td>
</tr>
<tr>
<td>SUPRAX (cefixime)</td>
<td>T3</td>
</tr>
</tbody>
</table>

### LINCOSAMIDE ANTIBIOTICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEOCIN HCL 150 MG CAPSULE</td>
<td>T3</td>
</tr>
<tr>
<td>(clindamycin hcl)</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN HCL 300 MG CAPSULE</td>
<td>T3</td>
</tr>
<tr>
<td>(clindamycin hcl)</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN HCL 75 MG CAPSULE</td>
<td>T2</td>
</tr>
<tr>
<td>(clindamycin hcl)</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN PALMITATE</td>
<td>T3</td>
</tr>
<tr>
<td>(clindamycin pediatric)</td>
<td></td>
</tr>
<tr>
<td>clindamycin hcl (Cleocin Hcl)</td>
<td>T1</td>
</tr>
<tr>
<td>clindamycin palmitate hcl (Cleocin Palmitate)</td>
<td>T1</td>
</tr>
</tbody>
</table>

### MACROLIDE ANTIBIOTICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>azithromycin</td>
<td>T1</td>
</tr>
<tr>
<td>azithromycin (Zithromax Tri-Pak)</td>
<td>T1</td>
</tr>
<tr>
<td>azithromycin (Zithromax)</td>
<td>T1</td>
</tr>
<tr>
<td>clarithromycin</td>
<td>T1</td>
</tr>
<tr>
<td>DIFICID</td>
<td>T3</td>
</tr>
<tr>
<td>E.E.S. 200 (erythromycin</td>
<td>T3</td>
</tr>
<tr>
<td>ethylsuccinate)</td>
<td>PA</td>
</tr>
<tr>
<td>E.E.S. 400</td>
<td>T2</td>
</tr>
<tr>
<td>ERYPED 200 (erythromycin</td>
<td>T3</td>
</tr>
<tr>
<td>ethylsuccinate)</td>
<td>PA</td>
</tr>
<tr>
<td>ERYPED 400 (erythromycin</td>
<td>T3</td>
</tr>
<tr>
<td>ethylsuccinate)</td>
<td>PA</td>
</tr>
</tbody>
</table>

**Notes:**
- T1 - Typically generics
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<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERY-TAB DR 250 MG TABLET (erythromycin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ERY-TAB DR 333 MG TABLET (erythromycin)</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>ERY-TAB DR 500 MG TABLET (erythromycin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>erythromycin base</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>erythromycin base (ERY-tab)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>erythromycin ethylsuccinate (E.E.S. 400)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>erythromycin ethylsuccinate (Eryped 200)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>erythromycin ethylsuccinate (Eryped 400)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>erythromycin stearate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ZITHROMAX (azithromycin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ZITHROMAX TRI-PAK (azithromycin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>MACROBID (nitrofurantoin monomacro)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>MACRODANTIN (nitrofurantoin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>nitrofurantoin 25 mg/5 ml susp</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>nitrofurantoin mcr 100 mg cap (Macrodantin)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>nitrofurantoin mcr 25 mg cap (Macrodantin)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>nitrofurantoin mcr 50 mg cap (Macrodantin)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>nitrofurantoin monohyd/m-cryst (Macrobid)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>linezolid (Zyvox)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>SIVEXTRO</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>ZYVOX (linezolid)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>amoxicillin</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin/potassium clav</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin/potassium clav (Augmentin ES-600)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin/potassium clav (Augmentin)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ampicillin trihydrate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>AUGMENTIN 125-31.25 MG/5 ML</td>
<td>T2</td>
<td>PA</td>
</tr>
</tbody>
</table>

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## ANTIBIOTICS (Infections)

### PENICILLIN ANTIBIOTICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUGMENTIN 250-62.5 MG/5 ML (amoxicillin-clavulanate potass)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>AUGMENTIN 500-125 TABLET (amoxicillin-clavulanate potass)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>AUGMENTIN ES-600 (amoxicillin-clavulanate potass)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>dicloxacillin sodium</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

### PLEUROMUTILIN DERIVATIVES

- XENLETA (T3, PA QL (10 tabs/30 days))

### QUINOLONE ANTIBIOTICS

- BAXDELA (T3, PA)
- CIPRO 10% SUSPENSION (T2)
- CIPRO 250 MG TABLET (ciprofloxacin hcl) (T3)
- CIPRO 5% SUSPENSION (T2)
- CIPRO 500 MG TABLET (ciprofloxacin hcl) (T3)
- ciprofloxacin hcl (T1)
- ciprofloxacin hcl (Cipro) (T1)
- LEVAQUIN (levofloxacin) (T3)
- levofloxacin (T1)
- levofloxacin (Levaquin) (T1)
- moxifloxacin hcl (T1)
- ofloxacin (T1)

### RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS

- AEMCOLO (T3, QL (12 tabs/3 days))
- XIFAXAN 200 MG TABLET (T2)
- XIFAXAN 550 MG TABLET (T2, QL (42 tabs/14 days))

### TETRACYCLINE ANTIBIOTICS

- ACTICLATE (doxycycline hyclate) (T3, ST)
- coremino er 135 mg tablet (T1)
- coremino er 45 mg tablet (T1, QL (1 tab/day))
- coremino er 90 mg tablet (T1)
- demeclocycline hcl (T1)
- DORYX (doxycycline hyclate) (T3, PA ST)
- DORYX MPC (T3, PA ST)
- doxycycline hyclate (T1)
- doxycycline hyclate (Acticlate) (T1)
- doxycycline hyclate (Doryx) (T1)
- doxycycline hyclate (Targadox) (T1)

- **T1** - Typically generics
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### ANTIBIOTICS (Infections)

#### TETRACYCLINE ANTIBIOTICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>doxycycline hyclate (Vibramycin)</td>
<td>T1</td>
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<tr>
<td>doxycycline monohydrate</td>
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<tr>
<td>doxycycline monohydrate (Oracea)</td>
<td>T1</td>
<td>ST</td>
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<tr>
<td>doxycycline monohydrate (Vibramycin)</td>
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</tr>
<tr>
<td>MINOCIN (minocycline hcl)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>minocycline er 105 mg tablet (Solodyn)</td>
<td>T1</td>
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<tr>
<td>minocycline er 115 mg tablet (Solodyn)</td>
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<tr>
<td>minocycline er 135 mg tablet</td>
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</tr>
<tr>
<td>minocycline er 45 mg tablet</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>minocycline er 55 mg tablet (Solodyn)</td>
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<tr>
<td>minocycline er 65 mg tablet (Solodyn)</td>
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<tr>
<td>minocycline er 80 mg tablet (Solodyn)</td>
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<td>minocycline er 90 mg tablet</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>minocycline hcl</td>
<td>T1</td>
<td></td>
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<tr>
<td>minocycline hcl (Minocin)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>MINOLIRA ER</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>morgidox 100 mg capsule (Vibramycin)</td>
<td>T1</td>
<td>ST</td>
</tr>
<tr>
<td>morgidox 50 mg capsule</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>NUZYRA</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>ORACEA (doxycycline ir-dr)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>SEYSARA</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>SOLODYN (minocycline hcl er)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>TARGADOX (doxycycline hyclate)</td>
<td>T3</td>
<td>PA ST</td>
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<tr>
<td>tetracycline hcl</td>
<td>T1</td>
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<tr>
<td>VIBRAMYCIN 100 MG CAPSULE (morgidox)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>VIBRAMYCIN 25 MG/5 ML SUSP (doxycycline monohydrate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>VIBRAMYCIN 50 MG/5 ML SYRUP</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>XIMINO</td>
<td>T3</td>
<td>ST</td>
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#### VAGINAL ANTIBIOTICS

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEOCIN</td>
<td>T3</td>
</tr>
<tr>
<td>CLEOCIN (clindamycin phosphate)</td>
<td>T3</td>
</tr>
<tr>
<td>clindamycin phosphate (Cleocin)</td>
<td>T1</td>
</tr>
<tr>
<td>CLINDESSE</td>
<td>T3</td>
</tr>
<tr>
<td>metronidazole</td>
<td>T1</td>
</tr>
<tr>
<td>NUVESSA</td>
<td>T3</td>
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</table>
## ANTIBIOTICS (Infections)

### VANCOMYCIN ANTIBIOTICS AND DERIVATIVES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRVANQ</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>FIRVANQ (vancomycin hcl)</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>VANCOCIN HCL (vancomycin hcl)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>vancomycin hcl (Firvanq)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>vancomycin hcl (Vancocin Hcl)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

### ANTIBIOTICS (Skin Conditions)

### TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID

- CORTISPORIN: T3
- NEO-SYNALAR: T3

### TOPICAL ANTIBIOTICS

- AMZEEQ: T3, PA
- BENZAMycin (erythromycin-benzoyl peroxide): T3
- CENTANY (mupirocin): T3
- CENTANY AT: T3
- CLEOCIN T (clindamycin phosphate): T3
- clindacin etz 1% pledget: T1
- CLINDACIN ETZ KIT: T3
- CLINDACIN PAC: T3
- CLINDAGEL (clindamycin phosphate): T3, PA
- clindamycin phosphate: T1
- clindamycin phosphate (Cleocin T): T1
- clindamycin phosphate (Clindagel): T1
- clindamycin phosphate (Evoclin): T1
- ERYGEL (erythromycin): T3
- erythromycin base in ethanol: T1
- erythromycin base in ethanol (Erygel): T1
- erythromycin/benzoyl peroxide (Benzamycin): T1
- EVOCLIN (clindamycin phosphate): T3
- gentamicin sulfate: T1
- mupirocin (Centany): T1
- mupirocin calcium: T1
- XEPI: T3

### TOPICAL SULFONAMIDES

- mafenide acetate (Sulfamylon): T1
- SILVADENE (ssd): T3
- silver sulfadiazine (Silvadene): T1

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#### TOPICAL SULFONAMIDES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sulfacetamide sod/sulfur/urea</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium/sulfur</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide/sulfur/cleans23</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>SULFAMYLYON 8.5% CREAM SULFAMYLYON POWDER PACKET (mafenide acetate)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### ANTICOAGULANTS (Blood Thinners/Anti-Clotting)

#### ANTICOAGULANTS, COUMARIN TYPE

| COUMADIN (warfarin sodium) | T3 | PA HD |
| warfarin sodium (Coumadin) | T1 | HD |

#### CITRATES AS ANTICOAGULANTS

| ACD SOLUTION A | T3 | |
| ACD-A | T3 | |
| sodium citrate | T1 | |

#### DIRECT FACTOR XA INHIBITORS

| BEVYXXA | T3 | QL (42 caps/42 days) |
| ELIQUIS | T2 | PA |
| SAVAYSA 15 MG TABLET | T3 | PA QL (1 tab/day) |
| SAVAYSA 30 MG TABLET | T3 | PA QL (1 tab/day) |
| SAVAYSA 60 MG TABLET | T3 | PA |
| XARELTO | T2 | PA |

#### HEPARIN AND RELATED PREPARATIONS

| ARIXTRA (fondaparinux sodium) | T4 | QL (1 syringe/day) SP |
| enoxaparin 100 mg/ml syringe (Lovenox) | T4 | QL (2 syringes/day) SP |
| enoxaparin 120 mg/0.8 ml syr (Lovenox) | T4 | QL (2 syringes/day) SP |
| enoxaparin 150 mg/ml syringe (Lovenox) | T4 | QL (2 syringes/day) SP |
| enoxaparin 30 mg/0.3 ml syr (Lovenox) | T4 | QL (2 syringes/day) SP |
| enoxaparin 300 mg/3 ml vial (Lovenox) | T4 | QL (1 vial/day) SP |
| enoxaparin 40 mg/0.4 ml syr (Lovenox) | T4 | QL (2 syringes/day) SP |
| enoxaparin 60 mg/0.6 ml syr (Lovenox) | T4 | QL (2 syringes/day) SP |
| enoxaparin 80 mg/0.8 ml syr (Lovenox) | T4 | QL (2 syringes/day) SP |
| fondaparinux sodium (Arixtra) | T4 | QL (1 syringe/day) SP |
| FRAGMIN 10,000 UNITS/ml SYRING | T4 | QL (2 syringes/day) SP |
| FRAGMIN 12,500 UNITS/0.5 ML | T4 | QL (2 syringes/day) SP |

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## ANTICOAGULANTS (Blood Thinners/Anti-Clotting)

### HEPARIN AND RELATED PREPARATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRAGMIN 15,000 UNITS/0.6 ML</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>FRAGMIN 18,000 UNITS/0.72 ML</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>FRAGMIN 2,500 UNITS/0.2 ML SYR</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>FRAGMIN 5,000 UNITS/0.2 ML SYR</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>FRAGMIN 7,500 UNITS/0.3 ML SYR</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>FRAGMIN 95,000 UNITS/3.8 ML VL</td>
<td>T4</td>
<td>QL (7 vials/30 days) SP</td>
</tr>
<tr>
<td>heparin sodium, porcine</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>heparin sodium, porcine/pf</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>LOVENOX 100 MG/ML SYRINGE (enoxaparin sodium)</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>LOVENOX 120 MG/0.8 ML SYRINGE (enoxaparin sodium)</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>LOVENOX 150 MG/ML SYRINGE (enoxaparin sodium)</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>LOVENOX 30 MG/0.3 ML SYRINGE (enoxaparin sodium)</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>LOVENOX 300 MG/3 ML VIAL (enoxaparin sodium)</td>
<td>T4</td>
<td>QL (1 vial/day) SP</td>
</tr>
<tr>
<td>LOVENOX 40 MG/0.4 ML SYRINGE (enoxaparin sodium)</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>LOVENOX 60 MG/0.6 ML SYRINGE (enoxaparin sodium)</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
<tr>
<td>LOVENOX 80 MG/0.8 ML SYRINGE (enoxaparin sodium)</td>
<td>T4</td>
<td>QL (2 syringes/day) SP</td>
</tr>
</tbody>
</table>

### THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE

- PRADAXA
  - T3
  - PA HD

### ANTIDOTES (Gastrointestinal/Heartburn)

### MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING

- MOVANTIK
  - T3
  - PA
- RELISTOR
  - T3
  - PA
- SYMPROIC
  - T3
  - PA

### ANTIDOTES (Substance Abuse)

### OPIOID ANTAGONISTS

- EVZIO
  - T3
  - PA QL (0.8ml/day)

- naloxone hcl
  - T1

- naltrexone hcl
  - T1
  - QL (180 tabs/30 days)

- NARCAN
  - T2
  - QL (2 units/30 days)

### ANTIFUNGALS (Eye Conditions)

### OPHTHALMIC ANTIFUNGAL AGENTS

- NATACYN
  - T2

---

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# ANTIFUNGALS (Feminine Products)

## VAGINAL ANTIFUNGALS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>butoconazole nitrate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>miconazole nitrate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>terconazole</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

## ANTIFUNGALS (Infections)

### ANTIFUNGAL AGENTS

<table>
<thead>
<tr>
<th></th>
<th>Drug tier</th>
<th>PA</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANCOBON (flucytosine)</td>
<td>T3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clotrimazole</td>
<td>T1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRESEMB A</td>
<td>T3</td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td>DIFLUCAN (fluconazole)</td>
<td>T3</td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole (Diflucan)</td>
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<tr>
<td>flucytosine (Ancobon)</td>
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</tr>
<tr>
<td>itraconazole (Sporanox)</td>
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<tr>
<td>ketoconazole</td>
<td>T1</td>
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<table>
<thead>
<tr>
<th></th>
<th>Drug tier</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>NOXAFIL</td>
<td>T3</td>
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<tr>
<td>NOXAFIL (posaconazole)</td>
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<td>PA</td>
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<tr>
<td>ORAVIG</td>
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<tr>
<td>posaconazole (Noxafil)</td>
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<tr>
<td>SPORANOX (itraconazole)</td>
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<tr>
<td>terbinafine hcl</td>
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<td>TOLSURA</td>
<td>T3</td>
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<tr>
<td>VFEND (voriconazole)</td>
<td>T3</td>
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<td>voriconazole (Vfend)</td>
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</table>

### ANTIFungal ANTIBiotics

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<th></th>
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</thead>
<tbody>
<tr>
<td>griseofulvin ultramicrosize</td>
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<tr>
<td>griseofulvin, microsize</td>
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<td></td>
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<tr>
<td>nystatin</td>
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### ANTIFUNGALS (Skin Conditions)

#### TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY, STEROID AGENT

<table>
<thead>
<tr>
<th></th>
<th>Drug tier</th>
<th>PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>clotrimazole/betamethasone dip</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clotrimazole/betamethasone dip (Lotrisone)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>LOTRISONE (clotrimazole-betamethasone)</td>
<td>T3</td>
<td></td>
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</table>

### TOPICAL ANTIFUNGALS

<table>
<thead>
<tr>
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<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CICLODAN 8% KIT (ciclopirox)</td>
<td>T3</td>
</tr>
<tr>
<td>ciclodan 8% solution</td>
<td>T1</td>
</tr>
<tr>
<td>ciclopirox</td>
<td>T1</td>
</tr>
<tr>
<td>ciclopirox (Loprox)</td>
<td>T1</td>
</tr>
<tr>
<td>ciclopirox olamine (Loprox)</td>
<td>T1</td>
</tr>
</tbody>
</table>

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<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ciclopirox/urea/camph/men/euc (Ciclodan)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>econazole nitrate</td>
<td>T1</td>
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</tr>
<tr>
<td>ECOZA</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ERTACZO</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>EXELDERM</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>EXTINA (ketodan)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>JUBLIA</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>KERYDIN</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>ketoconazole</td>
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<tr>
<td>ketoconazole (Extina)</td>
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<td>ketoconazole (Nizoral)</td>
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<tr>
<td>LOPROX</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>LOPROX (ciclopirox)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>luliconazole (Luzu)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>LUZU (luliconazole)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>miconazole nitrate/zinc ox/pet (Vusion)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>naftifine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>naftifine hcl (Naftin)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>NAFTIN 1% GEL (naftifine hcl)</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>NAFTIN 2% CREAM (naftifine hcl)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>NAFTIN 2% GEL</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>NIZORAL (ketoconazole)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>nystatin</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>nystatin/triamcin</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>oxiconazole nitrate (Oxistat)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>OXISTAT 1% CREAM (oxiconazole nitrate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>OXISTAT 1% LOTION</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>sodium thiosulfate/sal acid</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>SULCONAZOLE NITRATE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VUSION</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>XOLEGEL</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

## ANTIHISTAMINE AND DECONGESTANT COMBINATION (Allergy/Nasal Sprays)

### 1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenylephrine hcl/prometh hcl</td>
<td>T1</td>
</tr>
</tbody>
</table>

### 2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARINEX-D 12 HOUR</td>
<td>T3</td>
</tr>
<tr>
<td>SEMPREX-D</td>
<td>T3</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics  
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- **QL** - Quantity Limit  
- **ST** - Step Therapy  
- **AGE** - Age Requirement  
- **SP** - Specialty medication  
- **HD** - May require home delivery  
- **PPACA** - No cost-share preventive medications  
- **CSL** - Oral cancer medications subject to cost-share limits
### ANTIHISTAMINES (Allergy/Nasal Sprays)

#### ANTIHISTAMINES - 1ST GENERATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbinoxamine 4 mg/5 ml liquid</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>carbinoxamine maleate 4 mg tab</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>carbinoxamine maleate 6 mg tab (Ryvent)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>clemastine fumarate</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>cyproheptadine hcl</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>dextchlorpheniramine maleate (Ryclora)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>hydroxyzine hcl</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>hydroxyzine pamoate</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>KARBINAL ER</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>promethazine hcl</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>RYCLORA (dextchlorpheniramine maleate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>RYVENT (carbinoxamine maleate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>VISTARIL (hydroxyzine pamoate)</td>
<td>T3</td>
<td>PA</td>
</tr>
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</table>

#### ANTIHISTAMINES - 2ND GENERATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARINEX (desloratadine)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>desloratadine 2.5 mg odt</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>desloratadine 5 mg odt</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>desloratadine 5 mg tablet (Clarinex)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### ANTIHISTAMINES (Eye Conditions)

#### EYE ANTIHISTAMINES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>azelastine hcl 0.05% drops</td>
<td>T1</td>
</tr>
<tr>
<td>BEPREVE</td>
<td>T3</td>
</tr>
<tr>
<td>epinastine hcl</td>
<td>T1</td>
</tr>
<tr>
<td>LASTACAFT</td>
<td>T3</td>
</tr>
<tr>
<td>olopatadine hcl 0.1% eye drops (Patanol)</td>
<td>T1</td>
</tr>
<tr>
<td>olopatadine hcl 0.2% eye drop (Patanol)</td>
<td>T1</td>
</tr>
<tr>
<td>PATADAY (lolopatadine hcl)</td>
<td>T3</td>
</tr>
<tr>
<td>PATANOL (lolopatadine hcl)</td>
<td>T3</td>
</tr>
<tr>
<td>PAZEO</td>
<td>T2</td>
</tr>
</tbody>
</table>

#### ANTIHYPERGLYCEMICS (Diabetes)

#### ANTIHYPERGLY, DPP-4 ENZYME INHIB.-THIAZOLIDINEDIONE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin benz/pioglitazone (Oseni)</td>
<td>T1</td>
<td>PA QL (1 tab/day) HD</td>
</tr>
<tr>
<td>OSENI (alogliptin-pioglitazone)</td>
<td>T3</td>
<td>PA QL (1 tab/day) HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics  
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- **CSL** - Oral cancer medications subject to cost-share limits
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<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADLYXIN</td>
<td>T3</td>
<td>ST QL (1 pen/28 days) HD</td>
</tr>
<tr>
<td>BYDUREON BCISE</td>
<td>T2</td>
<td>ST QL (4 pens/28 days) HD</td>
</tr>
<tr>
<td>BYDUREON PEN</td>
<td>T2</td>
<td>ST QL (4 pens/28 days) HD</td>
</tr>
<tr>
<td>BYETTA</td>
<td>T2</td>
<td>ST QL (1 pen/30 days) HD</td>
</tr>
<tr>
<td>OZEMPIC</td>
<td>T2</td>
<td>ST QL (2 pens/28 days) HD</td>
</tr>
<tr>
<td>RYBELSUS</td>
<td>T2</td>
<td>ST QL (1 pen/day) HD</td>
</tr>
<tr>
<td>TRULICITY</td>
<td>T2</td>
<td>ST QL (4 pens/28 days) HD</td>
</tr>
<tr>
<td>VICTOZA 2-PAK</td>
<td>T2</td>
<td>ST QL (3 pens/30 days) HD</td>
</tr>
<tr>
<td>VICTOZA 3-PAK</td>
<td>T2</td>
<td>ST QL (3 pens/30 days) HD</td>
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</table>

<table>
<thead>
<tr>
<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>SOLIQUA 100-33</td>
<td>T2</td>
<td>HD</td>
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<tr>
<td>XULTOPHY 100-3.6</td>
<td>T2</td>
<td>HD</td>
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</table>

<table>
<thead>
<tr>
<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>FARXIGA</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>INVOKANA</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>JARDIANCE</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>STEGLATRO</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
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</table>

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYCLOSET</td>
<td>T3</td>
<td>HD</td>
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</table>

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>acarbose (Precose)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>GLYSET (miglitol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>miglitol (Glyset)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PRECOSE (acarbose)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>SYMLINPEN 120</td>
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<td>HD</td>
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<tr>
<td>SYMLINPEN 60</td>
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<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORTAMET (metformin er osmotic)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>GLUCOPHAGE (metformin hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>GLUCOPHAGE XR (metformin hcl er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>GLUMETZA (metformin er gastric)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>metformin hcl (Fortamet)</td>
<td>T1</td>
<td>PA HD</td>
</tr>
<tr>
<td>metformin hcl (Glucophage XR)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>metformin hcl (Glucophage)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>metformin hcl (Glumetza)</td>
<td>T1</td>
<td>PA HD</td>
</tr>
</tbody>
</table>

- T1 - Typically generics
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<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, BIGUANIDE TYPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>metformin hcl (Riomet)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>RIOMET (metformin hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>RIOMET ER</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alogliptin benzoate (Nesina)</td>
<td>T1</td>
<td>PA QL (1 tab/day) HD</td>
</tr>
<tr>
<td>JANUVIA</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>NESINA (alogliptin)</td>
<td>T3</td>
<td>PA QL (1 tab/day) HD</td>
</tr>
<tr>
<td>ONGLYZA</td>
<td>T3</td>
<td>PA ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>TRADJENTA</td>
<td>T3</td>
<td>PA QL (2 tabs/day) HD</td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMARYL (glimepiride)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>glimepiride (Amaryl)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>glipizide (Glucotrol XL)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>glipizide (Glucotrol)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>GLUCOTROL (glipizide)</td>
<td>T3</td>
<td>HD</td>
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<tr>
<td>GLUCOTROL XL (glipizide xl)</td>
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<td>HD</td>
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<tr>
<td>glyburide</td>
<td>T1</td>
<td>HD</td>
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<tr>
<td>glyburide, micronized (Glynase)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>GLYNASE (glyburide micronized)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>nateglinide (Starlix)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>repaglinide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>STARLIX (nateglinide)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLYXAMBI</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>QTERN</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>STEGLUJAN</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTOPLUS MET (pioglitazone-metformin)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>pioglitazone hcl/metformin hcl (Actoplus MET)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE-SULFONYLUREA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUETACT (pioglitazone-glimepiride)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>pioglitazone hcl/glimepiride (Duetact)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, DPP-4 INHIBITOR-BIGUANIDE COMBS.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alogliptin benz/metformin hcl (Kazano)</td>
<td>T1</td>
<td>PA QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>JANUMET</td>
<td>T2</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
</tbody>
</table>

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# ANTIHYPERGLYCEMICS (Diabetes)

## ANTIHYPERGLYCEMIC, DPP-4 INHIBITOR-BIGUANIDE COMBS.

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUMET XR 100-1,000 MG TABLET</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>JANUMET XR 50-1,000 MG TABLET</td>
<td>T2</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>JANUMET XR 50-500 MG TABLET</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>JENTADUETO</td>
<td>T3</td>
<td>PA QL (4 tabs/day) HD</td>
</tr>
<tr>
<td>JENTADUETO XR 2.5 MG-1,000 MG</td>
<td>T3</td>
<td>PA QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>JENTADUETO XR 5 MG-1,000 MG TB</td>
<td>T3</td>
<td>PA QL (1 tab/day) HD</td>
</tr>
<tr>
<td>KAZANO (alogliptin-metformin)</td>
<td>T3</td>
<td>PA QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>KOMBIGLYZE XR 2.5-1,000 MG TAB</td>
<td>T3</td>
<td>PA ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>KOMBIGLYZE XR 5-1,000 MG TAB</td>
<td>T3</td>
<td>PA ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>KOMBIGLYZE XR 5-500 MG TABLET</td>
<td>T3</td>
<td>PA ST QL (1 tab/day) HD</td>
</tr>
</tbody>
</table>

## ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIM.-BIGUANIDE

- *glipizide/metformin hcl* | T1 | HD |
- *glyburide/metformin hcl* | T1 | HD |

## ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE (PPARG AGONIST)

- *ACTOS (pioglitazone hcl)* | T3 | HD |
- AVANDIA | T3 | HD |
- *pioglitazone hcl (Actos)* | T1 | HD |

## ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER

- KORLYM | T3 | PA SP |

## ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.

<table>
<thead>
<tr>
<th>Prescription drug name</th>
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<tbody>
<tr>
<td>INVOKEKET</td>
<td>T2</td>
<td>ST QL (2 tabs/day) HD</td>
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<tr>
<td>INVOKEKET XR</td>
<td>T2</td>
<td>ST QL (2 tabs/day) HD</td>
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<tr>
<td>SEGLUROMET</td>
<td>T2</td>
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<tr>
<td>SYNJARDY</td>
<td>T2</td>
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<tr>
<td>SYNJARDY XR 10-1,000 MG TABLET</td>
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<tr>
<td>SYNJARDY XR 12.5-1,000 MG TAB</td>
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<td>SYNJARDY XR 25-1,000 MG TABLET</td>
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<td>SYNJARDY XR 5-1,000 MG TABLET</td>
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</tr>
<tr>
<td>XIGDUO XR 10 MG-1,000 MG TAB</td>
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<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>XIGDUO XR 10 MG-500 MG TABLET</td>
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</tr>
<tr>
<td>XIGDUO XR 2.5 MG-1,000 MG TAB</td>
<td>T2</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
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- **CSL** - Oral cancer medications subject to cost-share limits
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XIGDUO XR 5 MG-1,000 MG TABLET</td>
<td>T2</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>XIGDUO XR 5 MG-500 MG TABLET</td>
<td>T2</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>INSULINS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMELOG SOLOSTAR</td>
<td>T3</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>AFREZZA 12 UNIT CARTRIDGE</td>
<td>T3</td>
<td>PA QL (12 cartridges/day) HD</td>
</tr>
<tr>
<td>AFREZZA 4 UNIT CARTRIDGE</td>
<td>T3</td>
<td>PA QL (36 cartridges/day) HD</td>
</tr>
<tr>
<td>AFREZZA 4 UNIT/8 UNIT/12 UNIT</td>
<td>T3</td>
<td>PA QL (6 cartridges/day) HD</td>
</tr>
<tr>
<td>AFREZZA 8 UNIT CARTRIDGE</td>
<td>T3</td>
<td>PA QL (18 cartridges/day) HD</td>
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<tr>
<td>AFREZZA 90-4 UNIT / 90-8 UNIT</td>
<td>T3</td>
<td>PA QL (12 cartridges/day) HD</td>
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<tr>
<td>AFREZZA 90-8 UNIT / 90-12 UNIT</td>
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<tr>
<td>APIDRA</td>
<td>T3</td>
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<tr>
<td>BASAGLAR KWIKPEN U-100</td>
<td>T3</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>FIASP</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
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<tr>
<td>FIASP FLEXTOUCH</td>
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<td>FIASP PENFILL</td>
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<td>HUMALOG</td>
<td>T2</td>
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<tr>
<td>HUMALOG JUNIOR KWIKPEN</td>
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<td>HUMALOG KWIKPEN U-100</td>
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<tr>
<td>HUMALOG KWIKPEN U-200</td>
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<td>QL (1ml/day) HD</td>
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<tr>
<td>HUMALOG MIX 50-50</td>
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<tr>
<td>HUMALOG MIX 50-50 KWIKPEN</td>
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<td>QL (2ml/day) HD</td>
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<tr>
<td>HUMALOG MIX 75-25</td>
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<tr>
<td>HUMALOG MIX 75-25 KWIKPEN</td>
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<td>QL (2ml/day) HD</td>
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<tr>
<td>HUMULIN R U-500</td>
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<tr>
<td>HUMULIN R U-500 KWIKPEN</td>
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<td>QL (1 ml/day) HD</td>
</tr>
<tr>
<td>INSULIN ASPART</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>INSULIN ASPART FLEXPEN</td>
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<td>INSULIN ASPART PENFILL</td>
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<tr>
<td>INSULIN ASPART PROT-INSULN ASP</td>
<td>T2</td>
<td>QL (2ml/day) HD</td>
</tr>
<tr>
<td>INSULIN LIXPRO</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>INSULIN LIXPRO KWIKPEN U-100</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
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<tr>
<td>LANTUS</td>
<td>T3</td>
<td>PA QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>LANTUS SOLOSTAR</td>
<td>T3</td>
<td>PA QL (1.5ml/day) HD</td>
</tr>
</tbody>
</table>

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### ANTIHYPERGLYCEMICS (Diabetes)

#### INSULINS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEMIR</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>LEVEMIR FLEXTOUCH</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>NOVOLOG</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>NOVOLOG FLEXPEN</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>NOVOLOG MIX 70-30</td>
<td>T2</td>
<td>QL (2ml/day) HD</td>
</tr>
<tr>
<td>NOVOLOG MIX 70-30 FLEXPEN</td>
<td>T2</td>
<td>QL (2ml/day) HD</td>
</tr>
<tr>
<td>TOUJEO MAX SOLOSTAR</td>
<td>T3</td>
<td>PA QL (0.6ml/day) HD</td>
</tr>
<tr>
<td>TOUJEO SOLOSTAR</td>
<td>T3</td>
<td>PA QL (0.6ml/day) HD</td>
</tr>
<tr>
<td>TRESIBA</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
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<tr>
<td>TRESIBA FLEXTOUCH U-100</td>
<td>T2</td>
<td>QL (1.5ml/day) HD</td>
</tr>
<tr>
<td>TRESIBA FLEXTOUCH U-200</td>
<td>T2</td>
<td>QL (0.9ml/day) HD</td>
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</tbody>
</table>

### ANTIINFECTIVES/MISCELLANEOUS (Feminine Products)

#### VAGINAL ANTISEPTICS

| acetic acid/oxyquinoline   | T1        |

#### 2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL

- *tinidazole* (T1)

### AMEBICIDES

- *paromomycin sulfate* (T1)

### ANTHELMINTICS

- *albendazole* (Albenza) (T1)
- *ALBENZA* (*albendazole*) (T3)
- *BILTRICIDE* (*praziquantel*) (T3)
- *EGATEN* (T3 PA)
- *ivermectin* (Stromectol) (T1)
- *mebendazole* (T1)
- *praziquantel* (Biltricide) (T1)
- *STROMECTOL* (*ivermectin*) (T3)

### ANTIMALARIAL DRUGS

- *ARAKODA* (T3 PA)
- *atovaquone/proguanil hcl* (Malarone) (T1)
- *chloroquine phosphate* (T1)
- *COARTEM* (T3 PA QL (24 tabs/30 days))
- *DARAPRIM* (T2 PA SP)
- *hydroxychloroquine sulfate* (Plaquenil) (T1)
- *KRINTAFEL* (T3 PA QL (2 tabs/30 days))

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# ANTIMALARIAL DRUGS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>MALARONE (atovaquone-proguanil hcl)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>mefloquine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PLAQUENIL (hydroxychloroquine sulfate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>primaquine phosphate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PLAQUENIL (hydroxychloroquine sulfate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>primaquine phosphate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>QUALAQUIN (quinine sulfate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>quinine sulfate (Qualaquin)</td>
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</table>

# ANTIPROTOZOAL DRUGS, MISCELLANEOUS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>atovaquone (Mepron)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>benznidazole</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>IMPAVIDO</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>MEPRON (atovaquone)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>NEBUPENT (pentamidine isethionate)</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>pentamidine isethionate (Nebupent)</td>
<td>T1</td>
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# ANTIINFECTIVES/MISCELLANEOUS (Miscellaneous)

