Blue Advantage®
A Medicare Approved PPO

Complete and Premier

2015

Formulary

List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on December 1, 2015. For more recent information or other questions, please contact Blue Advantage (PPO) **Member Services at 1-888-234-8266 or, for TTY users, 711, 8 a.m. to 8 p.m., seven (7) days a week.** From February 15 to September 30, on weekends and holidays you may be required to leave a message. Calls will be returned the next business day, or visit **www.bcbsalmedicare.com**.

Inside Front Cover

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Blue Cross and Blue Shield of Alabama. When it refers to "plan" or "our plan," it means Blue Advantage (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of October 2, 2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use cost-sharing pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy cost-sharing, and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

What is the Blue Advantage (PPO) Formulary?

A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Advantage (PPO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Advantage (PPO) cost-sharing pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of October 2, 2015. To get updated information about the drugs covered by Blue Advantage (PPO), please contact us. Our contact information appears on the front and back cover pages.

In the event that Blue Advantage (PPO) makes a non-maintenance change to the formulary, such as removing a drug from our formulary, or adding prior authorizations, quantity limits and/or step therapy restrictions to a drug, or changing a tiered cost-sharing status, Blue Advantage (PPO) will mail a written notice at least 60 days prior to the change becoming effective. Please keep this notice with your formulary.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 127. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Blue Advantage (PPO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Advantage (PPO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Advantage (PPO) before you fill your prescriptions. If you don't get approval, Blue Advantage (PPO) may not cover the drug.

- **Quantity Limits:** For certain drugs, Blue Advantage (PPO) limits the amount of the drug that Blue Advantage (PPO) will cover. For example, Blue Advantage (PPO) provides 30 tablets per prescription for *alfuzosin ER*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Blue Advantage (PPO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Advantage (PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Advantage (PPO) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue Advantage (PPO) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue Advantage (PPO) formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Blue Advantage (PPO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue Advantage (PPO) Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

Generally, Blue Advantage (PPO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a cost-sharing pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a maximum 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use our exceptions and appeals processes. Coverage determinations are processed and redeterminations are made as expeditiously as the member's health condition requires.

In order to prevent a temporary gap in care when a member is discharged to home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from an LTC facility, and does not have access to the remainder of the previously dispensed prescription, a one-time override of the "refill too soon" edits is processed for each medication which would be impacted due to a member being admitted to or discharged from an LTC facility. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a refill upon admission or discharge.

For more information

For more detailed information about your Blue Advantage (PPO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue Advantage (PPO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

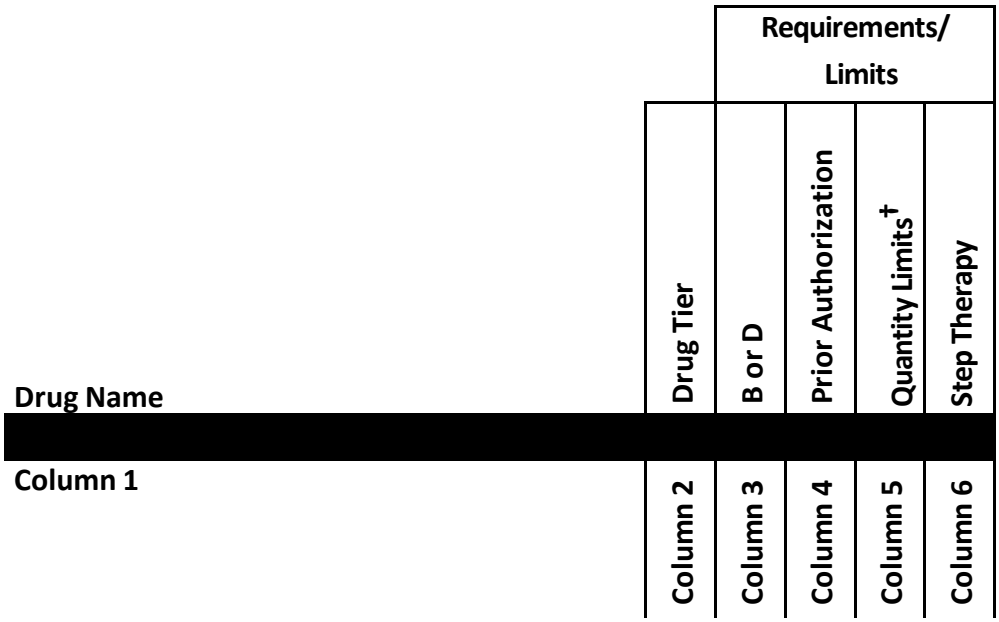
If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Blue Advantage (PPO) Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 127.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LANTUS) and generic drugs are listed in lower-case italics (e.g., *metformin*).

The information in the Requirements/Limits column tells you if Blue Advantage (PPO) has any special requirements for coverage of your drug.



Column 1, the *Drug Name* column, provides information such as drug name and if the drug is BRAND or *generic*.
Column 2, the *Drug Tier* column, provides information on which of the 5 tiers the drug has been assigned. Member cost sharing is based on drug tier assignment, day supply, and pharmacy selected.
Column 3, the *B or D* column, identifies drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance (B or D).

X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance. Medicare covered Part B drugs will be coordinated through your medical benefits portion of BlueRx (PDP). Not all Part D Network pharmacies can provide these drugs. Contact Member Services for assistance with getting your Medicare covered Part B drugs.

Columns 4, 5, and 6, the *Requirements/Limits* columns, indicates if a drug has any additional requirements or limits under Utilization Management including *Prior Authorization*, *Quantity Limits*, and *Step Therapy*.

• = Utilization Management
† = Quantity limit restrictions for these drugs are listed beginning on page 101.
# = High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.
* = Limited Distribution Drugs. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Generally, we will cover your prescriptions only if they are filled at one of our cost-sharing pharmacies. Some of our cost-sharing pharmacies are also preferred. You may go to either preferred cost-sharing pharmacies or standard cost-sharing pharmacies to receive your covered prescription drugs. Your costs may be less at preferred pharmacies.

The table below describes your share of the cost for **Blue Advantage (PPO) Complete** when you get a covered Part D prescription drug for a one-month (30-day) supply at any Network Pharmacy, a one-month (31-day) supply at a Long- Term Care Pharmacy, a long-term (90-day) supply from a Mail-Order pharmacy or a Preferred Cost-Sharing Pharmacy, or a long-term (90-day) supply from a Non-Preferred Cost-Sharing Pharmacy, after your $320 deductible has been met on all covered Part D Drugs.

Drug Tiers	One-month (30-day) supply (or less) at a Network Pharmacy	One-month (31-day) supply (or less) at a Long-Term Care Pharmacy	Long-Term (90-day) supply at a Mail-Order or Preferred Cost-Sharing Pharmacy	Long-Term (90-day) supply at a Non-Preferred Cost-Sharing Pharmacy
Tier 1 Preferred Generic	$4 copay	$4 copay	$8 copay	$12 copay
Tier 2 Non-Preferred Generic	$12 copay	$12 copay	$24 copay	$36 copay
Tier 3 Preferred Brand	$45 copay	$45 copay	$90 copay	$135 copay
Tier 4 Non-Preferred Brand	$95 copay	$95 copay	$190 copay	$285 copay
Tier 5 Specialty	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

*Note: Tier 5 – Specialty Tier Drugs have coinsurance applied and do not have a reduced copay for drugs purchased at a Mail-Order or Preferred Pharmacy.

The table below describes your share of the cost for **Blue Advantage (PPO) Premier** when you get a covered Part D prescription drug for a one-month (30-day) supply at any Network Pharmacy, a one-month (31-day) supply at a Long- Term Care Pharmacy, a long-term (90-day) supply from a Mail-Order pharmacy or a Preferred Cost-Sharing Pharmacy, or a long-term (90-day) supply from a Non-Preferred Cost-Sharing Pharmacy, on all covered Part D Drugs.

Drug Tiers	One-month (30-day) supply (or less) at a Network Pharmacy	One-month (31-day) supply (or less) at a Long-Term Care Pharmacy	Long-Term (90-day) supply at a Mail-Order or Preferred Cost-Sharing Pharmacy	Long-Term (90-day) supply at a Non-Preferred Cost-Sharing Pharmacy
Tier 1 Preferred Generic	$4 copay	$4 copay	$8 copay	$12 copay
Tier 2 Non-Preferred Generic	$12 copay	$12 copay	$24 copay	$36 copay
Tier 3 Preferred Brand	$45 copay	$45 copay	$90 copay	$135 copay
Tier 4 Non-Preferred Brand	$75 copay	$75 copay	$150 copay	$225 copay
Tier 5 Specialty	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

*Note: Tier 5 – Specialty Tier Drugs have coinsurance applied and do not have a reduced copay for drugs purchased at a Mail-Order or Preferred Pharmacy.

An Abbreviations Key for prescription drug dosages is provided below as a quick reference for our list of formulary drugs beginning on page 1.

Prescription Drug Dosage Restrictions Abbreviations Key

Key			
act	actuation	**mcg**	microgram
aer, aero	aerosol	**meq**	milliequivalent
cap	capsules	**mg**	milligram
chew tab	chewable tablets	**ml**	milliliter
conc	concentrate	**nebu**	nebules
conj	conjugate	**NF**	non-formulary
CR	controlled-release	**odt, orally disintegrating tab**	orally disintegrating
crys	crystals	**oint**	ointment
DR	delayed-release	**op, ophth**	ophthalmic
deter	deterrent	**pow, powd**	powder
ec	enteric coated	**pf**	preservative-free
ER, extended, extended rel, XL, XR	extended-release	**sl**	sublingual
g, gm	gram	**soln**	solution
hr	hour	**suppos**	suppositories
IR	immediate-release	**susp**	suspension
inh, inhal	inhalation	**sr**	sustained-release
inj	injection	**tab**	tablets
im	intramuscular	**td**	transdermal
iv	intravenous	**tl**	translingual
liqd	liquid	**unt**	unit
LA	long acting	**vac**	vaccine

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
Analgesics					
ABSTRAL - fentanyl citrate sl tab 100 mcg	5		•	•	
ABSTRAL - fentanyl citrate sl tab 200 mcg	5		•	•	
ABSTRAL - fentanyl citrate sl tab 300 mcg	5		•	•	
ABSTRAL - fentanyl citrate sl tab 400 mcg	5		•	•	
ABSTRAL - fentanyl citrate sl tab 600 mcg	5		•	•	
ABSTRAL - fentanyl citrate sl tab 800 mcg	5		•	•	
acetaminophen w/ codeine soln 120-12 mg/5ml	2			•	
acetaminophen w/ codeine tab 300-15 mg	2			•	
acetaminophen w/ codeine tab 300-30 mg	2			•	
acetaminophen w/ codeine tab 300-60 mg	2			•	
butorphanol tartrate inj 1 mg/ml	2				
butorphanol tartrate inj 2 mg/ml	2				
butorphanol tartrate nasal soln 10 mg/ml	2				
CELEBREX - celecoxib cap 50 mg	3			•	
CELEBREX - celecoxib cap 100 mg	3			•	
CELEBREX - celecoxib cap 200 mg	3			•	
CELEBREX - celecoxib cap 400 mg	3			•	
celecoxib cap 50 mg	2			•	
celecoxib cap 100 mg	2			•	
celecoxib cap 200 mg	2			•	
celecoxib cap 400 mg	2			•	
codeine sulfate tab 15 mg	2			•	
codeine sulfate tab 30 mg	2			•	
codeine sulfate tab 60 mg	2			•	
diclofenac potassium tab 50 mg	2				
diclofenac sodium tab delayed release 25 mg	2				
diclofenac sodium tab delayed release 50 mg	2				
diclofenac sodium tab delayed release 75 mg	2				
diclofenac sodium tab sr 24hr 100 mg	2				
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2				
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2				
etodolac cap 200 mg	2				
etodolac cap 300 mg	2				
etodolac tab sr 24hr 400 mg	2				
etodolac tab sr 24hr 500 mg	2				
etodolac tab sr 24hr 600 mg	2				
etodolac tab 400 mg	2				
etodolac tab 500 mg	2				
fentanyl citrate lozenge on a handle 200 mcg	5		•	•	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

1 = Preferred Generic Drugs 2 = Non-Preferred Generic Drugs 3 = Preferred Brand Drugs
4 = Non-Preferred Brand Drugs 5 = Specialty Drugs • = Utilization Management (UM)
X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance
† = Quantity limit restrictions for these drugs are listed beginning on page 101
* = Limited Distribution Drug # = High Risk Medication (HRM)

Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
fentanyl citrate lozenge on a handle 400 mcg	5		•	•	
fentanyl citrate lozenge on a handle 600 mcg	5		•	•	
fentanyl citrate lozenge on a handle 800 mcg	5		•	•	
fentanyl citrate lozenge on a handle 1200 mcg	5		•	•	
fentanyl citrate lozenge on a handle 1600 mcg	5		•	•	
fentanyl td patch 72hr 12 mcg/hr	2			•	
fentanyl td patch 72hr 25 mcg/hr	2			•	
fentanyl td patch 72hr 50 mcg/hr	2			•	
fentanyl td patch 72hr 75 mcg/hr	2			•	
fentanyl td patch 72hr 100 mcg/hr	2			•	
flurbiprofen tab 50 mg	1				
flurbiprofen tab 100 mg	1				
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2			•	
hydrocodone-acetaminophen tab 10-325 mg	2			•	
hydrocodone-acetaminophen tab 5-300 mg	2			•	
hydrocodone-acetaminophen tab 7.5-300 mg	2			•	
hydrocodone-acetaminophen tab 5-325 mg	2			•	
hydrocodone-acetaminophen tab 7.5-325 mg	2			•	
hydrocodone-acetaminophen tab 10-300 mg	2			•	
hydrocodone-ibuprofen tab 2.5-200 mg	2			•	
hydrocodone-ibuprofen tab 5-200 mg	2			•	
hydrocodone-ibuprofen tab 7.5-200 mg	2			•	
hydrocodone-ibuprofen tab 10-200 mg	2			•	
hydromorphone hcl liqd 1 mg/ml	2			•	
hydromorphone hcl preservative free (pf) inj 10 mg/ml	2	X			
hydromorphone hcl tab 2 mg	2			•	
hydromorphone hcl tab 4 mg	2			•	
hydromorphone hcl tab 8 mg	2			•	
ibuprofen susp 100 mg/5ml	2				
ibuprofen tab 400 mg	1				
ibuprofen tab 600 mg	1				
ibuprofen tab 800 mg	1				
ketoprofen cap 50 mg	2				
ketoprofen cap 75 mg	2				
ketorolac tromethamine tab 10 mg#	4		•		
LAZANDA - fentanyl citrate nasal spray 100 mcg/act	5		•	•	
LAZANDA - fentanyl citrate nasal spray 400 mcg/act	5		•	•	
LEVORPHANOL TARTRATE - levorphanol tartrate tab 2 mg	4			•	
meloxicam tab 7.5 mg	1				
meloxicam tab 15 mg	1				
methadone hcl tab 5 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
methadone hcl tab 10 mg	2			•	
MORPHINE SULFATE - morphine sulfate tab 15 mg	4			•	
MORPHINE SULFATE - morphine sulfate tab 30 mg	4			•	
morphine sulfate cap sr 24hr 10 mg	2			•	
morphine sulfate inj pf 0.5 mg/ml	2	X			
morphine sulfate inj pf 1 mg/ml	2	X			
morphine sulfate oral soln 10 mg/5ml	2			•	
morphine sulfate oral soln 20 mg/5ml	2			•	
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2			•	
morphine sulfate tab cr 15 mg	2			•	
morphine sulfate tab cr 30 mg	2			•	
morphine sulfate tab cr 60 mg	2			•	
morphine sulfate tab cr 100 mg	2			•	
morphine sulfate tab cr 200 mg	2			•	
nabumetone tab 500 mg	2				
nabumetone tab 750 mg	2				
naproxen sodium tab 275 mg	1				
naproxen sodium tab 550 mg	1				
naproxen susp 125 mg/5ml	2				
naproxen tab ec 375 mg	1				
naproxen tab ec 500 mg	1				
naproxen tab 250 mg	1				
naproxen tab 375 mg	1				
naproxen tab 500 mg	1				
NUCYNTA ER - tapentadol hcl tab sr 12hr 50 mg	3			•	
NUCYNTA ER - tapentadol hcl tab sr 12hr 100 mg	3			•	
NUCYNTA ER - tapentadol hcl tab sr 12hr 150 mg	3			•	
NUCYNTA ER - tapentadol hcl tab sr 12hr 200 mg	3			•	
NUCYNTA ER - tapentadol hcl tab sr 12hr 250 mg	3			•	
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 5 mg	3			•	
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 7.5 mg	3			•	
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 10 mg	3			•	
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 15 mg	3			•	
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 20 mg	3			•	
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 30 mg	3			•	
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 40 mg	3			•	
oxaprozin tab 600 mg	2				
oxycodone hcl tab 5 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
oxycodone hcl tab 10 mg	2			•	
oxycodone hcl tab 15 mg	2			•	
oxycodone hcl tab 20 mg	2			•	
oxycodone hcl tab 30 mg	2			•	
oxycodone w/ acetaminophen tab 2.5-325 mg	2			•	
oxycodone w/ acetaminophen tab 5-325 mg	2			•	
oxycodone w/ acetaminophen tab 7.5-325 mg	2			•	
oxycodone w/ acetaminophen tab 10-325 mg	2			•	
oxycodone-aspirin tab 4.8355-325 mg	2			•	
OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg	3			•	
OXYCONTIN - oxycodone hcl tab er 12hr deter 15 mg	3			•	
OXYCONTIN - oxycodone hcl tab er 12hr deter 20 mg	3			•	
OXYCONTIN - oxycodone hcl tab er 12hr deter 30 mg	3			•	
OXYCONTIN - oxycodone hcl tab er 12hr deter 40 mg	3			•	
OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg	3			•	
OXYCONTIN - oxycodone hcl tab er 12hr deter 80 mg	3			•	
piroxicam cap 10 mg	2				
piroxicam cap 20 mg	2				
SUBSYS - fentanyl sublingual spray 100 mcg	5		•	•	
SUBSYS - fentanyl sublingual spray 200 mcg	5		•	•	
SUBSYS - fentanyl sublingual spray 400 mcg	5		•	•	
SUBSYS - fentanyl sublingual spray 600 mcg	5		•	•	
SUBSYS - fentanyl sublingual spray 800 mcg	5		•	•	
SUBSYS - fentanyl sublingual spray 1200 mcg (600 mcg x 2)	5		•	•	
SUBSYS - fentanyl sublingual spray 1600 mcg (800 mcg x 2)	5		•	•	
sulindac tab 150 mg	1				
sulindac tab 200 mg	1				
tolmetin sodium cap 400 mg	2				
tramadol hcl tab sr 24hr 100 mg	2			•	
tramadol hcl tab sr 24hr 200 mg	2			•	
tramadol hcl tab sr 24hr 300 mg	2			•	
tramadol hcl tab 50 mg	1			•	
tramadol-acetaminophen tab 37.5-325 mg	2			•	
VOLTAREN - diclofenac sodium gel 1%	3				•
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 10 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 15 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 20 mg	4		•	•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 30 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 40 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 50 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr 10 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr 15 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr 20 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr 30 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr 40 mg	4		•	•	
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr 50 mg	4		•	•	
Anesthetics					
lidocaine hcl gel 2%	2				
lidocaine hcl local inj 1%	1				
lidocaine hcl local preservative free (pf) inj 1%	1				
lidocaine hcl soln 4%	2				
lidocaine hcl viscous soln 2%	2				
lidocaine oint 5%	2				
lidocaine patch 5%	2		•		
lidocaine-prilocaine cream 2.5-2.5%	2				