# ANTIBACTERIAL AGENTS, MISCELLANEOUS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>AMINOACETIC ACID (glycine)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>glycine urologic solution (Aminoacetic Acid)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

# ANTIINFECTIVES/MISCELLANEOUS (Infections)

## ANTIINFILMAT.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease)

## ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIMZIA 200 MG VIAL KIT</td>
<td>T4</td>
<td>PA QL (1 kit/28 days) SP HD</td>
</tr>
<tr>
<td>CIMZIA 2X200 MG/ML SYRINGE KIT</td>
<td>T4</td>
<td>PA QL (1 kit/28 days) SP HD</td>
</tr>
<tr>
<td>CIMZIA 2X200 MG/ML(X3)START KT</td>
<td>T4</td>
<td>PA QL (1 kit/year) SP HD</td>
</tr>
<tr>
<td>ENBREL 25 MG KIT</td>
<td>T4</td>
<td>PA QL (8 vials/28 days) SP HD</td>
</tr>
<tr>
<td>ENBREL 25 MG/0.5 ML SYRINGE</td>
<td>T4</td>
<td>PA QL (4 syringes/28 days) SP HD</td>
</tr>
<tr>
<td>ENBREL 50 MG/ML SYRINGE</td>
<td>T4</td>
<td>PA QL (4 syringes/28 days) SP HD</td>
</tr>
<tr>
<td>ENBREL MINI</td>
<td>T4</td>
<td>PA QL (4 cartridges/28 days) SP HD</td>
</tr>
<tr>
<td>ENBREL SURECLICK</td>
<td>T4</td>
<td>PA QL (4 syringes/28 days) SP HD</td>
</tr>
<tr>
<td>HUMIRA</td>
<td>T4</td>
<td>PA QL (2 syrings/28 days) SP HD</td>
</tr>
<tr>
<td>HUMIRA PEN</td>
<td>T4</td>
<td>PA QL (2 pens/28 days) SP HD</td>
</tr>
<tr>
<td>HUMIRA PEN CROHN'S-UC-HS</td>
<td>T4</td>
<td>PA QL (1 kit/year) SP HD</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>HUMIRA PEN PSOR-UV-EITS-ADOL HS</td>
<td>T4</td>
<td>PA QL (1 kit/year) SP HD</td>
</tr>
<tr>
<td>HUMIRA(CF)</td>
<td>T4</td>
<td>PA QL (2 syrings/28 days) SP HD</td>
</tr>
<tr>
<td>HUMIRA(CF) PEDIATRIC CROHN’S</td>
<td>T4</td>
<td>PA QL (1 kit/year) SP HD</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN 40 MG/0.4 ML</td>
<td>T4</td>
<td>PA QL (2 pens/28 days) SP HD</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN 80 MG/0.8 ML</td>
<td>T4</td>
<td>PA QL (1 kit/year) SP HD</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN CROHN’S-UC-HS</td>
<td>T4</td>
<td>PA QL (1 kit/year) SP HD</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN PSOR-UV-ADOL HS</td>
<td>T4</td>
<td>PA QL (1 kit/year) SP HD</td>
</tr>
<tr>
<td>REMICADE</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SIMPONI 100 MG/ML PEN INJECTOR</td>
<td>T4</td>
<td>PA QL (1 injector/28 days) SP HD</td>
</tr>
<tr>
<td>SIMPONI 100 MG/ML SYRINGE</td>
<td>T4</td>
<td>PA QL (1 syringe/28 days) SP HD</td>
</tr>
<tr>
<td>SIMPONI 50 MG/0.5 ML PEN INJEC</td>
<td>T4</td>
<td>PA QL (1 injector/28 days) SP HD</td>
</tr>
<tr>
<td>SIMPONI 50 MG/0.5 ML SYRINGE</td>
<td>T4</td>
<td>PA QL (1 syringe/28 days) SP HD</td>
</tr>
<tr>
<td>SIMPONI ARIA</td>
<td>T4</td>
<td>PA SP HD</td>
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</tbody>
</table>

### ANTINEOPLASTICS (Cancer)

### ANP - SELECTIVE RETINOIDS X RECEPTOR AGONISTS (RXR)

- **bexarotene** (Targretin) T1 | PA SP HD CSL
- **TARGRETIN 75 MG CAPSULE (bexarotene)** T3 | PA SP HD CSL

### ANTINEOPLASTIC, HISTONE DEACETYLASE (HDAC) INHIBITORS

- **FARYDAK** T3 | PA SP HD CSL
- **ZOLINZA** T2 | PA SP HD CSL

### ANTINEOPLASTIC - ALKYLATING AGENTS

- **ALKERAN (melphalan)** T3 | SP CSL
- **cyclophosphamide** T1 | SP HD CSL
- **GLEOSTINE** T2 | CSL
- **HYDREA (hydroxyurea)** T3 | CSL
- **hydroxyurea (Hydrea)** T1 | CSL
- **LEUKERAN** T2 | CSL
- **melphalan (Alkeran)** T1 | SP CSL
- **MYLERAN** T2 | CSL
- **TEMODAR (temozolomide)** T3 | PA SP HD CSL
- **temozolomide (Temodar)** T1 | PA SP HD CSL

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# ANTINEOPLASTICS (Cancer)

## ANTINEOPLASTIC - ANTIANDROGENIC AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>abiraterone acetate (Zytiga)</td>
<td>T1</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>bicalutamide (Casodex)</td>
<td>T1</td>
<td>CSL</td>
</tr>
<tr>
<td>CASODEX (bicalutamide)</td>
<td>T3</td>
<td>CSL</td>
</tr>
<tr>
<td>ERLEADA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>flutamide</td>
<td>T1</td>
<td>CSL</td>
</tr>
<tr>
<td>NILANDRON (nilutamide)</td>
<td>T3</td>
<td>PA QL (4 tabs/day) CSL</td>
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<tr>
<td>nilutamide (Nilandron)</td>
<td>T1</td>
<td>QL (4 tabs/day) CSL</td>
</tr>
<tr>
<td>NUBEQA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>XTANDI</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>YONSA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>ZYTIGA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>ZYTIGA (abiraterone acetate)</td>
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<td>PA SP HD CSL</td>
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## ANTINEOPLASTIC - ANTIMETABOLITES

<table>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>capecitabine (Xeloda)</td>
<td>T1</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>LONSURF</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>mercaptopurine</td>
<td>T1</td>
<td>CSL</td>
</tr>
<tr>
<td>methotrexate 2.5 mg tablet</td>
<td>T1</td>
<td>CSL</td>
</tr>
<tr>
<td>methotrexate 250 mg/10 ml vial</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methotrexate 50 mg/2 ml vial</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium/pf</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PURIXAN</td>
<td>T3</td>
<td>SP CSL</td>
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<tr>
<td>TABLOID</td>
<td>T3</td>
<td>CSL</td>
</tr>
<tr>
<td>TRELALL</td>
<td>T2</td>
<td>CSL</td>
</tr>
<tr>
<td>XATMEP</td>
<td>T3</td>
<td>CSL</td>
</tr>
<tr>
<td>XELODA (capecitabine)</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
</tbody>
</table>

## ANTINEOPLASTIC - AROMATASE INHIBITORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>anastrozole (Arimidex)</td>
<td>T1</td>
<td>HD CSL</td>
</tr>
<tr>
<td>ARIMIDEX (anastrozole)</td>
<td>T3</td>
<td>HD CSL</td>
</tr>
<tr>
<td>AROMASIN (exemestane)</td>
<td>T3</td>
<td>HD CSL</td>
</tr>
<tr>
<td>exemestane (Aromasin)</td>
<td>T1</td>
<td>HD CSL</td>
</tr>
<tr>
<td>FEMARA (letrozole)</td>
<td>T3</td>
<td>HD CSL</td>
</tr>
<tr>
<td>letrozole (Femara)</td>
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<td>HD CSL</td>
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## ANTINEOPLASTIC - BRAF KINASE INHIBITORS

<table>
<thead>
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<tbody>
<tr>
<td>BRAFTOVI</td>
<td>T3</td>
<td>PA SP CSL</td>
</tr>
<tr>
<td>TAFINLAR</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>ZELBORAF</td>
<td>T3</td>
<td>PA SP HD CSL</td>
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</table>

## ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR

<table>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAURISMO</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
## ANTINEOPLASTICS (Cancer)

### ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>ERIVEDGE</td>
<td>T2</td>
<td>PA SP HD CSL</td>
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<tr>
<td>ODOMZO</td>
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### ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
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</thead>
<tbody>
<tr>
<td>JAKAFI</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
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### ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS

<table>
<thead>
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<tbody>
<tr>
<td>COTELLC</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>MEKINIST</td>
<td>T3</td>
<td>PA SP HD CSL</td>
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<tr>
<td>MEKTOVI</td>
<td>T3</td>
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### ANTINEOPLASTIC - MTOR KINASE INHIBITORS

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>AFINITOR</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>AFINITOR (everolimus)</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>AFINITOR DISPERZ everolimus (Afinitor)</td>
<td>T1</td>
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### ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
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</thead>
<tbody>
<tr>
<td>HYCAMTIN</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
</tbody>
</table>

### ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>KISQALI FEMARA CO-PACK</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
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</table>

### ANTINEOPLASTIC IMMUNOMODULATOR AGENTS

<table>
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<tbody>
<tr>
<td>POMALYST</td>
<td>T3</td>
<td>PA SP HD CSL</td>
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<tr>
<td>REVLIMID</td>
<td>T2</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>SYLATRON</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
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</table>

### ANTINEOPLASTIC LHRH (GNRH) AGONIST, PITUITARY SUPPR.

<table>
<thead>
<tr>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>leuprolide acetate</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>LUPRON DEPOT</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>ZOLADEX</td>
<td>T4</td>
<td>PA SP HD</td>
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### ANTINEOPLASTIC LHRH (GNRH) ANTAGONIST, PITUIT.SUPPRS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>FIRMAGON</td>
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<td>PA SP HD</td>
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### ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS

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<thead>
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<tbody>
<tr>
<td>ALECENSA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
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<tr>
<td>ALUNBRIG</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>BALVERSA</td>
<td>T3</td>
<td>PA SP CSL</td>
</tr>
<tr>
<td>BOSULIF</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>BRUKINSA</td>
<td>T3</td>
<td>PA QL (4 caps/day) SP CSL</td>
</tr>
<tr>
<td>CABOMETYX</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>CALQUENCE</td>
<td>T3</td>
<td>PA SP CSL</td>
</tr>
<tr>
<td>CAPRELSA</td>
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<td>PA SP CSL</td>
</tr>
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<td>Prescription drug name</td>
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<td>Coverage requirements and limits</td>
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<tr>
<td>------------------------</td>
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<tr>
<td>COMETRIQ</td>
<td>T3</td>
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<td>COPIKTRA</td>
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<td>PA SP CSL</td>
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<tr>
<td>erlotinib hcl (Tarceva)</td>
<td>T1</td>
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<tr>
<td>GILOTRIX</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>GLEEVEC (imatinib mesylate)</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>IBRANCE</td>
<td>T2</td>
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<tr>
<td>ICLUSIG</td>
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<tr>
<td>imatinib mesylate (Gleevec)</td>
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<td>PA SP HD CSL</td>
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<tr>
<td>IMBRUVICA</td>
<td>T3</td>
<td>PA SP CSL</td>
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<tr>
<td>INLYTA</td>
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<td>PA SP HD CSL</td>
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<tr>
<td>INREBIC</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>IRESSA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
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<tr>
<td>KISQALI</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>LENVIMA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>LORBRENA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>LYNPARZA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>NERLYNX</td>
<td>T3</td>
<td>PA SP HD CSL</td>
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<tr>
<td>NEXVAR</td>
<td>T2</td>
<td>PA SP HD CSL</td>
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<tr>
<td>NINLARO</td>
<td>T3</td>
<td>PA SP HD CSL</td>
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<tr>
<td>PIQRAY</td>
<td>T3</td>
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<tr>
<td>ROZLYTREK</td>
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<td>PA SP HD CSL</td>
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<tr>
<td>RUBRACA</td>
<td>T3</td>
<td>PA SP C</td>
</tr>
<tr>
<td>RYDAPT</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>SPRYCEL</td>
<td>T2</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>STIVARGA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>SUTENT</td>
<td>T2</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>TAGRISSO</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>TALZENNA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>TARCEVA (erlotinib hcl)</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>TASIGNA</td>
<td>T2</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>TURALIO</td>
<td>T3</td>
<td>PA SP C</td>
</tr>
<tr>
<td>TYKERB</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>VERZENIO</td>
<td>T2</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>VITRAKVI</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>VIZIMPRO</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>VOTRIENT</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>XALKORI</td>
<td>T3</td>
<td>PA SP HD CSL</td>
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<tr>
<td>XOSPATA</td>
<td>T3</td>
<td>PA SP C</td>
</tr>
<tr>
<td>ZEJULA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>ZYDELI G</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>ZYKADIA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
</tbody>
</table>

* T1 - Typically generics • T2 - Typically preferred brands • T3 - Typically non-preferred brands • T4 - Injectable specialty medications
* PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • AGE - Age Requirement • SP - Specialty medication • HD - May require home delivery • PPACA - No cost-share preventive medications • CSL - Oral cancer medications subject to cost-share limits
# ANTINEOPLASTICS (Cancer)

## ANTINEOPLASTIC-B CELL LYMPHOMA-2 (BCL-2) INHIBITORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENCLEXTA</td>
<td>T3</td>
<td>PA SP CSL</td>
</tr>
<tr>
<td>VENCLEXTA STARTING PACK</td>
<td>T3</td>
<td>PA SP CSL</td>
</tr>
</tbody>
</table>

## ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS

<table>
<thead>
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<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>IDHIFA</td>
<td>T3</td>
<td>PA SP HD CSL</td>
</tr>
<tr>
<td>TIBSOVO</td>
<td>T3</td>
<td>PA SP CSL</td>
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</tbody>
</table>

## ANTINEOPLASTICS, MISCELLANEOUS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>etoposide</td>
<td>T1</td>
<td>SP HD CSL</td>
</tr>
<tr>
<td>LYSODREN</td>
<td>T2</td>
<td>CSL</td>
</tr>
<tr>
<td>MATULANE</td>
<td>T2</td>
<td>SP CSL</td>
</tr>
<tr>
<td>tretinoin 10 mg capsule</td>
<td>T1</td>
<td>PA CSL</td>
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</table>

## ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XPOVIO</td>
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<td>PA SP CSL</td>
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## IMMUNOMODULATORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>ACTIMMUNE</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>INTRON A</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

## SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)

<table>
<thead>
<tr>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FARESTON (toremifene citrate)</td>
<td>T3</td>
<td>QL (2 tabs/day) HD CSL</td>
</tr>
<tr>
<td>SOLTAMOX</td>
<td>T3</td>
<td>HD CSL</td>
</tr>
<tr>
<td>tamoxifen citrate</td>
<td>T1</td>
<td>HD PPACA CSL</td>
</tr>
<tr>
<td>toremifene citrate (Fareston)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD CSL</td>
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## STEROID ANTINEOPLASTICS

<table>
<thead>
<tr>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>EMCYT</td>
<td>T2</td>
<td>SP HD CSL</td>
</tr>
<tr>
<td>megestrol 20 mg tablet</td>
<td>T1</td>
<td>CSL</td>
</tr>
<tr>
<td>megestrol 40 mg tablet</td>
<td>T1</td>
<td>CSL</td>
</tr>
</tbody>
</table>

## ANTINEOPLASTICS (Skin Conditions)

## PHOTOACT, TOPICAL ANTINEOPLAST, PREMALIGNANT LESIONS

<table>
<thead>
<tr>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVULAN</td>
<td>T3</td>
<td>SP</td>
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</tbody>
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## TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARAC (fluorouracil)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>diclofenac sodium 3% gel</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>EFUDEX (fluorouracil)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>FLUOROPLEX</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>fluorouracil</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>fluorouracil (Carac)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>fluorouracil (Efudex)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PANRETIN</td>
<td>T3</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

---

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
### ANTINEOPLASTICS (Skin Conditions)

#### TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS

<table>
<thead>
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<tbody>
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<td>PICATO</td>
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</tr>
<tr>
<td>TARGRETIN 1% GEL</td>
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<td>SP HD</td>
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<tr>
<td>TOLAK</td>
<td>T3</td>
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<tr>
<td>VALCHLOR</td>
<td>T3</td>
<td>SP HD</td>
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### ANTI-OBESITY DRUGS (Weight Management)

#### ANTI-OBESITY - ANOREXIC AGENTS

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<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>ADIPEX-P <em>(phentermine hcl)</em></td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>benzphetamine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>diethylpropion hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>phendimetrazine tartrate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>phentermine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>phentermine hcl <em>(Adipex-P)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>QSYMIA</td>
<td>T3</td>
<td>PA</td>
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</tbody>
</table>

#### ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>SAXENDA</td>
<td>T3</td>
<td>PA</td>
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</table>

#### ANTI-OBESITY-OPIOID ANTAGONIST, DOPAMINE RU INHIBITOR

<table>
<thead>
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<th>Coverage requirements and limits</th>
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<tr>
<td>CONTRAVE</td>
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#### FAT ABSORPTION DECREASING AGENTS

<table>
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<tr>
<td>XENICAL</td>
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### ANTI-PARASITICS (Infections)

#### ANTI-PARASITICS

<table>
<thead>
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<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALINIA</td>
<td>T3</td>
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#### TOPICAL ANTI-PARASITICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>crotamiton</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ELIMITE <em>(permethrin)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>lindane</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>malathion <em>(Ovide)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>NATROBA <em>(spinosad)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>OVIDE <em>(malathion)</em></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>permethrin <em>(Elimite)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>SKLICE</td>
<td>T3</td>
<td></td>
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<tr>
<td>spinosad <em>(Natroba)</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ULESFIA</td>
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### ANTIPARKINSON DRUGS (Parkinson's Disease)

#### ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC

<table>
<thead>
<tr>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>benztropine mesylate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>trihexyphenidyl hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

---

* T1 - Typically generics  
* T2 - Typically preferred brands  
* T3 - Typically non-preferred brands  
* T4 - Injectable specialty medications  
* PA - Prior Authorization  
* QL - Quantity Limit  
* ST - Step Therapy  
* AGE - Age Requirement  
* SP - Specialty medication  
* HD - May require home delivery  
* PPACA - No cost-share preventive medications  
* CSL - Oral cancer medications subject to cost-share limits
## ANTIPARKINSON DRUGS (Parkinson’s Disease)

### ANTIPARKINSONISM DRUGS, OTHER

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>amantadine hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>APOKYN</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>AZILECT 0.5 MG TABLET (rasagiline mesylate)</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>AZILECT 1 MG TABLET (rasagiline mesylate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>bromocriptine mesylate (Parlodel)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carbidopa/levodopa</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carbidopa/levodopa (Sinemet 10-100)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carbidopa/levodopa (Sinemet 25-100)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carbidopa/levodopa (Sinemet 25-250)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carbidopa/levodopa (Sinemet CR)</td>
<td>T1</td>
<td>HD</td>
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<tr>
<td>carbidopa/levodopa/entacapone (Stalevo 100)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carbidopa/levodopa/entacapone (Stalevo 125)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carbidopa/levodopa/entacapone (Stalevo 150)</td>
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<td>HD</td>
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<tr>
<td>carbidopa/levodopa/entacapone (Stalevo 200)</td>
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<tr>
<td>carbidopa/levodopa/entacapone (Stalevo 50)</td>
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<tr>
<td>carbidopa/levodopa/entacapone (Stalevo 75)</td>
<td>T1</td>
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</tr>
<tr>
<td>COMTAN (entacapone)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>DUOPA</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>entacapone (Comtan)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>GOCOVRI</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>INBRIJA</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>MIRAPEX (pramipexole dihydrochloride)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MIRAPEX ER 0.375 MG TABLET (pramipexole er)</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>MIRAPEX ER 0.75 MG TABLET (pramipexole er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MIRAPEX ER 1.5 MG TABLET (pramipexole er)</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>MIRAPEX ER 2.25 MG TABLET (pramipexole er)</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>MIRAPEX ER 3 MG TABLET (pramipexole er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MIRAPEX ER 3.75 MG TABLET (pramipexole er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MIRAPEX ER 4.5 MG TABLET (pramipexole er)</td>
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<td>HD</td>
</tr>
<tr>
<td>NEUROPRO</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
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#### ANTIPARKINSONISM DRUGS, OTHER

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOURIANZ</td>
<td>T3</td>
<td>PA QL (1 tab/day) SP HD</td>
</tr>
<tr>
<td>OSMOLEX ER</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>PARLODEL (<em>bromocriptine mesylate</em>)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>pramipexole di-hcl (Mirapex)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>pramipexole er 0.375 mg tablet (Mirapex ER)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>pramipexole er 0.75 mg tablet (Mirapex ER)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>pramipexole er 1.5 mg tablet (Mirapex ER)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>pramipexole er 2.25 mg tablet (Mirapex ER)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>pramipexole er 3 mg tablet (Mirapex ER)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>pramipexole er 3.75 mg tablet (Mirapex ER)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>pramipexole er 4.5 mg tablet (Mirapex ER)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>rasagline mesylate 0.5 mg tab (Azilect)</td>
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<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>rasagline mesylate 1 mg tab (Azilect)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>REQUIP XL (<em>ropinirole er</em>)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td><em>ropinirole hcl</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>ropinirole hcl</em> (Requip XL)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>RYTARY</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><em>selegiline hcl</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>SINEMET 10-100 (<em>carbidopa-levodopa</em>)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>SINEMET 25-100 (<em>carbidopa-levodopa</em>)</td>
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<td>HD</td>
</tr>
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<td>SINEMET 25-250 (<em>carbidopa-levodopa</em>)</td>
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<td>HD</td>
</tr>
<tr>
<td>SINEMET CR (<em>carbidopa-levodopa er</em>)</td>
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<td>HD</td>
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<tr>
<td>STALEVO 100 (<em>carbidopa-levodopa-entacapone</em>)</td>
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<td>STALEVO 125 (<em>carbidopa-levodopa-entacapone</em>)</td>
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<td>STALEVO 150 (<em>carbidopa-levodopa-entacapone</em>)</td>
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<tr>
<td>STALEVO 200 (<em>carbidopa-levodopa-entacapone</em>)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>STALEVO 50 (<em>carbidopa-levodopa-entacapone</em>)</td>
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<td>HD</td>
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<tr>
<td>STALEVO 75 (<em>carbidopa-levodopa-entacapone</em>)</td>
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<td>HD</td>
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<tr>
<td>TASMAR (<em>tolcapone</em>)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><em>tolcapone</em> (Tasmar)</td>
<td>T1</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>XADAGO</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ZELAPAR</td>
<td>T3</td>
<td>PA HD</td>
</tr>
</tbody>
</table>

### DECARBOXYLASE INHIBITORS

- **carbidopa** (Lodosyn) - T1
- **Lodosyn** (carbidopa) - T3 PA

## ANTIPLATELET DRUGS (Blood Thinners/Anti-Clotting)

### PLATELET AGGREGATION INHIBITORS

- **Aggrenox** *(aspirin-dipyridamole er)* - T3 HD
- **aspirin/dipyridamole** (Aggrenox) - T1 HD
- **Aspirin-Omeprazol DR 325-40 MG** - T3 HD
- **Aspirin-Omeprazole DR 81-40 MG** - T3 HD
- **aspirin-omeprazole dr 81-40 mg** (Yosprala) - T1 HD
- **BRILINTA** - T2 HD
- **cilostazol** - T1 HD
- **clopidogrel bisulfate** - T1 HD
- **clopidogrel bisulfate** (Plavix) - T1 HD
- **dipyridamole** - T1 HD
- **Durlaza** - T3 HD
- **Effient** *(prasugrel hcl)* - T3 HD
- **Plavix** *(clopidogrel)* - T3 HD
- **prasugrel hcl** (Effient) - T1 HD
- **Yosprala** - T3 PA HD
- **Yosprala** *(aspirin-omeprazole)* - T3 PA HD
- **Zontivity** - T3 HD

### PLATELET REDUCING AGENTS

- **Agrylin** *(anagrelide hcl)* - T3
- **anagrelide hcl** - T1
- **anagrelide hcl** *(Agrylin)* - T1

## ANTVIRALS (AIDS/HIV)

### ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.

- **Juluca** - T3 PA SP

### ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB.

- **Dovato** - T2 SP

### ANTIRETROVIRAL-NRTIS AND INTEGRASE INHIBITORS COMB

- **Triumeq** - T2 SP

---

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## ANTIVIRALS (AIDS/HIV)

### ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE, PROTEASE INH.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>SYMTUZA</td>
<td>T2</td>
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### ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB

<table>
<thead>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>APTIVUS</td>
<td>T2</td>
<td>PA SP</td>
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<tr>
<td>PREZCOBIX</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>PREZISTA</td>
<td>T2</td>
<td>SP</td>
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### ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG

<table>
<thead>
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<th>Coverage requirements and limits</th>
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<tr>
<td>CIMDUO</td>
<td>T3</td>
<td>PA SP</td>
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<tr>
<td>DESCovy</td>
<td>T2</td>
<td>SP</td>
</tr>
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<td>TEMIXYS</td>
<td>T3</td>
<td>PA SP</td>
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<td>TRUVADA</td>
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### ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>abacavir sulfate/lamivudine (Epzicom)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>abacavir/lamivudine/zidovudine (Trizivir)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>COMBIVIR (lamivudine-zidovudine)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>EPZICOM (abacavir-lamivudine)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>lamivudine/zidovudine (Combivir)</td>
<td>T1</td>
<td>SP</td>
</tr>
<tr>
<td>TRIZIVIR (abacavir-lamivudine-zidovudine)</td>
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<td>PA SP</td>
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</table>

### ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.

<table>
<thead>
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<td>SELZENTRY</td>
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### ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS

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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>FUZEON</td>
<td>T4</td>
<td>PA SP HD</td>
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### ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI

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<thead>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>EDURANT</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>efavirenz (Sustiva)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>INTELENCE</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>nevirapine</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>nevirapine (Viramune XR)</td>
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<td>PA SP</td>
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<tr>
<td>nevirapine (Viramune)</td>
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<td>PA SP</td>
</tr>
<tr>
<td>PIFELTRO</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>RESSCRIPTOR</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>SUSTIVA (efavirenz)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIRAMUNE (nevirapine)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIRAMUNE XR (nevirapine er)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** -Typically preferred brands
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## ANTIVIRALS (AIDS/HIV)

### ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>abacavir sulfate (Ziagen)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>didanosine</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>didanosine (Videx Ec)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>EMTRIVA</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>EPIVIR (lamivudine)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>lamivudine 10 mg/ml oral soln (Epivir)</td>
<td>T1</td>
<td>SP</td>
</tr>
<tr>
<td>lamivudine 150 mg tablet (Epivir)</td>
<td>T1</td>
<td>SP</td>
</tr>
<tr>
<td>lamivudine 300 mg tablet (Epivir)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>RETROVIR (zidovudine)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>stavudine</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIDEK</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIDEK EC</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIDEK EC (didanosine)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>ZIAGEN (abacavir)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>zidovudine</td>
<td>T1</td>
<td>SP</td>
</tr>
<tr>
<td>zidovudine (Retrovir)</td>
<td>T1</td>
<td>SP</td>
</tr>
<tr>
<td>tenofovir disoproxil fumarate (Viread)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIREAD 150 MG TABLET</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIREAD 200 MG TABLET</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIREAD 250 MG TABLET</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIREAD 300 MG TABLET (tenofovir disoproxil fumarate)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>VIREAD POWDER</td>
<td>T2</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

### ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KALETRA 100-25 MG TABLET</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>KALETRA 200-50 MG TABLET</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>KALETRA 80 MG-20 MG/ML SOLN (lopinavir-ritonavir)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>lopinavir/ritonavir (Kaletra)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

### ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>atazanavir sulfate (Reyataz)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>CRIXIVAN</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>EVOTAZ</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>fosamprenavir calcium (Lexiva)</td>
<td>T1</td>
<td>PA SP</td>
</tr>
<tr>
<td>INVIRASE</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>LEXIVA 50 MG/ML SUSPENSION</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>LEXIVA 700 MG TABLET (fosamprenavir calcium)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>NORVIR 100 MG POWDER PACKET</td>
<td>T2</td>
<td>SP</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
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### ANTIVIRALS (AIDS/HIV)

#### ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORVIR 100 MG TABLET (ritonavir)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>NORVIR 80 MG/ML SOLUTION</td>
<td>T2</td>
<td>SP</td>
</tr>
<tr>
<td>REYATAZ 150 MG CAPSULE (atazanavir sulfate)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>REYATAZ 200 MG CAPSULE (atazanavir sulfate)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>REYATAZ 300 MG CAPSULE (atazanavir sulfate)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>REYATAZ 50 MG POWDER PACKET</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>ritonavir (Norvir)</td>
<td>T1</td>
<td>SP</td>
</tr>
<tr>
<td>VIRACEPT</td>
<td>T2</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

#### ANTIVIRALS, HIV-1 INTEGRASE STRAND TRANSFER INHIBTR

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Coverage requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISENTRESS</td>
<td>T2</td>
</tr>
<tr>
<td>ISENTRESS HD</td>
<td>T2</td>
</tr>
<tr>
<td>TIVICAY</td>
<td>T2</td>
</tr>
</tbody>
</table>

#### ARTV NUCLEOSIDE, NUCLEOTIDE, NON-NUCLEOSIDE RTI COMB

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>ATRIPALA</td>
<td>T2 PA SP</td>
</tr>
<tr>
<td>COMPLERA</td>
<td>T3 PA SP</td>
</tr>
<tr>
<td>DELSTRIGO</td>
<td>T3 PA SP</td>
</tr>
<tr>
<td>ODEFSEY</td>
<td>T3 PA SP</td>
</tr>
<tr>
<td>SYMFI</td>
<td>T2 SP</td>
</tr>
<tr>
<td>SYMFI LO</td>
<td>T2 SP</td>
</tr>
</tbody>
</table>

#### ARV-NUCLEOSIDE, NUCLEOTIDE RTI, INTEGRASE INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Coverage requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIKTARVY</td>
<td>T2 SP</td>
</tr>
<tr>
<td>GENVOYA</td>
<td>T2 SP</td>
</tr>
<tr>
<td>STRIBILD</td>
<td>T3 PA SP</td>
</tr>
</tbody>
</table>

#### ANTIVIRALS (Eye Conditions)

#### EYE ANTIVIRALS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Coverage requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>trifluridine</td>
<td>T1</td>
</tr>
<tr>
<td>ZIRGAN</td>
<td>T3</td>
</tr>
</tbody>
</table>

#### ANTIVIRALS (Infections)

#### ANTIVIRALS, GENERAL

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Coverage requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>acyclovir 200 mg capsule</td>
<td>T1</td>
</tr>
<tr>
<td>acyclovir 200 mg/5 ml susp (Zovirax)</td>
<td>T1</td>
</tr>
<tr>
<td>acyclovir 400 mg tablet</td>
<td>T1</td>
</tr>
<tr>
<td>acyclovir 800 mg tablet</td>
<td>T1</td>
</tr>
<tr>
<td>famciclovir</td>
<td>T1</td>
</tr>
</tbody>
</table>

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# Antibiotics

## Antibiotics, General

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>oseltamivir 6 mg/ml suspension</strong> (Tamiflu)</td>
<td>T1</td>
<td>QL (180ml/30 days)</td>
</tr>
<tr>
<td><strong>oseltamivir phos 30 mg capsule</strong> (Tamiflu)</td>
<td>T1</td>
<td>QL (20/30 days)</td>
</tr>
<tr>
<td><strong>oseltamivir phos 45 mg capsule</strong> (Tamiflu)</td>
<td>T1</td>
<td>QL (10/30 days)</td>
</tr>
<tr>
<td><strong>oseltamivir phos 75 mg capsule</strong> (Tamiflu)</td>
<td>T1</td>
<td>QL (10/30 days)</td>
</tr>
<tr>
<td>PREVYMIS</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>RELENZA</td>
<td>T3</td>
<td>QL (20/30 days)</td>
</tr>
<tr>
<td><strong>ribavirin (Virazole)</strong></td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td><strong>rimantadine hcl</strong></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><strong>SITAVIG</strong></td>
<td>T3</td>
<td>PA QL (2/day)</td>
</tr>
<tr>
<td><strong>TAMIFLU 30 MG CAPSULE</strong></td>
<td>T3</td>
<td>QL (20/30 days)</td>
</tr>
<tr>
<td><strong>TAMIFLU 45 MG CAPSULE</strong></td>
<td>T3</td>
<td>QL (10/30 days)</td>
</tr>
<tr>
<td><strong>TAMIFLU 6 MG/ML SUSPENSION</strong></td>
<td>T3</td>
<td>QL (180ml/30 days)</td>
</tr>
<tr>
<td><strong>TAMIFLU 75 MG CAPSULE</strong></td>
<td>T3</td>
<td>QL (10/30 days)</td>
</tr>
<tr>
<td><strong>valacyclovir hcl</strong> (Valtrex)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><strong>VALCYTE (valganciclovir hcl)</strong></td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>valganciclovir hcl</strong> (Valcyte)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><strong>VALTREX (valacyclovir)</strong></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><strong>VIRAZOLE (ribavirin)</strong></td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td><strong>XOFLUZA</strong></td>
<td>T3</td>
<td>QL (2 tabs/30 days)</td>
</tr>
<tr>
<td><strong>ZOZIRAX 200 MG/5 ML SUSP</strong></td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>(acyclovir)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Hepatitis C - NS5A, NS3/4A, Non-Nucleo.NS5B Inhib Comb.

| **VIEKIRA PAK**               | T3        | PA SP HD                        |

## Hepatitis C - NS5A, NS3/4A, Nucleotide NS5B Inhib Comb.

| **VOSEVI**                    | T2        | PA SP HD                        |

## Hepatitis C Virus, Nucleotide Analog NS5B Polymerase Inh

| **SOVALDI 200 MG TABLET**     | T2        | PA QL (1 tab/day) SP HD         |
| **SOVALDI 400 MG TABLET**     | T2        | PA SP HD                        |

## Hepatitis C Virus-NS5B Polymerase and NS5A Inhib. Combo.

| **EPCLUSA**                   | T2        | PA SP HD                        |
| **HARVONI 45-200 MG TABLET**  | T2        | PA QL (1 tab/day) SP HD         |
| **HARVONI 90-400 MG TABLET**  | T2        | PA SP HD                        |
| **LEDIPASVIR-SOFOSBUVIR**     | T2        | PA SP HD                        |
| **SOFOSBUVIR-VELPATASVIR**    | T2        | PA SP HD                        |

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### HEPATITIS B TREATMENT AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>adefovir dipivoxil (Hepsera)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>BARACLUDE 0.05 MG/ML SOLUTION</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>BARACLUDE 0.5 MG TABLET (entecavir)</td>
<td>T3</td>
<td>PA QL (1 tab/day) SP HD</td>
</tr>
<tr>
<td>BARACLUDE 1 MG TABLET (entecavir)</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>entecavir 0.5 mg tablet (Baraclude)</td>
<td>T1</td>
<td>QL (1 tab/day) SP HD</td>
</tr>
<tr>
<td>entecavir 1 mg tablet (Baraclude)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>EPIVIR HBV 100 MG TABLET (lamivudine hBV)</td>
<td>T3</td>
<td>SP</td>
</tr>
<tr>
<td>EPIVIR HBV 25 MG/5 ML SOLN</td>
<td>T2</td>
<td>SP</td>
</tr>
<tr>
<td>HEPSERA (adefovir dipivoxil)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>lamivudine (Epivir HBV)</td>
<td>T1</td>
<td>SP</td>
</tr>
<tr>
<td>VEMLIDY</td>
<td>T3</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

### HEPATITIS C TREATMENT AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEGASYS</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>PEGINTRON</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>ribavirin</td>
<td>T1</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

### HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>MAVYRET</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>ZEPATIER</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

### ANTIVIRALS (Skin Conditions)

### TOPOCAL ANTIVIRAL AND ANTI-INFLAMMATORY STEROID

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XERESE</td>
<td>T3</td>
<td>PA QL (5gm/30 days)</td>
</tr>
</tbody>
</table>

### TOPICAL ANTIVIRALS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acyclovir 5% cream (Zovirax)</td>
<td>T1</td>
<td>QL (5gm/30 days)</td>
</tr>
<tr>
<td>acyclovir 5% ointment (Zovirax)</td>
<td>T1</td>
<td>QL (15gm/30 days)</td>
</tr>
<tr>
<td>DENAVIR</td>
<td>T3</td>
<td>QL (10 gm/30 days)</td>
</tr>
<tr>
<td>ZOVIRAX 5% CREAM (acyclovir)</td>
<td>T3</td>
<td>PA QL (10 gm/30 days)</td>
</tr>
<tr>
<td>ZOVIRAX 5% OINTMENT (acyclovir)</td>
<td>T3</td>
<td>PA QL (15gm/30 days)</td>
</tr>
</tbody>
</table>

### TOPICAL GENITAL WART-HPV TREATMENT AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEREGEN</td>
<td>T3</td>
<td></td>
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</tbody>
</table>

### AUTONOMIC DRUGS (Allergy/Nasal Sprays)

### ANAPHYLAXIS THERAPY AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUVI-Q</td>
<td>T3</td>
<td>PA QL (2 packs/30 days)</td>
</tr>
<tr>
<td>AUVI-Q (epinephrine)</td>
<td>T3</td>
<td>PA QL (2 packs/30 days)</td>
</tr>
<tr>
<td>epinephrine (Auvi-q)</td>
<td>T1</td>
<td>QL (2 packs/30 days)</td>
</tr>
</tbody>
</table>
### AUTONOMIC DRUGS (Allergy/Nasal Sprays)

#### ANAPHYLAXIS THERAPY AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>epinephrine (Epipen 2-Pak)</td>
<td>T1</td>
<td>QL (2 packs/30 days)</td>
</tr>
<tr>
<td>epinephrine (Epipen JR 2-Pak)</td>
<td>T1</td>
<td>QL (2 packs/30 days)</td>
</tr>
<tr>
<td>EPIPEN 2-PAK (epinephrine)</td>
<td>T3</td>
<td>PA QL (2 packs/30 days)</td>
</tr>
<tr>
<td>EPIPEN JR 2-PAK (epinephrine)</td>
<td>T3</td>
<td>PA QL (2 packs/30 days)</td>
</tr>
<tr>
<td>SYMJEPI</td>
<td>T3</td>
<td>PA QL (4 syringes/30 days)</td>
</tr>
</tbody>
</table>

### AUTONOMIC DRUGS (Alzheimer’s Disease)

#### CHOLINESTERASE INHIBITORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARICEPT (donepezil hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>donepezil hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>donepezil hcl (Aricept)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>EXELON (rivastigmine)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>galantamine er 16 mg capsule (Razadyne ER)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>galantamine er 24 mg capsule (Razadyne ER)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>galantamine er 8 mg capsule (Razadyne ER)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>galantamine hbr</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>galantamine hbr (Razadyne)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>MESTINON (pyridostigmine bromide er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MESTINON (pyridostigmine bromide)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>pyridostigmine 60 mg/5 ml soln (Mestinon)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PYRIDOSTIGMINE BR 30 MG TABLET</td>
<td>T3</td>
<td>PA QL (20 tabs/day) HD</td>
</tr>
<tr>
<td>pyridostigmine br 60 mg tablet (Mestinon)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>pyridostigmine bromide (Mestinon)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>RAZADYNE (galantamine hbr)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>RAZADYNE ER 16 MG CAPSULE (galantamine er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>RAZADYNE ER 24 MG CAPSULE (galantamine er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>RAZADYNE ER 8 MG CAPSULE (galantamine er)</td>
<td>T3</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>rivastigmine (Exelon)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>rivastigmine tartrate</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)

#### ADRENERGICS, AROMATIC, NON-CATECHOLAMINE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDERALL (dextroamphetamine-amphetamine)</td>
<td>T3</td>
<td>AGE ST</td>
</tr>
<tr>
<td>ADDERALL XR 10 MG CAPSULE (dextroamphetamine-amphetamine er)</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
</tbody>
</table>
## ADRENERGICS, AROMATIC, NON-CATECHOLAMINE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>ADDERALL XR 15 MG CAPSULE (dextroamphetamine-amphetamine er)</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>ADDERALL XR 20 MG CAPSULE (dextroamphetamine-amphetamine er)</td>
<td>T3</td>
<td>AGE ST QL (1 per day)</td>
</tr>
<tr>
<td>ADDERALL XR 25 MG CAPSULE (dextroamphetamine-amphetamine er)</td>
<td>T3</td>
<td>AGE ST QL (1 per day)</td>
</tr>
<tr>
<td>ADDERALL XR 30 MG CAPSULE (dextroamphetamine-amphetamine er)</td>
<td>T3</td>
<td>AGE ST QL (1 per day)</td>
</tr>
<tr>
<td>ADDERALL XR 5 MG CAPSULE (dextroamphetamine-amphetamine er)</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>ADZENYS ER (amphetamine)</td>
<td>T3</td>
<td>AGE QL (15ml/day)</td>
</tr>
<tr>
<td>ADZENYS XR-ODT</td>
<td>T3</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>amphetamine (Adzenys ER)</td>
<td>T1</td>
<td>AGE QL (15ml/day)</td>
</tr>
<tr>
<td>amphetamine sulfate (Evekeo)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>DESOXYN (methamphetamine hcl)</td>
<td>T3</td>
<td>PA AGE ST</td>
</tr>
<tr>
<td>DEXEDRINE SPANSULE 10 MG (dextroamphetamine sulfate er)</td>
<td>T3</td>
<td>PA AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>DEXEDRINE SPANSULE 15 MG (dextroamphetamine sulfate er)</td>
<td>T3</td>
<td>PA AGE ST QL (3 caps/day)</td>
</tr>
<tr>
<td>DEXEDRINE SPANSULE 5 MG (dextroamphetamine sulfate er)</td>
<td>T3</td>
<td>PA AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>dextroamp-amphet er 10 mg cap (Adderall XR)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dextroamp-amphet er 15 mg cap (Adderall XR)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dextroamp-amphet er 20 mg cap (Adderall XR)</td>
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<td>AGE QL (1 per day)</td>
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<tr>
<td>dextroamp-amphet er 25 mg cap (Adderall XR)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dextroamp-amphet er 30 mg cap (Adderall XR)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dextroamp-amphet er 5 mg cap (Adderall XR)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dextroamphetamine er 10 mg cap (Dexedrine)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dextroamphetamine er 15 mg cap (Dexedrine)</td>
<td>T1</td>
<td>AGE QL (3/day)</td>
</tr>
<tr>
<td>dextroamphetamine er 5 mg cap (Dexedrine)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>dextroamphetamine sulfate (Zenzedi)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>dextroamphetamine/amphetamine (Adderall)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>DYANAVAL XR</td>
<td>T3</td>
<td>AGE QL (8ml/day)</td>
</tr>
<tr>
<td>EVEKEO (amphetamine sulfate)</td>
<td>T3</td>
<td>AGE ST</td>
</tr>
<tr>
<td>EVEKEO ODT</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>methamphetamine hcl (Desoxyn)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>MYDAYIS</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
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- **CSL** - Oral cancer medications subject to cost-share limits
<table>
<thead>
<tr>
<th>AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRENERGICS, AROMATIC, NON-CATECHOLAMINE | Prescription drug name</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ZENZEDI | T3 | AGE ST</td>
</tr>
<tr>
<td>ZENZEDI (dextroamphetamine sulfate) | T3 | AGE ST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTONOMIC DRUGS (Blood Pressure/Heart Medications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRENERGIC VASOPRESSOR AGENTS | midodrine hcl</td>
</tr>
<tr>
<td>NORTHERA | T3 | PA SP HD</td>
</tr>
</tbody>
</table>

| ALPHA-ADRENERGIC BLOCKING AGENTS \| DIBENZYLINE (phenoxybenzamine hcl) \| T3 \| HD |
| \| phenoxybenzamine hcl (Dibenzyline) \| T1 \| HD |

<table>
<thead>
<tr>
<th>AUTONOMIC DRUGS (Urinary Tract Conditions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARASYMPATHETIC AGENTS | bethanechol chloride | T1 | HD</td>
</tr>
<tr>
<td>| bethanechol chloride (Urecholine) | T1 | HD</td>
</tr>
<tr>
<td>| cevimeline hcl (Evoxac) | T1 | HD</td>
</tr>
<tr>
<td>| EVOXAC (cevimeline hcl) | T3 | HD</td>
</tr>
<tr>
<td>| guanidine hcl | T1 | HD</td>
</tr>
<tr>
<td>| pilocarpine hcl (Salagen) | T1 | HD</td>
</tr>
<tr>
<td>| SALAGEN (pilocarpine hcl) | T3 | HD</td>
</tr>
<tr>
<td>| URECHOLINE (bethanechol chloride) | T3 | HD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BIOLOGICALS (Allergy/Nasal Sprays)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGENIC EXTRACTS, THERAPEUTIC | GRASTEK | T3 | PA QL (1 tab/day)</td>
</tr>
<tr>
<td>| ODACTRA | T3 | PA QL (1 tab/day)</td>
</tr>
<tr>
<td>| ORALAIR | T3 | PA QL (1 tab/day)</td>
</tr>
<tr>
<td>| RAGWITEK | T3 | PA QL (1 tab/day)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BIOLOGICALS (Blood Pressure/Heart Medications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLASMA KALLIKREIN INHIBITORS | TAKHZYRO | T4 | PA SP HD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BIOLOGICALS (Miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PKU TREATMENT AGENTS - PHENYLALANINE AMMONIA LYASE | PALYNZIQ | T4 | PA SP HD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BLOOD (Blood Modifiers/Bleeding Disorders)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENTS TO TX THROMBOTIC THROMBOCYTOPENIC PURPURA | CABLIVI | T4 | PA SP</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMICAR 0.25 GRAM/ML ORAL SOLN <em>(aminocaproic acid)</em></td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>AMICAR 1,000 MG TABLET <em>(aminocaproic acid)</em></td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>AMICAR 500 MG TABLET <em>(aminocaproic acid)</em></td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td><em>aminocaproic acid</em> (Amicar)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>LYSTEDA <em>(tranexamic acid)</em></td>
<td>T3</td>
<td>SP</td>
</tr>
<tr>
<td><em>tranexamic acid</em> (Lysteda)</td>
<td>T1</td>
<td>SP</td>
</tr>
</tbody>
</table>

### HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT

- **HEMLIBRA**
  - T4
  - PA SP HD

### SICKLE CELL ANEMIA AGENTS

- **DROXIA**
  - T2
- **OXBRYTA**
  - T3
  - PA QL (3 tabs/day) SP HD
- **SIKLOS**
  - T3
  - PA

### TOPICAL HEMOSTATICS

- **AVITENE**
  - T3
- **ENDO-AVITENE**
  - T3
- **GELFOAM**
  - T3
- **GELFOAM COMPRESSED**
  - T3
- **MONSEL’S**
  - T3
- **RECOThROM**
  - T3
- **SYRINGE AVITENE**
  - T3
- **TACHOSIL**
  - T3
- **THROMBI-GEL**
  - T3
- **THROMBIn-JMI**
  - T3
- **THROMBI-PAD**
  - T3
- **ULTRAFOAM**
  - T3

### BLOOD (Blood Thinners/Anti-Clotting)

### HEMORRHEOLOGIC AGENTS

- **pentoxifylline**
  - T1
  - HD

### CARDIAC DRUGS (Blood Pressure/Heart Medications)

### ANTIANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC

- **RANEXA *(ranolazine er)***
  - T3
  - QL (4 tabs/day) HD
- **ranolazine** *(Ranexa)*
  - T1
  - QL (4 tabs/day) HD

### ANTIARRHYTHMICS

- **amiodarone hcl** *(Pacerone)*
  - T1
  - HD
- **amiodarone hcl** *(Pacerone)*
  - T1
  - HD

---

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# CARDIAC DRUGS (Blood Pressure/Heart Medications)

## ANTIARRHYTHMICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>disopyramide phosphate (Norpace)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>dofetilide 125 mcg capsule</td>
<td>T1</td>
<td>QL (8 caps/day) HD</td>
</tr>
<tr>
<td>dofetilide 250 mcg capsule</td>
<td>T1</td>
<td>QL (4 caps/day) HD</td>
</tr>
<tr>
<td>dofetilide 500 mcg capsule</td>
<td>T1</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>flecainide acetate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>mexiletine hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>MULTAQ</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NORPACE (disopyramide phosphate)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>NORPACE CR 100 MG CAPSULE</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NORPACE CR 150 MG CAPSULE</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PACERONE 100 MG TABLET (amiodarone hcl)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>pacerone 200 mg tablet</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PACERONE 400 MG TABLET (amiodarone hcl)</td>
<td>T3</td>
<td>PA HD</td>
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<tr>
<td>propafenone hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>propafenone hcl (Rythmol Sr)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>quinidine gluconate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>quinidine sulfate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>RYTHMOL SR (propafenone hcl er)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>TIKOSYN 125 MCG CAPSULE (dofetilide)</td>
<td>T3</td>
<td>PA QL (8 caps/day) HD</td>
</tr>
<tr>
<td>TIKOSYN 250 MCG CAPSULE (dofetilide)</td>
<td>T3</td>
<td>PA QL (4 caps/day) HD</td>
</tr>
<tr>
<td>TIKOSYN 500 MCG CAPSULE (dofetilide)</td>
<td>T3</td>
<td>PA QL (2 caps/day) HD</td>
</tr>
</tbody>
</table>

## CALCIUM CHANNEL BLOCKER AND NSAID, COX-2 INHIBITOR

| CONSENSI                           | T3 | PA QL (1 tab/day) |

## CALCIUM CHANNEL BLOCKING AGENTS

| ADALAT CC (nifedipine er)          | T3 | HD               |
| amlodipine besylate (Norvasc)      | T1 | HD               |
| CALAN SR (verapamil er)            | T3 | HD               |
| CARDIZEM (diltiazem hcl)           | T3 | PA HD            |
| CARDIZEM CD (diltiazem 24hr er (cd)) | T3 | PA HD            |
| CARDIZEM LA 120 MG TABLET          | T3 | QL (1 tab/day) HD|
| CARDIZEM LA 180 MG TABLET (matzim la) | T3 | HD               |
| CARDIZEM LA 240 MG TABLET (matzim la) | T3 | HD               |

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</tr>
</thead>
<tbody>
<tr>
<td>CARDIZEM LA 300 MG TABLET (matzim la)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CARDIZEM LA 360 MG TABLET (matzim la)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CARDIZEM LA 420 MG TABLET (matzim la)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>diltiazem hcl (Cardizem CD)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diltiazem hcl (Cardizem LA)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diltiazem hcl (Cardizem)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diltiazem hcl (Tiazac)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>felodipine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>isradipine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>KATERZIA</td>
<td>T3</td>
<td>QL (10ml/day) HD</td>
</tr>
<tr>
<td>nicardipine hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nifedipine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nifedipine (Adalat CC)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nifedipine (Procardia XL)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nifedipine (Procardia)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nimodipine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nisoldipine er 17 mg tablet (Sular)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nisoldipine er 20 mg tablet</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>nisoldipine er 25.5 mg tablet</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nisoldipine er 30 mg tablet</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nisoldipine er 34 mg tablet (Sular)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nisoldipine er 40 mg tablet</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nisoldipine er 8.5 mg tablet (Sular)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>NORVASC (amlodipine besylate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NYMALIZE</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PROCARDIA (nifedipine)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PROCARDIA XL (nifedipine er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>SULAR (nisoldipine)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>TIAZAC (tiadylt er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>verapamil hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>verapamil hcl (Calan SR)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>verapamil hcl (Verelan PM)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>verapamil hcl (Verelan)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>VERELAN (verapamil hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>VERELAN (verapamil sr)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>VERELAN PM</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>VERELAN PM (verapamil er pm)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
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- **PA** - Prior Authorization
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- **ST** - Step Therapy
- **AGE** - Age Requirement
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- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
# CARDIAC DRUGS (Blood Pressure/Heart Medications)

## DIGITALIS GLYCOSIDES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>digoxin</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>digoxin (Lanoxin)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>LANOXIN</td>
<td>T3</td>
<td>PA, HD</td>
</tr>
<tr>
<td>LANOXIN (digoxin)</td>
<td>T3</td>
<td>PA, HD</td>
</tr>
</tbody>
</table>

## HEART RATE REDUCING, SELECTIVE I (F) CURRENT INHIB.

<table>
<thead>
<tr>
<th>Name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORLANOR</td>
<td>T2</td>
<td>PA, HD</td>
</tr>
</tbody>
</table>

## VASODILATORS, CORONARY

<table>
<thead>
<tr>
<th>Name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DILATRATE-SR</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>GONITRO</td>
<td>T3</td>
<td>PA, HD</td>
</tr>
<tr>
<td>ISORDIL (isosorbide dinitrate)</td>
<td>T3</td>
<td>PA, HD</td>
</tr>
<tr>
<td>ISORDIL TITRAPOSE (isosorbide dinitrate)</td>
<td>T3</td>
<td>PA, HD</td>
</tr>
<tr>
<td>isosorbide dinitrate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>isosorbide dinitrate (Isordil Titradose)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>isosorbide dinitrate (Isordil)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>isosorbide mononitrate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>NITRO-DUR 0.1 MG/HR PATCH (nitroglycerin patch)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NITRO-DUR 0.2 MG/HR PATCH (nitroglycerin patch)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NITRO-DUR 0.3 MG/HR PATCH</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>NITRO-DUR 0.4 MG/HR PATCH (nitroglycerin patch)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NITRO-DUR 0.6 MG/HR PATCH (nitroglycerin patch)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NITRO-DUR 0.8 MG/HR PATCH</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>nitroglycerin</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nitroglycerin (Nitro-dur)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nitroglycerin (Nitrolingual)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nitroglycerin (Nitrostat)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>NITROLINGUAL (nitroglycerin)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NITROMIST</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NITROSTAT (nitroglycerin)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

## CARDIOVASCULAR (Asthma/COPD/Respiratory)

## PULM ANTI-HTN, SOLUBLE GUANYLATE CYCLASE STIMULATOR

<table>
<thead>
<tr>
<th>Name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADEMPAS</td>
<td>T3</td>
<td>PA, SP, HD</td>
</tr>
</tbody>
</table>

## PULM.ANTI-HTN, SEL.C-GMP PHOSPHODIESTERASE T5 INHIB

<table>
<thead>
<tr>
<th>Name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADCIRCA (tadalafil)</td>
<td>T3</td>
<td>PA, SP, HD</td>
</tr>
<tr>
<td>REVATIO (sildenafil citrate)</td>
<td>T3</td>
<td>PA, SP, HD</td>
</tr>
<tr>
<td>sildenafil 10 mg/ml oral susp (Revatio)</td>
<td>T1</td>
<td>PA, SP, HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
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- **QL** - Quantity Limit
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- **CSL** - Oral cancer medications subject to cost-share limits
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sildenafil 20 mg tablet (Revatio)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>tadalafil (Adcirca)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>tadalafil 20 mg tablet (Adcirca)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

### PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ambrisentan (Letairis)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>bosentan (Tracleer)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>LETAIRIS (ambrisentan)</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>OPSUMIT</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>TRACLEER 125 MG TABLET (bosentan)</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>TRACLEER 32 MG TABLET FOR SUSP</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>TRACLEER 62.5 MG TABLET (bosentan)</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

### PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORENITRAM ER</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>TYVASO</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>TYVASO INSTITUTIONAL START KIT</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>TYVASO REFILL KIT</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>TYVASO STARTER KIT</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>UPTRAVI</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>VENTAVIS</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

### CARDIOVASCULAR (Blood Pressure/Heart Medications)

### ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine besylate/benazepril</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>amlodipine besylate/benazepril (Lotrel)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>LOTREL (amlodipine besylate-benazepril)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PRESTALIA 14 MG-10 MG TABLET</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PRESTALIA 3.5 MG-2.5 MG TABLET</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PRESTALIA 7 MG-5 MG TABLET</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>TARKA (trandolapril-verapamil er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>trandolapril/verapamil hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>trandolapril/verapamil hcl (Tarka)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCURETIC (quinapril-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>benazepril/hydrochlorothiazide</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>
### CARDIOVASCULAR (Blood Pressure/Heart Medications)

#### ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>benazepril/hydrochlorothiazide (Lotensin HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>captopril-hctz 25-15 mg tablet</td>
<td>T1</td>
<td>QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>captopril-hctz 25-25 mg tablet</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>captopril-hctz 50-15 mg tablet</td>
<td>T1</td>
<td>QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>captopril-hctz 50-25 mg tablet</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>enalapril/hydrochlorothiazide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>enalapril/hydrochlorothiazide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>fosinopril/hydrochlorothiazide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>lisinopril/hydrochlorothiazide (Zestoretic)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>LOTENSIN HCT (benazepril-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>quinapril/hydrochlorothiazide (Accuretic)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>VASERETIC (enalapril-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ZESTORETIC (lisinopril-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
</tbody>
</table>

#### ALPHA/BETA-ADRENERGIC BLOCKING AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>carvedilol (Coreg)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carvedilol er 10 mg capsule (Coreg CR)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>carvedilol er 20 mg capsule (Coreg CR)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>carvedilol er 40 mg capsule (Coreg CR)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>carvedilol er 80 mg capsule (Coreg CR)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>COREG (carvedilol)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>COREG CR 10 MG CAPSULE (carvedilol er)</td>
<td>T3</td>
<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>COREG CR 20 MG CAPSULE (carvedilol er)</td>
<td>T3</td>
<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>COREG CR 40 MG CAPSULE (carvedilol er)</td>
<td>T3</td>
<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>COREG CR 80 MG CAPSULE (carvedilol er)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>labetalol hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
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</table>

#### ALPHA-ADRENERGIC BLOCKING AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARDURA (doxazosin mesylate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CARDURA XL</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>doxazosin mesylate (Cardura)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>MINIPRESS (prazosin hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>prazosin hcl (Minipress)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>terazosin hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics  
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- **CSL** - Oral cancer medications subject to cost-share limits
**CARDIOVASCULAR (Blood Pressure/Heart Medications)**

### ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine/valsartan/hctiazid (Exforge HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>EXFORGE HCT (amlodipine-valsartan-hctz)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>olmesartan/amlodipin/hctiazid (Tribenzer)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TRIBENZOR (olmesartan-amlodipine-hctz)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)

**ENTRESTO**

**T2**

**HD**

### ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATACAND HCT (candesartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>AVALIDE (irbesartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>BENICAR HCT 20-12.5 MG TABLET (olmesartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>BENICAR HCT 40-12.5 MG TABLET (olmesartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>BENICAR HCT 40-25 MG TABLET (olmesartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>candesartan/hydrochlorothiazide (Atacand HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>DIOVAN HCT (valsartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>EDARBYCLOR</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>HYZAAAR (losartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>irbesartan/hydrochlorothiazide (Avalide)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>losartan/hydrochlorothiazide (Hyzaar)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>MICARDIS HCT 40-12.5 MG TABLET (telmisartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>MICARDIS HCT 80-12.5 MG TABLET (telmisartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>MICARDIS HCT 80-25 MG TABLET (telmisartan-hydrochlorothiazide)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>olmesartan-hctz 20-12.5 mg tab (Benicar HCT)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>olmesartan-hctz 40-12.5 mg tab (Benicar HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>olmesartan-hctz 40-25 mg tab (Benicar HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>telmisartan-hctz 40-12.5 mg tab (Micardis HCT)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
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### CARDIOVASCULAR (Blood Pressure/Heart Medications)

#### ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>telmisartan-hctz 80-12.5 mg tb (Micardis HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>telmisartan-hctz 80-25 mg tab (Micardis HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>valsartan/hydrochlorothiazide (Diovan HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
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</table>

#### ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR

<table>
<thead>
<tr>
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<tr>
<td>amlodipine besylate/valsartan (Exforge)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>amlodipine-olmesartan 10-20 mg (Azor)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>amlodipine-olmesartan 10-40 mg (Azor)</td>
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<td>HD</td>
</tr>
<tr>
<td>amlodipine-olmesartan 5-20 mg (Azor)</td>
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<td>QL (1 tab/day) HD</td>
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<tr>
<td>amlodipine-olmesartan 5-40 mg (Azor)</td>
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<td>HD</td>
</tr>
<tr>
<td>AZOR 10-20 MG TABLET (amlodipine-olmesartan)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>AZOR 10-40 MG TABLET (amlodipine-olmesartan)</td>
<td>T3</td>
<td>HD</td>
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<td>AZOR 5-20 MG TABLET (amlodipine-olmesartan)</td>
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<td>QL (1 tab/day) HD</td>
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<tr>
<td>AZOR 5-40 MG TABLET (amlodipine-olmesartan)</td>
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<tr>
<td>EXFORGE (amlodipine-valsartan)</td>
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<tr>
<td>telmisartan-amlodipine 40-10 (Twyndata)</td>
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<tr>
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<td>TWYNSTA 40-10 MG TABLET (telmisartan-amlodipine)</td>
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<td>TWYNSTA 80-5 MG TABLET (telmisartan-amlodipine)</td>
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#### ANTIHYPERTENSIVES, ACE INHIBITORS

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<th>Drug tier</th>
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<td>ACCUPRIL (quinapril hcl)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ALTACE (ramipril)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>benazepril hcl</td>
<td>T1</td>
<td>HD</td>
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<tr>
<td>benazepril hcl (Lotensin)</td>
<td>T1</td>
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<tr>
<td>captopril</td>
<td>T1</td>
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</tr>
<tr>
<td>enalapril maleate (Vasotec)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

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## CARDIOVASCULAR (Blood Pressure/Heart Medications)

### ANTIHYPERTENSIVES, ACE INHIBITORS

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<thead>
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<td>fosinopril sodium</td>
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<tr>
<td>lisinopril (Zestril)</td>
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<td>HD</td>
</tr>
<tr>
<td>LOTENSIN (benazepril hcl)</td>
<td>T3</td>
<td>ST HD</td>
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<td>moexipril hcl</td>
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<td>HD</td>
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<tr>
<td>perindopril erbumine</td>
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<td>HD</td>
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<td>PRINIVIL (lisinopril)</td>
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<tr>
<td>QBRELIS</td>
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<td>quinapril hcl (Accupril)</td>
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<td>HD</td>
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<tr>
<td>ramipril (Altace)</td>
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<td>HD</td>
</tr>
<tr>
<td>trandolapril</td>
<td>T1</td>
<td>HD</td>
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<tr>
<td>VASOTEC (enalapril maleate)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ZESTRIL (lisinopril)</td>
<td>T3</td>
<td>ST HD</td>
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### ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST

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<tbody>
<tr>
<td>ATACAND (candesartan cilexetil)</td>
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<tr>
<td>AVAPRO (irbesartan)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>BENICAR 20 MG TABLET (olmesartan medoxomil)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
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<tr>
<td>BENICAR 40 MG TABLET (olmesartan medoxomil)</td>
<td>T3</td>
<td>ST HD</td>
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<tr>
<td>BENICAR 5 MG TABLET (olmesartan medoxomil)</td>
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<td>ST HD</td>
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<tr>
<td>candesartan cilexetil (Atacand)</td>
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<td>HD</td>
</tr>
<tr>
<td>COZAAR (losartan potassium)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>DIOVAN (valsartan)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>EDARBI 40 MG TABLET (olmesartan medoxomil)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>EDARBI 80 MG TABLET (olmesartan medoxomil)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>eprosartan mesylate</td>
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<td>HD</td>
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<tr>
<td>irbesartan (Avapro)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>losartan potassium (Cozaar)</td>
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<td>HD</td>
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<tr>
<td>MICARDIS 20 MG TABLET (telmisartan)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
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<tr>
<td>MICARDIS 40 MG TABLET (telmisartan)</td>
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<td>ST QL (1 tab/day) HD</td>
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<td>olmesartan medoxomil 20 mg tab (Benicar)</td>
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<td>olmesartan medoxomil 5 mg tab (Benicar)</td>
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<td>HD</td>
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<td>telmisartan 20 mg tablet (Micardis)</td>
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<tr>
<td>telmisartan 40 mg tablet (Micardis)</td>
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<td>QL HD</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>CARDIOVASCULAR (Blood Pressure/Heart Medications)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST</strong></td>
</tr>
<tr>
<td>Prescription drug name</td>
</tr>
<tr>
<td>telmisartan 80 mg tablet (Micardis)</td>
</tr>
<tr>
<td>valsartan (Diovan)</td>
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<tr>
<td><strong>ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS</strong></td>
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<tr>
<td>mecaminine hcl</td>
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<tr>
<td><strong>ANTIHYPERTENSIVES, MISCELLANEOUS</strong></td>
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<td>DEMSER</td>
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<td><strong>ANTIHYPERTENSIVES, SYMPATHOLYTIC</strong></td>
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<td>CATAPRES (clonidine hcl)</td>
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<tr>
<td>CATAPRES-TTS 1 (clonidine)</td>
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<td>CATAPRES-TTS 2 (clonidine)</td>
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<td>CATAPRES-TTS 3 (clonidine)</td>
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<td>clonidine (Catapres-TTS 2)</td>
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<tr>
<td>clonidine (Catapres-TTS 3)</td>
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<td>clonidine hcl (Catapres)</td>
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<tr>
<td>guanfacine hcl</td>
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<tr>
<td>methyldopa</td>
</tr>
<tr>
<td>methyldopa/hydrochlorothiazide</td>
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<tr>
<td><strong>ANTIHYPERTENSIVES, VASODILATORS</strong></td>
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<td>hydralazine hcl</td>
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<td>minoxidil</td>
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<tr>
<td><strong>BETA-ADRENERGIC BLOCKING AGENTS</strong></td>
</tr>
<tr>
<td>acebutolol hcl</td>
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<tr>
<td>atenolol (Tenormin)</td>
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<tr>
<td>BETAPACE (sotalol af)</td>
</tr>
<tr>
<td>BETAPACE AF (sotalol af)</td>
</tr>
<tr>
<td>betaxolol hcl</td>
</tr>
<tr>
<td>bisoprolol fumarate</td>
</tr>
<tr>
<td>BYSTOLIC 10 MG TABLET</td>
</tr>
<tr>
<td>BYSTOLIC 2.5 MG TABLET</td>
</tr>
<tr>
<td>BYSTOLIC 20 MG TABLET</td>
</tr>
<tr>
<td>BYSTOLIC 5 MG TABLET</td>
</tr>
<tr>
<td>CORGARD (nadolol)</td>
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<tr>
<td>HEMANGEOL</td>
</tr>
<tr>
<td>INDERAL LA (propranolol hcl er)</td>
</tr>
<tr>
<td>INDERAL XL</td>
</tr>
<tr>
<td>INNOPRAN XL</td>
</tr>
<tr>
<td>KAPSPARGO SPRINKLE</td>
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</tbody>
</table>

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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
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<td>LOPRESSOR (metoprolol tartrate)</td>
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<td>ST HD</td>
</tr>
<tr>
<td>metoprolol succinate (Toprol XL)</td>
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<td>HD</td>
</tr>
<tr>
<td>metoprolol tartrate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>metoprolol tartrate (Lopressor)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nadolol (Corgard)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>pindolol</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>propranolol hcl</td>
<td>T1</td>
<td>HD</td>
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<tr>
<td>propranolol hcl (Inderal LA)</td>
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<td>HD</td>
</tr>
<tr>
<td>sotalol hcl</td>
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<td>HD</td>
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<tr>
<td>sotalol hcl (Betapace AF)</td>
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<td>HD</td>
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<tr>
<td>SOTYLIZE</td>
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</tr>
<tr>
<td>TENORMIN (atenolol)</td>
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<td>ST HD</td>
</tr>
<tr>
<td>timolol maleate</td>
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<td>HD</td>
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<tr>
<td>TOPROL XL (metoprolol succinate)</td>
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### BETA-BLOCKERS AND THIAZIDE, THIAZIDE-LIKE DIURETICS

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<th>Coverage requirements and limits</th>
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<tr>
<td>atenolol/chlorthalidone (Tenoretic 100)</td>
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<td>atenolol/chlorthalidone (Tenoretic 50)</td>
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<td>HD</td>
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<td>bisoprolol/hydrochlorothiazide (Ziac)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>DUTOPROL</td>
<td>T3</td>
<td>ST HD</td>
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<td>LOPRESSOR HCT (metoprolol-hydrochlorothiazide)</td>
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<td>ST HD</td>
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<tr>
<td>metoprolol/hydrochlorothiazide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>metoprolol/hydrochlorothiazide (Lopressor HCT)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>propranolol/hydrochlorothiazid</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TENORETIC 100 (atenolol-chlorthalidone)</td>
<td>T3</td>
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<td>TENORETIC 50 (atenolol-chlorthalidone)</td>
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<td>ZIAC (bisoprolol-hydrochlorothiazide)</td>
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### RENIN INHIBITOR, DIRECT