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
Anti-Addiction/Substance Abuse Treatment Agents					
acamprosate calcium tab delayed release 333 mg	2				
buprenorphine hcl sl tab 2 mg	2		•		
buprenorphine hcl sl tab 8 mg	2		•		
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg	2		•		
buprenorphine hcl-naloxone hcl sl tab 8-2 mg	2		•		
bupropion hcl (smoking deterrent) tab sr 12hr 150 mg	2				
BUTRANS - buprenorphine td patch weekly 5 mcg/hr	3			•	
BUTRANS - buprenorphine td patch weekly 7.5 mcg/hr	3			•	
BUTRANS - buprenorphine td patch weekly 10 mcg/hr	3			•	
BUTRANS - buprenorphine td patch weekly 15 mcg/hr	3			•	
BUTRANS - buprenorphine td patch weekly 20 mcg/hr	3			•	
CHANTIX - varenicline tartrate tab 0.5 mg	3			•	
CHANTIX - varenicline tartrate tab 1 mg	3			•	
CHANTIX CONTINUING MONTH - varenicline tartrate tab 1 mg	3			•	
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	3			•	
disulfiram tab 250 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
disulfiram tab 500 mg	2				
naloxone hcl inj 0.4 mg/ml	2				
naloxone hcl inj 1 mg/ml	2				
naltrexone hcl tab 50 mg	2				
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4				
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4				
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	4		•		
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg	4		•		
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg	4		•		
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg	4		•		
VIVITROL - naltrexone for im extended release susp 380 mg	5				
Antibacterials					
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	2				
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	2				
amoxicillin (trihydrate) cap 250 mg	1				
amoxicillin (trihydrate) cap 500 mg	1				
amoxicillin (trihydrate) for susp 125 mg/5ml	2				
amoxicillin (trihydrate) for susp 200 mg/5ml	2				
amoxicillin (trihydrate) for susp 250 mg/5ml	2				
amoxicillin (trihydrate) for susp 400 mg/5ml	2				
amoxicillin (trihydrate) tab 500 mg	2				
amoxicillin (trihydrate) tab 875 mg	2				
amoxicillin & k clavulanate chew tab 200-28.5 mg	2				
amoxicillin & k clavulanate chew tab 400-57 mg	2				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2				
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2				
amoxicillin & k clavulanate tab 250-125 mg	2				
amoxicillin & k clavulanate tab 500-125 mg	2				
amoxicillin & k clavulanate tab 875-125 mg	2				
AMPICILLIN - ampicillin for susp 125 mg/5ml	4				
AMPICILLIN - ampicillin for susp 250 mg/5ml	4				
ampicillin & sulbactam sodium for inj 2-1 gm	2				
ampicillin cap 250 mg	1				
ampicillin cap 500 mg	1				
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	4				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
AMPICILLIN SODIUM - ampicillin sodium for iv soln 2 gm	4				
ampicillin sodium for inj 250 mg	2				
ampicillin sodium for inj 500 mg	2				
ampicillin sodium for inj 1 gm	2				
ampicillin sodium for inj 2 gm	2				
ampicillin sodium for iv soln 10 gm	2				
AVELOX - moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	3				
AZACTAM - aztreonam in dextrose inj 1 gm/50 ml	4				
AZACTAM - aztreonam in dextrose inj 2 gm/50 ml	4				
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4				
azithromycin for susp 100 mg/5ml	2				
azithromycin for susp 200 mg/5ml	2				
azithromycin iv for soln 500 mg	2				
azithromycin tab 250 mg	2				
azithromycin tab 500 mg	2				
azithromycin tab 600 mg	2				
aztreonam for inj 1 gm	2				
aztreonam for inj 2 gm	2				
BICILLIN L-A - penicillin g benzathine intramuscular susp 600000 unit/ml	4				
BICILLIN L-A - penicillin g benzathine intramuscular susp 1200000 unit/2ml	4				
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml	4				
cefaclor cap 250 mg	2				
cefaclor cap 500 mg	2				
cefadroxil cap 500 mg	2				
cefadroxil for susp 250 mg/5ml	2				
cefadroxil for susp 500 mg/5ml	2				
cefadroxil tab 1 gm	2				
cefazolin sodium for inj 500 mg	2				
cefazolin sodium for inj 1 gm	2				
cefazolin sodium for inj 10 gm	2				
cefazolin sodium for inj 20 gm	2				
cefdinir cap 300 mg	2				
cefdinir for susp 125 mg/5ml	2				
cefdinir for susp 250 mg/5ml	2				
cefepime hcl for inj 1 gm	2				
cefepime hcl for inj 2 gm	2				
cefotaxime sodium for inj 500 mg	2				
cefotaxime sodium for inj 1 gm	2				
cefotaxime sodium for inj 2 gm	2				
cefotaxime sodium for inj 10 gm	2				
cefoxitin sodium for inj 10 gm	2				
cefoxitin sodium for iv soln 1 gm	2				
cefoxitin sodium for iv soln 2 gm	2				
cefpodoxime proxetil for susp 50 mg/5ml	2				
cefpodoxime proxetil for susp 100 mg/5ml	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
cefpodoxime proxetil tab 100 mg	2				
cefpodoxime proxetil tab 200 mg	2				
cefprozil for susp 125 mg/5ml	2				
cefprozil for susp 250 mg/5ml	2				
cefprozil tab 250 mg	2				
cefprozil tab 500 mg	2				
ceftazidime for inj 1 gm	2				
ceftazidime for inj 2 gm	2				
ceftazidime for inj 6 gm	2				
ceftazidime for iv soln 1 gm	2				
ceftazidime for iv soln 2 gm	2				
CEFTRIAXONE IN ISO-OSMOTIC - ceftriaxone sodium in dextrose inj 20 mg/ml	4				
CEFTRIAXONE IN ISO-OSMOTIC - ceftriaxone sodium in dextrose inj 40 mg/ml	4				
ceftriaxone sodium for inj 250 mg	2				
ceftriaxone sodium for inj 500 mg	2				
ceftriaxone sodium for inj 1 gm	2				
ceftriaxone sodium for inj 2 gm	2				
ceftriaxone sodium for inj 10 gm	2				
ceftriaxone sodium for iv soln 1 gm	2				
ceftriaxone sodium for iv soln 2 gm	2				
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 1 gm and dextrose 3.74%	4				
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 2 gm and dextrose 2.22%	4				
cefuroxime axetil tab 250 mg	2				
cefuroxime axetil tab 500 mg	2				
cefuroxime sodium for inj 750 mg	2				
cefuroxime sodium for inj 1.5 gm	2				
cefuroxime sodium for inj 7.5 gm	2				
cefuroxime sodium for iv soln 1.5 gm	2				
cephalexin cap 250 mg	1				
cephalexin cap 500 mg	1				
cephalexin cap 750 mg	1				
cephalexin for susp 125 mg/5ml	2				
cephalexin for susp 250 mg/5ml	2				
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4				
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	2				
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2				
ciprofloxacin hcl tab 100 mg	1				
ciprofloxacin hcl tab 250 mg	1				
ciprofloxacin hcl tab 500 mg	1				
ciprofloxacin hcl tab 750 mg	1				
ciprofloxacin iv soln 200 mg/20ml (1%)	2				
ciprofloxacin iv soln 400 mg/40ml (1%)	2				

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Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg	2				
ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg	2				
ciprofloxacin 200 mg/100ml in d5w	2				
ciprofloxacin 400 mg/200ml in d5w	2				
CLAFORAN/D5W - cefotaxime sodium in d5w iv soln 1 gm/50ml	4				
CLAFORAN/D5W - cefotaxime sodium in d5w iv soln 2 gm/50ml	4				
clarithromycin for susp 125 mg/5ml	2				
clarithromycin for susp 250 mg/5ml	2				
clarithromycin tab sr 24hr 500 mg	2				
clarithromycin tab 250 mg	2				
clarithromycin tab 500 mg	2				
clindamycin hcl cap 75 mg	2				
clindamycin hcl cap 150 mg	2				
clindamycin hcl cap 300 mg	2				
clindamycin phosphate in d5w iv soln 300 mg/50ml	2				
clindamycin phosphate in d5w iv soln 600 mg/50ml	2				
clindamycin phosphate in d5w iv soln 900 mg/50ml	2				
clindamycin phosphate inj 300 mg/2ml	2				
clindamycin phosphate inj 600 mg/4ml	2				
clindamycin phosphate inj 900 mg/6ml	2				
clindamycin phosphate inj 9 gm/60ml	2				
clindamycin phosphate iv soln 600 mg/4ml	2				
clindamycin phosphate iv soln 900 mg/6ml	2				
clindamycin phosphate vaginal cream 2%	2				
colistimethate sodium for inj 150 mg	2				
CUBICIN - daptomycin for iv soln 500 mg	5				
DALVANCE - dalbavancin hcl for iv soln 500 mg	5				
demeclocycline hcl tab 150 mg	2				
demeclocycline hcl tab 300 mg	2				
dicloxacillin sodium cap 250 mg	2				
dicloxacillin sodium cap 500 mg	2				
DIFICID - fidaxomicin tab 200 mg	5				
doxycycline hyclate cap 50 mg	2				
doxycycline hyclate cap 100 mg	2				
doxycycline hyclate for inj 100 mg	2				
doxycycline hyclate tab 20 mg	2				
doxycycline hyclate tab 100 mg	2				
doxycycline monohydrate cap 50 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
doxycycline monohydrate cap 75 mg	2				
doxycycline monohydrate cap 100 mg	2				
doxycycline monohydrate cap 150 mg	2				
doxycycline monohydrate tab 50 mg	2				
doxycycline monohydrate tab 75 mg	2				
doxycycline monohydrate tab 100 mg	2				
doxycycline monohydrate tab 150 mg	2				
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	4				
ERY-TAB - erythromycin tab delayed release 250 mg	4				
ERY-TAB - erythromycin tab delayed release 333 mg	4				
ERY-TAB - erythromycin tab delayed release 500 mg	4				
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	4				
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	4				
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4				
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 1000 mg	4				
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4				
ERYTHROMYCIN BASE - erythromycin tab 250 mg	4				
ERYTHROMYCIN BASE - erythromycin tab 500 mg	4				
FORTAZ - ceftazidime for inj 500 mg	4				
FORTAZ - ceftazidime sodium in d5w inj 1 gm/50ml	4				
FORTAZ - ceftazidime sodium in d5w inj 2 gm/50ml	4				
gentamicin in saline inj 0.8 mg/ml	2				
gentamicin in saline inj 1 mg/ml	2				
gentamicin in saline inj 1.2 mg/ml	2				
gentamicin in saline inj 1.6 mg/ml	2				
gentamicin sulfate inj 10 mg/ml	2				
gentamicin sulfate inj 40 mg/ml	2				
gentamicin sulfate iv soln 10 mg/ml	2				
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 0.9 mg/ml	4				
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1.4 mg/ml	4				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
imipenem-cilastatin intravenous for soln 250 mg	2				
imipenem-cilastatin intravenous for soln 500 mg	2				
INVANZ - ertapenem sodium for inj 1 gm	4				
INVANZ - ertapenem sodium for iv inj 1 gm	4				
KANAMYCIN SULFATE - kanamycin sulfate inj 333 mg/ml	4				
levofloxacin in d5w iv soln 250 mg/50ml	2				
levofloxacin in d5w iv soln 500 mg/100ml	2				
levofloxacin in d5w iv soln 750 mg/150ml	2				
levofloxacin iv soln 25 mg/ml	2				
levofloxacin oral soln 25 mg/ml	2				
levofloxacin tab 250 mg	2				
levofloxacin tab 500 mg	2				
levofloxacin tab 750 mg	2				
linezolid iv soln 2 mg/ml	5				
linezolid tab 600 mg	5		•		
MEFOXIN - cefoxitin sodium iv soln 1 gm/50ml in dextrose 2 gm/50ml	4				
MEFOXIN - cefoxitin sodium iv soln 2 gm/50ml in dextrose 1.1 gm/50ml	4				
meropenem iv for soln 500 mg	2				
meropenem iv for soln 1 gm	2				