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<td>aliskiren 150 mg tablet (Tekturna)</td>
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<td>aliskiren 300 mg tablet (Tekturna)</td>
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</tr>
<tr>
<td>TEKTURNA 150 MG TABLET (aliskiren)</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
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<tr>
<td>TEKTURNA 300 MG TABLET (aliskiren)</td>
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### RENIN INHIBITOR, DIRECT AND THIAZIDE DIURETIC COMB

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<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>TEKTURNA HCT 150-12.5 MG TAB</td>
<td>T2</td>
<td>QL (1 tab/day) HD</td>
</tr>
</tbody>
</table>

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<th>Prescription drug name</th>
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<td>TEKTURNA HCT 150-25 MG TABLET</td>
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<tr>
<td>TEKTURNA HCT 300-12.5 MG TAB</td>
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<td>HD</td>
</tr>
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<td>TEKTURNA HCT 300-25 MG TABLET</td>
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#### VASODILATORS, COMBINATION

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<td>BIDIL</td>
<td>T3</td>
<td>QL (6 tabs/day)</td>
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#### VASODILATORS, PERIPHERAL

- ergoloid mesylates | T1 |
- isoxsuprine hcl | T1 |

### CARDIOVASCULAR (Cholesterol Medications)

#### ANTIHYPERLIPID. HMG COA REDUCT INHIB-CHOLEST.AB.INHIB

<table>
<thead>
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<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>ezetimibe/simvastatin (Vytorin)</td>
<td>T1</td>
<td>HD</td>
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<tr>
<td>VYTORIN (ezetimibe-simvastatin)</td>
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<td>ST HD</td>
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#### ANTIHYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER

<table>
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<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>amlodipine-atorvast 10-10 mg (Caduet)</td>
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<td>HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 10-20 mg (Caduet)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 10-40 mg (Caduet)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 10-80 mg (Caduet)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 2.5-10 mg</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 2.5-20 mg</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 2.5-40 mg</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 5-10 mg (Caduet)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 5-20 mg (Caduet)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 5-40 mg (Caduet)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>amlodipine-atorvast 5-80 mg (Caduet)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>CADUET 10 MG-10 MG TABLET (amlodipine-atorvastatin)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CADUET 10 MG-20 MG TABLET (amlodipine-atorvastatin)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CADUET 10 MG-40 MG TABLET (amlodipine-atorvastatin)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CADUET 10 MG-80 MG TABLET (amlodipine-atorvastatin)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CADUET 5 MG-10 MG TABLET (amlodipine-atorvastatin)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CADUET 5 MG-20 MG TABLET (amlodipine-atorvastatin)</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CADUET 5 MG-40 MG TABLET (amlodipine-atorvastatin)</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>CADUET 5 MG-80 MG TABLET (amlodipine-atorvastatin)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

**ANTIHYPERLIPIDEMIC - MTP INHIBITOR**

- **JUXTAPID**
  - T3
  - PA SP HD

**ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS**

- **PRALUENT PEN**
  - T3
  - PA
- **REPATHA PUSHTRONEX**
  - T2
  - PA
- **REPATHA SURECLICK**
  - T2
  - PA
- **REPATHA SYRINGE**
  - T2
  - PA

**ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (STATINS)**

- **ALTOPREV 20 MG TABLET**
  - T3
  - ST QL (1 tab/day) HD
- **ALTOPREV 40 MG TABLET**
  - T3
  - ST HD
- **ALTOPREV 60 MG TABLET**
  - T3
  - ST HD
- **atorvastatin 10 mg tablet (Lipitor)**
  - T1
  - HD PPACA
- **atorvastatin 20 mg tablet (Lipitor)**
  - T1
  - HD PPACA
- **atorvastatin 40 mg tablet (Lipitor)**
  - T1
  - HD
- **atorvastatin 80 mg tablet (Lipitor)**
  - T1
  - HD
- **CRESTOR 10 MG TABLET (rosuvastatin calcium)**
  - T3
  - ST QL (1 tab/day) HD
- **CRESTOR 20 MG TABLET (rosuvastatin calcium)**
  - T3
  - ST QL (1 tab/day) HD
- **CRESTOR 40 MG TABLET (rosuvastatin calcium)**
  - T3
  - ST HD
- **CRESTOR 5 MG TABLET (rosuvastatin calcium)**
  - T3
  - ST QL (1 tab/day) HD
- **EZALLOR SPRINKLE 10 MG CAPSULE**
  - T3
  - ST QL (1 tab/day) HD
- **EZALLOR SPRINKLE 20 MG CAPSULE**
  - T3
  - ST QL (1 tab/day) HD
- **EZALLOR SPRINKLE 40 MG CAPSULE**
  - T3
  - ST QL (1 tab/day) HD
- **EZALLOR SPRINKLE 5 MG CAPSULE**
  - T3
  - ST HD
- **FLOLIPID**
  - T3
  - ST HD
- **fluvastatin sodium**
  - T1
  - HD PPACA
- **fluvastatin sodium (Lescol XL)**
  - T1
  - HD PPACA
- **LESCOL XL (fluvastatin er)**
  - T3
  - ST HD
- **LIPITOR (atorvastatin calcium)**
  - T3
  - PA ST HD
- **LIVALO 1 MG TABLET**
  - T3
  - ST QL (1 tab/day) HD
- **LIVALO 2 MG TABLET**
  - T3
  - ST QL (1 tab/day) HD
- **LIVALO 4 MG TABLET**
  - T3
  - ST HD

- lovastatin 10 mg tablet
  - T1
  - HD

**CARDIOVASCULAR (Cholesterol Medications)**

- **ANTIHYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER**
- **ANTIHYPERLIPIDEMIC**
  - Typically generics
  - Typically preferred brands
  - Typically non-preferred brands
  - Injectable specialty medications
  - PA - Prior Authorization
  - QL - Quantity Limit
  - ST - Step Therapy
  - AGE - Age Requirement
  - SP - Specialty medication
  - HD - May require home delivery
  - PPACA - No cost-share preventive medications
  - CSL - Oral cancer medications subject to cost-share limits
# CARDIOVASCULAR (Cholesterol Medications)

## ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (STATINS)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>lovastatin 20 mg tablet</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>lovastatin 40 mg tablet</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>PRAVACHOL (pravastatin sodium)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>pravastatin sodium</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>pravastatin sodium (Pravachol)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>rosuvastatin calcium 10 mg tab (Crestor)</td>
<td>T1</td>
<td>QL (1 tab/day) HD PPACA</td>
</tr>
<tr>
<td>rosuvastatin calcium 20 mg tab (Crestor)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>rosuvastatin calcium 40 mg tab (Crestor)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>rosuvastatin calcium 5 mg tab (Crestor)</td>
<td>T1</td>
<td>QL (1 tab/day) HD PPACA</td>
</tr>
<tr>
<td>simvastatin 10 mg tablet (Zocor)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>simvastatin 20 mg tablet (Zocor)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>SIMVASTATIN 20 MG/5 ML SUSP</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>simvastatin 40 mg tablet (Zocor)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>simvastatin 5 mg tablet</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>simvastatin 80 mg tablet (Zocor)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>ZOCOR 10 MG TABLET (simvastatin)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ZOCOR 20 MG TABLET (simvastatin)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ZOCOR 40 MG TABLET (simvastatin)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ZOCOR 80 MG TABLET (simvastatin)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>ZYPITAMAG</td>
<td>T3</td>
<td>ST HD</td>
</tr>
</tbody>
</table>

## BILE SALT SEQUESTRANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cholestyramine (with sugar) (Questran)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>cholestyramine/aspartame</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>cholestyramine/aspartame (Questran Light)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>colesevelam hcl (Welchol)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>COLESTID 1 GM TABLET (colestipol hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>COLESTID FLAVORED GRANULES</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>COLESTID FLAVORED GRANULES (colestipol hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>COLESTID GRANULES (colestipol hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>COLESTID GRANULES PACKET (colestipol hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>colestipol hcl (Colestid)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>QUESTRAN (cholestyramine)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

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### CARDIOVASCULAR (Cholesterol Medications)

#### BILE SALT SEQUESTRANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUESTRAN LIGHT <em>(prevailite)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>WELCHOL <em>(colesevelam hcl)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### LIPOTROPICS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTARA</td>
<td>T3</td>
<td>PA ST HD</td>
</tr>
<tr>
<td><em>ezetimibe</em> <em>(Zetia)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>fenofibrate</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>fenofibrate</em> <em>(Fenoglide)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>fenofibrate</em> <em>(Lipofen)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>fenofibrate nanocrystallized</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>(Tricor)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>fenofibrate, micronized</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>fenofibric acid</em> <em>(choline)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>(Trilipix)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>fenofibric acid</em> <em>(Fibricon)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>FENOGLIDE</em> <em>(fenofibrate)</em></td>
<td>T3</td>
<td>PA ST HD</td>
</tr>
<tr>
<td><em>FIBRICOR</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><em>FIBRICOR</em> <em>(fenofibric acid)</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><em>gemfibrozil</em> <em>(Lopid)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>LIPOFEN</em> <em>(fenofibrate)</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><em>LOPID</em> <em>(gemfibrozil)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><em>niacin</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>niacin</em> <em>(Niaspan)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>NIASPAN</em> <em>(niacin er)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><em>TRICOR</em> <em>(fenofibrate)</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><em>TRIGLIDE</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><em>TRILIPIX</em> <em>(fenofibric acid)</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><em>ZETIA</em> <em>(ezetimibe)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

### CNS DRUGS (Alzheimer’s Disease)

#### ALZHEIMER’S THERAPY, NMDA RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>memantine hcl</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>memantine hcl</em> <em>(Namenda)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>memantine hcl</em> <em>(Namenda)</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>memantine hcl er 14 mg capsule</em></td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td><em>(Namenda XR)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>memantine hcl er 21 mg capsule</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>(Namenda XR)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>memantine hcl er 28 mg capsule</em></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><em>(Namenda XR)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>memantine hcl er 7 mg capsule</em></td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td><em>(Namenda XR)</em></td>
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</tr>
<tr>
<td><em>NAMENDA</em> 10 MG TABLET*</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><em>(memantine hcl)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>NAMENDA</em> 5 MG TABLET*</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>
## CNS DRUGS (Alzheimer's Disease)

### ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAMENDA 5-10 MG TITRATION PK (memantine hcl)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>NAMENDA XR 14 MG CAPSULE (memantine hcl er)</td>
<td>T3</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>NAMENDA XR 21 MG CAPSULE (memantine hcl er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NAMENDA XR 28 MG CAPSULE (memantine hcl er)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NAMENDA XR 7 MG CAPSULE (memantine hcl er)</td>
<td>T3</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>NAMENDA XR TITRATION PACK</td>
<td>T3</td>
<td>QL (112/365 days) HD</td>
</tr>
</tbody>
</table>

### ALZHEIMER'S THX, NMDA RECEPTOR ANTAG-CHOLINES INHIB

<table>
<thead>
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<tbody>
<tr>
<td>NAMZARIC 14 MG-10 MG CAPSULE</td>
<td>T3</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>NAMZARIC 21 MG-10 MG CAPSULE</td>
<td>T3</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>NAMZARIC 28 MG-10 MG CAPSULE</td>
<td>T3</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>NAMZARIC 7 MG-10 MG CAPSULE</td>
<td>T3</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>NAMZARIC TITRATION PACK</td>
<td>T3</td>
<td>QL (112/365 days) HD</td>
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## CNS DRUGS (Miscellaneous)

### AMYOTROPHIC LATERAL SCLEROSIS AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>RILUTEK (riluzole)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>riluzole (Rilutek)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>TIGLUTIK</td>
<td>T3</td>
<td>PA SP</td>
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</table>

### DRUGS TO TREAT MOVEMENT DISORDERS

<table>
<thead>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>AUSTEDO</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>HORIZANT</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>INGREZZA</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>INGREZZA INITIATION PACK</td>
<td>T3</td>
<td>PA QL (28 caps/year) SP</td>
</tr>
<tr>
<td>tetrabenazine (Xenazine)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>XENAZINE (tetrabenazine)</td>
<td>T3</td>
<td>PA SP HD</td>
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</table>

### PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS

<table>
<thead>
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<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEDEXTA</td>
<td>T3</td>
<td>QL (4 caps/day)</td>
</tr>
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### XANTHINES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>caffeine citrate</td>
<td>T1</td>
<td>HD</td>
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</tbody>
</table>

## CNS DRUGS (Multiple Sclerosis)

### AGENTS TO TREAT MULTIPLE SCLEROSIS

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<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>AUBAGIO</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>AVONEX</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
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---

* T1 - Typically generics  •  T2 - Typically preferred brands  •  T3 - Typically non-preferred brands  •  T4 - Injectable specialty medications  •  PA - Prior Authorization  •  QL - Quantity Limit  •  ST - Step Therapy  •  AGE - Age Requirement  •  SP - Specialty medication  •  HD - May require home delivery  •  PPACA - No cost-share preventive medications  •  CSL - Oral cancer medications subject to cost-share limits
### AGENTS TO TREAT MULTIPLE SCLEROSIS

<table>
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<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<td>AVONEX PEN</td>
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<td>PA SP HD</td>
</tr>
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<td>BETASERON</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>COPAXONE (glatopa)</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>EXTAVIA</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>GILENYA 0.25 MG CAPSULE</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>GILENYA 0.5 MG CAPSULE</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>glatiramer acetate (Copaxone)</td>
<td>T4</td>
<td>PA SP HD</td>
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<tr>
<td>MAVENCLAD</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>MAYZENT 0.25 MG STARTER</td>
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<td>PA SP</td>
</tr>
<tr>
<td>MAYZENT 0.25 MG TABLET</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>MAYZENT 2 MG TABLET</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>PLEGRIDY</td>
<td>T4</td>
<td>PA SP</td>
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<tr>
<td>PLEGRIDY PEN</td>
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<td>PA SP</td>
</tr>
<tr>
<td>REBIF</td>
<td>T4</td>
<td>PA SP</td>
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<td>REBIF REBIDOSE</td>
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<td>PA SP</td>
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<td>TECFIDERA</td>
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### AGTS TX NEUROMUSC TRANSMISSION DIS, POT-CHAN BLKR

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<tr>
<td>AMPYRA (dalfampridine er)</td>
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<td>PA SP HD</td>
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<tr>
<td>dalfampridine (Ampyra)</td>
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<td>PA SP</td>
</tr>
<tr>
<td>FIRDAPSE</td>
<td>T3</td>
<td>PA QL (8 tabs/day) SP</td>
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<td>RUZURGI</td>
<td>T3</td>
<td>PA SP</td>
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### CNS DRUGS (Pain Relief And Inflammatory Disease)

### CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS

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### POSTHERPETIC NEURALGIA AGENTS

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<tr>
<td>GRALISE</td>
<td>T3</td>
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### CNS DRUGS (Seizure Disorders)

### ANTICONVULSANT - BENZODIAZEPINE TYPE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>clobazam (Onfi)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>clonazepam</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>clonazepam (Klonopin)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>DIASTAT (diazepam)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>DIASTAT ACUDIAL (diazepam)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>diazepam 10 mg rectal gel syst (Diastat Acudial)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>diazepam 2.5 mg rectal gel syst (Diastat)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

---

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
# CNS Drugs (Seizure Disorders)

## Anticonvulsant - Benzodiazepine Type

<table>
<thead>
<tr>
<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>diazepam 20 mg rectal gel syst (Diastat Acudial)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>Klonopin (clonazepam)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>Nayzilam</td>
<td>T2</td>
<td>PA QL (10/30 days) HD</td>
</tr>
<tr>
<td>Onfi (clobazam)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>sympazan</td>
<td>T3</td>
<td>PA HD</td>
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</table>

## Anticonvulsant - Cannabinoid Type

<table>
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<th>Coverage requirements and limits</th>
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<tr>
<td>Epidiolex</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

## Anticonvulsants

- Aptom 200 mg tablet
- Aptom 400 mg tablet
- Aptom 600 mg tablet
- Aptom 800 mg tablet
- Banzel 200 mg tablet
- Banzel 40 mg/ml suspension
- Banzel 400 mg tablet
- Briviact
- Carbamazepine
- Carbamazepine (Carbatrol)
- Carbamazepine (Tegretol XR)
- Carbamazepine (Tegretol)
- Carbatrol (carbamazepine er)
- Celontin
- Depakote (divalproex sodium)
- Depakote ER (divalproex sodium er)
- Depakote sprinkle (divalproex sodium)
- Diacomit
- Dilantin 100 mg capsule (phenytoin sodium extended)
- Dilantin 30 mg capsule
- Dilantin 50 mg infatab (phenytoin)
- Dilantin-125 (phenytoin)
- Divalproex sodium (Depakote ER)
- Divalproex sodium (Depakote Sprinkle)
- Divalproex sodium (Depakote)
- Ethosuximide (Zarontin)
- Felbamate (Felbatol)
- Felbatol (felbamate)

Note: T1 - Typically generics • T2 - Typically preferred brands • T3 - Typically non-preferred brands • T4 - Injectable specialty medications • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • AGE - Age Requirement • SP - Specialty medication • HD - May require home delivery • PPACA - No cost-share preventive medications • CSL - Oral cancer medications subject to cost-share limits
## CNS DRUGS (Seizure Disorders)

### ANTICONVULSANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>FYCOMPA 0.5 MG/ML ORAL SUSP</td>
<td>T2</td>
<td>PA HD</td>
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<tr>
<td>FYCOMPA 10 MG TABLET</td>
<td>T2</td>
<td>PA HD</td>
</tr>
<tr>
<td>FYCOMPA 12 MG TABLET</td>
<td>T2</td>
<td>PA HD</td>
</tr>
<tr>
<td>FYCOMPA 2 MG TABLET</td>
<td>T2</td>
<td>PA HD</td>
</tr>
<tr>
<td>FYCOMPA 4 MG TABLET</td>
<td>T2</td>
<td>PA QL (1 tab/day) HD</td>
</tr>
<tr>
<td>FYCOMPA 6 MG TABLET</td>
<td>T2</td>
<td>PA QL (1 tab/day) HD</td>
</tr>
<tr>
<td>FYCOMPA 8 MG TABLET</td>
<td>T2</td>
<td>PA HD</td>
</tr>
<tr>
<td>gabapentin</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>gabapentin (Neurontin)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>GABITRIL 12 MG TABLET (tiagabine hcl)</td>
<td>T3</td>
<td>PA QL (8 tabs/day) HD</td>
</tr>
<tr>
<td>GABITRIL 16 MG TABLET (tiagabine hcl)</td>
<td>T3</td>
<td>PA QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>GABITRIL 2 MG TABLET (tiagabine hcl)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>GABITRIL 4 MG TABLET (tiagabine hcl)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>KEPPRA (levetiracetam)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>KEPPRA (roweepra)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>KEPPRA XR (roweepra xr)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>LAMICTAL (BLUE) (subvenite (blue))</td>
<td>T3</td>
<td>PA HD</td>
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<tr>
<td>LAMICTAL (GREEN) (subvenite (green))</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>LAMICTAL (lamotrigine)</td>
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<td>PA HD</td>
</tr>
<tr>
<td>LAMICTAL (ORANGE) (subvenite (orange))</td>
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<td>PA HD</td>
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<tr>
<td>LAMICTAL (subvenite)</td>
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</tr>
<tr>
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<tr>
<td>LAMICTAL ODT (GREEN)</td>
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<tr>
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<tr>
<td>LAMICTAL XR (GREEN)</td>
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<td>PA HD</td>
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<td>LAMICTAL XR (ORANGE)</td>
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<td>HD</td>
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<tr>
<td>lamotrigine (Lamictal (green))</td>
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<td>lamotrigine (Lamictal ODT)</td>
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<td>HD</td>
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<td>lamotrigine (Lamictal XR)</td>
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<tr>
<td>lamotrigine (Lamictal)</td>
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<td>HD</td>
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</tbody>
</table>

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<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<td>levetiracetam (Keppra XR)</td>
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<td>levetiracetam (Keppra)</td>
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<td>HD</td>
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<td>LYRICA 150 MG CAPSULE (pregabalin)</td>
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<td>PA HD</td>
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<td>LYRICA 20 MG/ML ORAL SOLUTION (pregabalin)</td>
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<td>PA HD</td>
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<td>PA HD</td>
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<td>LYRICA 225 MG CAPSULE (pregabalin)</td>
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<td>LYRICA 50 MG CAPSULE (pregabalin)</td>
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<td>PA HD</td>
</tr>
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<td>LYRICA 75 MG CAPSULE (pregabalin)</td>
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<td>PA HD</td>
</tr>
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<td>MYSOLINE (primidone)</td>
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<td>PA HD</td>
</tr>
<tr>
<td>NEURONTIN (gabapentin)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>oxcarbazepine (Trileptal)</td>
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<td>OXTELLAR XR</td>
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<tr>
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<td>HD</td>
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<td>PHENYTEK (phenytoin sodium extended)</td>
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<td>phenytoin</td>
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<td>phenytoin sodium extended (Dilantin)</td>
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<td>primidone (Mysoline)</td>
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</tr>
<tr>
<td>QUDEXY XR</td>
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<td>PA HD</td>
</tr>
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<td>SABRIL (vigabatrin)</td>
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</tr>
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<td>SABRIL (vigadrone)</td>
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<td>PA SP HD</td>
</tr>
<tr>
<td>SPRITAM</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>TEGRETOL (carbamazepine)</td>
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<td>PA HD</td>
</tr>
<tr>
<td>TEGRETOL (epitol)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>TEGRETOL XR (carbamazepine er)</td>
<td>T3</td>
<td>PA HD</td>
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<tr>
<td>tiagabine hcl 12 mg tablet (Gabitril)</td>
<td>T1</td>
<td>QL (8 tabs/day) HD</td>
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<tr>
<td>tiagabine hcl 16 mg tablet (Gabitril)</td>
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<td>QL (6 tabs/day) HD</td>
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# CNS Drugs (Seizure Disorders)

## Anticonvulsants

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>tiagabine hcl 2 mg tablet (Gabitril)</td>
<td>T1</td>
<td>HD</td>
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<tr>
<td>tiagabine hcl 4 mg tablet (Gabitril)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TOPAMAX (topiramate)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>topiramate (Qudexy XR)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>topiramate (Topamax)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TRILEPTAL (oxcarbazepine)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>TROKENDI XR 100 MG CAPSULE</td>
<td>T3</td>
<td>PA QL (1 cap/day) HD</td>
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<tr>
<td>TROKENDI XR 200 MG CAPSULE</td>
<td>T3</td>
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</tr>
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<td>TROKENDI XR 25 MG CAPSULE</td>
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<td>PA QL (1 cap/day) HD</td>
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<tr>
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<td>valproic acid</td>
<td>T1</td>
<td>HD</td>
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<tr>
<td>valproic acid (as sodium salt)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>vigabatrin (Sabril)</td>
<td>T1</td>
<td>SP HD</td>
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<td>VIMPAT</td>
<td>T2</td>
<td>PA HD</td>
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<tr>
<td>ZARONTIN (ethosuximide)</td>
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<td>ZONEGRAN (zonisamide)</td>
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<td>PA HD</td>
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<td>zonisamide</td>
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<td>HD</td>
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<tr>
<td>zonisamide (Zonegran)</td>
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## CNS Drugs (Sleep Disorders/Sedatives)

### Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements</th>
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<tbody>
<tr>
<td>WAKIX</td>
<td>T3</td>
<td>PA QL (2 tabs/day) SP HD</td>
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</table>

### Colony Stimulating Factors (Blood Modifiers/Bleeding Disorders)

#### Erythropoiesis-Stimulating Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements</th>
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</thead>
<tbody>
<tr>
<td>ARANESP</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>EPOGEN</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>MIRCERA</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>PROCRIT</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>RETACRIT</td>
<td>T4</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

#### Leukocyte (WBC) Stimulants

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULPHILA</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>GRANIX</td>
<td>T4</td>
<td>SP</td>
</tr>
<tr>
<td>LEUKINE</td>
<td>T4</td>
<td>SP</td>
</tr>
<tr>
<td>NEULASTA 6 MG/0.6 ML SYRINGE</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>NEULASTA ONPRO 6 MG/0.6 ML KIT</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>NEUPOGEN</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>NIVESTYM</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>UDENYCA</td>
<td>T4</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
## COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders)

### LEUKOCYTE (WBC) STIMULANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZARXIO</td>
<td>T4</td>
<td>SP HD</td>
</tr>
<tr>
<td>ZIEXTENZO</td>
<td>T4</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

### THROMBOPOIETIN RECEPTOR AGONISTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOPELET</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>MULPLETA</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>PROMACTA</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

### CONTRACEPTIVES (Contraception Products)

#### CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNOVERA</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>etonogestrel/ethinyl estradiol (Nuvaring)</td>
<td>T1</td>
<td>PPACA</td>
</tr>
<tr>
<td>NUVARING (etonogestrel-ethinyl estradiol)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

#### CONTRACEPTIVES, INJECTABLE

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPO-PROVERA 150 MG/ML SYRINGE (medroxyprogesterone acetate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>DEPO-PROVERA 150 MG/ML VIAL (medroxyprogesterone acetate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>DEPO-SUBQ PROVERA 104 medroxyprogesterone 150 mg/ml (Depo-provera)</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>BEYAZ (drospirenone-eth estralevomef)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>desog-e.e.stradiol/e.estradiol (Mircette)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>desogestrel-ethinyl estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>drosip/eth estra/levomefol ca (Beyaz)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>drosip/eth estra/levomefol ca (Safyral)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>ELLA</td>
<td>T3</td>
<td>HD PPACA</td>
</tr>
</tbody>
</table>

#### CONTRACEPTIVES, ORAL

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
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</thead>
<tbody>
<tr>
<td>BALCOLTRA</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ethinyl estradiol/drospirenone (Yasmin 28)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>ethinyl estradiol/drospirenone (Yaz)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>ethynodiol d-ethinyl estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>GENERESS FE (norethin-eth estra-ferrous fum)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>LAYOLIS FE (norethin-eth estra-ferrous fum)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
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<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>levonorgestrel-ethin estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>l-norgest/ethin estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>(Loseasonique)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l-norgest/ethin estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>(Quartette)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l-norgest/ethin estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>(Seasonique)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LO LOESTRIN FE</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>LOESTRIN (norethindron-ethinyl estradiol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>LOESTRIN FE (norethindron-ethinyl estradiol-fe)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>LOESTRIN FE (tarina fe 1-20 eq)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>LOSEASONIQUE (levonorg-ethinyl estradiol eth estrad)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MINASTRIN 24 FE (norethin-ethinyl estradiol-ferrous fum)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MIRCETTE (viorele)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>NATAZIA</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>noreth-ethinyl estradiol/iron</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>noreth-ethinyl estradiol/iron (Layolis FE)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethind-th estrad 1-0.02 mg (Loestrin)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethindrone (Ortho Micronor)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethindrone ac-eth estradiol (Loestrin)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethindrone-e.ethin estradiol-iron</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethindrone-e.ethin estradiol-iron (Estrostep FE)</td>
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<td>HD PPACA</td>
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<tr>
<td>norethindrone-e.ethin estradiol-iron (Loestrin FE)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethindrone-e.ethin estradiol-iron (Minastrin 24 FE)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethindrone-ethin. estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethindrone-ethin. estradiol (Ortho-novum)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>norethin-ee 1.5-0.03 mg(21) tb (Loestrin)</td>
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<td>HD PPACA</td>
</tr>
<tr>
<td>norgestimate-ethinyl estradiol</td>
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<td>HD PPACA</td>
</tr>
<tr>
<td>norgestrel-ethinyl estradiol</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>norgestrel-ethinyl estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>ORTHO MICRONOR (tulana)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ORTHO-NOVUM (pirmella)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>QUARTETTE (rivelsa)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>SAFYRAL (tydemy)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>SEASONIQUE (simpessae)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>
## CONTRACEPTIVES (Contraception Products)

### CONTRACEPTIVES, ORAL

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLYND</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>TAYTULLA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>YASMIN 28 (zumandimine)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>YAZ (niki)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

### CONTRACEPTIVES, TRANSDERMAL

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>norelgestromin/ethin.estradiol</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
</tbody>
</table>

### INTRA-UTERINE DEVICES (IUDS)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LILETTA</td>
<td>T3</td>
<td>SP</td>
</tr>
<tr>
<td>PARAGARD T 380-A</td>
<td>T3</td>
<td>SP</td>
</tr>
<tr>
<td>SKYLA</td>
<td>T3</td>
<td>SP</td>
</tr>
</tbody>
</table>

### COUGH/COLD PREPARATIONS (Cough/Cold Medications)

#### ANTI-TUSSIVES, NON-OPIOID

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>benzonatate 100 mg capsule (Tessalon Perle)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>benzonatate 150 mg capsule</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>benzonatate 200 mg capsule</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>benzonatate perle 100 mg cap (Tessalon Perle)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>TESSALON PERLE (benzonatate)</td>
<td>T3</td>
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</tr>
</tbody>
</table>

#### NON-OPIOID ANTITUSS-1ST GEN.ANTI-HISTAMINE-DECONGEST

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>brompheniramine/pseudoephed/dm</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### NON-OPIOID ANTITUSSIVE-1ST GEN ANTI-HISTAMINE COMB.