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
methenamine hippurate tab 1 gm	2				
METRO IV - metronidazole in nacl 0.74% iv soln 500 mg/100ml	4				
metronidazole cap 375 mg	2				
metronidazole in nacl 0.79% iv soln 500 mg/100ml	2				
metronidazole tab 250 mg	2				
metronidazole tab 500 mg	2				
metronidazole vaginal gel 0.75%	2				
minocycline hcl cap 50 mg	1				
minocycline hcl cap 75 mg	1				
minocycline hcl cap 100 mg	1				
minocycline hcl tab 50 mg	2				
minocycline hcl tab 75 mg	2				
minocycline hcl tab 100 mg	2				
moxifloxacin hcl tab 400 mg	2				
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm	4				
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm	4				
nafcillin sodium for inj 1 gm	2				
nafcillin sodium for inj 2 gm	2				
nafcillin sodium for inj 10 gm	2				
neomycin sulfate tab 500 mg	2				
neomycin-polymyxin b gu irrigation soln	2				
nitrofurantoin macrocrystalline cap 50 mg#	4			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
nitrofurantoin macrocrystalline cap 100 mg#	4			•	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	4			•	
nitrofurantoin susp 25 mg/5ml#	4			•	
ofloxacin tab 400 mg	2				
paromomycin sulfate cap 250 mg	2				
penicillin g potassium for inj 5000000 unit	2				
penicillin g potassium for inj 20000000 unit	2				
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose	4				
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	4				
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4				
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4				
penicillin v potassium for soln 125 mg/5ml	2				
penicillin v potassium for soln 250 mg/5ml	2				
penicillin v potassium tab 250 mg	2				
penicillin v potassium tab 500 mg	2				
piperacillin sodium-tazobactam sodium for inj 2-0.25 gm	2				
piperacillin sodium-tazobactam sodium for inj 3-0.375 gm	2				
piperacillin sodium-tazobactam sodium for inj 4-0.5 gm	2				
SIVEXTRO - tedizolid phosphate tab 200 mg	5		•		
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5				
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4				
SULFADIAZINE - sulfadiazine tab 500 mg	4				
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2				
sulfamethoxazole-trimethoprim tab 400-80 mg	1				
sulfamethoxazole-trimethoprim tab 800-160 mg	1				
SULFAMETHOXAZOLE/ TRIMETHOPRIM - sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4				
SUPRAX - cefixime cap 400 mg	4				
SUPRAX - cefixime chew tab 100 mg	4				
SUPRAX - cefixime chew tab 200 mg	4				
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
TEFLARO - ceftaroline fosamil for iv soln 400 mg	4				
TEFLARO - ceftaroline fosamil for iv soln 600 mg	4				
TETRACYCLINE HCL - tetracycline hcl cap 250 mg	4				
TETRACYCLINE HCL - tetracycline hcl cap 500 mg	4				
tobramycin sulfate for inj 1.2 gm	2				
tobramycin sulfate inj 10 mg/ml	2				
tobramycin sulfate inj 80 mg/2ml (40 mg/ml)	2				
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)	2				
tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	2				
TOBRAMYCIN SULFATE/ SODIUM - tobramycin sulfate inj 0.8 mg/ml in saline	4				
trimethoprim tab 100 mg	1				
TYGACIL - tigecycline for iv soln 50 mg	4				
vancomycin hcl cap 125 mg	5				
vancomycin hcl cap 250 mg	5				
vancomycin hcl for inj 500 mg	2				
vancomycin hcl for inj 1000 mg	2				
vancomycin hcl for inj 5000 mg	2				
vancomycin hcl for inj 10 gm	2				
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose inj 500 mg/100ml	4				
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose inj 750 mg/150ml	4				
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose inj 1 gm/200ml	4				
XIFAXAN - rifaximin tab 550 mg	5				
ZINACEF - cefuroxime in sterile water inj 1.5 gm/50ml	4				
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4				
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 4-0.5gm/100ml	4				
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4				
ZYVOX - linezolid tab 600 mg	5		•		
ZYVOX - linezolid for susp 100 mg/5ml	5		•		
ZYVOX - linezolid iv soln 2 mg/ml	5				
Anticonvulsants					
APTIOM - eslicarbazepine acetate tab 200 mg	4				
APTIOM - eslicarbazepine acetate tab 400 mg	4				
APTIOM - eslicarbazepine acetate tab 600 mg	4				
APTIOM - eslicarbazepine acetate tab 800 mg	4				
BANZEL - rufinamide susp 40 mg/ml	5				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
BANZEL - rufinamide tab 200 mg	4				
BANZEL - rufinamide tab 400 mg	5				
carbamazepine cap sr 12hr 100 mg	2				
carbamazepine cap sr 12hr 200 mg	2				
carbamazepine cap sr 12hr 300 mg	2				
carbamazepine chew tab 100 mg	1				
carbamazepine susp 100 mg/5ml	2				
carbamazepine tab sr 12hr 200 mg	2				
carbamazepine tab sr 12hr 400 mg	2				
carbamazepine tab 200 mg	1				
CELONTIN - methsuximide cap 300 mg	4				
clonazepam orally disintegrating tab 0.125 mg	2		•	•	
clonazepam orally disintegrating tab 0.25 mg	2		•	•	
clonazepam orally disintegrating tab 0.5 mg	2		•	•	
clonazepam orally disintegrating tab 1 mg	2		•	•	
clonazepam orally disintegrating tab 2 mg	2		•	•	
clonazepam tab 0.5 mg	2		•	•	
clonazepam tab 1 mg	2		•	•	
clonazepam tab 2 mg	2		•	•	

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
clorazepate dipotassium tab 3.75 mg	2		•	•	
clorazepate dipotassium tab 7.5 mg	2		•	•	
clorazepate dipotassium tab 15 mg	2		•	•	
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	4			•	
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4			•	
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4			•	
DIAZEPAM - diazepam soln 1 mg/ml	4		•	•	
DIAZEPAM - diazepam rectal gel delivery system 2.5 mg	4			•	
DIAZEPAM - diazepam rectal gel delivery system 10 mg	4			•	
DIAZEPAM - diazepam rectal gel delivery system 20 mg	4			•	
diazepam conc 5 mg/ml	2		•	•	
diazepam tab 2 mg	2		•	•	
diazepam tab 5 mg	2		•	•	
diazepam tab 10 mg	2		•	•	
DILANTIN - phenytoin sodium extended cap 30 mg	4				
divalproex sodium cap sprinkle 125 mg	2				
divalproex sodium tab delayed release 125 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
divalproex sodium tab delayed release 250 mg	2				
divalproex sodium tab delayed release 500 mg	2				
divalproex sodium tab sr 24 hr 250 mg	2				
divalproex sodium tab sr 24 hr 500 mg	2				
ethosuximide cap 250 mg	2				
ethosuximide soln 250 mg/5ml	2				
felbamate susp 600 mg/5ml	2				
felbamate tab 400 mg	2				
felbamate tab 600 mg	2				
fosphenytoin sodium inj 100 mg/2ml	2				
fosphenytoin sodium inj 500 mg/10ml	2				
FYCOMPA - perampanel tab 2 mg	4				
FYCOMPA - perampanel tab 4 mg	4				
FYCOMPA - perampanel tab 6 mg	4				
FYCOMPA - perampanel tab 8 mg	4				
FYCOMPA - perampanel tab 10 mg	4				
FYCOMPA - perampanel tab 12 mg	4				
gabapentin cap 100 mg	1				
gabapentin cap 300 mg	1				
gabapentin cap 400 mg	1				
gabapentin oral soln 250 mg/5ml	2				
gabapentin tab 600 mg	2				
gabapentin tab 800 mg	2				
GABITRIL - tiagabine hcl tab 12 mg	4				
GABITRIL - tiagabine hcl tab 16 mg	4				
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg	4				
LAMICTAL ODT - lamotrigine orally disintegrating tab 50 mg	4				
LAMICTAL ODT - lamotrigine orally disintegrating tab 100 mg	4				
LAMICTAL ODT - lamotrigine orally disintegrating tab 200 mg	4				
lamotrigine orally disintegrating tab 25 mg	2				
lamotrigine orally disintegrating tab 50 mg	2				
lamotrigine orally disintegrating tab 100 mg	2				
lamotrigine orally disintegrating tab 200 mg	2				
lamotrigine tab chewable dispersible 5 mg	2				
lamotrigine tab chewable dispersible 25 mg	2				
lamotrigine tab 25 mg	1				
lamotrigine tab 100 mg	1				
lamotrigine tab 150 mg	1				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
lamotrigine tab 200 mg	1				
LEVETIRACETAM - levetiracetam in sodium chloride iv soln 500 mg/100ml	4				
LEVETIRACETAM - levetiracetam in sodium chloride iv soln 1000 mg/100ml	4				
LEVETIRACETAM - levetiracetam in sodium chloride iv soln 1500 mg/100ml	4				
levetiracetam inj 500 mg/5ml (100 mg/ml)	2				
levetiracetam oral soln 100 mg/ml	2				
levetiracetam tab 250 mg	2				
levetiracetam tab 500 mg	2				
levetiracetam tab 750 mg	2				
levetiracetam tab 1000 mg	2				
LYRICA - pregabalin soln 20 mg/ml	3				
LYRICA - pregabalin cap 25 mg	3				
LYRICA - pregabalin cap 50 mg	3				
LYRICA - pregabalin cap 75 mg	3				
LYRICA - pregabalin cap 100 mg	3				
LYRICA - pregabalin cap 150 mg	3				
LYRICA - pregabalin cap 200 mg	3				
LYRICA - pregabalin cap 225 mg	3				
LYRICA - pregabalin cap 300 mg	3				
ONFI - clobazam suspension 2.5 mg/ml	4		•	•	
ONFI - clobazam tab 5 mg	4		•	•	
ONFI - clobazam tab 10 mg	4		•	•	
ONFI - clobazam tab 20 mg	4		•	•	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	2				
oxcarbazepine tab 150 mg	2				
oxcarbazepine tab 300 mg	2				
oxcarbazepine tab 600 mg	2				
PEGANONE - ethotoin tab 250 mg	4				
PHENOBARBITAL - phenobarbital tab 15 mg#	4		•		
PHENOBARBITAL - phenobarbital tab 30 mg#	4		•		
PHENOBARBITAL - phenobarbital tab 60 mg#	4		•		
PHENOBARBITAL - phenobarbital tab 100 mg#	4		•		
phenobarbital elixir 20 mg/5ml#	4		•		
PHENOBARBITAL SODIUM - phenobarbital sodium inj 65 mg/ml#	4		•		
phenobarbital sodium inj 130 mg/ml#	4		•		
phenobarbital tab 16.2 mg#	4		•		
phenobarbital tab 32.4 mg#	4		•		
phenobarbital tab 64.8 mg#	4		•		
phenobarbital tab 97.2 mg#	4		•		
phenytoin chew tab 50 mg	2				
phenytoin sodium extended cap 100 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
phenytoin sodium extended cap 200 mg	2				
phenytoin sodium extended cap 300 mg	2				
phenytoin susp 125 mg/5ml	2				
POTIGA - ezogabine tab 50 mg	4				
POTIGA - ezogabine tab 200 mg	4				
POTIGA - ezogabine tab 300 mg	4				
POTIGA - ezogabine tab 400 mg	4				
primidone tab 50 mg	1				
primidone tab 250 mg	1				
SABRIL - vigabatrin tab 500 mg	4				
SABRIL - vigabatrin powd pack 500 mg	4				
TEGRETOL-XR - carbamazepine tab sr 12hr 100 mg	4				
tiagabine hcl tab 2 mg	2				
tiagabine hcl tab 4 mg	2				
topiramate sprinkle cap 15 mg	2				
topiramate sprinkle cap 25 mg	2				
topiramate tab 25 mg	1				
topiramate tab 50 mg	1				
topiramate tab 100 mg	1				
topiramate tab 200 mg	1				
valproate sodium inj 100 mg/ml	2				
valproate sodium syrup 250 mg/5ml	2				
valproic acid cap 250 mg	2				
VIMPAT - lacosamide tab 50 mg	3				
VIMPAT - lacosamide tab 100 mg	3				
VIMPAT - lacosamide tab 150 mg	3				
VIMPAT - lacosamide tab 200 mg	3				
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	3				
VIMPAT - lacosamide oral solution 10 mg/ml	3				
zonisamide cap 25 mg	2				
zonisamide cap 50 mg	2				
zonisamide cap 100 mg	2				
Antidementia Agents					
donepezil hydrochloride orally disintegrating tab 5 mg	2				
donepezil hydrochloride orally disintegrating tab 10 mg	2				
donepezil hydrochloride tab 5 mg	1				
donepezil hydrochloride tab 10 mg	1				
donepezil hydrochloride tab 23 mg	1				
ergoloid mesylates tab 1 mg#	3		•		
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr	3				
EXELON - rivastigmine td patch 24hr 9.5 mg/24hr	3				
EXELON - rivastigmine td patch 24hr 13.3 mg/24hr	3				
galantamine hydrobromide cap sr 24hr 8 mg	2				
galantamine hydrobromide cap sr 24hr 16 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
galantamine hydrobromide cap sr 24hr 24 mg	2				
galantamine hydrobromide oral soln 4 mg/ml	2				
galantamine hydrobromide tab 4 mg	2				
galantamine hydrobromide tab 8 mg	2				
galantamine hydrobromide tab 12 mg	2				
memantine hcl oral solution 2 mg/ml	2				
memantine hcl tab 5 mg	2				
memantine hcl tab 10 mg	2				
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	2				
NAMENDA - memantine hcl oral solution 2 mg/ml	3				
NAMENDA - memantine hcl tab 5 mg	3				
NAMENDA - memantine hcl tab 10 mg	3				
NAMENDA TITRATION PAK - memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	3				
NAMENDA XR - memantine hcl cap sr 24hr 7 mg	3				
NAMENDA XR - memantine hcl cap sr 24hr 14 mg	3				
NAMENDA XR - memantine hcl cap sr 24hr 21 mg	3				
NAMENDA XR - memantine hcl cap sr 24hr 28 mg	3				
NAMENDA XR TITRATION PACK - memantine hcl cap sr 24hr 7 mg & 14 mg & 21 mg & 28 mg pack	3				
rivastigmine tartrate cap 1.5 mg	2				
rivastigmine tartrate cap 3 mg	2				
rivastigmine tartrate cap 4.5 mg	2				
rivastigmine tartrate cap 6 mg	2				
rivastigmine td patch 24hr 4.6 mg/24hr	2				
rivastigmine td patch 24hr 9.5 mg/24hr	2				
rivastigmine td patch 24hr 13.3 mg/24hr	2				
Antidepressants					
ABILIFY - aripiprazole tab 2 mg	5			•	
ABILIFY - aripiprazole tab 5 mg	5			•	
ABILIFY - aripiprazole tab 10 mg	5			•	
ABILIFY - aripiprazole tab 15 mg	5			•	
ABILIFY - aripiprazole tab 20 mg	5			•	
ABILIFY - aripiprazole tab 30 mg	5			•	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5			•	
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5			•	
amitriptyline hcl tab 10 mg#	4		•		
amitriptyline hcl tab 25 mg#	4		•		
amitriptyline hcl tab 50 mg#	4		•		
amitriptyline hcl tab 75 mg#	4		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
amitriptyline hcl tab 100 mg#	4		•		
amitriptyline hcl tab 150 mg#	4		•		
AMOXAPINE - amoxapine tab 25 mg	4				
AMOXAPINE - amoxapine tab 50 mg	4				
AMOXAPINE - amoxapine tab 100 mg	4				
AMOXAPINE - amoxapine tab 150 mg	4				
ARIPIPRAZOLE ODT - aripiprazole orally disintegrating tab 10 mg	5			•	
ARIPIPRAZOLE ODT - aripiprazole orally disintegrating tab 15 mg	5			•	
aripiprazole oral solution 1 mg/ml	5			•	
aripiprazole tab 2 mg	5			•	
aripiprazole tab 5 mg	5			•	
aripiprazole tab 10 mg	5			•	
aripiprazole tab 15 mg	5			•	
aripiprazole tab 20 mg	5			•	
aripiprazole tab 30 mg	5			•	
BRINTELLIX - vortioxetine hbr tab 5 mg	4			•	
BRINTELLIX - vortioxetine hbr tab 10 mg	4			•	
BRINTELLIX - vortioxetine hbr tab 20 mg	4			•	
bupropion hcl tab sr 12hr 100 mg	2			•	
bupropion hcl tab sr 12hr 150 mg	2			•	
bupropion hcl tab sr 12hr 200 mg	2			•	
bupropion hcl tab sr 24hr 150 mg	2			•	
bupropion hcl tab sr 24hr 300 mg	2			•	
bupropion hcl tab 75 mg	2			•	
bupropion hcl tab 100 mg	2			•	
citalopram hydrobromide oral soln 10 mg/5ml	2			•	
citalopram hydrobromide tab 10 mg	1			•	
citalopram hydrobromide tab 20 mg	1			•	
citalopram hydrobromide tab 40 mg	1			•	
clomipramine hcl cap 25 mg#	4		•		
clomipramine hcl cap 50 mg#	4		•		
clomipramine hcl cap 75 mg#	4		•		
desipramine hcl tab 10 mg	2				
desipramine hcl tab 25 mg	2				
desipramine hcl tab 50 mg	2				
desipramine hcl tab 75 mg	2				
desipramine hcl tab 100 mg	2				
desipramine hcl tab 150 mg	2				
DOXEPIN HCL - doxepin hcl cap 75 mg#	4		•		
doxepin hcl cap 10 mg#	4		•		
doxepin hcl cap 25 mg#	4		•		
doxepin hcl cap 50 mg#	4		•		
doxepin hcl cap 100 mg#	4		•		
doxepin hcl cap 150 mg#	4		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
doxepin hcl conc 10 mg/ml#	4		•		
duloxetine hcl enteric coated pellets cap 20 mg	2			•	
duloxetine hcl enteric coated pellets cap 30 mg	2			•	
duloxetine hcl enteric coated pellets cap 60 mg	2			•	
EMSAM - selegiline td patch 24hr 6 mg/24hr	5				
EMSAM - selegiline td patch 24hr 9 mg/24hr	5				
EMSAM - selegiline td patch 24hr 12 mg/24hr	5				
escitalopram oxalate soln 5 mg/5ml	2			•	
escitalopram oxalate tab 5 mg	1			•	
escitalopram oxalate tab 10 mg	1			•	
escitalopram oxalate tab 20 mg	1			•	
FETZIMA - levomilnacipran hcl cap sr 24hr 20 mg	4			•	
FETZIMA - levomilnacipran hcl cap sr 24hr 40 mg	4			•	
FETZIMA - levomilnacipran hcl cap sr 24hr 80 mg	4			•	
FETZIMA - levomilnacipran hcl cap sr 24hr 120 mg	4			•	
FETZIMA TITRATION PACK - levomilnacipran hcl cap sr 24hr 20 & 40 mg therapy pack	4			•	
fluoxetine hcl cap delayed release 90 mg	2			•	
fluoxetine hcl cap 10 mg	1			•	
fluoxetine hcl cap 20 mg	1			•	
fluoxetine hcl cap 40 mg	1			•	
fluoxetine hcl solution 20 mg/5ml	2			•	
fluoxetine hcl tab 10 mg	2			•	
fluoxetine hcl tab 20 mg	2			•	
fluvoxamine maleate tab 25 mg	2			•	
fluvoxamine maleate tab 50 mg	2			•	
fluvoxamine maleate tab 100 mg	2			•	
imipramine hcl tab 10 mg#	4		•		
imipramine hcl tab 25 mg#	4		•		
imipramine hcl tab 50 mg#	4		•		
MAPROTILINE HCL - maprotiline hcl tab 25 mg	4			•	
MAPROTILINE HCL - maprotiline hcl tab 50 mg	4			•	
MAPROTILINE HCL - maprotiline hcl tab 75 mg	4			•	
MARPLAN - isocarboxazid tab 10 mg	4				
mirtazapine orally disintegrating tab 15 mg	2			•	
mirtazapine orally disintegrating tab 30 mg	2			•	
mirtazapine orally disintegrating tab 45 mg	2			•	
mirtazapine tab 7.5 mg	1			•	
mirtazapine tab 15 mg	1			•	
mirtazapine tab 30 mg	1			•	
mirtazapine tab 45 mg	1			•	