<table>
<thead>
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<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>promethazine/dextromethorphan</td>
<td>T1</td>
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</table>

#### OPIOID ANTITUSSIV-1ST GEN. ANTI-HISTAMINE-DECONGEST

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>promethazine/phenyleph/codeine</td>
<td>T1</td>
<td>PA QL (480ml/30 days)</td>
</tr>
</tbody>
</table>

#### OPIOID ANTITUSSIVE-1ST GENERATION ANTI-HISTAMINE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocodone/chlorphen p-stirex</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>promethazine hcl/codeine</td>
<td>T1</td>
<td>PA QL (480ml/30 days)</td>
</tr>
<tr>
<td>TUSSICAPS</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>TUXARIN ER</td>
<td>T3</td>
<td>PA QL (2 tabs/day)</td>
</tr>
<tr>
<td>TUZISTRA XR</td>
<td>T3</td>
<td>PA QL (960ml/30 days)</td>
</tr>
</tbody>
</table>

#### OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocodone bit/homatrop me-br</td>
<td>T1</td>
<td>PA QL (480ml/30 days)</td>
</tr>
<tr>
<td>hydrocodone-homatropine 5-1.5</td>
<td>T1</td>
<td>PA QL (180 tabs/30 days)</td>
</tr>
<tr>
<td>hydrocodone-homatropine soln</td>
<td>T1</td>
<td>PA QL (480ml/30 days)</td>
</tr>
<tr>
<td>hydrocodone-homatropine syrup</td>
<td>T1</td>
<td>PA QL (480ml/30 days)</td>
</tr>
</tbody>
</table>

---

- **T1** - Typically generics  
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## DIAGNOSTIC (Miscellaneous)

### DIAGNOSTIC PREPARATIONS, MISCELLANEOUS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIDOL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>GLUCAGEN DIAGNOSTIC 1 MG VIAL</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td><em>kit for tc 99m/sod thiosulfate</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><em>lidocaine hcl/glycerin</em></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PROVOCHOLINE</td>
<td>T3</td>
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</table>

### EYE DIAGNOSTIC AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluorescein sodium (Fluor-I-Strip AT)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>FLUOR-I-STRIP AT (glostrips)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><em>ful-glo 1 mg opth strip</em> (Fluor-I-Strip AT)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>FUL-GLO EYE STRIPS</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><em>lissamine green</em></td>
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### GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS

<table>
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<tbody>
<tr>
<td>ENTERO VU</td>
<td>T3</td>
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</tr>
<tr>
<td>E-Z DISK</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>E-Z-HD</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>E-Z-PAQUE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>E-Z-PASTE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>LIQUID E-Z PAQUE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>LIQUID POLIBAR PLUS</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>READI-CAT 2</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>SITZMARKS</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>TAGITOL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VARIBAR HONEY</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VARIBAR NECTAR</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VARIBAR PUDDING</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VARIBAR THIN HONEY</td>
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<tr>
<td>VARIBAR THIN LIQUID</td>
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### METABOLIC FUNCTION DIAGNOSTICS

<table>
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<tbody>
<tr>
<td>METOPIRONE</td>
<td>T2</td>
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### URINARY TRACT RADIOPAQUE DIAGNOSTICS

<table>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYSTO-CONRAY II</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>CYSTOGRAFIN</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>CYSTOGRAFIN-DILUTE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><em>diatrizoate meglumine, sodium</em> (Gastrografin)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>GASTROGRAFIN (md-gastroview)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>
### DIURETICS (Diuretics)

#### ARGinine VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>JYNARQUE 15 MG TABLET</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>JYNARQUE 30 MG TABLET</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>JYNARQUE 45 MG-15 MG TABLET</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>JYNARQUE 60 MG-30 MG TABLET</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>JYNARQUE 90 MG-30 MG TABLET</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>SAMSCA</td>
<td>T3</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

#### CARBONIC ANHYDRASE INHIBITORS

- Acetazolamide: T1, HD
- Methazolamide: T1, HD

#### LOOP DIURETICS

- Bumetanide: T1, HD
- Edecrin (ethacrynic acid): T3, PA HD
- Ethacrynic acid (Edecrin): T1, HD
- Furosemide: T1, HD
- Furosemide (Lasix): T1, HD
- Lasix (furosemide): T3, HD
- Torsemide: T1, HD

#### OSMOTIC DIURETICS

- Resectisol: T3

#### POTASSIUM SPARING DIURETICS

- Aldactone (spironolactone): T3, HD
- Amiloride hcl: T1, HD
- Carospir: T3, HD
- Dyrenium (triamterene): T3, HD
- Eplerenone (Inspra): T1, HD
- Inspra (eplerenone): T3, HD
- Spironolactone (Aldactone): T1, HD
- Triamterene (Dyrenium): T1, HD

#### POTASSIUM SPARING DIURETICS IN COMBINATION

- Aldactazide: T3, HD
- Aldactazide (spironolactone-hctz): T3, HD
- Amiloride/hydrochlorothiazide: T1, HD
- Dyazide (triamterene-hydrochlorothiazide): T3, HD
- Maxzide (triamterene-hydrochlorothiazide): T3, HD
- Maxzide-25 MG (triamterene-hydrochlorothiazide): T3, HD

**Notes:**

- T1 - Typically generics
- T2 - Typically preferred brands
- T3 - Typically non-preferred brands
- T4 - Injectable specialty medications
- PA - Prior Authorization
- QL - Quantity Limit
- ST - Step Therapy
- AGE - Age Requirement
- SP - Specialty medication
- HD - May require home delivery
- PPACA - No cost-share preventive medications
- CSL - Oral cancer medications subject to cost-share limits
### DIURETICS (Diuretics)

#### POTASSIUM SPARING DIURETICS IN COMBINATION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>spironolact/hydrochlorothiazid (Aldactazide)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>triamterene/hydrochlorothiazid (Dyazide)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>triamterene/hydrochlorothiazid (Maxzide)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>triamterene/hydrochlorothiazid (Maxzide-25 Mg)</td>
<td>T1</td>
<td>HD</td>
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</table>

#### THIAZIDE AND RELATED DIURETICS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Tier</th>
<th>Coverage</th>
</tr>
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<tbody>
<tr>
<td>chlorthalidone</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>DIURIL</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>hydrochlorothiazide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>indapamide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>metolazine</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### EENT PREPS (Allergy/Nasal Sprays)

#### NASAL ANTIHISTAMINE

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>azelastine 0.1% (137 mcg) spry</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>azelastine 0.15% nasal spray</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>olopatadine 665 mcg nasal spray (Patanase)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PATANASE (olopatadine hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DYMISTA</td>
<td>T3</td>
<td>ST, HD</td>
</tr>
</tbody>
</table>

#### NASAL ANTI-INFLAMMATORY STEROIDS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BECONASE AQ</td>
<td>T3</td>
<td>ST, HD</td>
</tr>
<tr>
<td>flunisolide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>fluticasone prop 50 mcg spray</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>mometasone furoate 50 mcg spry (Nasonex)</td>
<td>T1</td>
<td>QL (4 bots/30 days) HD</td>
</tr>
<tr>
<td>NASONEX (mometasone furoate)</td>
<td>T3</td>
<td>ST QL (4 bots/30 days) HD</td>
</tr>
<tr>
<td>OMNARIS</td>
<td>T3</td>
<td>ST, HD</td>
</tr>
<tr>
<td>QNASL</td>
<td>T3</td>
<td>ST, HD</td>
</tr>
<tr>
<td>QNASL CHILDREN</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>XHANCE</td>
<td>T3</td>
<td>ST, HD</td>
</tr>
<tr>
<td>ZETONNA</td>
<td>T3</td>
<td>ST, HD</td>
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</table>

#### NOSE PREPARATIONS, MISCELLANEOUS (RX)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ipratropium bromide</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### NOSE PREPARATIONS, VASOCONSTRICTORS (RX)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRENALIN CHLORIDE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>Prescription drug name</td>
<td>Drug tier</td>
<td>Coverage requirements and limits</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>EENT PREPS (Ear Medications)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EAR PREPARATIONS ANTI-INFLAMMATORY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERMOTIC (fluocinolone acetonide oil)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide oil (Dermotic)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><strong>EAR PREPARATIONS, MISC. ANTI-INFECTIVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetic acid</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone/acetic acid</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><strong>EENT PREPS (Eye Conditions)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARTIFICIAL TEARS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LACRISERT</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td><strong>EYE ANTI-INFECTIVES (RX ONLY)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETADINE</td>
<td>T2</td>
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</tr>
<tr>
<td><strong>EYE ANTI-INFLAMMATORY AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACULAR (ketorolac tromethamine)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ACULAR LS (ketorolac tromethamine)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ACUVAIL</td>
<td>T3</td>
<td></td>
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<tr>
<td>ALREX</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>bromfenac sodium</td>
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<td></td>
</tr>
<tr>
<td>BROMSITE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>diclofenac 0.1% eye drops</td>
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<td></td>
</tr>
<tr>
<td>DUREZOL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>FLAREX</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>fluorometholone (FML)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen sodium</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>FML (fluorometholone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>FML FORTE</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>FML S.O.P.</td>
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<tr>
<td>ILEVRO</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>INVELTYS</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ketorolac 0.4% ophth solution (Acular LS)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ketorolac 0.5% ophth solution (Acular)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>LOTE MAX 0.5% EYE DROPS (loteprednol etabonate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>LOTE MAX 0.5% EYE OINTMENT</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>LOTE MAX 0.5% OPHTHALMIC GEL</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>LOTE MAX SM</td>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
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## EENT PREPS (Eye Conditions)

### EYE ANTI-INFLAMMATORY AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>loteprednol etabonate (Lotemax)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>MAXIDEX</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>NEVANAC</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PRED FORTE (prednisolone acetate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PRED MILD</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>prednisolone acetate (Pred Forte)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>(prednisolone sodium phosphate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PROLENSA</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### EYE LOCAL ANESTHETICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>AKTEN</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ALCAINE (proparacaine hcl)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ALTAFLUOR BENOX</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>FLUCAINE (fluorescein-proparacaine)</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>proparacaine hcl (Alcaine)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>proparacaine/fluorescein sod (Flucaine)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TETRAVISC</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>TETRAVISC FORTE</td>
<td>T2</td>
<td></td>
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</table>

### EYE MAST CELL STABILIZERS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>ALOCril</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ALOMIDE</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>cromolyn 4% eye drops</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

### EYE PREPARATIONS, MISCELLANEOUS (OTC)

<table>
<thead>
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<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>GELFILM</td>
<td>T3</td>
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### EYE VASOCONSTRICTORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenylephrine hcl</td>
<td>T1</td>
<td></td>
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</tbody>
</table>

### MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHAGAN P 0.1% DROPS</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>ALPHAGAN P 0.15% EYE DROPS (brimonidine tartrate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>apraclonidine hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>AZOPT</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>betaxolol hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>BETIMOL</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>BETOPTIC S</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>bimatoprost</td>
<td>T1</td>
<td>QL (10 gm/30 days) HD</td>
</tr>
<tr>
<td>brimonidine tartrate</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

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- **CSL** - Oral cancer medications subject to cost-share limits

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### EENT PREPS (Eye Conditions)

#### MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>brimonidine tartrate (Alphagan P)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>carteolol hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>COMBIGAN</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>COSOPT (dorzolamide-timolol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>COSOPT PF (dorzolamide-timolol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>dorzolamide hcl (Trusopt)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>dorzolamide hcl/timolol maleat (Cosopt)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>dorzolamide/timolol/pf (Cosopt Pf)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>IOPIDINE</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>ISOPTO CARPINE (pilocarpine hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ISTALOL (timolol maleate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>latanoprost (Xalatan)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>levobunolol hcl</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>LUMIGAN</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>PHOSPHOLINE IODIDE</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>pilocarpine hcl (Isopto Carpine)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>RHOPRESSA</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ROCKLATAN</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>SIMBRINZA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>timolol maleate (Istalol)</td>
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<td>HD</td>
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<tr>
<td>timolol maleate (Timoptic)</td>
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<tr>
<td>timolol maleate (Timoptic-XE)</td>
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<td>HD</td>
</tr>
<tr>
<td>TIMOPTIC (timolol maleate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>TIMOPTIC OCUDOSE</td>
<td>T3</td>
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</tr>
<tr>
<td>TIMOPTIC-XE (timolol maleate)</td>
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</tr>
<tr>
<td>TRAVATAN Z (travoprost)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>travoprost (Travatan Z)</td>
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<td>HD</td>
</tr>
<tr>
<td>TRUSOPT (dorzolamide hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>VYZULTA</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>XALATAN (latanoprost)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>XELPROS</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>ZIOPTAN</td>
<td>T3</td>
<td>PA ST QL (2 boxes/30 days)</td>
</tr>
</tbody>
</table>

### MYDRIATICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>atropine sulfate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>atropine sulfate (Isopto Atropine)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>CYCLOGYL 0.5% EYE DROPS (cyclopentolate hcl)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>CYCLOGYL 1% EYE DROPS (cyclopentolate hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CYCLOGYL 2% EYE DROPS (cyclopentolate hcl)</td>
<td>T2</td>
<td>HD</td>
</tr>
</tbody>
</table>

* • T1 - Typically generics • T2 - Typically preferred brands • T3 - Typically non-preferred brands • T4 - Injectable specialty medications • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • AGE - Age Requirement • SP - Specialty medication • HD - May require home delivery • PPACA - No cost-share preventive medications • CSL - Oral cancer medications subject to cost-share limits

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## EENT PREPS (Eye Conditions)
### MYDRIATICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYCLOMYDRIL</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>cycloptonal/tropic/phenyleph</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>cycloptonal hcl (Cyclogyl)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>homatropine hbr</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>ISOPTO ATROPINE (atropine sulfate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MYDRIACYL (tropicamide)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PAREMYD</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>tropicamide</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>tropicamide (Mydriacyl)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### OPTH TH VASC. ENDOTHELIAL GROWTH FACTOR ANTAGONISTS

- EYLEA: T4, SP

### OPTHALMIC ANTIFIBROTIC AGENTS

- MITOSOL: T3

### OPTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE

- CEQUA: T3, HD
- RESTASIS: T2, HD
- RESTASIS MULTIDOSE: T2, HD
- XIIDRA: T2, HD

### OPTHALMIC CYSTINE DEPLETING AGENTS

- CYSTARAN: T3, QL (120ml/28 days), SP

### OPTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)

- OXERVATE: T3, PA, SP, HD

### ELECT/CALORIC/H2O (Diabetes)

#### AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)

- BAQSIMI: T2, QL (2/30 days)
- GLUCAGEN 1 MG HYPOKIT: T2, QL (2 pens/30 days)
- GLUCAGON EMERGENCY KIT: T2, QL (2 pens/30 days)
- GVOKE SYRINGE: T3, QL (2 syrings/30 days)
- PROGLYCEM: T3

### ELECT/CALORIC/H2O (Miscellaneous)

#### NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS

- XURIDEN: T3, PA, SP

### ELECT/CALORIC/H2O (Nutritional/Dietary)

#### ELECTROLYTE DEPLETERS

- AURYXIA: T3, QL (12 tabs/day)

---

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- CSL - Oral cancer medications subject to cost-share limits
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcium acetate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL 1,000 MG POWDER PACK</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL 1,000 MG TABLET CHEW (lanthanum carbonate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL 500 MG TABLET CHEW (lanthanum carbonate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL 750 MG POWDER PACKET</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL 750 MG TABLET CHEW (lanthanum carbonate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>lanthanum carbonate (Fosrenol)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>LOKELMA</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PHOSLYRA</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>RENAGEL (sevelamer hcl)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>RENVELA (sevelamer carbonate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>sevelamer carbonate (Renvela)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sevelamer hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sevelamer hcl (Renagel)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfon/sorb</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate</td>
<td>T1</td>
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</tr>
<tr>
<td>sps 15 gm/60 ml suspension</td>
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<td></td>
</tr>
<tr>
<td>SPS 30 GM/120 ML ENEMA SUSP</td>
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<td></td>
</tr>
<tr>
<td>VELPHORO</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VELTASSA</td>
<td>T3</td>
<td></td>
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<tr>
<td>IODINE CONTAINING AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>potassium iodide</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>potassium iodide/iodine</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>IRON REPLACEMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ferrous fum/vit c/b12-if/folic</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TRIFERIC</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM REPLACEMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFFER-K 10 MEQ TABLET EFF</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>EFFER-K 20 MEQ TABLET EFF</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>effer-k 25 meq tablet eff</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>klor-con 10 meq tablet (K-Tab ER)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>KLOR-CON 10 MEQ TABLET (potassium chloride)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>klor-con 8 meq tablet (K-Tab ER)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>KLOR-CON 8 MEQ TABLET (potassium chloride)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>KLOR-CON M15</td>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>

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### ELECT/CALORIC/H2O (Nutritional/Dietary)

#### POTASSIUM REPLACEMENT

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-TAB ER (potassium chloride)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>potassium bicarbonate/cit ac</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride (K-Tab ER)</td>
<td>T1</td>
<td></td>
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</tbody>
</table>

### ELECT/CALORIC/H2O (Urinary Tract Conditions)

#### DIALYSIS SOLUTIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRISMASOL</td>
<td>T3</td>
<td></td>
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</tbody>
</table>

#### URINARY PH MODIFIERS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-PHOS NO.2</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>K-PHOS ORIGINAL</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>ORACIT</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>potassium citrate (Urocit-K)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>potassium citrate/citric acid</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>RENACIDIN</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UROCIT-K (potassium citrate er)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

### GASTROINTESTINAL (Cholesterol Medications)

#### LIPTROTICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOVZA (omega-3 acid ethyl esters)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>omega-3 acid ethyl esters (Lovaza)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>VASCEPA</td>
<td>T2</td>
<td>PA HD</td>
</tr>
</tbody>
</table>

### GASTROINTESTINAL (Gastrointestinal/Heartburn)

#### AMMONIA INHIBITORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPHENYL 500 MG TABLET (sodium phenylbutyrate)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>BUPHENYL POWDER (sodium phenylbutyrate)</td>
<td>T2</td>
<td>SP HD</td>
</tr>
<tr>
<td>lactulose</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>lactulose 10 gm/15 ml solution</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>LITHOSTAT</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>RAVICTI</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>sodium phenylbutyrate (Buphenyl)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

#### ANTICHOLINERGICS, QUATERNARY AMMONIUM

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlordiazepoxide/clidinium br (Librax)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>CUVPOSA</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>GLYCATE (glycopyrrolate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>glycopyrrolate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>glycopyrrolate (Glycate)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
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<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIBRAX (chlor Diazepoxide-clidinium)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>propantheline bromide</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

### ANTICHOLINERGICS/ANTISPASMODICS

- **dicyclomine hcl**
  - Drug tier: T1

### ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS

- **MYTESI**
  - Drug tier: T3

### ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR

- **XERMELO**
  - Drug tier: T3
  - Coverage: PA SP

### ANTIDIARRHEALS

- **diphenoxylate hcl/atropine**
  - Drug tier: T1
- **diphenoxylate hcl/atropine (Lomotil)**
  - Drug tier: T1
- **LOMOTIL (diphenoxylate-atropine)**
  - Drug tier: T3
- **loperamide hcl**
  - Drug tier: T1
- **MOTOFEN**
  - Drug tier: T3
  - Coverage: PA
- **opium tincture**
  - Drug tier: T1
- **paregoric**
  - Drug tier: T1

### ANTIEMETIC, CANNABINOID-TYPE

- **dronabinol**
  - Drug tier: T1
- **SYNDROS**
  - Drug tier: T3
  - Coverage: PA

### ANTIEMETIC/ANTIVERTIGO AGENTS

- **AKYNZEO**
  - Drug tier: T3
  - Coverage: PA QL (4 caps/28 days)
- **aprepitant 125 mg capsule**
  - Drug tier: T1
  - Coverage: QL (4 caps/28 days)
- **aprepitant 125-80-80 mg pack (Emend)**
  - Drug tier: T1
  - Coverage: QL (12 caps/28 days)
- **aprepitant 40 mg capsule (Emend)**
  - Drug tier: T1
  - Coverage: QL (1 cap/28 days)
- **aprepitant 80 mg capsule (Emend)**
  - Drug tier: T1
  - Coverage: QL (8 caps/28 days)
- **BONJESTA**
  - Drug tier: T3
- **DICLEGIS (doxylamine succ-pyridoxine hcl)**
  - Drug tier: T3
- **doxylamine succinate/vit b6 (Diclegis)**
  - Drug tier: T1
- **EMEND 125 MG POWDER PACKET**
  - Drug tier: T3
  - Coverage: PA QL (12 caps/28 days)
- **EMEND 150 MG VIAL (fosaprepitant dimeglumine)**
  - Drug tier: T3
  - Coverage: PA
- **EMEND 40 MG CAPSULE (aprepitant)**
  - Drug tier: T3
  - Coverage: PA QL (1 cap/28 days)
- **EMEND 80 MG CAPSULE (aprepitant)**
  - Drug tier: T3
  - Coverage: PA QL (8 caps/28 days)
- **EMEND TRIPACK (aprepitant)**
  - Drug tier: T3
  - Coverage: PA QL (12 caps/28 days)

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</thead>
<tbody>
<tr>
<td>fosaprepitant dimeglumine (Emend)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>granisetron hcl</td>
<td>T1</td>
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</tr>
<tr>
<td>granisetron hcl/pf</td>
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<td></td>
</tr>
<tr>
<td>ondansetron</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ondansetron hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ondansetron hcl (Zofran)</td>
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</tr>
<tr>
<td>ondansetron hcl/pf</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine maleate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>SANCUSO</td>
<td>T3</td>
<td>PA QL (4 patches/30 days)</td>
</tr>
<tr>
<td>scopolamine (Transderm-Scop)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TIGAN (trimethobenzamide hcl)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>TRANSDERM-SCOP (scopolamine)</td>
<td>T3</td>
<td></td>
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<tr>
<td>trimethobenzamide hcl (Tigan)</td>
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<tr>
<td>VARUBI</td>
<td>T3</td>
<td>PA QL (4 tabs/28 days)</td>
</tr>
<tr>
<td>ZOFRAN (ondansetron hcl)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>ZUPLENZ</td>
<td>T3</td>
<td>PA ST QL (24 films/30 days)</td>
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</table>

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARAFATE 1 GM TABLET (sucralfate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CARAFATE 1 GM/10 ML SUSP (sucralfate)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>CYTOTEC (misoprostol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>misoprostol (Cytotec)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>sucralfate (Carafate)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>lansoprazole/amoxiciln/clarith</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>OMECLAMOX-PAK</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>PYLERA</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>TALICIA</td>
<td>T3</td>
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</table>

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANASPAZ (nulev)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>DONNATAL (phenobarbital-belladonna)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>DONNATAL (phenohydro)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>hyoscyamine sulfate</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>hyoscyamine sulfate (AnaspaZ)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>hyoscyamine sulfate (Levbid)</td>
<td>T1</td>
<td>HD</td>
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</tbody>
</table>

- **T1** - Typically generics
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- **T3** - Typically non-preferred brands
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- **CSL** - Oral cancer medications subject to cost-share limits
## Gastrointestinal (Gastrointestinal/Heartburn)

### Belladonna Alkaloids

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hyoscyamine Sulfate (Levsin)</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Hyoscyamine Sulfate (Levsin-SL)</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Levbid (Symax-Sr)</strong></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Levsin (Oscimin)</strong></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Levsin-SL (Symax-SI)</strong></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Methscopolamine Bromide</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Phenobarb/hyoscy/atropine/scop (Donnatal)</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Symax Duotab</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Bile Salts

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actigall (Ursodiol)</strong></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Chenodal</strong></td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td><strong>Cholbam</strong></td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td><strong>Ursodiol</strong> (Ursodiol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Ursodeoxycholic Acid (Ursodeoxycholic Acid)</strong></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Ursodiol (Urso Forte)</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Ursodiol (Urso)</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### Chronic Inflam. Colon DX, 5-A-Salicylat, Rectal TX

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canasa (Mesalamine)</strong></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><strong>Mesalamine 1,000 mg supp (Canasa)</strong></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><strong>Mesalamine 4 gm/60 ml enema (Sfrowasa)</strong></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><strong>Mesalamine 4 gm/60 ml kit (Rowasa)</strong></td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td><strong>Rowasa (Mesalamine)</strong></td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>Sfrowasa (Mesalamine)</strong></td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### Drug TX-Chronic Inflam. Colon DX, 5-Aminosalicylat

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apriso (Mesalamine Er)</strong></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><strong>Asacol HD (Mesalamine)</strong></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><strong>Azulfidine (Sulfasalazine Dr)</strong></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Azulfidine (Sulfasalazine)</strong></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Balsalazide Disodium (Colazal)</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Colazal (Balsalazide Disodium)</strong></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><strong>Delzicol (Mesalamine Dr)</strong></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><strong>Dipentum</strong></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><strong>Lialda (Mesalamine)</strong></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td><strong>Mesalamine (Apriso)</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td><strong>Mesalamine (Delzicol)</strong></td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

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# Gastrointestinal (Gastrointestinal/Heartburn)

## Drug Tx-Chronic Inflam. Colon Dx, 5-Aminosalicylat

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>mesalamine 800 mg dr tablet (Asacol HD)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>mesalamine dr 1.2 gm tablet (Lialda)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PENTASA</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>sulfasalazine (Azulfidine)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

## Farnesoid X Receptor (FXR) Agonist, Bile AC Analog

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCALIVA</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

## Gastric Enzymes

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUCRAID</td>
<td>T3</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

## Histamine H2-Receptor Inhibitors

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cimetidine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>cimetidine hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>famotidine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nizatidine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PEPCID</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>ranitidine hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

## IBS Agents, Mixed Opioid Recep Agonists/Antagonists

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIBERZI</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

## IBS-C/Cic Agents, Guanylate Cyclase-C Agonist

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINZESS</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>TRULANCE</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

## Integrin Receptor Antagonist, Monoclonal Antibody

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTYVIO</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

## Intestinal Motility Stimulants

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>metoclopramide hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>metoclopramide hcl (Reglan)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>MOTEGRITY</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>REGLAN (metoclopramide hcl)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

## Irritable Bowel Synd. Agent, 5-HT4 Partial Agonist

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZELNORM</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

## Irritable Bowel Syndrome Agents, 5-HT3 Antagonist

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alosetron hcl (Lotronex)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>LOTRONEX (alosetron hcl)</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

## Laxatives and Cathartics

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMITIZA</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>bisac/nacl/nahco3/kcl/peg 3350</td>
<td>T1</td>
<td>PPACA</td>
</tr>
<tr>
<td>CLENPIQ</td>
<td>T2</td>
<td>PPACA</td>
</tr>
</tbody>
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### GASTROINTESTINAL (Gastrointestinal/Heartburn)

#### LAXATIVES AND CATHARTICS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOLYTELY</td>
<td>T3</td>
<td>PA PPACA</td>
</tr>
<tr>
<td>GOLYTELY (peg-3350 and electrolytes)</td>
<td>T3</td>
<td>PA PPACA</td>
</tr>
<tr>
<td>KRISTALOSE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>KRISTALOSE (lactulose)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>lactulose</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lactulose 10 gm packet (Kristalose)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lactulose 10 gm/15 ml solution</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lactulose 20 gm/30 ml solution</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>MOVIPREP</td>
<td>T3</td>
<td>PA PPACA</td>
</tr>
<tr>
<td>NULYTELY WITH FLAVOR PACKS (trilyte with flavor packets)</td>
<td>T3</td>
<td>PA PPACA</td>
</tr>
<tr>
<td>OSMOPREP</td>
<td>T3</td>
<td>PA PPACA</td>
</tr>
<tr>
<td>peg3350/sod sulf, bicarb, cl/kcl</td>
<td>T1</td>
<td>PPACA</td>
</tr>
<tr>
<td>peg3350/sod sulf, bicarb, cl/kcl (Golytely)</td>
<td>T1</td>
<td>PPACA</td>
</tr>
<tr>
<td>NULYTELY WITH FLAVOR PACKS (trilyte with flavor packets)</td>
<td>T3</td>
<td>PA PPACA</td>
</tr>
<tr>
<td>PLENVU</td>
<td>T3</td>
<td>PA PPACA</td>
</tr>
<tr>
<td>PREPOPIK</td>
<td>T2</td>
<td>PPACA</td>
</tr>
<tr>
<td>sodium chloride/nahco3/kcl/peg (Nulytely With Flavor Packs)</td>
<td>T1</td>
<td>PPACA</td>
</tr>
<tr>
<td>SUPREP</td>
<td>T2</td>
<td>PPACA</td>
</tr>
</tbody>
</table>

#### LOCAL ANORECTAL NITRATE PREPARATIONS

| RECTIV                 | T3        |                                  |

#### PANCREATIC ENZYMES

| CREON                  | T3        | PA HD                           |
| PANCREAZE              | T2        | HD                              |
| PERTZYE                | T3        | PA HD                           |
| VIOKACE                | T3        | HD                              |
| ZENPEP                 | T3        | PA HD                           |

#### PROTON-PUMP INHIBITORS

| ACIPHEX (rabeprazole sodium) | T3 | ST QL (30 tabs/30 days) HD |
| ACIPHEX SPRINKLE DR 10 MG CAP | T3 | QL (60 caps/30 days) HD |
| ACIPHEX SPRINKLE DR 5 MG CAP | T3 | QL (120 caps/30 days) HD |
| DEXILANT DR 30 MG CAPSULE    | T2 | QL (2 caps/day) HD |
| DEXILANT DR 60 MG CAPSULE    | T2 | QL (30 caps/30 days) HD |
| esomeprazole mag dr 20 mg cap (Nexium) | T1 | QL (2/day) HD |
| esomeprazole mag dr 40 mg cap (Nexium) | T1 | QL (30 caps/30 days) HD |
| lansoprazole dr 15 mg capsule (Prevacid) | T1 | QL (2 caps/day) HD |

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<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lansoprazole dr 30 mg capsule (Prevacid)</td>
<td>T1</td>
<td>QL (30 caps/30 days) HD</td>
</tr>
<tr>
<td>lansoprazole odt 15 mg tablet (Prevacid)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>lansoprazole odt 30 mg tablet (Prevacid)</td>
<td>T1</td>
<td>QL (30 tabs/30 days) HD</td>
</tr>
<tr>
<td>NEXIUM DR 10 MG PACKET</td>
<td>T2</td>
<td>PA QL (120 packs/30 days) HD</td>
</tr>
<tr>
<td>NEXIUM DR 2.5 MG PACKET</td>
<td>T2</td>
<td>QL (480 packs/30 days) HD</td>
</tr>
<tr>
<td>NEXIUM DR 20 MG CAPSULE (esomeprazole magnesium)</td>
<td>T3</td>
<td>PA ST QL (2 caps/day) HD</td>
</tr>
<tr>
<td>NEXIUM DR 20 MG PACKET</td>
<td>T2</td>
<td>PA QL (2 caps/day) HD</td>
</tr>
<tr>
<td>NEXIUM DR 40 MG CAPSULE (esomeprazole magnesium)</td>
<td>T3</td>
<td>PA ST QL (30 caps/30 days) HD</td>
</tr>
<tr>
<td>NEXIUM DR 40 MG PACKET</td>
<td>T2</td>
<td>PA QL (30 packs/30 days) HD</td>
</tr>
<tr>
<td>NEXIUM DR 5 MG PACKET</td>
<td>T2</td>
<td>QL (240 packs/30 days) HD</td>
</tr>
<tr>
<td>omeprazole dr 10 mg capsule</td>
<td>T1</td>
<td>QL (4 caps/day) HD</td>
</tr>
<tr>
<td>omeprazole dr 20 mg capsule</td>
<td>T1</td>
<td>QL (60 caps/30 days) HD</td>
</tr>
<tr>
<td>omeprazole dr 40 mg capsule</td>
<td>T1</td>
<td>QL (30 caps/30 days) HD</td>
</tr>
<tr>
<td>OMEPRAZOLE-BICARB 20-1,100 CAP</td>
<td>T3</td>
<td>PA ST QL (60 caps/30 days) HD</td>
</tr>
<tr>
<td>OMEPRAZOLE-BICARB 20-1,680 PKT</td>
<td>T3</td>
<td>PA ST QL (60 packs/30 days) HD</td>
</tr>
<tr>
<td>OMEPRAZOLE-BICARB 40-1,100 CAP</td>
<td>T3</td>
<td>PA ST QL (30 packs/30 days) HD</td>
</tr>
<tr>
<td>OMEPRAZOLE-BICARB 40-1,680 PKT</td>
<td>T3</td>
<td>PA ST QL (30 packs/30 days) HD</td>
</tr>
<tr>
<td>pantoprazole sod dr 20 mg tab (Protonix)</td>
<td>T1</td>
<td>QL (60 tabs/30 days) HD</td>
</tr>
<tr>
<td>pantoprazole sod dr 40 mg tab (Protonix)</td>
<td>T1</td>
<td>QL (30 tabs/30 days) HD</td>
</tr>
<tr>
<td>PREVACID 15 MG SOLUTAB (lansoprazole)</td>
<td>T3</td>
<td>PA ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>PREVACID 30 MG SOLUTAB (lansoprazole)</td>
<td>T3</td>
<td>PA ST QL (30 tabs/30 days) HD</td>
</tr>
<tr>
<td>PREVACID DR 15 MG CAPSULE (lansoprazole)</td>
<td>T3</td>
<td>PA ST QL (60 caps/30 days) HD</td>
</tr>
<tr>
<td>PREVACID DR 30 MG CAPSULE (lansoprazole)</td>
<td>T3</td>
<td>PA ST QL (30 caps/30 days) HD</td>
</tr>
<tr>
<td>PRILOSEC DR 10 MG SUSPENSION</td>
<td>T3</td>
<td>QL (120 packs/30 days) HD</td>
</tr>
<tr>
<td>PRILOSEC DR 2.5 MG SUSPENSION</td>
<td>T3</td>
<td>QL (480 packs/30 days) HD</td>
</tr>
<tr>
<td>PROTONIX 40 MG SUSPENSION</td>
<td>T3</td>
<td>ST QL (30 packs/30 days) HD</td>
</tr>
<tr>
<td>PROTONIX DR 20 MG TABLET (pantoprazole sodium)</td>
<td>T3</td>
<td>ST QL (60 tabs/30 days) HD</td>
</tr>
<tr>
<td>PROTONIX DR 40 MG TABLET (pantoprazole sodium)</td>
<td>T3</td>
<td>ST QL (30 tabs/30 days) HD</td>
</tr>
<tr>
<td>RABEPRAZOLE DR 10 MG SPRNKL CP</td>
<td>T3</td>
<td>QL (2 caps/day) HD</td>
</tr>
</tbody>
</table>

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### GASTROINTESTINAL (Gastrointestinal/Heartburn)

#### PROTON-PUMP INHIBITORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>rabeprazole sod dr 20 mg tab (Aciphex)</td>
<td>T1</td>
<td>QL (30 tabs/30 days) HD</td>
</tr>
<tr>
<td>ZEGERID 20 MG CAPSULE</td>
<td>T3</td>
<td>PA ST QL (60 caps/30 days) HD</td>
</tr>
<tr>
<td>ZEGERID 20 MG PACKET</td>
<td>T3</td>
<td>PA ST QL (60 packs/30 days) HD</td>
</tr>
<tr>
<td>ZEGERID 40 MG CAPSULE</td>
<td>T3</td>
<td>PA ST QL (30 caps/30 days) HD</td>
</tr>
<tr>
<td>ZEGERID 40 MG PACKET</td>
<td>T3</td>
<td>PA ST QL (30 packs/30 days) HD</td>
</tr>
</tbody>
</table>

#### RECTAL PREPARATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANUSOL-HC 25 MG SUPPOSITORY (hydrocortisone acetate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone acetate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate (Anusol-hC)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS

- GATTEX: T4, PA SP HD

#### HEMORRHOID PREP, ANTI-INFLAM STEROID-LOCAL ANESTHET

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANALPRAM HC (hydrocortisone-pramoxine)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone/lidocaine/aloe</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone/pramoxine (Analpram HC)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lidocaine/hydrocortisone ac</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PROCORT</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PROCTOFOAM-HC</td>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>

#### HORMONES (Gastrointestinal/Heartburn)

#### RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORTENEMA (hydrocortisone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>CORTIFOAM</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone (Cortenema)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>UCERIS 2 MG RECTAL FOAM</td>
<td>T3</td>
<td>PA QL (2 kits/180 days)</td>
</tr>
</tbody>
</table>

#### HORMONES (Hormonal Agents)

#### ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC

- INTRAROSA: T3

#### ANDROGENIC AGENTS

- ANADROL-50: T2, PA
- ANDRODERM: T2, PA QL (1 patch/day)
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDROGEL 1%(2.5G) GEL PACKET (testosterone)</td>
<td>T3</td>
<td>PA QL (150gm/30 days)</td>
</tr>
<tr>
<td>ANDROGEL 1%(5G) GEL PACKET (testosterone)</td>
<td>T3</td>
<td>PA QL (2 packs/day)</td>
</tr>
<tr>
<td>ANDROGEL 1.62% GEL PUMP (testosterone)</td>
<td>T3</td>
<td>PA QL (150gm/30 days)</td>
</tr>
<tr>
<td>ANDROGEL 1.62%(1.25G) GEL PCKT (testosterone)</td>
<td>T3</td>
<td>PA QL (2 packs/day)</td>
</tr>
<tr>
<td>ANDROGEL 1.62%(2.5G) GEL PCKT (testosterone)</td>
<td>T3</td>
<td>PA QL (150gm/30 days)</td>
</tr>
<tr>
<td>DEPO-TESTOSTERONE (testosterone cypionate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>FORTESTA (testosterone)</td>
<td>T3</td>
<td>PA QL (120 gm/30 days)</td>
</tr>
<tr>
<td>JATENZO</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>methyltestosterone</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>NATESTO</td>
<td>T3</td>
<td>PA QL (3 bots/30 days)</td>
</tr>
<tr>
<td>oxandrolone</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>STRIANT</td>
<td>T3</td>
<td>PA QL (2/day)</td>
</tr>
<tr>
<td>TESTIM (testosterone)</td>
<td>T3</td>
<td>PA QL (2 tubes/day)</td>
</tr>
<tr>
<td>testosterone 1.62% (2.5 g) pkt (Androgel)</td>
<td>T1</td>
<td>PA QL (150gm/30 days)</td>
</tr>
<tr>
<td>testosterone 1.62% gel pump (Androgel)</td>
<td>T1</td>
<td>PA QL (150gm/30 days)</td>
</tr>
<tr>
<td>testosterone 1.62%(1.25 g) pkt (Androgel)</td>
<td>T1</td>
<td>PA QL (2 packs/day)</td>
</tr>
<tr>
<td>testosterone 10 mg gel pump (Fortesta)</td>
<td>T1</td>
<td>PA QL (120 gm/30 days)</td>
</tr>
<tr>
<td>testosterone 12.5 mg/1.25 gram (Vogelxo)</td>
<td>T1</td>
<td>PA QL (150gm/30 days)</td>
</tr>
<tr>
<td>testosterone 25 mg/2.5 gm pkt (Androgel)</td>
<td>T1</td>
<td>PA QL (150gm/30 days)</td>
</tr>
<tr>
<td>testosterone 30 mg/1.5 ml pump (Androgel)</td>
<td>T1</td>
<td>PA QL (180ml/30 days)</td>
</tr>
<tr>
<td>testosterone 50 mg/5 gram gel (Vogelxo)</td>
<td>T1</td>
<td>PA QL (2 tubes/day)</td>
</tr>
<tr>
<td>testosterone 50 mg/5 gram pkt (Vogelxo)</td>
<td>T1</td>
<td>PA QL (2 packs/day)</td>
</tr>
<tr>
<td>testosterone cypionate (Depo-testosterone)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>testosterone enanthate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>VOGELXO 12.5 MG/1.25 GRAM PUMP (testosterone)</td>
<td>T3</td>
<td>PA QL (150gm/30 days)</td>
</tr>
<tr>
<td>VOGELXO 50 MG/5 GRAM GEL (testosterone)</td>
<td>T3</td>
<td>PA QL (2 tubes/day)</td>
</tr>
<tr>
<td>VOGELXO 50 MG/5 GRAM GEL PACKT (testosterone)</td>
<td>T3</td>
<td>PA QL (2 packs/day)</td>
</tr>
<tr>
<td>XYOSTED</td>
<td>T3</td>
<td>PA QL (4 injectors/28 days)</td>
</tr>
</tbody>
</table>

**Antidiuretic and Vasopressor Hormones**

| DDAVP | T3 | PA |
**HORMONES (Hormonal Agents)**

### ANTIDIURETIC AND VASOPRESSOR HORMONES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDAVP (desmopressin acetate)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>desmopressin (nonrefrigerated) (DDAVP)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate (DDAVP)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>NOCDURNA</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>NOCTIVA</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>STIMATE</td>
<td>T2</td>
<td>SP</td>
</tr>
</tbody>
</table>

### ESTROGEN AND PROGESTIN COMBINATIONS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIJUVA</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ESTROGEN/ANDROGEN COMBINATIONS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>estrogen, ester/me-testosterone</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ESTROGENIC AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVELLA (minimvey)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ALORA (estradiol)</td>
<td>T3</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
<tr>
<td>CLIMARA (estradiol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CLIMARA PRO</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>COMBIPATCH</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>DIVIGEL</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>ELESTRIN</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ESTRACE (estradiol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol (Vivelle-Dot)</td>
<td>T1</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
<tr>
<td>estradiol 0.025 mg patch (Vivelle-Dot)</td>
<td>T1</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
<tr>
<td>estradiol 0.0375 mg patch (Vivelle-Dot)</td>
<td>T1</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
<tr>
<td>estradiol 0.0375 mg/day patch (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol 0.05 mg patch (Vivelle-Dot)</td>
<td>T1</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
<tr>
<td>estradiol 0.06 mg/day patch (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol 0.075 mg patch (Vivelle-Dot)</td>
<td>T1</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
<tr>
<td>estradiol 0.075 mg/day patch (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol 0.1 mg patch (Vivelle-Dot)</td>
<td>T1</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
<tr>
<td>estradiol 0.5 mg tablet (Estrace)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol 1 mg tablet (Estrace)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol 2 mg tablet (Estrace)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol tds 0.025 mg/day (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol tds 0.0375 mg/day (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol tds 0.05 mg/day (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits

*105*
### HORMONES (Hormonal Agents)

#### ESTROGENIC AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>estradiol tds 0.06 mg/day (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol tds 0.075 mg/day (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol tds 0.1 mg/day (Climara)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol/norethindrone acet</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol/norethindrone acet (Activella)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>ESTROGEL</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>EVAMIST</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>FEMHRT (norethindron-ethinyl estradiol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MENEST</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>MENOSTAR</td>
<td>T3</td>
<td>QL (8 patches/28 days) HD</td>
</tr>
<tr>
<td>MINIVELLE (estradiol)</td>
<td>T3</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
<tr>
<td>norethind-eth estrad 0.5-2.5 (Femhrt)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>norethindrone ac-eth estradiol</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>norethindrone ac-eth estradiol (Femhrt)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>norethin-eth estrad 1 mg-5 mcg</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PREFEST</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PREMARIN</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>PREMPHASE</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>PREMPRO</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>VIVELLE-DOT (estradiol)</td>
<td>T3</td>
<td>QL (16 patches/28 days) HD</td>
</tr>
</tbody>
</table>

#### ESTROGEN-PROGESTIN WITH ANTMINERALOCORTICOID COMB

<table>
<thead>
<tr>
<th>Drug name</th>
<th>T3</th>
<th>HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PANELLA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD (SERM) COMB

<table>
<thead>
<tr>
<th>Drug name</th>
<th>T2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DUAVEE</td>
<td></td>
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</tbody>
</table>

#### GLUCOCORTICOIDS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>budesonide (Entocort EC)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>budesonide (Uceris)</td>
<td>T1</td>
<td>PA QL (56 tabs/180 days)</td>
</tr>
<tr>
<td>CORTEF (hydrocortisone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>cortedione acetate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>dexamethasone</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>dexamethasone (Dexpak)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>DEXPAK (dexamethasone)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>DEXPAK (hidex)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>DXEVO</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>EMFLAZA</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>ENTOCORT EC (budesonide ec)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

**Legend:**
- T1 - Typically generics
- T2 - Typically preferred brands
- T3 - Typically non-preferred brands
- T4 - Injectable specialty medications
- PA - Prior Authorization
- QL - Quantity Limit
- ST - Step Therapy
- AGE - Age Requirement
- SP - Specialty medication
- HD - May require home delivery
- PPACA - No cost-share preventive medications
- CSL - Oral cancer medications subject to cost-share limits
### HORMONES (Hormonal Agents)

#### GLUCOCORTICOIDs

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocortisone (Cortef)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>MEDROL 16 MG TABLET (methylprednisolone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>MEDROL 2 MG TABLET</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>MEDROL 32 MG TABLET (methylprednisolone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>MEDROL 4 MG DOSEPAK (methylprednisolone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>MEDROL 4 MG TABLET (methylprednisolone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>MEDROL 8 MG TABLET (methylprednisolone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>MEDROLOAN II SUIK (p-care d80g)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>me-prednis/norfuran/hfc 245fa (Medroloan II Suik)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone (Medrol)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ORAPRED ODT (prednisolone sodium phos odt)</td>
<td>T3</td>
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</tr>
<tr>
<td>PEDIAPRED (prednisolone sodium phosphate)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>prednisolone</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate</td>
<td>T1</td>
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</tr>
<tr>
<td>prednisolone sodium phosphate (Oiapred ODT)</td>
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<tr>
<td>prednisolone sodium phosphate (Pediaipred)</td>
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<tr>
<td>prednisone</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>RAYOS</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>UCERIS 9 MG ER TABLET (budesonide er)</td>
<td>T3</td>
<td>PA QL (1 tab/day)</td>
</tr>
</tbody>
</table>

#### GROWTH HORMONE RELEASING HORMONE (GHRH) AND ANALOGS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGRIFTA</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>EGRIFTA SV</td>
<td>T4</td>
<td>PA SP HD</td>
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#### GROWTH HORMONES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENOTROPIN</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>HUMATROPE</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>NORDITROPIN FLEXPRO</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>OMNITROPE</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SAIZEN</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SAIZEN-SAIZENPREP</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SEROSTIM</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>ZOMACTON</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>ZORBTIVE</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

- T1 - Typically generics
- T2 - Typically preferred brands
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- QL - Quantity Limit
- ST - Step Therapy
- AGE - Age Requirement
- SP - Specialty medication
- HD - May require home delivery
- PPACA - No cost-share preventive medications
- CSL - Oral cancer medications subject to cost-share limits
### HORMONES (Hormonal Agents)

#### INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCRELEX</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### LHRH (GNRH) AGONIST ANALOG AND PROGESTIN COMB

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LUPANETA PACK</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LUPRON DEPOT</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SYNAREL</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### LHRH (GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CETROTIDE</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>ganirelix acet 250 mcg/0.5 ml (Ganirelix Acetate)</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>GANIRELIX ACET 250 MCG/0.5 ML (ganirelix acetate)</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>ORILISSA 150 MG TABLET</td>
<td>T2</td>
<td>PA QL (1 tab/day)</td>
</tr>
<tr>
<td>ORILISSA 200 MG TABLET</td>
<td>T2</td>
<td>PA QL (6 months therapy/lifetime)</td>
</tr>
</tbody>
</table>

#### LHRH (GNRH) AGNIST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUPRON DEPOT-PED</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### MINERALOCORTICOIDs

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fludrocortisone acetate</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### OXYTOCICS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERVIDIL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>methylergonovine maleate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PREPIDIL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PROSTIN E2 VAGINAL SUPPOSITORY</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

#### PARATHYROID HORMONES

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATPARA</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### PITUITARY SUPPRESSIVE AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cabergoline</td>
<td>T1</td>
<td>QL (16 tabs/28 days) HD</td>
</tr>
<tr>
<td>danazol</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### PROGESTATIONAL AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYGESTIN (norethindrone acetate)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CRINONE 4% GEL</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>DEPO-PROVERA 400 MG/ML VIAL</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>medroxyprogesterone 10 mg tab (Provera)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>medroxyprogesterone 2.5 mg tab</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

---

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### HORMONES (Hormonal Agents)

#### PROGESTATIONAL AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>medroxyprogesterone 5 mg tab (Provera)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>norethindrone acetate (Aygestin)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>progesterone, micronized (Prometrium)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PROMETRIUM (progesterone)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PROVERA (medroxyprogesterone acetate)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### SOMATOSTATIC AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>octreotide acetate</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SANDOSTATIN</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SANDOSTATIN LAR DEPOT</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>SIGNIFOR</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SIGNIFOR LAR</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>SOMATULINE DEPOT</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### VAGINAL ESTROGEN FOR SEXUAL DYSFUNCTION

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMVEXXY 10 MCG MAINTENANCE PAK</td>
<td>T3</td>
<td>QL (16/28 days) HD</td>
</tr>
<tr>
<td>IMVEXXY 10 MCG STARTER PACK</td>
<td>T3</td>
<td>QL (36/28 days) HD</td>
</tr>
<tr>
<td>IMVEXXY 4 MCG MAINTENANCE PACK</td>
<td>T3</td>
<td>QL (16/28 days) HD</td>
</tr>
<tr>
<td>IMVEXXY 4 MCG STARTER PACK</td>
<td>T3</td>
<td>QL (36/28 days) HD</td>
</tr>
</tbody>
</table>

#### VAGINAL ESTROGEN PREPARATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTRACE (estradiol)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol (Vagifem)</td>
<td>T1</td>
<td>QL (36 tabs/28 days) HD</td>
</tr>
<tr>
<td>estradiol 0.01% cream ( Estrace)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>estradiol 10 mcg vaginal insrt (Vagifem)</td>
<td>T1</td>
<td>QL (36 tabs/28 days) HD</td>
</tr>
<tr>
<td>ESTRING</td>
<td>T2</td>
<td>QL (2 rings/90 days) HD</td>
</tr>
<tr>
<td>FEMRING</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PREMARIN</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>VAGIFEM (yuvafem)</td>
<td>T3</td>
<td>QL (36 tabs/28 days) HD</td>
</tr>
</tbody>
</table>

#### HORMONES (Infertility)

#### FERTILITY STIMULATING PREPARATIONS, NON-FSH

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clomiphene citrate</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### FOLLICLE-STIMULATING AND LUTEINIZING HORMONES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENOPUR</td>
<td>T4</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

#### FOLLICLE-STIMULATING HORMONE (FSH)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOLLISTIM AQ</td>
<td>T4</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

* T1 - Typically generics • T2 - Typically preferred brands • T3 - Typically non-preferred brands • T4 - Injectable specialty medications • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • AGE - Age Requirement • SP - Specialty medication • HD - May require home delivery • PPACA - No cost-share preventive medications • CSL - Oral cancer medications subject to cost-share limits
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GONAL-F</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>GONAL-F RFF</td>
<td>T4</td>
<td>PA SP</td>
</tr>
<tr>
<td>GONAL-F RFF REDI-JECT</td>
<td>T4</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

**HUMAN CHORIONIC GONADOTROPIN (HCG)**

- **chorionic gonadotropin, human** (Pregnyl) T4 PA SP
- NOVAREL T4 PA SP
- NOVAREL (**chorionic gonadotropin**) T4 PA SP
- OVIDREL T4 PA SP
- PREGNYL (**chorionic gonadotropin**) T4 PA SP

**PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL**

- CRINONE 8% GEL T3
- ENDOMETRIN T3

**HORMONES (Miscellaneous)**

**LEPTIN HORMONE ANALOGS**

- MYALEPT T4 PA SP HD

**HORMONES (Osteoporosis Products)**

**BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES**

- TYMLOS T4 PA QL (1 pen/30 days) SP HD

**BONE RESORPTION INHIBITORS**

- **calcitonin, salmon, synthetic** T1 HD
- MIACALCIN T2 HD

**IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease)**

**INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONIST, MAB**

- DUPIXENT T4 PA SP HD

**INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS**

- ACTEMRA T4 PA QL (4 syringes/28 days) SP HD
- ACTEMRA ACTPEN T4 PA QL (4 pens/28 days) SP HD
- KEVZARA 150 MG/1.14 ML PEN INJ T4 PA QL (2 pens/28 days) SP HD
- KEVZARA 150 MG/1.14 ML SYRINGE T4 PA QL (2 syrings/28 days) SP HD
- KEVZARA 200 MG/1.14 ML PEN INJ T4 PA QL (2 pens/28 days) SP HD
- KEVZARA 200 MG/1.14 ML SYRINGE T4 PA QL (2 syrings/28 days) SP HD

**Notes:**
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### IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease)

#### MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>STELARA 45 MG/0.5 ML SYRINGE</td>
<td>T4</td>
<td>PA QL (1 syringe/84 days) SP HD</td>
</tr>
<tr>
<td>STELARA 45 MG/0.5 ML VIAL</td>
<td>T4</td>
<td>PA QL (1 vial/84 days) SP HD</td>
</tr>
<tr>
<td>STELARA 90 MG/ML SYRINGE</td>
<td>T4</td>
<td>PA QL (1 syringe/84 days) SP HD</td>
</tr>
</tbody>
</table>

### IMMUNOSUPPRESSANTS (Skin Conditions)

#### TOPICAL IMMUNOSUPPRESSIVE AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIDEL (pimecrolimus)</td>
<td>T3</td>
</tr>
<tr>
<td>pimecrolimus (Elidel)</td>
<td>T1</td>
</tr>
<tr>
<td>PROTOPIC (tacrolimus)</td>
<td>T3</td>
</tr>
<tr>
<td>tacrolimus 0.03% ointment (Protopic)</td>
<td>T1</td>
</tr>
<tr>
<td>tacrolimus 0.1% ointment (Protopic)</td>
<td>T1</td>
</tr>
</tbody>
</table>

### IMMUNOSUPPRESSANTS (Transplant Medications)

#### IMMUNOSUPPRESSIVES

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTAGRAF XL</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>AZASAN</td>
<td>T2</td>
<td>SP HD</td>
</tr>
<tr>
<td>azathioprine (Imuran)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>CELLCEPT (mycophenolate mofetil)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>cyclosporine (Sandimmune)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>cyclosporine, modified</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>cyclosporine, modified (Neoral)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>ENVARSUS XR</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>IMURAN (azathioprine)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>mycophenolate mofetil (Cellcept)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>mycophenolate sodium (Myfortic)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>MYFORTIC (mycophenolic acid)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>NEORAL (gengraf)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>PROGRAF</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>PROGRAF (tacrolimus)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>RAPAMUNE (sirolimus)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>SANDIMMUNE 100 MG CAPSULE (cyclosporine)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>SANDIMMUNE 100 MG/ML SOLN</td>
<td>T2</td>
<td>SP HD</td>
</tr>
<tr>
<td>SANDIMMUNE 25 MG CAPSULE (cyclosporine)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>sirolimus (Rapamune)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>tacrolimus 0.5 mg capsule (Prograf)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>tacrolimus 1 mg capsule (Prograf)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

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## IMMUNOSUPPRESSANTS (Transplant Medications)

### IMMUNOSUPPRESSIVES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>tacrolimus 5 mg capsule (Prograf)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>ZORTRESS</td>
<td>T3</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

## MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)

### DIABETIC SUPPLIES

- V-GO 20: T2
- V-GO 30: T2
- V-GO 40: T2

## MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

### SKELETAL MUSCLE RELAXANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMRIX ER 15 MG CAPSULE (cyclobenzaprine hcl er)</td>
<td>T3</td>
<td>PA QL (1 cap/day)</td>
</tr>
<tr>
<td>AMRIX ER 30 MG CAPSULE (cyclobenzaprine hcl er)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>baclofen</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>carisoprodol (Soma)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>carisoprodol/aspirin</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>chlorzoxazone 250 mg tablet</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>chlorzoxazone 375 mg tablet (Lorzone)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>chlorzoxazone 500 mg tablet</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>chlorzoxazone 750 mg tablet (Lorzone)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>cyclobenzaprine er 15 mg cap (Amrix)</td>
<td>T1</td>
<td>QL (1 cap/day)</td>
</tr>
<tr>
<td>cyclobenzaprine er 30 mg cap (Amrix)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl (Fexmid)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>DANTRIUM (dantrolene sodium)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium (Dantrium)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>FEXMID (cyclobenzaprine hcl)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>LORZONE (chlorzoxazone)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>metaxalone</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>metaxalone (Skelaxin)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methocarbamol</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>methocarbamol (Robaxin-750)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>NORGESIC FORTE (orphengesic forte)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>orphenadrine citrate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>orphenadrine/aspirin/caffeine (Norgesic Forte)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>
## MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

### SKELETAL MUSCLE RELAXANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OZOBAX</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ROBAXIN-750 (methocarbamol)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>SKELAXIN (metaxalone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>SOMA (carisoprodol)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl (Zanaflex)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ZANAFLEX (tizanidine hcl)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

## PRE-NATAL VITAMINS (Nutritional/Dietary)

### PRENATAL VITAMIN PREPARATIONS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>CITRANATAL 90 DHA</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL ASSURE</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL DHA</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL HARMONY</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL RX</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>OBSTETRIX EC</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>OBOTREX DHA (obstrix dha)</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>pnv 66/iron/folic/docusate/dha</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>pnv 69/iron/folic/docusate/dha</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>pnv 80/iron fum/folic/dss/dha</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>pnv/ferrous fum/docusate/folic</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>pnv/iron, carb/docusat/folic ac</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>prenatal 115/iron fum/folic/dss</td>
<td>T1</td>
<td></td>
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<tr>
<td>prenatal 12/iron/folic/dss/om3 (Obtrem DHA)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>prenatal vit/iron bisgly/folic</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>prenatal vits15/iron/folic/dss</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TRINAZ TABLET</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>VITAFOL FE+</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>VIVA DHA</td>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>

## PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)

### ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>mirtazapine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>mirtazapine (Remeron)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>REMERON (mirtzapine)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

### ANTI-ANXIETY - BENZODIAZEPINES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprazolam</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>alprazolam (Xanax Xr)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>alprazolam (Xanax)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ATIVAN (lorazepam)</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits.
### Muscle Relaxants (Pain Relief and Inflammatory Disease)

#### Anti-Anxiety - Benzodiazepines

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlor Diazepam hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clorazepate dipotassium</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clorazepate dipotassium (Tranxene T-Tab)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>Diazepam 10 mg tablet (Valium)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>Diazepam 2 mg tablet (Valium)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>Diazepam 5 mg tablet (Valium)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>Diazepam 5 mg/5 ml solution</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>Diazepam 5 mg/ml oral conc</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lorazepam</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lorazepam (Ativan)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>oxazepam</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TRANXENE T-TAB (clorazepate dipotassium)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VALIUM (diazepam)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>XANAX (alprazolam)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>XANAX XR (alprazolam xr)</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

#### Anti-Anxiety Drugs

- buspirone hcl
  - Drug tier: T1
- meprobamate
  - Drug tier: T1

#### Antidepressant - NMDA Receptor Antagonist

- SPRAVATO
  - Drug tier: T3
  - Coverage: PA SP

#### Bipolar Disorder Drugs

- EQUETRO
  - Drug tier: T3
  - Coverage: HD
- Lithium carbonate
  - Drug tier: T1
  - Coverage: HD
- Lithium carbonate (Lithobid)
  - Drug tier: T1
  - Coverage: HD
- Lithium citrate
  - Drug tier: T1
  - Coverage: HD
- LITHOBID (lithium carbonate er)
  - Drug tier: T3
  - Coverage: PA HD

#### MAOIS - Non-Selective, Irreversible Antidepressants

- MARPLAN
  - Drug tier: T3
  - Coverage: QL (12 tabs/day)
- NARDIL (phenelzine sulfate)
  - Drug tier: T3
- PARNATE (tranylcypromine sulfate)
  - Drug tier: T3
  - Coverage: PA
- Phenelzine sulfate (Nardil)
  - Drug tier: T1
- Tranylcypromine sulfate (Parnate)
  - Drug tier: T1

#### Monoamine Oxidase (MAO) Inhibitor Antidepressants

- EMSAM 12 MG/24 HOURS PATCH
  - Drug tier: T3
  - Coverage: QL (1 patch/day)
- EMSAM 6 MG/24 HOURS PATCH
  - Drug tier: T3
  - Coverage: QL (2 patches/day)
- EMSAM 9 MG/24 HOURS PATCH
  - Drug tier: T3
  - Coverage: QL (1 patch/day)
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>APLENZIN ER 174 MG TABLET</td>
<td>T3</td>
<td>PA ST QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>APLENZIN ER 348 MG TABLET</td>
<td>T3</td>
<td>PA ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>APLENZIN ER 522 MG TABLET</td>
<td>T3</td>
<td>PA ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>bupropion hcl 100 mg tablet</td>
<td>T1</td>
<td>QL (4 tabs/day) HD</td>
</tr>
<tr>
<td>bupropion hcl 75 mg tablet</td>
<td>T1</td>
<td>QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>bupropion hcl sr 100 mg tablet (Wellbutrin SR)</td>
<td>T1</td>
<td>QL (4 tabs/day) HD</td>
</tr>
<tr>
<td>bupropion hcl sr 150 mg tablet (Wellbutrin SR)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>bupropion hcl sr 200 mg tablet (Wellbutrin SR)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>bupropion hcl xl 150 mg tablet (Wellbutrin XL)</td>
<td>T1</td>
<td>QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>bupropion hcl xl 300 mg tablet (Wellbutrin XL)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>bupropion hcl xl 450 mg tablet (Forfivo XL)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>FORFIVO XL (bupropion xl)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>WELLBUTRIN SR 100 MG TABLET (bupropion hcl sr)</td>
<td>T3</td>
<td>ST QL (4 tabs/day) HD</td>
</tr>
<tr>
<td>WELLBUTRIN SR 150 MG TABLET (bupropion hcl sr)</td>
<td>T3</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>WELLBUTRIN SR 200 MG TABLET (bupropion hcl sr)</td>
<td>T3</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>WELLBUTRIN XL 150 MG TABLET (bupropion xl)</td>
<td>T3</td>
<td>PA ST QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>WELLBUTRIN XL 300 MG TABLET (bupropion xl)</td>
<td>T3</td>
<td>PA ST QL (1 tab/day) HD</td>
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</table>

**SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)**

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUPLAZID</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

**SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)**

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELEXA 10 MG TABLET (citalopram hbr)</td>
<td>T3</td>
<td>ST QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>CELEXA 20 MG TABLET (citalopram hbr)</td>
<td>T3</td>
<td>ST QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>CELEXA 40 MG TABLET (citalopram hbr)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>citalopram hbr 10 mg tablet (Celexa)</td>
<td>T1</td>
<td>QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>citalopram hbr 10 mg/5 ml soln (Celexa)</td>
<td>T1</td>
<td>QL (30ml/day) HD</td>
</tr>
<tr>
<td>citalopram hbr 20 mg tablet (Celexa)</td>
<td>T1</td>
<td>QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>citalopram hbr 20 mg/10 ml sol (Celexa)</td>
<td>T1</td>
<td>QL (30ml/day) HD</td>
</tr>
<tr>
<td>citalopram hbr 40 mg tablet (Celexa)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>escitalopram 10 mg tablet (Lexapro)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
</tbody>
</table>
### MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

### SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>escitalopram 20 mg tablet (Lexapro)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>escitalopram 5 mg tablet (Lexapro)</td>
<td>T1</td>
<td>QL (4 tabs/day) HD</td>
</tr>
<tr>
<td>escitalopram oxalate 5 mg/5 ml</td>
<td>T1</td>
<td>QL (20ml/day) HD</td>
</tr>
<tr>
<td>fluoxetine 20 mg/5 ml solution</td>
<td>T1</td>
<td>QL (20ml/day) HD</td>
</tr>
<tr>
<td>fluoxetine hcl</td>
<td>T1</td>
<td>QL (4 caps/28 days) HD</td>
</tr>
<tr>
<td>fluoxetine hcl 10 mg capsule (Prozac)</td>
<td>T1</td>
<td>QL (8 caps/day) HD</td>
</tr>
<tr>
<td>fluoxetine hcl 10 mg tablet (Sarafem)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>fluoxetine hcl 20 mg capsule (Prozac)</td>
<td>T1</td>
<td>QL (4 caps/day) HD</td>
</tr>
<tr>
<td>fluoxetine hcl 20 mg tablet (Sarafem)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>fluoxetine hcl 40 mg capsule (Prozac)</td>
<td>T1</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>fluoxetine hcl 60 mg tablet</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>fluvoxamine er 100 mg capsule</td>
<td>T1</td>
<td>QL (3 caps/day) HD</td>
</tr>
<tr>
<td>fluvoxamine er 150 mg capsule</td>
<td>T1</td>
<td>QL (2 caps/day) HD</td>
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<tr>
<td>fluvoxamine maleate 100 mg tab</td>
<td>T1</td>
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</tr>
<tr>
<td>fluvoxamine maleate 25 mg tab</td>
<td>T1</td>
<td>QL (12 tabs/day) HD</td>
</tr>
<tr>
<td>fluvoxamine maleate 50 mg tab</td>
<td>T1</td>
<td>QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>LEXAPRO 10 MG TABLET (escitalopram oxalate)</td>
<td>T3</td>
<td>PA ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>LEXAPRO 20 MG TABLET (escitalopram oxalate)</td>
<td>T3</td>
<td>PA ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>LEXAPRO 5 MG TABLET (escitalopram oxalate)</td>
<td>T3</td>
<td>PA ST QL (4 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine cr 12.5 mg tablet (Paxil CR)</td>
<td>T1</td>
<td>QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine cr 25 mg tablet (Paxil CR)</td>
<td>T1</td>
<td>QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine cr 37.5 mg tablet (Paxil CR)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine er 12.5 mg tablet (Paxil CR)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>paroxetine er 25 mg tablet (Paxil CR)</td>
<td>T1</td>
<td>QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine er 37.5 mg tablet (Paxil CR)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine hcl 10 mg tablet (Paxil)</td>
<td>T1</td>
<td>QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine hcl 20 mg tablet (Paxil)</td>
<td>T1</td>
<td>QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine hcl 30 mg tablet (Paxil)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>paroxetine hcl 40 mg tablet (Paxil)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>PAXIL 10 MG TABLET (paroxetine hcl)</td>
<td>T3</td>
<td>ST QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>PAXIL 10 MG/5 ML SUSPENSION</td>
<td>T3</td>
<td>ST QL (30ml/day) HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
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- **AGE** - Age Requirement
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### MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

#### SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAXIL 20 MG TABLET <em>(paroxetine hcl)</em></td>
<td>T3</td>
<td>ST QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>PAXIL 30 MG TABLET <em>(paroxetine hcl)</em></td>
<td>T3</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>PAXIL 40 MG TABLET <em>(paroxetine hcl)</em></td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>PAXIL CR 12.5 MG TABLET <em>(paroxetine er)</em></td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>PAXIL CR 25 MG TABLET <em>(paroxetine er)</em></td>
<td>T3</td>
<td>ST QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>PAXIL CR 37.5 MG TABLET <em>(paroxetine er)</em></td>
<td>T3</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>PEXEVA 10 MG TABLET</td>
<td>T3</td>
<td>PA ST QL (6 tabs/day) HD</td>
</tr>
<tr>
<td>PEXEVA 20 MG TABLET</td>
<td>T3</td>
<td>PA ST QL (3 tabs/day) HD</td>
</tr>
<tr>
<td>PEXEVA 30 MG TABLET</td>
<td>T3</td>
<td>PA ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>PEXEVA 40 MG TABLET</td>
<td>T3</td>
<td>PA ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>PROZAC 10 MG PULVULE <em>(fluoxetine hcl)</em></td>
<td>T3</td>
<td>ST QL (8 caps/day) HD</td>
</tr>
<tr>
<td>PROZAC 20 MG PULVULE <em>(fluoxetine hcl)</em></td>
<td>T3</td>
<td>ST QL (4 caps/day) HD</td>
</tr>
<tr>
<td>PROZAC 40 MG PULVULE <em>(fluoxetine hcl)</em></td>
<td>T3</td>
<td>ST QL (2 caps/day) HD</td>
</tr>
<tr>
<td>SARAFEM</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>SARAFEM <em>(fluoxetine hcl)</em></td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>sertraline 20 mg/ml oral conc (Zoloft)</td>
<td>T1</td>
<td>QL (10ml/day) HD</td>
</tr>
<tr>
<td>sertraline hcl 100 mg tablet (Zoloft)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>sertraline hcl 25 mg tablet (Zoloft)</td>
<td>T1</td>
<td>QL (8 tabs/day) HD</td>
</tr>
<tr>
<td>sertraline hcl 50 mg tablet (Zoloft)</td>
<td>T1</td>
<td>QL (4 tabs/day) HD</td>
</tr>
<tr>
<td>ZOLOFT 100 MG TABLET <em>(sertraline hcl)</em></td>
<td>T3</td>
<td>ST QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>ZOLOFT 20 MG/ML ORAL CONC <em>(sertraline hcl)</em></td>
<td>T3</td>
<td>ST QL (10ml/day) HD</td>
</tr>
<tr>
<td>ZOLOFT 25 MG TABLET <em>(sertraline hcl)</em></td>
<td>T3</td>
<td>ST QL (8 tabs/day) HD</td>
</tr>
<tr>
<td>ZOLOFT 50 MG TABLET <em>(sertraline hcl)</em></td>
<td>T3</td>
<td>ST QL (4 tabs/day) HD</td>
</tr>
</tbody>
</table>

#### SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)

- **nefazodone hcl**
  - T1
  - HD

- **trazodone hcl**
  - T1
  - HD

#### SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)

- **CYMBALTA 20 MG CAPSULE *(duloxetine hcl)***
  - T3
  - PA ST QL (6 caps/day) HD

- **CYMBALTA 30 MG CAPSULE *(duloxetine hcl)***
  - T3
  - PA ST QL (4 caps/day) HD

- **CYMBALTA 60 MG CAPSULE *(duloxetine hcl)***
  - T3
  - PA ST QL (2 caps/day) HD

---

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
### MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

#### SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESVENLAFAXINE ER 100 MG TAB</td>
<td>T3</td>
<td>ST QL (4 tabs/day) HD</td>
</tr>
<tr>
<td>DESVENLAFAXINE ER 50 MG TAB</td>
<td>T3</td>
<td>ST QL (8 tabs/day) HD</td>
</tr>
<tr>
<td>desvenlafaxine suc er 100 mg (Pristiq)</td>
<td>T1</td>
<td>QL (2 tabs/day) HD</td>
</tr>
<tr>
<td>desvenlafaxine suc er 25 mg tb (Pristiq)</td>
<td>T1</td>
<td>QL (16 tabs/day) HD</td>
</tr>
<tr>
<td>desvenlafaxine suc er 50 mg tb (Pristiq)</td>
<td>T1</td>
<td>QL (8 tabs/day) HD</td>
</tr>
<tr>
<td>DRIZALMA SPRINKLE DR 20 MG CAP</td>
<td>T3</td>
<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>DRIZALMA SPRINKLE DR 30 MG CAP</td>
<td>T3</td>
<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>DRIZALMA SPRINKLE DR 40 MG CAP</td>
<td>T3</td>
<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>DRIZALMA SPRINKLE DR 60 MG CAP</td>
<td>T3</td>
<td>ST QL (2 caps/day) HD</td>
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<tr>
<td>duloxetine hcl dr 20 mg cap (Cymbalta)</td>
<td>T1</td>
<td>QL (6 caps/day) HD</td>
</tr>
<tr>
<td>duloxetine hcl dr 30 mg cap (Cymbalta)</td>
<td>T1</td>
<td>QL (4 caps/day) HD</td>
</tr>
<tr>
<td>duloxetine hcl dr 40 mg cap</td>
<td>T1</td>
<td>QL (3 caps/day) HD</td>
</tr>
<tr>
<td>duloxetine hcl dr 60 mg cap (Cymbalta)</td>
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<td>QL (2 caps/day) HD</td>
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<tr>
<td>EFFEXOR XR 150 MG CAPSULE (venlafaxine hcl er)</td>
<td>T3</td>
<td>ST QL (2 caps/day) HD</td>
</tr>
<tr>
<td>EFFEXOR XR 37.5 MG CAPSULE (venlafaxine hcl er)</td>
<td>T3</td>
<td>ST QL (8 caps/day) HD</td>
</tr>
<tr>
<td>EFFEXOR XR 75 MG CAPSULE (venlafaxine hcl er)</td>
<td>T3</td>
<td>ST QL (4 caps/day) HD</td>
</tr>
<tr>
<td>FETZIMA 20-40 MG TITRATION PAK</td>
<td>T3</td>
<td>ST QL (28 caps/180 days) HD</td>
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<tr>
<td>FETZIMA ER 120 MG CAPSULE</td>
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<tr>
<td>FETZIMA ER 20 MG CAPSULE</td>
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<td>ST QL (6 caps/day) HD</td>
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<td>FETZIMA ER 40 MG CAPSULE</td>
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<td>ST QL (3 caps/day) HD</td>
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<tr>
<td>FETZIMA ER 80 MG CAPSULE</td>
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<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>PRISTIQ ER 100 MG TABLET (desvenlafaxine succinate er)</td>
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<td>ST QL (2 tabs/day) HD</td>
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<td>PRISTIQ ER 25 MG TABLET (desvenlafaxine succinate er)</td>
<td>T3</td>
<td>ST QL (16 tabs/day) HD</td>
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<tr>
<td>PRISTIQ ER 50 MG TABLET (desvenlafaxine succinate er)</td>
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<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>venlafaxine hcl 100 mg tablet</td>
<td>T1</td>
<td>QL (3 caps/day) HD</td>
</tr>
<tr>
<td>venlafaxine hcl 25 mg tablet</td>
<td>T1</td>
<td>QL (15 caps/day) HD</td>
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<tr>
<td>venlafaxine hcl 37.5 mg tablet</td>
<td>T1</td>
<td>QL (10 caps/day) HD</td>
</tr>
<tr>
<td>venlafaxine hcl 50 mg tablet</td>
<td>T1</td>
<td>QL (7 caps/day) HD</td>
</tr>
<tr>
<td>venlafaxine hcl 75 mg tablet</td>
<td>T1</td>
<td>QL (5 caps/day) HD</td>
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<tr>
<td>venlafaxine hcl er 150 mg cap (Effexor XR)</td>
<td>T1</td>
<td>QL (2 caps/day) HD</td>
</tr>
<tr>
<td>Prescription drug name</td>
<td>Drug tier</td>
<td>Coverage requirements and limits</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td>venlafaxine hcl er 150 mg tab</td>
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<td>QL (2 tabs/day) HD</td>
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<tr>
<td>venlafaxine hcl er 225 mg tab</td>
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<td>QL (1 tab/day) HD</td>
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<tr>
<td>venlafaxine hcl er 37.5 mg cap (Effexor XR)</td>
<td>T1</td>
<td>QL (8 caps/day) HD</td>
</tr>
<tr>
<td>venlafaxine hcl er 75 mg cap (Effexor XR)</td>
<td>T1</td>
<td>QL (4 caps/day) HD</td>
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</tbody>
</table>

### SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIIBRYD 10 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>VIIBRYD 10-20 MG STARTER PACK</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>VIIBRYD 20 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>VIIBRYD 40 MG TABLET</td>
<td>T3</td>
<td>ST HD</td>
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### SSRI, SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRINTELLIX 10 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>TRINTELLIX 20 MG TABLET</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>TRINTELLIX 5 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
</tbody>
</table>

### TRICYCLIC ANTIDEPRESSANT-BENZODIAZEPINE COMBINATNS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amitriptyline/chlordiazepoxide</td>
<td>T1</td>
<td>HD</td>
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</tbody>
</table>

### TRICYCLIC ANTIDEPRESSANT-PHENOTHIAZINE COMBINATNS

<table>
<thead>
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<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>perphenazine/amitriptyline hcl</td>
<td>T1</td>
<td>HD</td>
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### TRICYCLIC ANTIDEPRESSANTS, REL.NON-SEL.REUPT-INHIB

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>amitriptyline hcl</td>
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<td>HD</td>
</tr>
<tr>
<td>amoxapine</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>ANAFRANIL (clomipramine hcl)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>clomipramine hcl (Anafranil)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>desipramine hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>desipramine hcl (Norpramin)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>doxepin 10 mg capsule</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>doxepin 10 mg/ml oral conc</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>doxepin 100 mg capsule</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>doxepin 150 mg capsule</td>
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<tr>
<td>doxepin 25 mg capsule</td>
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<tr>
<td>doxepin 50 mg capsule</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>doxepin 75 mg capsule</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>imipramine hcl</td>
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<td>HD</td>
</tr>
<tr>
<td>imipramine pamoate</td>
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<td>HD</td>
</tr>
<tr>
<td>maprotiline hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics • **T2** - Typically preferred brands • **T3** - Typically non-preferred brands • **T4** - Injectable specialty medications
- **PA** - Prior Authorization • **QL** - Quantity Limit • **ST** - Step Therapy • **AGE** - Age Requirement • **SP** - Specialty medication • **HD** - May require home delivery • **PPACA** - No cost-share preventive medications • **CSL** - Oral cancer medications subject to cost-share limits
### MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORPRAMIN (desipramine hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>nortriptyline hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>nortriptyline hcl (Pamelor)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>PAMELOR (nortriptyline hcl)</td>
<td>T3</td>
<td>PA HD</td>
</tr>
<tr>
<td>protriptyline hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>trimipramine maleate</td>
<td>T1</td>
<td>HD</td>
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</table>

### PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)

#### ADRENERGICS, AROMATIC, NON-CATECHOLAMINE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VYVANSE 10 MG CAPSULE</td>
<td>T2</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>VYVANSE 10 MG CHEWABLE TABLET</td>
<td>T2</td>
<td>AGE QL (1 tab/day)</td>
</tr>
<tr>
<td>VYVANSE 20 MG CAPSULE</td>
<td>T2</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>VYVANSE 20 MG CHEWABLE TABLET</td>
<td>T2</td>
<td>AGE QL (1 tab/day)</td>
</tr>
<tr>
<td>VYVANSE 30 MG CAPSULE</td>
<td>T2</td>
<td>AGE QL (1 per day)</td>
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<tr>
<td>VYVANSE 30 MG CHEWABLE TABLET</td>
<td>T2</td>
<td>AGE QL (1 tab/day)</td>
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<tr>
<td>VYVANSE 40 MG CAPSULE</td>
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<td>AGE QL (1 per day)</td>
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<tr>
<td>VYVANSE 40 MG CHEWABLE TABLET</td>
<td>T2</td>
<td>AGE QL (1 tab/day)</td>
</tr>
<tr>
<td>VYVANSE 50 MG CAPSULE</td>
<td>T2</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>VYVANSE 50 MG CHEWABLE TABLET</td>
<td>T2</td>
<td>AGE QL (1 tab/day)</td>
</tr>
<tr>
<td>VYVANSE 60 MG CAPSULE</td>
<td>T2</td>
<td>AGE QL (1 per day)</td>
</tr>
<tr>
<td>VYVANSE 60 MG CHEWABLE TABLET</td>
<td>T2</td>
<td>AGE QL (1 tab/day)</td>
</tr>
<tr>
<td>VYVANSE 70 MG CAPSULE</td>
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<td>AGE QL (1 per day)</td>
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#### TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST

<table>
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<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>clonidine hcl (Kapvay)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>guanfacine hcl (Intuniv)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>INTUNIV (guanfacine hcl er)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>KAPVAY (clonidine hcl er)</td>
<td>T3</td>
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</table>

#### TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>ADHANSIA XR</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>APTENSIO XR</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>CONCERTA (methylphenidate er)</td>
<td>T3</td>
<td>AGE ST QL (1 tab/day)</td>
</tr>
<tr>
<td>COTEMPLA XR-ODT 17.3 MG TABLET</td>
<td>T3</td>
<td>AGE QL (1 tab/day)</td>
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<tr>
<td>COTEMPLA XR-ODT 25.9 MG TABLET</td>
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<td>COTEMPLA XR-ODT 8.6 MG TABLET</td>
<td>T3</td>
<td>AGE QL (1 tab/day)</td>
</tr>
<tr>
<td>DAYTRANA</td>
<td>T3</td>
<td>AGE QL (1 patch/day)</td>
</tr>
</tbody>
</table>

* T1 - Typically generics • T2 - Typically preferred brands • T3 - Typically non-preferred brands • T4 - Injectable specialty medications • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • AGE - Age Requirement • SP - Specialty medication • HD - May require home delivery • PPACA - No cost-share preventive medications • CSL - Oral cancer medications subject to cost-share limits
### PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)

#### TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
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<td>dexmethylphenidate er 10 mg cp (Focalin XR)</td>
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<td>AGE QL (1 cap/day)</td>
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<tr>
<td>dexmethylphenidate er 15 mg cp (Focalin XR)</td>
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<td>AGE QL (1 per day)</td>
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<td>dexmethylphenidate er 20 mg cp (Focalin Xr)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dexmethylphenidate er 25 mg cp (Focalin Xr)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
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<tr>
<td>dexmethylphenidate er 30 mg cp (Focalin Xr)</td>
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<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dexmethylphenidate er 35 mg cp (Focalin Xr)</td>
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<td>dexmethylphenidate er 40 mg cp (Focalin Xr)</td>
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<td>AGE QL (1 cap/day)</td>
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<tr>
<td>dexmethylphenidate er 5 mg cap (Focalin Xr)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>dexmethylphenidate hcl (Focalin)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>FOCALIN (dexmethylphenidate hcl)</td>
<td>T3</td>
<td>AGE ST</td>
</tr>
<tr>
<td>FOCALIN XR 10 MG CAPSULE (dexmethylphenidate hcl er)</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>FOCALIN XR 15 MG CAPSULE (dexmethylphenidate hcl er)</td>
<td>T3</td>
<td>AGE ST QL (1 per day)</td>
</tr>
<tr>
<td>FOCALIN XR 20 MG CAPSULE (dexmethylphenidate hcl er)</td>
<td>T3</td>
<td>AGE ST QL (1 per day)</td>
</tr>
<tr>
<td>FOCALIN XR 25 MG CAPSULE (dexmethylphenidate hcl er)</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>FOCALIN XR 30 MG CAPSULE (dexmethylphenidate hcl er)</td>
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<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>FOCALIN XR 35 MG CAPSULE (dexmethylphenidate hcl er)</td>
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<td>AGE ST QL (1 cap/day)</td>
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<tr>
<td>FOCALIN XR 40 MG CAPSULE (dexmethylphenidate hcl er)</td>
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<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>FOCALIN XR 5 MG CAPSULE (dexmethylphenidate hcl er)</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>JORNAY PM</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
<tr>
<td>METHYLIN (methylphenidate hcl)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>methylphenidate er 10 mg tab</td>
<td>T1</td>
<td>AGE QL (2/day)</td>
</tr>
<tr>
<td>methylphenidate er 18 mg tab (Concerta)</td>
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<td>AGE QL (3 tabs/day)</td>
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<td>methylphenidate er 27 mg tab (Concerta)</td>
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<td>AGE QL (1 per day)</td>
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<td>methylphenidate er 36 mg tab (Concerta)</td>
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<td>AGE QL (1 tab/day)</td>
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<tr>
<td>methylphenidate er 54 mg tab (Concerta)</td>
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<td>AGE QL (1 tab/day)</td>
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<tr>
<td>methylphenidate er 72 mg tab (Concerta)</td>
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<td>AGE QL (1 tab/day)</td>
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<tr>
<td>methylphenidate hcl</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>methylphenidate hcl</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>methylphenidate hcl</td>
<td>T1</td>
<td>AGE QL (1 tab/day)</td>
</tr>
<tr>
<td>methylphenidate hcl</td>
<td>T1</td>
<td>AGE QL (3 tabs/day)</td>
</tr>
<tr>
<td>methylphenidate hcl (Methylin)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>methylphenidate hcl (Ritalin LA)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>methylphenidate hcl (Ritalin)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>methylphenidate la 10 mg cap (Ritalin LA)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>methylphenidate la 20 mg cap (Ritalin LA)</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>methylphenidate la 30 mg cap (Ritalin LA)</td>
<td>T1</td>
<td>AGE QL (1 per day)</td>
</tr>
<tr>
<td>methylphenidate la 40 mg cap (Ritalin LA)</td>
<td>T1</td>
<td>AGE QL (1 per day)</td>
</tr>
<tr>
<td>methylphenidate la 60 mg cap</td>
<td>T1</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>QUILLICHEW ER</td>
<td>T3</td>
<td>AGE QL (12ml/day)</td>
</tr>
<tr>
<td>QUILLIVANT XR</td>
<td>T3</td>
<td>AGE QL (1 cap/day)</td>
</tr>
<tr>
<td>RITALIN (methylphenidate hcl)</td>
<td>T3</td>
<td>AGE ST</td>
</tr>
<tr>
<td>RITALIN LA (methylphenidate la)</td>
<td>T3</td>
<td>AGE ST QL (1 cap/day)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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</thead>
<tbody>
<tr>
<td>atomoxetine hcl 10 mg capsule (Strattera)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>atomoxetine hcl 100 mg capsule (Strattera)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>atomoxetine hcl 18 mg capsule (Strattera)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>atomoxetine hcl 25 mg capsule (Strattera)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>atomoxetine hcl 40 mg capsule (Strattera)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>atomoxetine hcl 60 mg capsule (Strattera)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>atomoxetine hcl 80 mg capsule (Strattera)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>STRATTERA 10 MG CAPSULE (atomoxetine hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>STRATTERA 100 MG CAPSULE (atomoxetine hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>STRATTERA 18 MG CAPSULE (atomoxetine hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>STRATTERA 25 MG CAPSULE (atomoxetine hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>STRATTERA 40 MG CAPSULE (atomoxetine hcl)</td>
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<td>QL (1 cap/day) HD</td>
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<tr>
<td>STRATTERA 60 MG CAPSULE (atomoxetine hcl)</td>
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<td>HD</td>
</tr>
<tr>
<td>STRATTERA 80 MG CAPSULE (atomoxetine hcl)</td>
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<td>HD</td>
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</table>
### PSYCHOTHERAPEUTIC DRUGS (Miscellaneous)

#### HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDYI</td>
<td>T3</td>
<td>PA QL (1 tab/day)</td>
</tr>
<tr>
<td>VYLEESI</td>
<td>T4</td>
<td>PA QL (8 injectors/30 days) SP</td>
</tr>
</tbody>
</table>

#### PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)

#### ANTIPSYCH, DOPAMINE ANTAG., DIPHENYLButylpiperidines

- **pimozide**

#### ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTANGLNST

- **clozapine**
- **clozapine (Clozaril)**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clozapine</td>
<td>T1</td>
<td>ST QL (4 tabs/day)</td>
</tr>
<tr>
<td>clozapine (Clozaril)</td>
<td>T1</td>
<td>ST QL (4 tabs/day)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
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<tbody>
<tr>
<td>CLOZARIL (clozapine)</td>
<td>T3</td>
<td>ST QL (4 tabs/day)</td>
</tr>
<tr>
<td>FANAPT 1 MG TABLET</td>
<td>T3</td>
<td>ST QL (4 tabs/day)</td>
</tr>
<tr>
<td>FANAPT 10 MG TABLET</td>
<td>T3</td>
<td>ST QL (4 tabs/day)</td>
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<tr>
<td>FANAPT 12 MG TABLET</td>
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<td>FANAPT 2 MG TABLET</td>
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<td>ST QL (4 tabs/day)</td>
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<td>FANAPT 4 MG TABLET</td>
<td>T3</td>
<td>ST QL (4 tabs/day)</td>
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<tr>
<td>FANAPT 6 MG TABLET</td>
<td>T3</td>
<td>ST QL (4 tabs/day)</td>
</tr>
<tr>
<td>FANAPT 8 MG TABLET</td>
<td>T3</td>
<td>ST QL (4 tabs/day)</td>
</tr>
<tr>
<td>FANAPT TITRATION PACK</td>
<td>T3</td>
<td>ST QL (4 packs/year)</td>
</tr>
<tr>
<td>GEODON (ziprasidone hcl)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>INVEGA ER 1.5 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
<tr>
<td>INVEGA ER 3 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
<tr>
<td>INVEGA ER 6 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
<tr>
<td>INVEGA ER 9 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
<tr>
<td>LATUDA 120 MG TABLET</td>
<td>T2</td>
<td>QL (1 tab/day)</td>
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<tr>
<td>LATUDA 20 MG TABLET</td>
<td>T2</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>LATUDA 40 MG TABLET</td>
<td>T2</td>
<td>QL (1 tab/day)</td>
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<tr>
<td>LATUDA 60 MG TABLET</td>
<td>T2</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>LATUDA 80 MG TABLET</td>
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<td>QL (1 tab/day)</td>
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<tr>
<td>olanzapine (Zyprexa Zydis)</td>
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<tr>
<td>olanzapine (Zyprexa)</td>
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<tr>
<td>paliperidone er 1.5 mg tablet (Invenga)</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>paliperidone er 3 mg tablet (Invenga)</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>paliperidone er 6 mg tablet (Invenga)</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>paliperidone er 9 mg tablet (Invenga)</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>quetiapine fumarate (Seroquel XR)</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
</tbody>
</table>

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### PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)

#### ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNST

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>quetiapine fumarate (Seroquel)</td>
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<tr>
<td>RISPERDAL (risperidone)</td>
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<td>ST</td>
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<tr>
<td>risperidone</td>
<td>T1</td>
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<tr>
<td>risperidone (Risperdal)</td>
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<tr>
<td>SAPHRIS</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>SECUADO</td>
<td>T3</td>
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<tr>
<td>SEROQUEL (quetiapine fumarate)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>SEROQUEL XR (quetiapine fumarate er)</td>
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<td>ST</td>
</tr>
<tr>
<td>VERSACLOZ</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>ziprasidone hcl (Geodon)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ZYPREXA (olanzapine)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>ZYPREXA ZYDIS (olanzapine odt)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
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</table>

#### ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED

<table>
<thead>
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<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>VRAYLAR 1.5 MG CAPSULE</td>
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<tr>
<td>VRAYLAR 1.5 MG-3 MG PACK</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>VRAYLAR 3 MG CAPSULE</td>
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<td>ST QL (1 cap/day)</td>
</tr>
<tr>
<td>VRAYLAR 4.5 MG CAPSULE</td>
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<td>ST</td>
</tr>
<tr>
<td>VRAYLAR 6 MG CAPSULE</td>
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<td>ST</td>
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#### ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED

<table>
<thead>
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<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>ABILIFY 10 MG TABLET (aripiprazole)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>ABILIFY 15 MG TABLET (aripiprazole)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>ABILIFY 2 MG TABLET (aripiprazole)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>ABILIFY 20 MG TABLET (aripiprazole)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>ABILIFY 30 MG TABLET (aripiprazole)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>ABILIFY 5 MG TABLET (aripiprazole)</td>
<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
<tr>
<td>ABILIFY MYCITE</td>
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<td>PA</td>
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<tr>
<td>aripiprazole</td>
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<td>aripiprazole 1 mg/ml solution</td>
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<td>aripiprazole 10 mg tablet (Abilify)</td>
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</tr>
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<td>aripiprazole 2 mg tablet (Abilify)</td>
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</tr>
<tr>
<td>aripiprazole 20 mg tablet (Abilify)</td>
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<tr>
<td>aripiprazole 30 mg tablet (Abilify)</td>
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<td></td>
</tr>
<tr>
<td>aripiprazole 5 mg tablet (Abilify)</td>
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<td>QL (1 tab/day)</td>
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<tr>
<td>REXULTI 0.25 MG TABLET</td>
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</tr>
<tr>
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<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
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<tbody>
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<td>REXULTI 1 MG TABLET</td>
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<td>ST QL (1 tab/day)</td>
</tr>
<tr>
<td>REXULTI 2 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
<tr>
<td>REXULTI 3 MG TABLET</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>REXULTI 4 MG TABLET</td>
<td>T3</td>
<td>ST</td>
</tr>
</tbody>
</table>

### ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS

- **loxapine succinate**
  - T1

### ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES

- **thiothixene**
  - T1

### ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES

- **haloperidol**
  - T1

#### ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES

- **haloperidol lactate**
  - T1

### ANTIPSYCHOTICS, DOPAMINE AGONIST, DIHYDROINDOLONES

- **molindone hcl**
  - T1

### ANTIPSYCHOTICS, PHENOTHIAZINES

- **chlorpromazine hcl**
  - T1

#### ANTIPSYCHOTICS, PHENOTHIAZINES

- **fluphenazine hcl**
  - T1

- **perphenazine**
  - T1

- **thioridazine hcl**
  - T1

- **trifluoperazine hcl**
  - T1

### SSRI-ANTIPSYCH, ATYPICAL, DOPAMINE, SEROTONIN ANTAG

- **olanzapine/fluoxetine hcl**
  - T1

- **olanzapine/fluoxetine hcl** (Symbyax)
  - T1

- **SYMBYAX (olanzapine-fluoxetine hcl)**
  - T3

### PSYCHOTHERAPEUTIC DRUGS (Sleep Disorders/Sedatives)

#### NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS

- **armodafinil (Nuvigil)**
  - T1

- **modafinil (Provigil)**
  - T1

- **NUVIGIL (armodafinil)**
  - T3

- **PROVIGIL (modafinil)**
  - T3

- **SUNOSI**
  - T2

#### SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives)

#### ANTI-NARCOLEPSY, ANTI-CATAPLEXY, SEDATIVE-TYPE AGENT

- **XYREM**
  - T3

---

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### SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives)

#### BARBITURATES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenobarbital</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>SECONAL SODIUM</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

#### HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HETLIOZ</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>ramelteon (Rozerem)</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>ROZEREM (ramelteon)</td>
<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
</tbody>
</table>

#### SEDATIVE-HYPNOTICS - BENZODIAZEPINES

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DORAL (quazepam)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>estazolam</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>flurazepam hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>HALCION (triazolam)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>midazolam hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>quazepam (Doral)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>RESTORIL (temazepam)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>temazepam (Restoril)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>triazolam</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>triazolam (Halcion)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### SEDATIVE-HYPNOTICS, NON-BARBITURATE

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBIEN (zolpidem tartrate)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>AMBIEN CR 12.5 MG TABLET (zolpidem tartrate er)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>AMBIEN CR 6.25 MG TABLET (zolpidem tartrate er)</td>
<td>T3</td>
<td>PA ST QL (1 tab/day)</td>
</tr>
<tr>
<td>BELSOMRA</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>doxepin hcl 3 mg tablet (Silenor)</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>doxepin hcl 6 mg tablet (Silenor)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>EDLUAR 10 MG SL TABLET</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>EDLUAR 5 MG SL TABLET</td>
<td>T3</td>
<td>PA ST QL (1 tab/day)</td>
</tr>
<tr>
<td>eszopiclone (Lunesta)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>INTERMEZZO (zolpidem tartrate)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>LUNESTA (eszopiclone)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>SILENOR 3 MG TABLET (doxepin hcl)</td>
<td>T3</td>
<td>ST QL (1 tab/day)</td>
</tr>
<tr>
<td>SILENOR 6 MG TABLET (doxepin hcl)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>zaleplon</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>zolpidem tart er 12.5 mg tab (Ambien CR)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>zolpidem tart er 6.25 mg tab (Ambien CR)</td>
<td>T1</td>
<td>QL (1 tab/day)</td>
</tr>
<tr>
<td>zolpidem tartrate (Ambien)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>zolpidem tartrate (Intermezzo)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ZOLPIMIST</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
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- **PA** - Prior Authorization  
- **QL** - Quantity Limit  
- **ST** - Step Therapy  
- **AGE** - Age Requirement  
- **SP** - Specialty medication  
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- **PPACA** - No cost-share preventive medications  
- **CSL** - Oral cancer medications subject to cost-share limits
### SKIN PREPS (Miscellaneous)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetic acid</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>mannitol/sorbitol solution</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>neomycin sulf/polymyxin b sulf</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PHYSIOLYTE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PHYSIOSOL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ringer's solution</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ringer's solution, lactated</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sorbitol solution</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TIS-U-SOL PENTALYTE</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VASHE WOUND</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>VASHE WOUND THERAPY</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

### SKIN PREPS (Pain Relief And Inflammatory Disease)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acitretin</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>acitretin (Soriatane)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>COSENTYX (2 SYRINGES)</td>
<td>T3</td>
<td>PA QL (2 syrings/28 days)</td>
</tr>
<tr>
<td>COSENTYX PEN</td>
<td>T3</td>
<td>PA QL (1 pen/28 days)</td>
</tr>
<tr>
<td>COSENTYX PEN (2 PENS)</td>
<td>T3</td>
<td>PA QL (2 pens/28 days)</td>
</tr>
<tr>
<td>COSENTYX SYRINGE</td>
<td>T3</td>
<td>PA QL (1 syringe/28 days)</td>
</tr>
<tr>
<td>ILUMYA</td>
<td>T4</td>
<td>PA QL (1 syringe/84 days)</td>
</tr>
<tr>
<td>methoxsalen (Oxsoralen-ultra)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>OXSORALEN-ULTRA (methoxsalen)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>SILIQ</td>
<td>T4</td>
<td>PA QL (2 syrings/28 days)</td>
</tr>
<tr>
<td>SORIATANE (acitretin)</td>
<td>T3</td>
<td>PA QL (1 injector/28 days)</td>
</tr>
<tr>
<td>TALZT AUTOINJECTOR</td>
<td>T2</td>
<td>PA QL (1 injector/28 days)</td>
</tr>
<tr>
<td>TALZT AUTOINJECTOR (2 PACK)</td>
<td>T2</td>
<td>PA QL (1 injector/28 days)</td>
</tr>
<tr>
<td>TALZT AUTOINJECTOR (3 PACK)</td>
<td>T2</td>
<td>PA QL (1 injector/28 days)</td>
</tr>
<tr>
<td>TALZT SYRINGE</td>
<td>T2</td>
<td>PA QL (1 syringe/28 days)</td>
</tr>
<tr>
<td>TREMFYA 100 MG/ML INJECTOR</td>
<td>T4</td>
<td>PA QL (1 injector/56 days)</td>
</tr>
<tr>
<td>TREMFYA 100 MG/ML SYRINGE</td>
<td>T4</td>
<td>PA QL (1 syringe/56 days)</td>
</tr>
</tbody>
</table>

### TOPICAL ANTI-INFLAMMATORY, NSAIDS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac 1.5% topical soln</td>
<td>T1</td>
<td>PA ST HD</td>
</tr>
</tbody>
</table>
### SKIN PREPS (Pain Relief And Inflammatory Disease)

#### TOPICAL ANTI-INFLAMMATORY, NSAIDS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DICLOFENAC EPOLAMINE</td>
<td>T3</td>
<td>PA ST QL (2 patches/day) HD</td>
</tr>
<tr>
<td>diclofenac sodium 1% gel (Voltaren)</td>
<td>T1</td>
<td>QL (1000gm/30 days) HD</td>
</tr>
<tr>
<td>FLECTOR</td>
<td>T3</td>
<td>PA ST QL (2 patches/day) HD</td>
</tr>
<tr>
<td>PENNSAID</td>
<td>T3</td>
<td>PA ST HD</td>
</tr>
<tr>
<td>VOLTAREN (diclofenac sodium)</td>
<td>T3</td>
<td>PA ST QL (1000gm/30 days) HD</td>
</tr>
</tbody>
</table>

### SKIN PREPS (Skin Conditions)

#### ACNE AGENTS, SYSTEMIC

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSORICA</td>
<td>T3</td>
<td>ST QL (150 days therapy/210 days)</td>
</tr>
<tr>
<td>ABSORICA LD</td>
<td>T3</td>
<td>ST QL (150 days therapy/210 days)</td>
</tr>
<tr>
<td>isotretinoin (Absorica)</td>
<td>T1</td>
<td>QL (150 days therapy/210 days)</td>
</tr>
</tbody>
</table>

#### ACNE AGENTS, TOPICAL

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACANYA (clindamycin phos-benzoyl perox)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ACZONE 5% GEL (dapsone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ACZONE 7.5% GEL PUMP</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>adapalene/benzoyl peroxide (Epiduo)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>AZELEX</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>BENZACLIN (clindamycin-benzoyl peroxide)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>clindamycin phos/benzoyl perox</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phos/benzoyl perox (Acanya)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phos/benzoyl perox (Benzaclin)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clindamycin/tretinoin (Ziana)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>dapsone 5% gel (Aczone)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>DAPSONE 7.5% GEL PUMP</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>EPIDUO (adapalene-benzoyl peroxide)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>EPIDUO FORTE</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>KLARON (sulfacetamide sodium)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>NEUAC 1.2-5% KIT</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>neuac gel</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ONEXTON</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium (Klaron)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>VELTIN (clindamycin phos-tretinoin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ZIANA (clindamycin phos-tretinoin)</td>
<td>T3</td>
<td>PA</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
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**SKIN PREPS (Skin Conditions)**

### ANTIPERSPIRANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRYSOL</td>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>

### ANTIPRURITICS, TOPICAL

- **doxepin 5% cream (Zonalon)**: T1, QL (90gm/30 days)
- **PRUDOXIN**: T3, PA QL (90gm/30 days)
- **ZONALON**: T3, PA QL (90gm/30 days)

### ANTIPSRORIATICS AGENTS

- **anthralin**: T1
- **calcipotriene 0.005% cream (Dovonex)**: T1
- **CALCIPOTRIENE 0.005% FOAM**: T3, PA
- **calcipotriene 0.005% ointment**: T1
- **calcipotriene 0.005% solution**: T1
- **calcitriol 3 mcg/g ointment (Vectical)**: T1, QL (800gm/30 days)
- **DOVONEX (calcipotriene)**: T3
- **DUOBRII**: T3
- **SORILUX**: T3, PA
- **tazarotene (Tazorac)**: T1
- **TAZORAC 0.05% CREAM**: T2
- **TAZORAC 0.05% GEL**: T2
- **TAZORAC 0.1% CREAM (tazarotene)**: T3
- **TAZORAC 0.1% GEL**: T2
- **VECTICAL (calcitriol)**: T3, QL (800gm/30 days)

### ANTISEBORRHEIC AGENTS

- **OVACE PLUS**: T3
- **selenium sulfide**: T1
- **sulfacetamide sodium**: T1

### DIABETIC ULCER PREPARATIONS, TOPICAL

- **REGRANEX**: T3, PA QL (2 tubs/30 days)

### EMOLLIENTS

- **ATOPICLAIR (pruclair)**: T3
- **CELACYN**: T3
- **emollient combination no.35 (Mimyx)**: T1
- **HALUCORT**: T3
- **lactic acid**: T1
- **MIMYX (prumyx)**: T3
- **NEOSALUS**: T3
- **vite ac/grape/hyaluronic acid (Atopiclair)**: T1

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<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALDARA (imiquimod)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>imiquimod 3.75% cream pump (Zyclara)</td>
<td>T1</td>
<td>ST</td>
</tr>
<tr>
<td>imiquimod 5% cream packet (Aldara)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ZYCLARA 2.5% CREAM PUMP</td>
<td>T3</td>
<td>PA QL (4 bots/30 days)</td>
</tr>
<tr>
<td>ZYCLARA 3.75% CREAM</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>ZYCLARA 3.75% CREAM PUMP (imiquimod)</td>
<td>T3</td>
<td>PA ST</td>
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</table>

#### IMMUNOMODULATORS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>ALDARA (imiquimod)</td>
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<td>PA</td>
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<tr>
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<td>ST</td>
</tr>
<tr>
<td>imiquimod 5% cream packet (Aldara)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ZYCLARA 2.5% CREAM PUMP</td>
<td>T3</td>
<td>PA QL (4 bots/30 days)</td>
</tr>
<tr>
<td>ZYCLARA 3.75% CREAM</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>ZYCLARA 3.75% CREAM PUMP (imiquimod)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
</tbody>
</table>

#### IRRITANTS/COUNTER-IRRITANTS

- methyl salicylate T1
- QUTENZA T3

#### KERATOLYTICS

- BENSAL HP T1 PA
- benzoyl peroxide microspheres T1
- CONDYLOX T3 PA
- HYDRO 40 T3
- INOVA T3
- KERALYT (salicylic acid) T3
- KERALYT SCALP T3
- podofilox T1
- podophyllum resin T1
- salicylic acid T1
- salicylic acid (Keralyt) T1
- salicylic acid (Salvax) T1
- salicylic acid/ceramide comb 1 T1
- SALVAX (salicylic acid) T3
- SALVAX DUO PLUS T3
- silver nitrate T1
- silver nitrate applicator T1
- UMECTA T3
- URAMAXIN (urea) T3
- urea T1
- urea (Uramaxin) T1

#### PROTECTIVES

- protectives2/ceramide 1,3,6-11 T1
- RADIAPLEXRX T3
- zinc oxide T1

#### ROSACEA AGENTS, TOPICAL

- azelaic acid (Finacea) T1
- FINACEA 15% FOAM T3 PA

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## SKIN PREPS (Skin Conditions)

### ROSACEA AGENTS, TOPICAL

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINACEA 15% GEL (azelaic acid)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>ivermectin (Soolantra)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>METROCREAM (rosadan)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>METROGEL (metronidazole)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>METROLOTION (metronidazole)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>metronidazole</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>metronidazole (Metrocream)</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>metronidazole (Metrogel)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>metronidazole (Metrolotion)</td>
<td>T1</td>
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</tr>
<tr>
<td>NORITATE</td>
<td>T3</td>
<td>PA</td>
</tr>
<tr>
<td>rosadan 0.75% cream (Metrocream)</td>
<td>T1</td>
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</tr>
<tr>
<td>ROSADAN 0.75% CREAM KIT</td>
<td>T3</td>
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</tr>
<tr>
<td>rosadan 0.75% gel</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ROSADAN 0.75% GEL KIT</td>
<td>T3</td>
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</tbody>
</table>

### ROSACEA AGENTS, TOPICAL

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>SOOLANTRA (ivermectin)</td>
<td>T3</td>
<td>PA</td>
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### TISSUE/WOUND ADHESIVES

<table>
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<tbody>
<tr>
<td>ARTISS</td>
<td>T3</td>
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</tr>
<tr>
<td>TISSEEL VHSD</td>
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### TOP. ANTI-INFLAM., PHOSPHODIESTERASE-4 (PDE4) INHIB

<table>
<thead>
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<tbody>
<tr>
<td>EUCRISA</td>
<td>T2</td>
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### TOPICAL AGENTS, MISCELLANEOUS

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<tr>
<td>MEDIHONEY</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>TRI-CHLOR</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>trichloroacetic acid</td>
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</table>

### TOPICAL ANTIBIOTIC PLEUROMUTILIN DERIVATIVES

<table>
<thead>
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<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTabax</td>
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### TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS

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<tbody>
<tr>
<td>QBREXZA</td>
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### TOPICAL ANTI-INFLAMMATORY STERoidal

<table>
<thead>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>ALA-SCALP</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>alclometasone dipropionate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>amcinonide</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>anusol-hc 2.5% cream</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>APEXICON E</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>betamethasone dipropionate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate (Luxiq)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
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- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
# SKIN PREPS (Skin Conditions)