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NEFAZODONE HCL - nefazodone hcl tab 100 mg	4				
NEFAZODONE HCL - nefazodone hcl tab 150 mg	4				
NEFAZODONE HCL - nefazodone hcl tab 200 mg	4				
nefazodone hcl tab 50 mg	2				
nefazodone hcl tab 250 mg	2				
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml	4				
nortriptyline hcl cap 10 mg	1				
nortriptyline hcl cap 25 mg	1				
nortriptyline hcl cap 50 mg	1				
nortriptyline hcl cap 75 mg	1				
OLEPTRO - trazodone hcl tab sr 24hr 150 mg	4			•	
OLEPTRO - trazodone hcl tab sr 24hr 300 mg	4			•	
paroxetine hcl tab sr 24hr 12.5 mg	2			•	
paroxetine hcl tab sr 24hr 25 mg	2			•	
paroxetine hcl tab sr 24hr 37.5 mg	2			•	
paroxetine hcl tab 10 mg	1			•	
paroxetine hcl tab 20 mg	1			•	
paroxetine hcl tab 30 mg	1			•	
paroxetine hcl tab 40 mg	1			•	
PAXIL - paroxetine hcl oral susp 10 mg/5ml	4			•	
phenelzine sulfate tab 15 mg	2				
PRISTIQ - desvenlafaxine succinate tab sr 24hr 25 mg	4			•	
PRISTIQ - desvenlafaxine succinate tab sr 24hr 50 mg	4			•	
PRISTIQ - desvenlafaxine succinate tab sr 24hr 100 mg	4			•	
protriptyline hcl tab 5 mg	2				
protriptyline hcl tab 10 mg	2				
quetiapine fumarate tab 25 mg	2			•	
quetiapine fumarate tab 50 mg	2			•	
quetiapine fumarate tab 100 mg	2			•	
quetiapine fumarate tab 200 mg	2			•	
quetiapine fumarate tab 300 mg	2			•	
quetiapine fumarate tab 400 mg	2			•	
REXULTI - brexpiprazole tab 0.25 mg	5			•	
REXULTI - brexpiprazole tab 0.5 mg	5			•	
REXULTI - brexpiprazole tab 1 mg	5			•	
REXULTI - brexpiprazole tab 2 mg	5			•	
REXULTI - brexpiprazole tab 3 mg	5			•	
REXULTI - brexpiprazole tab 4 mg	5			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 50 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 150 mg	3			•	

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SEROQUEL XR - quetiapine fumarate tab sr 24hr 200 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 300 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 400 mg	3			•	
sertraline hcl oral conc 20 mg/ml	2			•	
sertraline hcl tab 25 mg	1			•	
sertraline hcl tab 50 mg	1			•	
sertraline hcl tab 100 mg	1			•	
SURMONTIL - trimipramine maleate cap 25 mg#	4		•		
SURMONTIL - trimipramine maleate cap 50 mg#	4		•		
SURMONTIL - trimipramine maleate cap 100 mg#	4		•		
tranylcypromine sulfate tab 10 mg	2				
trazodone hcl tab 50 mg	1				
trazodone hcl tab 100 mg	1				
trazodone hcl tab 150 mg	1				
trazodone hcl tab 300 mg	1				
trimipramine maleate cap 25 mg#	4		•		
trimipramine maleate cap 50 mg#	4		•		
trimipramine maleate cap 100 mg#	4		•		
venlafaxine hcl cap sr 24hr 37.5 mg	2			•	
venlafaxine hcl cap sr 24hr 75 mg	2			•	
venlafaxine hcl cap sr 24hr 150 mg	2			•	
venlafaxine hcl tab sr 24hr 37.5 mg	2			•	
venlafaxine hcl tab sr 24hr 75 mg	2			•	
venlafaxine hcl tab sr 24hr 150 mg	2			•	
venlafaxine hcl tab 25 mg	2			•	
venlafaxine hcl tab 37.5 mg	2			•	
venlafaxine hcl tab 50 mg	2			•	
venlafaxine hcl tab 75 mg	2			•	
venlafaxine hcl tab 100 mg	2			•	
VIIBRYD - vilazodone hcl tab 10 mg	4			•	
VIIBRYD - vilazodone hcl tab 20 mg	4			•	
VIIBRYD - vilazodone hcl tab 40 mg	4			•	
VIIBRYD - vilazodone hcl tab starter kit 10 (7) & 20 (7) & 40 (16) mg	4			•	
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4			•	
Antiemetics					
ALOXI - palonosetron hcl iv soln 0.25 mg/5ml	4				
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	4				
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4				
chlorpromazine hcl tab 10 mg	2				
chlorpromazine hcl tab 25 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
chlorpromazine hcl tab 50 mg	2				
chlorpromazine hcl tab 100 mg	2				
chlorpromazine hcl tab 200 mg	2				
diphenhydramine hcl inj 50 mg/ml	2				
dronabinol cap 2.5 mg	2	X			
dronabinol cap 5 mg	2	X			
dronabinol cap 10 mg	2	X			
EMEND - aprepitant capsule therapy pack 80 & 125 mg	3	X			
EMEND - fosaprepitant dimeglumine for iv infusion 150 mg	4				
EMEND - aprepitant capsule 40 mg	3	X			
EMEND - aprepitant capsule 80 mg	3	X			
EMEND - aprepitant capsule 125 mg	3	X			
granisetron hcl tab 1 mg	2	X			
hydroxyzine hcl syrup 10 mg/5ml#	4		•		
hydroxyzine hcl tab 10 mg#	4		•		
hydroxyzine hcl tab 25 mg#	4		•		
hydroxyzine hcl tab 50 mg#	4		•		
meclizine hcl tab 12.5 mg	2				
meclizine hcl tab 25 mg	2				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	2				
metoclopramide hcl tab 5 mg	1				
metoclopramide hcl tab 10 mg	1				
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	2				
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	2				
ondansetron hcl oral soln 4 mg/5ml	2	X			
ondansetron hcl tab 4 mg	2	X			
ondansetron hcl tab 8 mg	2	X			
ondansetron hcl tab 24 mg	2	X			
ondansetron orally disintegrating tab 4 mg	2	X			
ondansetron orally disintegrating tab 8 mg	2	X			
perphenazine tab 2 mg	2				
perphenazine tab 4 mg	2				
perphenazine tab 8 mg	2				
perphenazine tab 16 mg	2				
prochlorperazine edisylate inj 5 mg/ml	2				
prochlorperazine maleate tab 5 mg	1				
prochlorperazine maleate tab 10 mg	1				
prochlorperazine suppos 25 mg	2				
promethazine hcl suppos 12.5 mg#	4		•		
promethazine hcl suppos 25 mg#	4		•		
promethazine hcl syrup 6.25 mg/5ml#	4		•		
promethazine hcl tab 12.5 mg#	4		•		
promethazine hcl tab 25 mg#	4		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
promethazine hcl tab 50 mg#	4		•		
SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	4			•	
Antifungals					
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	X			
AMPHOTERICIN B - amphotericin b for inj 50 mg	4	X			
CANCIDAS - caspofungin acetate for iv soln 50 mg	5				
CANCIDAS - caspofungin acetate for iv soln 70 mg	5				
clotrimazole troche 10 mg	2				
CRESEMBA - isavuconazonium sulfate cap 186 mg	5		•		
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5		•		
fluconazole for susp 10 mg/ml	2				
fluconazole for susp 40 mg/ml	2				
fluconazole in dextrose inj 200 mg/100ml	2				
fluconazole in dextrose inj 400 mg/200ml	2				
FLUCONAZOLE IN NACL - fluconazole in nacl 0.9% inj 100 mg/50ml	4				
fluconazole in nacl 0.9% inj 200 mg/100ml	2				
fluconazole in nacl 0.9% inj 400 mg/200ml	2				
fluconazole tab 50 mg	2				
fluconazole tab 100 mg	2				
fluconazole tab 150 mg	2				
fluconazole tab 200 mg	2				
flucytosine cap 250 mg	5				
flucytosine cap 500 mg	5				
griseofulvin microsize susp 125 mg/5ml	2				
griseofulvin ultramicrosize tab 125 mg	2				
griseofulvin ultramicrosize tab 250 mg	2				
itraconazole cap 100 mg	2				
ketoconazole tab 200 mg	2				
MYCAMINE - micafungin sodium for iv soln 50 mg	4				
MYCAMINE - micafungin sodium for iv soln 100 mg	5				
NOXAFIL - posaconazole susp 40 mg/ml	5		•		
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4		•		
nystatin susp 100000 unit/ml	2				
nystatin tab 500000 unit	2				
terbinafine hcl tab 250 mg	1				
terconazole vaginal cream 0.4%	2				
terconazole vaginal cream 0.8%	2				
terconazole vaginal suppos 80 mg	2				
voriconazole for inj 200 mg	2		•		
voriconazole for susp 40 mg/ml	5		•		
voriconazole tab 50 mg	5		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
voriconazole tab 200 mg	5		•		
Antigout Agents					
allopurinol tab 100 mg	1				
allopurinol tab 300 mg	1				
ALOPRIM - allopurinol sodium for inj 500 mg	4				
colchicine w/ probenecid tab 0.5-500 mg	2				
COLCRYS - colchicine tab 0.6 mg	3				
probenecid tab 500 mg	2				
ULORIC - febuxostat tab 40 mg	3				
ULORIC - febuxostat tab 80 mg	3				
Anti-Inflammatory Agents					
CELEBREX - celecoxib cap 50 mg	3			•	
CELEBREX - celecoxib cap 100 mg	3			•	
CELEBREX - celecoxib cap 200 mg	3			•	
CELEBREX - celecoxib cap 400 mg	3			•	
celecoxib cap 50 mg	2			•	
celecoxib cap 100 mg	2			•	
celecoxib cap 200 mg	2			•	
celecoxib cap 400 mg	2			•	
diclofenac potassium tab 50 mg	2				
diclofenac sodium tab delayed release 25 mg	2				
diclofenac sodium tab delayed release 50 mg	2				
diclofenac sodium tab delayed release 75 mg	2				
diclofenac sodium tab sr 24hr 100 mg	2				
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2				
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2				
etodolac cap 200 mg	2				
etodolac cap 300 mg	2				
etodolac tab sr 24hr 400 mg	2				
etodolac tab sr 24hr 500 mg	2				
etodolac tab sr 24hr 600 mg	2				
etodolac tab 400 mg	2				
etodolac tab 500 mg	2				
flurbiprofen tab 50 mg	1				
flurbiprofen tab 100 mg	1				
ibuprofen susp 100 mg/5ml	2				
ibuprofen tab 400 mg	1				
ibuprofen tab 600 mg	1				
ibuprofen tab 800 mg	1				
ketoprofen cap 50 mg	2				
ketoprofen cap 75 mg	2				
meloxicam tab 7.5 mg	1				
meloxicam tab 15 mg	1				
nabumetone tab 500 mg	2				
nabumetone tab 750 mg	2				
naproxen sodium tab 275 mg	1				
naproxen sodium tab 550 mg	1				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
naproxen susp 125 mg/5ml	2				
naproxen tab ec 375 mg	1				
naproxen tab ec 500 mg	1				
naproxen tab 250 mg	1				
naproxen tab 375 mg	1				
naproxen tab 500 mg	1				
oxaprozin tab 600 mg	2				
piroxicam cap 10 mg	2				
piroxicam cap 20 mg	2				
sulindac tab 150 mg	1				
sulindac tab 200 mg	1				
tolmetin sodium cap 400 mg	2				
VOLTAREN - diclofenac sodium gel 1%	3				•
Antimigraine Agents					
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg#	4		•	•	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg#	4		•	•	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg#	4		•	•	
divalproex sodium cap sprinkle 125 mg	2				
divalproex sodium tab delayed release 125 mg	2				
divalproex sodium tab delayed release 250 mg	2				
divalproex sodium tab delayed release 500 mg	2				
divalproex sodium tab sr 24 hr 250 mg	2				
divalproex sodium tab sr 24 hr 500 mg	2				
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	4				
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	3				
naratriptan hcl tab 1 mg	2			•	
naratriptan hcl tab 2.5 mg	2			•	
propranolol hcl cap sr 24hr 60 mg	2				
propranolol hcl cap sr 24hr 80 mg	2				
propranolol hcl cap sr 24hr 120 mg	2				
propranolol hcl cap sr 24hr 160 mg	2				
propranolol hcl inj 1 mg/ml	2				
propranolol hcl tab 10 mg	1				
propranolol hcl tab 20 mg	1				
propranolol hcl tab 40 mg	1				
propranolol hcl tab 60 mg	1				
propranolol hcl tab 80 mg	1				
rizatriptan benzoate orally disintegrating tab 5 mg	2			•	
rizatriptan benzoate orally disintegrating tab 10 mg	2			•	
rizatriptan benzoate tab 5 mg	2			•	
rizatriptan benzoate tab 10 mg	2			•	
SUMATRIPTAN - sumatriptan nasal spray 5 mg/act	4			•	
SUMATRIPTAN - sumatriptan nasal spray 20 mg/act	4			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	2				
sumatriptan succinate inj 6 mg/0.5ml	2				
sumatriptan succinate solution auto-injector 4 mg/0.5ml	2				
sumatriptan succinate solution auto-injector 6 mg/0.5ml	2				
sumatriptan succinate solution cartridge 4 mg/0.5ml	2				
sumatriptan succinate solution cartridge 6 mg/0.5ml	2				
sumatriptan succinate tab 25 mg	2			•	
sumatriptan succinate tab 50 mg	2			•	
sumatriptan succinate tab 100 mg	2			•	
TIMOLOL MALEATE - timolol maleate tab 5 mg	4				
TIMOLOL MALEATE - timolol maleate tab 10 mg	4				
TIMOLOL MALEATE - timolol maleate tab 20 mg	4				
topiramate sprinkle cap 15 mg	2				
topiramate sprinkle cap 25 mg	2				
topiramate tab 25 mg	1				
topiramate tab 50 mg	1				
topiramate tab 100 mg	1				
topiramate tab 200 mg	1				
Antimyasthenic Agents					
GUANIDINE HCL - guanidine hcl tab 125 mg	4				
MESTINON - pyridostigmine bromide syrup 60 mg/5ml	4				
MESTINON TIMESPAN - pyridostigmine bromide tab cr 180 mg	3				
pyridostigmine bromide tab cr 180 mg	2				
pyridostigmine bromide tab 60 mg	2				
Antimycobacterials					
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	4				
CYCLOSERINE - cycloserine cap 250 mg	4				
DAPSONE - dapsone tab 25 mg	2				
DAPSONE - dapsone tab 100 mg	2				
ethambutol hcl tab 100 mg	2				
ethambutol hcl tab 400 mg	2				
ISONIAZID - isoniazid inj 100 mg/ml	4				
isoniazid tab 100 mg	1				
isoniazid tab 300 mg	1				
PASER - aminosalicylic acid cr granules packet 4 gm	4				
PRIFTIN - rifapentine tab 150 mg	4				
pyrazinamide tab 500 mg	2				
rifabutin cap 150 mg	2				
rifampin cap 150 mg	2				
rifampin cap 300 mg	2				
rifampin for inj 600 mg	2				
SEROMYCIN - cycloserine cap 250 mg	4				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
TRECATOR - ethionamide tab 250 mg	4				
Antineoplastics					
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5				
AFINITOR - everolimus tab 2.5 mg	5		•	•	
AFINITOR - everolimus tab 5 mg	5		•	•	
AFINITOR - everolimus tab 7.5 mg	5		•	•	
AFINITOR - everolimus tab 10 mg	5		•	•	
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5		•	•	
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5		•	•	
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	5		•	•	
ALIMTA - pemetrexed disodium for iv soln 100 mg	5				
ALIMTA - pemetrexed disodium for iv soln 500 mg	5				
amifostine crystalline for inj 500 mg	5				
anastrozole tab 1 mg	1				
ARRANON - nelarabine iv soln 5 mg/ml	5				
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5				
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5				
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5				
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5				
azacitidine for inj 100 mg	5				
BELEODAQ - belinostat for iv inj 500 mg	5				
bexarotene cap 75 mg	5		•		
bicalutamide tab 50 mg	2				
BICNU - carmustine for inj 100 mg	4				
bleomycin sulfate for inj 15 unit	2	X			
bleomycin sulfate for inj 30 unit	2	X			
BLINCYTO - blinatumomab for iv infusion 35 mcg	5				
BOSULIF - bosutinib tab 100 mg	5		•	•	
BOSULIF - bosutinib tab 500 mg	5		•	•	
BUSULFEX - busulfan inj 6 mg/ml	5				
CAPRELSA - vandetanib tab 100 mg*	5		•	•	
CAPRELSA - vandetanib tab 300 mg*	5		•	•	
carboplatin iv soln 50 mg/5ml	2				
carboplatin iv soln 150 mg/15ml	2				
carboplatin iv soln 450 mg/45ml	2				
carboplatin iv soln 600 mg/60ml	2				
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)	2				
cisplatin inj 50 mg/50ml (1 mg/ml)	2				
cisplatin inj 100 mg/100ml (1 mg/ml)	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
cladribine inj 1 mg/ml	5	X			
CLOLAR - clofarabine iv soln 1 mg/ml	5				
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5		•	•	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5		•	•	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5		•	•	
COSMEGEN - dactinomycin for inj 0.5 mg	5				
CYCLOPHOSPHAMIDE - cyclophosphamide cap 25 mg	4	X			
CYCLOPHOSPHAMIDE - cyclophosphamide cap 50 mg	4	X			
cyclophosphamide for inj 500 mg	2				
cyclophosphamide for inj 1 gm	2				
cyclophosphamide for inj 2 gm	2				
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)	5				
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)	5				
cytarabine inj pf 20 mg/ml	2	X			
cytarabine inj pf 100 mg/ml	2	X			
cytarabine inj 20 mg/ml	2	X			
DACARBAZINE - dacarbazine for inj 100 mg	4				
dacarbazine for inj 200 mg	2				
daunorubicin hcl for inj 20 mg	2				
daunorubicin hcl inj 5 mg/ml	2				
DAUNOXOME - daunorubicin citrate liposome inj 2 mg/ml	5				
decitabine for inj 50 mg	5				
dexrazoxane for inj 250 mg	5				
dexrazoxane for inj 500 mg	5				
DOCEFREZ - docetaxel for inj 20 mg	5				
DOCEFREZ - docetaxel for inj 80 mg	5				
DOCETAXEL - docetaxel for inj conc 20 mg/ml	5				
DOCETAXEL - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5				
DOCETAXEL - docetaxel for inj conc 140 mg/7ml (20 mg/ml)	5				
DOCETAXEL - docetaxel soln for iv infusion 20 mg/2ml	5				
DOCETAXEL - docetaxel soln for iv infusion 80 mg/8ml	5				
DOCETAXEL - docetaxel soln for iv infusion 160 mg/16ml	5				
DOCETAXEL - docetaxel soln for iv infusion 200 mg/20ml	5				
docetaxel for inj conc 20 mg/ml	5				
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5				
DOXIL - doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	4	X			
doxorubicin hcl for inj 10 mg	2	X			
doxorubicin hcl for inj 50 mg	2	X			