## TOPICAL ANTI-INFLammATORY STEROIDAL

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>betamethasone/propylene glycol (Diprolene)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>BRYHALI</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>CAPEX SHAMPOO</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>clobetasol propionate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate (Clobex)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate (Olux)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate (Temovate)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate/emoll</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate/emoll (Olux-E)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>CLOBEX (clobetasol propionate)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>CLOBEX (clodan)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>clocortolone pivalate (Cloderm)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>CLODAN 0.05% KIT</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>clodan 0.05% shampoo (Clobex)</td>
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<td></td>
</tr>
<tr>
<td>CLODERM (clocortolone pivalate)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>CORDRAN 0.025% CREAM</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>CORDRAN 0.05% CREAM (nolix)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>CORDRAN 0.05% LOTION (nolix)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>CORDRAN 0.05% OINTMENT (flurandrenolide)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>CORDRAN 4 MCG/SQ CM TAPE LARGE</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>CUTIVATE (fluicasone propionate)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>DERMA-SMOOTHE-FS (fluocinolone acetonide)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>DESONATE</td>
<td>T3</td>
<td>ST</td>
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<tr>
<td>desonide</td>
<td>T1</td>
<td></td>
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<tr>
<td>desonide (Tridesilon)</td>
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<tr>
<td>DESOWEN (desonide)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>desoximetasone (Topicort)</td>
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<tr>
<td>diflorasone diacetate</td>
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<td>PA</td>
</tr>
<tr>
<td>diflorasone diacetate/emoll</td>
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<td>PA</td>
</tr>
<tr>
<td>DIPROLENE (betamethasone diprop augmented)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>ELOCON (mometasone furoate)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>fluocinolone acetonide</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide (Derma-Smoother-FS)</td>
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<tr>
<td>fluocinolone acetonide (Synalar)</td>
<td>T1</td>
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</tr>
<tr>
<td>fluocinolone/shower cap (Derma-Smoother-FS)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluocinonide</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>fluocinonide (Vanos)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>fluocinonide/emollient base</td>
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</tr>
<tr>
<td>flurandrenolide (Cordran)</td>
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<td>PA</td>
</tr>
<tr>
<td>fluticasone prop 0.005% oint</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>fluticasone prop 0.05% cream</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>fluticasone prop 0.05% lotion (Cutivate)</td>
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<td></td>
</tr>
<tr>
<td>fluticasone propionate (Cutivate)</td>
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<td></td>
</tr>
<tr>
<td>halcinonide (Halog)</td>
<td>T1</td>
<td>ST</td>
</tr>
<tr>
<td>halobetasol propionate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>halobetasol propionate (Lexette)</td>
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</tr>
<tr>
<td>HALOG</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>HALOG (halcinonide)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>hydrocortisone</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate</td>
<td>T1</td>
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</tr>
<tr>
<td>hydrocortisone butyrate</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone butyrate (Locoid)</td>
<td>T1</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone butyrate/emoll (Locoid Lipocream)</td>
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<td>PA</td>
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<tr>
<td>hydrocortisone valerate</td>
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</tr>
<tr>
<td>IMPOYZ</td>
<td>T3</td>
<td>PA ST</td>
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<tr>
<td>KENALOG (triamcinolone acetonide)</td>
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<td>PA ST</td>
</tr>
<tr>
<td>LEXETTE</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>LOCOID (hydrocortisone butyrate)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>LOCOID LIPOCREAM (hydrocortisone butyrate)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>LUXIQ (betamethasone valerate)</td>
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<tr>
<td>mometasone furoate 0.1% cream (Elocon)</td>
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</tr>
<tr>
<td>mometasone furoate 0.1% oint</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>mometasone furoate 0.1% soln</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>NUCORT</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>OLUX (clobetasol propionate)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
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<td>OLUX-E (tovet emollent)</td>
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<td>PA ST</td>
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<tr>
<td>PANDEL</td>
<td>T3</td>
<td>PA ST</td>
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<tr>
<td>prednicarbate</td>
<td>T1</td>
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<tr>
<td>PSORCON</td>
<td>T3</td>
<td>PA</td>
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<td>SCALACORT DK</td>
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<td>ST</td>
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<tr>
<td>SERNIVO</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>SYNALAR</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>SYNALAR (fluocinolone acetonide)</td>
<td>T3</td>
<td>ST</td>
</tr>
</tbody>
</table>

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#### TOPICAL ANTI-INFLAMMATORY STEROIDAL

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
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<tbody>
<tr>
<td>SYNALAR TS</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>TEMOVATE (clobetasol propionate)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>TEXACORT</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>TOPICORT</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>TOPICORT (desoximetasone)</td>
<td>T3</td>
<td>ST</td>
</tr>
<tr>
<td>triamcinolone acetonide</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide (Kenalog)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>TRIDESILON (desonide)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>ULTRAVATE</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>VANOS (fluocinonide)</td>
<td>T3</td>
<td>PA ST</td>
</tr>
<tr>
<td>VERDESO</td>
<td>T3</td>
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#### TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC

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<tbody>
<tr>
<td>ANALPRAM HC</td>
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</tr>
<tr>
<td>EPIFOAM</td>
<td>T3</td>
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</tr>
<tr>
<td>hydrocortisone/pramoxine (Pramosone)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>lidocaine/hydrocortisone ac</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1% LOTION</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1%-1% CREAM</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1%-1% OINTMENT</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 2.5%-1% CREAM (hydrocortisone-pramoxine)</td>
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</tr>
<tr>
<td>PRAMOSONE 2.5%-1% LOTION</td>
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</tr>
<tr>
<td>PRAMOSONE 2.5%-1% OINTMENT</td>
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#### TOPICAL PREPARATIONS, ANTIBACTERIALS

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<th>Prescription drug name</th>
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<th>Coverage requirements and limits</th>
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<tbody>
<tr>
<td>dermazene cream</td>
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<td>DERMAZENE CREAM PACKET</td>
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<tr>
<td>hydrocortisone/iodoquinol</td>
<td>T1</td>
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<tr>
<td>hydrocortisone/iodoquinol/aloe</td>
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</tr>
<tr>
<td>iodine/potassium iodide</td>
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</tr>
<tr>
<td>IODOFLEX</td>
<td>T3</td>
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<td>IODOSORB</td>
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<tr>
<td>silver nitrate</td>
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#### TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID

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<tbody>
<tr>
<td>calcipotriene/betamethasone (Taclonex)</td>
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<tr>
<td>CALCIPOTRIENE-BETAMETHASONE</td>
<td>T3</td>
<td>PA</td>
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<tr>
<td>ENSTILAR</td>
<td>T3</td>
<td>PA</td>
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</table>
### SKIN PREPS (Skin Conditions)

#### TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID

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<tbody>
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<td>TACLONEX</td>
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<td>PA</td>
</tr>
<tr>
<td>TACLONEX (calcipotriene-betamethasone dp)</td>
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#### TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES

<table>
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<th>Drug</th>
<th>Tier</th>
<th>Coverage and Limit</th>
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<tbody>
<tr>
<td>SANTYL</td>
<td>T2</td>
<td>QL (60gm/30 days)</td>
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#### VITAMIN A DERIVATIVES

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<th>Drug</th>
<th>Tier</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>adapalene</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>adapalene (Differin)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>ALTRENO</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>ATRALIN (tretinoin)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>AVITA 0.025% CREAM (tretinoin)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>AVITA 0.025% GEL (tretinoin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>DIFFERIN</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>DIFFERIN (adapalene)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>RETIN-A 0.01% GEL (tretinoin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>RETIN-A 0.025% CREAM (tretinoin)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>RETIN-A 0.025% GEL (tretinoin)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>RETIN-A 0.05% CREAM (tretinoin)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>RETIN-A 0.1% CREAM (tretinoin)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>RETIN-A MICRO (tretinoin microsphere)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>RETIN-A MICRO PUMP</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>RETIN-A MICRO PUMP (tretinoin microsphere)</td>
<td>T3</td>
<td>AGE</td>
</tr>
<tr>
<td>tretinoin 0.01% gel (Retin-A)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tretinoin 0.025% cream (Retin-A)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>tretinoin 0.025% gel (Retin-A)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tretinoin 0.05% cream (Retin-A)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>tretinoin 0.05% gel (Atralin)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>tretinoin 0.1% cream (Retin-A)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>tretinoin microspheres (Retin-A Micro Pump)</td>
<td>T1</td>
<td>AGE</td>
</tr>
<tr>
<td>tretinoin microspheres (Retin-A Micro)</td>
<td>T1</td>
<td>AGE</td>
</tr>
</tbody>
</table>

#### VITAMIN A DERIVATIVES, TOPICAL ACNE AGENTS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FABIOR</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

#### SMOKING DETERRENTS (Smoking Cessation)

#### SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICOTROL</td>
<td>T2</td>
</tr>
<tr>
<td>NICOTROL NS</td>
<td>T2</td>
</tr>
</tbody>
</table>

* T1 - Typically generics  •  T2 - Typically preferred brands  •  T3 - Typically non-preferred brands  •  T4 - Injectable specialty medications  •  PA - Prior Authorization  •  QL - Quantity Limit  •  ST - Step Therapy  •  AGE - Age Requirement  •  SP - Specialty medication  •  HD - May require home delivery  •  PPACA - No cost-share preventive medications  •  CSL - Oral cancer medications subject to cost-share limits
<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANTIX</td>
<td>T2</td>
<td></td>
</tr>
<tr>
<td><strong>SMOKING DETERRENTS, OTHER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bupropion hcl sr 150 mg tablet</td>
<td>T1</td>
<td>PPACA</td>
</tr>
<tr>
<td><strong>THYROID PREPS (Hormonal Agents)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTITHYROID PREPARATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>methimazole (Tapazole)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>propylthiouracil</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TAPAZOLE (methimazole)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><strong>THYROID HORMONES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARMOUR THYROID 120 MG TABLET (thyroid)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ARMOUR THYROID 15 MG TABLET (thyroid)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ARMOUR THYROID 180 MG TABLET</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ARMOUR THYROID 240 MG TABLET</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ARMOUR THYROID 30 MG TABLET (thyroid)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ARMOUR THYROID 300 MG TABLET</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ARMOUR THYROID 60 MG TABLET (thyroid)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>ARMOUR THYROID 90 MG TABLET (thyroid)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>CYTOMEL (liothyronine sodium)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>EUTHYROX (levoxyl)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>EUTHYROX (unithroid)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>LEVO-T (levothyroxine sodium)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>LEVO-T (liothyron)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>LEVO-T (unithroid)</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>levothyroxine sodium (Synthroid)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>levothyroxine sodium (Unithroid)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>liothyronine sodium (Cytomel)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>SYNTHROID (levothyroxine sodium)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>SYNTHROID (levoxyl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>SYNTHROID (unithroid)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>thyroid, pork</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>thyroid, pork (Armour Thyroid)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TIROSINT</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>TIROSINT-SOL</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
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- **CSL** - Oral cancer medications subject to cost-share limits
### THYROID PREPS (Hormonal Agents)

#### THYROID HORMONES

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITHROID 100 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 112 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 125 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 137 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 150 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 175 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 200 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 25 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 300 MCG TABLET <em>(levothyroxine sodium)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 50 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td><em>Unithroid 75 mcg tablet</em> <em>(Synthroid)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>UNITHROID 88 MCG TABLET <em>(levothyroxine)</em></td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### UNCLASSIFIED DRUG PRODUCTS (AIDS/HIV)

##### CYTOCHROME P450 INHIBITORS

<table>
<thead>
<tr>
<th>DRUG</th>
<th>TIER</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tybost</td>
<td>T3</td>
<td>SP</td>
</tr>
</tbody>
</table>

#### UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory)

#### CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.

<table>
<thead>
<tr>
<th>DRUG</th>
<th>TIER</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkambi 100 MG-125 MG TABLET</td>
<td>T3</td>
<td>PA QL (4 tabs/day) SP HD</td>
</tr>
<tr>
<td>Orkambi 100-125 MG GRANULE PKT</td>
<td>T3</td>
<td>PA QL (2 packs/day) SP HD</td>
</tr>
<tr>
<td>Orkambi 150-188 MG GRANULE PKT</td>
<td>T3</td>
<td>PA QL (2 packs/day) SP HD</td>
</tr>
<tr>
<td>Orkambi 200 MG-125 MG TABLET</td>
<td>T3</td>
<td>PA QL (4 tabs/day) SP HD</td>
</tr>
<tr>
<td>Symdeko</td>
<td>T3</td>
<td>PA QL (2 tabs/day) SP HD</td>
</tr>
<tr>
<td>Trikafta</td>
<td>T3</td>
<td>PA QL (3 tabs/day) SP HD</td>
</tr>
</tbody>
</table>

#### CYSTIC FIB-TRANSMEMB CONDUCT.REG. (CFTR) POTENTIATOR

<table>
<thead>
<tr>
<th>DRUG</th>
<th>TIER</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kalydeco 150 MG TABLET</td>
<td>T3</td>
<td>PA QL (2 tabs/day) SP HD</td>
</tr>
<tr>
<td>Kalydeco 25 MG GRANULES PACKET</td>
<td>T3</td>
<td>PA QL (2 packs/day) SP HD</td>
</tr>
<tr>
<td>Kalydeco 50 MG GRANULES PACKET</td>
<td>T3</td>
<td>PA QL (2 packs/day) SP HD</td>
</tr>
<tr>
<td>Kalydeco 75 MG GRANULES PACKET</td>
<td>T3</td>
<td>PA QL (2 packs/day) SP HD</td>
</tr>
</tbody>
</table>
### UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory)

#### LUNG SURFACTANTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUROSURF</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>INFASURF</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>SURVANTA</td>
<td>T3</td>
<td></td>
</tr>
</tbody>
</table>

#### MUCOLYTICS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PULMOZYME</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFEV</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### UNCLASSIFIED DRUG PRODUCTS (Blood Modifiers/Bleeding Disorders)

#### SPLEEN TYROSINE KINASE INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAVALISSE</td>
<td>T3</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

#### UNCLASSIFIED DRUG PRODUCTS (Blood Pressure/Heart Medications)

#### BRADYKININ B2 RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRAZYR (icatibant)</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>icatibant acetate (Firazyr)</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### C1 ESTERASE INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERINERT</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>CINRYZE</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>HAEGARDA</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>RUCONEST</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### PLASMA KALLIKREIN INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KALBITOR</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### UNCLASSIFIED DRUG PRODUCTS (Cancer)

#### CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>leucovorin calcium</td>
<td>T1</td>
<td>CSL</td>
</tr>
<tr>
<td>MESNEX</td>
<td>T3</td>
<td>SP CSL</td>
</tr>
<tr>
<td>VISTOGARD</td>
<td>T3</td>
<td>SP CSL</td>
</tr>
</tbody>
</table>

#### UNCLASSIFIED DRUG PRODUCTS (Dental Products)

#### DENTAL AIDS AND PREPARATIONS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlorhexidine gluconate</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### PERIODONTAL COLLAGENASE INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>doxycycline hyclate</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

---

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
### DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAVERJECT 40 MCG VIAL</td>
<td>T3</td>
<td>PA QL (6 injectors/30 days)</td>
</tr>
<tr>
<td>CAVERJECT IMPULSE 10 MCG KIT</td>
<td>T3</td>
<td>PA QL (6 injectors/30 days)</td>
</tr>
<tr>
<td>CAVERJECT IMPULSE 10 MCG SYRNG</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>CAVERJECT IMPULSE 20 MCG KIT</td>
<td>T3</td>
<td>PA QL (6 injectors/30 days)</td>
</tr>
<tr>
<td>CAVERJECT IMPULSE 20 MCG SYRNG</td>
<td>T2</td>
<td>PA</td>
</tr>
<tr>
<td>CIALIS 10 MG TABLET (tadalafil)</td>
<td>T3</td>
<td>AGE QL (6 tabs/30 days)</td>
</tr>
<tr>
<td>CIALIS 2.5 MG TABLET (tadalafil)</td>
<td>T3</td>
<td>AGE QL (8 tabs/30 days)</td>
</tr>
<tr>
<td>CIALIS 20 MG TABLET (tadalafil)</td>
<td>T3</td>
<td>AGE QL (6 tabs/30 days)</td>
</tr>
<tr>
<td>CIALIS 5 MG TABLET (tadalafil)</td>
<td>T3</td>
<td>PA QL (8 tabs/30 days)</td>
</tr>
<tr>
<td>EDEX</td>
<td>T3</td>
<td>PA QL (6 injectors/30 days)</td>
</tr>
<tr>
<td>LEVITRA (vardenafil hcl)</td>
<td>T3</td>
<td>AGE QL (10 tabs/30 days)</td>
</tr>
<tr>
<td>MUSE</td>
<td>T2</td>
<td>PA QL (6/30 days)</td>
</tr>
<tr>
<td>sildenafil 100 mg tablet (Viagra)</td>
<td>T1</td>
<td>AGE QL (10 tabs/30 days)</td>
</tr>
<tr>
<td>sildenafil 25 mg tablet (Viagra)</td>
<td>T1</td>
<td>AGE QL (10 tabs/30 days)</td>
</tr>
<tr>
<td>sildenafil 50 mg tablet (Viagra)</td>
<td>T1</td>
<td>AGE QL (6 tabs/30 days)</td>
</tr>
<tr>
<td>STAXYN (vardenafil hcl)</td>
<td>T3</td>
<td>AGE QL (6 tabs/30 days)</td>
</tr>
<tr>
<td>STENDRA</td>
<td>T3</td>
<td>AGE QL (8 tabs/30 days)</td>
</tr>
<tr>
<td>tadalafil 10 mg tablet (Cialis)</td>
<td>T1</td>
<td>AGE QL (10 tabs/30 days)</td>
</tr>
<tr>
<td>tadalafil 2.5 mg tablet (Cialis)</td>
<td>T1</td>
<td>AGE QL (8 tabs/30 days)</td>
</tr>
<tr>
<td>tadalafil 20 mg tablet (Cialis)</td>
<td>T1</td>
<td>AGE QL (10 tabs/30 days)</td>
</tr>
<tr>
<td>tadalafil 5 mg tablet (Cialis)</td>
<td>T1</td>
<td>PA QL (8 tabs/30 days)</td>
</tr>
<tr>
<td>vardenafil hcl</td>
<td>T1</td>
<td>AGE QL (10 tabs/30 days)</td>
</tr>
<tr>
<td>vardenafil hcl (Levitra)</td>
<td>T1</td>
<td>AGE QL (10 tabs/30 days)</td>
</tr>
<tr>
<td>vardenafil hcl (Staxyn)</td>
<td>T1</td>
<td>AGE QL (10 tabs/30 days)</td>
</tr>
<tr>
<td>VIAGRA (sildenafil citrate)</td>
<td>T3</td>
<td>AGE QL (6 tabs/30 days)</td>
</tr>
</tbody>
</table>

### UNCLASSIFIED DRUG PRODUCTS (Gastrointestinal/Heartburn)

#### CALCIMIMETIC, PARATHYROID CALCIUM ENHANCER

<table>
<thead>
<tr>
<th>Name</th>
<th>Drug tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>cinacalcet hcl</td>
<td>T1</td>
<td>SP</td>
</tr>
<tr>
<td>SENSIPAR (cinacalcet hcl)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

#### ORAL MUCOSITIS/STOMATITIS AGENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORAMAGICRX</td>
<td>T3</td>
</tr>
</tbody>
</table>

#### SALIVA STIMULANT AGENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMOISYN</td>
<td>T3</td>
</tr>
</tbody>
</table>

### UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents)

#### BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE

<table>
<thead>
<tr>
<th>Name</th>
<th>Drug tier</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORTEO</td>
<td>T4</td>
<td>PA QL (1 pen/28 days) SP HD</td>
</tr>
</tbody>
</table>
## UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents)

### GROWTH HORMONE RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMAVERET</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

### HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>doxercalciferol</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>paricalcitol</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>paricalcitol (Zemplar)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>RAYALDEE</td>
<td>T3</td>
<td>SP HD</td>
</tr>
<tr>
<td>ZEMPLAR (paricalcitol)</td>
<td>T3</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

### MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSPHENA</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

### UNCLASSIFIED DRUG PRODUCTS (Miscellaneous)

#### ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIFEPRAX (mifepristone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>mifepristone (Mifeprex)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEVEYIS</td>
<td>T3</td>
<td>SP</td>
</tr>
</tbody>
</table>

#### AMMONIA INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARBAGLU</td>
<td>T3</td>
<td>SP HD</td>
</tr>
</tbody>
</table>

#### AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) SUPPRESSION

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEGSEDI</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### ANTI-ALCOHOLIC PREPARATIONS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate calcium</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>ANTABUSE (disulfiram)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>disulfiram (Antabuse)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESBRIET</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### DRUGS TO TREAT HEREDITARY TYROSINEMIA

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nitisinone (Orfadin)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>NITYR</td>
<td>T2</td>
<td>PA SP</td>
</tr>
<tr>
<td>ORFADIN</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>ORFADIN (nitisinone)</td>
<td>T3</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

#### DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERDELGA</td>
<td>T2</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>miglustat (Zavesca)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>ZAVESCA (miglustat)</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>
### UNCLASSIFIED DRUG PRODUCTS (Miscellaneous)

#### GENERAL INHALATION AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYPER-SAL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>HYPER-SAL (sodium chloride)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>Nebusal 3% vial</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>NEBUSAL 6% VIAL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>sodium chloride for inhalation</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>sodium chloride for inhalation (Hyper-Sal)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

#### MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISDELLE (paroxetine mesylate)</td>
<td>T3</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td><strong>paroxetine mesylate</strong> (Brisdelle)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
</tbody>
</table>

#### METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRENSIQ</td>
<td>T4</td>
<td>PA SP</td>
</tr>
</tbody>
</table>

#### METALLIC POISON, AGENTS TO TREAT

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMET</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><strong>deferasirox</strong> (Exjade)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td><strong>deferasirox</strong> (Jadenu)</td>
<td>T1</td>
<td>SP HD</td>
</tr>
<tr>
<td>EXJADE (deferasirox)</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>FERRIPROX</td>
<td>T3</td>
<td>PA SP</td>
</tr>
<tr>
<td>GALZIN</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><strong>JADENU</strong></td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td><strong>JADENU (deferasirox)</strong></td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td><strong>JADENU SPRINKLE</strong></td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td><strong>RADIOGARDASE</strong></td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td><strong>SYPRINE (trientine hcl)</strong></td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td><strong>trientine hcl</strong> (Syprine)</td>
<td>T1</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GALAFOLD</strong></td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KUVAN</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

#### PROTEIN STABILIZERS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VYNDAMAX</strong></td>
<td>T3</td>
<td>PA QL (1 cap/day) SP HD</td>
</tr>
<tr>
<td><strong>VYNDAQEL</strong></td>
<td>T3</td>
<td>PA QL (4 caps/day) SP HD</td>
</tr>
</tbody>
</table>

#### UNCLASSIFIED DRUG PRODUCTS (Nutritional/Dietary)

#### METABOLIC DEFICIENCY AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARNITOR 1 GM/5 ML VIAL</strong></td>
<td>T2</td>
</tr>
<tr>
<td><strong>CARNITOR 100 MG/ML ORAL SOLN (levocarnitine)</strong></td>
<td>T3</td>
</tr>
</tbody>
</table>
## UNCLASSIFIED DRUG PRODUCTS (Nutritional/Dietary)

### METABOLIC DEFICIENCY AGENTS

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARNITOR 330 MG TABLET (levocarnitine)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>CARNITOR SF (levocarnitine sf)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>CYSTADANE</td>
<td>T2</td>
<td>SP</td>
</tr>
<tr>
<td>levocarnitine (Carnitor SF)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>levocarnitine (Carnitor)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>levocarnitine (with sugar) (Carnitor)</td>
<td>T1</td>
<td></td>
</tr>
</tbody>
</table>

## UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products)

### BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOSAMAX PLUS D</td>
<td>T3</td>
<td>ST HD</td>
</tr>
</tbody>
</table>

### BONE RESORPTION INHIBITORS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTONEL (risedronate sodium)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>alendronate sodium</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>alendronate sodium (Fosamax)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>ATELVIA (risedronate sodium dr)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>BINOSTO</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>BONIVA (ibandronate sodium)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>EVISTA (raloxifene hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>FOSAMAX (alendronate sodium)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ibandronate sodium (Boniva)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>raloxifene hcl (Evista)</td>
<td>T1</td>
<td>HD PPACA</td>
</tr>
<tr>
<td>risedronate sodium</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>risedronate sodium (Actonel)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>risedronate sodium (Atelvia)</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

## UNCLASSIFIED DRUG PRODUCTS (Pain Relief And Inflammatory Disease)

### ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARCALYST</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

### FIBROMYALGIA AGENTS, SEROTONIN-NOREPINEPH RU INHIB

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVELLA</td>
<td>T2</td>
<td>HD</td>
</tr>
</tbody>
</table>

### IMMUNOMODULATOR, B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENLYSTA</td>
<td>T4</td>
<td>PA SP HD</td>
</tr>
</tbody>
</table>

## UNCLASSIFIED DRUG PRODUCTS (Seizure Disorders)

### NEUROPATHIC AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYRICA CR</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

**Notes:**
- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
### UNCLASSIFIED DRUG PRODUCTS (Substance Abuse)

#### OPIOID WITHDRAWAL THER, ALPHA-2 ADRENERGIC AGONIST

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUCEMYRA</td>
<td>T2</td>
<td>QL (168 tabs/14 days)</td>
</tr>
</tbody>
</table>

#### OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUNAVAL</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>buprenorphine hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>buprenorphine hcl/naloxone hcl</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>buprenorphine hcl/naloxone hcl (Suboxone)</td>
<td>T1</td>
<td></td>
</tr>
<tr>
<td>SUBOXONE (buprenorphine-naloxone)</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>ZUBSOLV</td>
<td>T2</td>
<td></td>
</tr>
</tbody>
</table>

### UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions)

#### BENIGN PROSTATIC HYPERPLASIA/MICHTURITION AGENTS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alfuzosin hcl (Uroxatral)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>AVODART (dutasteride)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>dutasteride (Avodart)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>finasteride (Proscar)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>FLOMAX (tamsulosin hcl)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>PROSCAR (finasteride)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>RAPAFLO 4 MG CAPSULE (silodosin)</td>
<td>T3</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>RAPAFLO 8 MG CAPSULE (silodosin)</td>
<td>T3</td>
<td>HD</td>
</tr>
<tr>
<td>silodosin 4 mg capsule (Rapaflol)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>silodosin 8 mg capsule (Rapaflol)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>tamsulosin hcl (Flomax)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>UROXATRAL (alfuzosin hcl er)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dutasteride/tamsulosin hcl (Jalyn)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>JALYN (dutasteride-tamsulosin)</td>
<td>T3</td>
<td>HD</td>
</tr>
</tbody>
</table>

#### CYSTINE-DEPLETING AGENTS, NEPHROTIC CYSTINOSIS

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYSTAGON</td>
<td>T2</td>
<td>SP</td>
</tr>
<tr>
<td>PROCYSBI DR 25 MG CAPSULE</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>PROCYSBI DR 300 MG GRANULE PKT</td>
<td>T3</td>
<td></td>
</tr>
<tr>
<td>PROCYSBI DR 75 MG CAPSULE</td>
<td>T3</td>
<td>PA SP HD</td>
</tr>
<tr>
<td>PROCYSBI DR 75 MG GRANULE PKT</td>
<td>T3</td>
<td></td>
</tr>
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#### KIDNEY STONE AGENTS

<table>
<thead>
<tr>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIOLA</td>
<td>T2</td>
<td>SP</td>
</tr>
<tr>
<td>THIOLA EC</td>
<td>T2</td>
<td>SP</td>
</tr>
</tbody>
</table>
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#### OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTORS

<table>
<thead>
<tr>
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<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
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<tbody>
<tr>
<td>MYRBETRIQ ER 25 MG TABLET</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>MYRBETRIQ ER 50 MG TABLET</td>
<td>T3</td>
<td>ST HD</td>
</tr>
</tbody>
</table>

#### URINARY TRACT ANTISPASMODIC, M (3) SELECTIVE ANTAG.

<table>
<thead>
<tr>
<th>Prescription drug name</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>darifenacin er 15 mg tablet (Enablex)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>darifenacin er 7.5 mg tablet (Enablex)</td>
<td>T1</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>ENABLEX 15 MG TABLET (darifenacin er)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>ENABLEX 7.5 MG TABLET (darifenacin er)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
<tr>
<td>solifenacin 10 mg tablet (Vesicare)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>solifenacin 5 mg tablet (Vesicare)</td>
<td>T3</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>VESICARE 10 MG TABLET (solifenacin succinate)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>VESICARE 5 MG TABLET (solifenacin succinate)</td>
<td>T3</td>
<td>ST QL (1 tab/day) HD</td>
</tr>
</tbody>
</table>

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<tr>
<td>DETROL (tolterodine tartrate)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>DETROL LA 2 MG CAPSULE (tolterodine tartrate er)</td>
<td>T3</td>
<td>ST QL (1 cap/day) HD</td>
</tr>
<tr>
<td>DETROL LA 4 MG CAPSULE (tolterodine tartrate er)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>DITROPAN XL (oxybutynin chloride er)</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>flavoxate hcl</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>GELNIQUE</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>oxybutynin chloride</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>oxybutynin chloride (Ditropan XL)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>OXYTROL</td>
<td>T3</td>
<td>ST HD</td>
</tr>
<tr>
<td>tolterodine tart er 2 mg cap (Detrol LA)</td>
<td>T1</td>
<td>QL (1 cap/day) HD</td>
</tr>
<tr>
<td>tolterodine tart er 4 mg cap (Detrol LA)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>tolterodine tartrate (Detrol)</td>
<td>T1</td>
<td>HD</td>
</tr>
<tr>
<td>TOVIAZ ER 4 MG TABLET</td>
<td>T2</td>
<td>QL (1 tab/day) HD</td>
</tr>
<tr>
<td>TOVIAZ ER 8 MG TABLET</td>
<td>T2</td>
<td>HD</td>
</tr>
<tr>
<td>trospium chloride</td>
<td>T1</td>
<td>HD</td>
</tr>
</tbody>
</table>

### UNCLASSIFIED DRUG PRODUCTS (Weight Management)

#### APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>MEGACE ES (megestrol acetate)</td>
<td>T3</td>
</tr>
<tr>
<td>megestrol 625 mg/5 ml susp (Megace ES)</td>
<td>T1</td>
</tr>
<tr>
<td>megestrol acet 40 mg/ml susp</td>
<td>T1</td>
</tr>
<tr>
<td>megestrol acet 400 mg/10 ml</td>
<td>T1</td>
</tr>
</tbody>
</table>

- **T1** - Typically generics
- **T2** - Typically preferred brands
- **T3** - Typically non-preferred brands
- **T4** - Injectable specialty medications
- **PA** - Prior Authorization
- **QL** - Quantity Limit
- **ST** - Step Therapy
- **AGE** - Age Requirement
- **SP** - Specialty medication
- **HD** - May require home delivery
- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
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<tbody>
<tr>
<td>folic acid</td>
<td><strong>T1</strong></td>
<td></td>
</tr>
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<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>multivit, ther.w-iron, hematinic</td>
<td><strong>T1</strong></td>
</tr>
<tr>
<td>multivit39/iron/mfolat/dss/dha</td>
<td><strong>T1</strong></td>
</tr>
<tr>
<td>mvn no.53/iron/folic/dss/dha</td>
<td><strong>T1</strong></td>
</tr>
</tbody>
</table>

#### VITAMIN B12 PREPARATIONS

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
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<tr>
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<td><strong>T1</strong></td>
</tr>
<tr>
<td>NASCOBAL</td>
<td><strong>T3</strong></td>
</tr>
</tbody>
</table>

#### VITAMIN D PREPARATIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>Drug tier</th>
<th>Coverage requirements and limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcitriol 0.25 mcg capsule (Rocaltrol)</td>
<td><strong>T1</strong></td>
<td><strong>HD</strong></td>
</tr>
<tr>
<td>calcitriol 0.5 mcg capsule (Rocaltrol)</td>
<td><strong>T1</strong></td>
<td><strong>HD</strong></td>
</tr>
<tr>
<td>calcitriol 1 mcg/ml solution (Rocaltrol)</td>
<td><strong>T1</strong></td>
<td><strong>HD</strong></td>
</tr>
<tr>
<td>DRISDOL (vitamin d2)</td>
<td><strong>T2</strong></td>
<td><strong>HD</strong></td>
</tr>
<tr>
<td>ergocalciferol (vitamin d2) (Drisdol)</td>
<td><strong>T1</strong></td>
<td><strong>HD</strong></td>
</tr>
<tr>
<td>ROCALTROL (calcitriol)</td>
<td><strong>T2</strong></td>
<td><strong>HD</strong></td>
</tr>
</tbody>
</table>

#### VITAMIN K PREPARATIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>Drug tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEPHYTON (phytonadione)</td>
<td><strong>T2</strong></td>
</tr>
<tr>
<td>phytonadione (vit k1) (Mephyton)</td>
<td><strong>T1</strong></td>
</tr>
</tbody>
</table>

---

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- **PPACA** - No cost-share preventive medications
- **CSL** - Oral cancer medications subject to cost-share limits
Exclusions and limitations

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan’s network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:  

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- doctor-administered injectable medications covered under the Plan’s medical benefit, unless otherwise covered under the Plan’s prescription drug list or approved by Cigna;
- implantable contraceptive devices covered under the Plan’s medical benefit;
- medications that are not medically necessary;
- experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- medications that are not approved by the Food & Drug Administration (FDA);
- prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of prescription medications and related supplies due to loss or theft;
- medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the date of issue;
- coverage for prescription medication products for the amount dispensed (days’ supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee;
- more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment. In addition to the plan’s standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.
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# Naphazoline HCl

Naphazoline HCl is a vasoconstrictor that reduces bleeding from minor cuts and abrasions and is available in eye drops for the relief of ocular itching due to allergic or nonallergic causes.

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### Dosing Information

- **Adults and Children Over 6 Years Old:** 1 to 2 drops in each affected eye two to four times a day as needed.
- **Children Under 6 Years Old:** Use only under medical supervision.

### Side Effects

- Dizziness
- Headache
- Blurred vision
- Dryness of the eyes

### Precautions

- Do not use if you are allergic to naphazoline HCl or any of the other ingredients.
- Do not use if you have used other eye drops that contain epinephrine or phenylephrine within the last 24 hours.

### Additional Information

Naphazoline HCl is available as a generic drug and over-the-counter (OTC) product.
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Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

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3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.


5. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan’s network.

6. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor’s office.

7. Costs and complete details of the plan’s prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.


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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
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