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
doxorubicin hcl inj 2 mg/ml	2	X			
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	2	X			
ELITEK - rasburicase for iv soln 1.5 mg	5				
ELITEK - rasburicase for iv soln 7.5 mg	5				
EMCYT - estramustine phosphate sodium cap 140 mg	4				
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	2				
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	2				
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5				
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5				
ERIVEDGE - vismodegib cap 150 mg*	5		•	•	
ERWINAZE - asparaginase erwinia chrysanthemi for inj 10000 unit	5				
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4				
etoposide inj 100 mg/5ml (20 mg/ml)	2				
etoposide inj 500 mg/25ml (20 mg/ml)	2				
etoposide inj 1 gm/50ml (20 mg/ml)	2				
exemestane tab 25 mg	2				
FARESTON - toremifene citrate tab 60 mg	5				
FARYDAK - panobinostat lactate cap 10 mg	5		•	•	
FARYDAK - panobinostat lactate cap 15 mg	5		•	•	
FARYDAK - panobinostat lactate cap 20 mg	5		•	•	
FASLODEX - fulvestrant inj 250 mg/5ml	5				
FLUDARABINE PHOSPHATE - fludarabine phosphate inj 25 mg/ml	2				
fludarabine phosphate for inj 50 mg	2				
fludarabine phosphate inj 25 mg/ml	2				
fluorouracil inj 500 mg/10ml (50 mg/ml)	2	X			
fluorouracil inj 1 gm/20ml (50 mg/ml)	2	X			
fluorouracil inj 2.5 gm/50ml (50 mg/ml)	2	X			
fluorouracil inj 5 gm/100ml (50 mg/ml)	2	X			
flutamide cap 125 mg	2				
FOLOTYN - pralatrexate iv inj 20 mg/ml	5				
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5				
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5				
GEMCITABINE - gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)	5				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
GEMCITABINE - gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)	5				
GEMCITABINE - gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)	5				
gemcitabine hcl for inj 200 mg	5				
gemcitabine hcl for inj 1 gm	5				
gemcitabine hcl for inj 2 gm	5				
GILOTRIF - afatinib dimaleate tab 20 mg	5		•	•	
GILOTRIF - afatinib dimaleate tab 30 mg	5		•	•	
GILOTRIF - afatinib dimaleate tab 40 mg	5		•	•	
GLEEVEC - imatinib mesylate tab 100 mg	5		•	•	
GLEEVEC - imatinib mesylate tab 400 mg	5		•	•	
GLEOSTINE - lomustine cap 10 mg	4				
GLEOSTINE - lomustine cap 40 mg	4				
GLEOSTINE - lomustine cap 100 mg	4				
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5				
HERCEPTIN - trastuzumab for iv soln 440 mg	5				
HEXALEN - altretamine cap 50 mg	5		•		
hydroxyurea cap 500 mg	2				
IBRANCE - palbociclib cap 75 mg	5		•	•	
IBRANCE - palbociclib cap 100 mg	5		•	•	
IBRANCE - palbociclib cap 125 mg	5		•	•	
ICLUSIG - ponatinib hcl tab 15 mg	5		•	•	
ICLUSIG - ponatinib hcl tab 45 mg	5		•	•	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	5				
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	5				
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	5				
IFEX - ifosfamide for inj 3 gm	4				
IFOSFAMIDE - ifosfamide iv inj 1 gm/20ml (50 mg/ml)	2				
IFOSFAMIDE - ifosfamide iv inj 3 gm/60ml (50 mg/ml)	2				
IFOSFAMIDE - ifosfamide for inj 3 gm	4				
ifosfamide for inj 1 gm	2				
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	2				
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	2				
IMBRUVICA - ibrutinib cap 140 mg	5		•	•	
INLYTA - axitinib tab 1 mg*	5		•	•	
INLYTA - axitinib tab 5 mg*	5		•	•	
IRESSA - gefitinib tab 250 mg	5		•	•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	2				
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	2				
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	2				
ISTODAX - romidepsin for iv inj 10 mg	5				
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5				
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5				
JAKAFI - ruxolitinib phosphate tab 5 mg*	5		•	•	
JAKAFI - ruxolitinib phosphate tab 10 mg*	5		•	•	
JAKAFI - ruxolitinib phosphate tab 15 mg*	5		•	•	
JAKAFI - ruxolitinib phosphate tab 20 mg*	5		•	•	
JAKAFI - ruxolitinib phosphate tab 25 mg*	5		•	•	
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5				
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5				
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5				
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5				
KEYTRUDA - pembrolizumab for iv soln 50 mg	5				
LENVIMA 10MG DAILY DOSE - lenvatinib cap therapy pack 10 mg	5		•	•	
LENVIMA 14MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg	5		•	•	
LENVIMA 20MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg	5		•	•	
LENVIMA 24MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg	5		•	•	
letrozole tab 2.5 mg	1				
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg	4				
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg	4				
LEUCOVORIN CALCIUM - leucovorin calcium for inj 500 mg	4				
leucovorin calcium for inj 50 mg	2				
leucovorin calcium for inj 100 mg	2				
leucovorin calcium for inj 200 mg	2				
leucovorin calcium for inj 350 mg	2				
leucovorin calcium tab 5 mg	2				
leucovorin calcium tab 25 mg	2				
LEUKERAN - chlorambucil tab 2 mg	3				
LOMUSTINE - lomustine cap 10 mg	4				
LOMUSTINE - lomustine cap 40 mg	4				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
LOMUSTINE - lomustine cap 100 mg	4				
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5		•	•	
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5		•	•	
LYNPARZA - olaparib cap 50 mg	5		•	•	
MATULANE - procarbazine hcl cap 50 mg*	5		•		
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg	5		•	•	
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg	5		•	•	
melphalan hcl for inj 50 mg	5				
mercaptopurine tab 50 mg	2				
mesna inj 100 mg/ml	2				
MESNEX - mesna tab 400 mg	4				
methotrexate sodium for inj 1 gm	2				
methotrexate sodium inj pf 25 mg/ml	1				
methotrexate sodium inj 25 mg/ml	1				
methotrexate sodium tab 2.5 mg	2	X			
mitomycin for iv soln 5 mg	2				
mitomycin for iv soln 20 mg	2				
mitomycin for iv soln 40 mg	2				
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	2				
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	2				
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	2				
MUSTARGEN - mechlorethamine hcl for inj 10 mg	4				
NEXAVAR - sorafenib tosylate tab 200 mg*	5		•	•	
NILANDRON - nilutamide tab 150 mg	4				
NIPENT - pentostatin for inj 10 mg	5				
ODOMZO - sonidegib phosphate cap 200 mg	5		•	•	
ONCASPAR - pegaspargase inj 750 unit/ml	5				
OPDIVO - nivolumab iv soln 40 mg/4ml	5				
OPDIVO - nivolumab iv soln 100 mg/10ml	5				
oxaliplatin iv soln 50 mg/10ml	5				
oxaliplatin iv soln 100 mg/20ml	5				
oxaliplatin for iv inj 50 mg	5				
oxaliplatin for iv inj 100 mg	5				
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	2				
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	2				
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	2				
PANRETIN - alitretinoin gel 0.1%	5				
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5				
POMALYST - pomalidomide cap 1 mg*	5		•	•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
POMALYST - pomalidomide cap 2 mg*	5		•	•	
POMALYST - pomalidomide cap 3 mg*	5		•	•	
POMALYST - pomalidomide cap 4 mg*	5		•	•	
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5				
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5				
REVLIMID - lenalidomide caps 2.5 mg*	5		•	•	
REVLIMID - lenalidomide cap 5 mg*	5		•	•	
REVLIMID - lenalidomide cap 10 mg*	5		•	•	
REVLIMID - lenalidomide cap 15 mg*	5		•	•	
REVLIMID - lenalidomide cap 20 mg*	5		•	•	
REVLIMID - lenalidomide cap 25 mg*	5		•	•	
RITUXAN - rituximab iv soln 100 mg/10ml*	5		•		
RITUXAN - rituximab iv soln 500 mg/50ml*	5		•		
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	4				
SPRYCEL - dasatinib tab 20 mg	5		•	•	
SPRYCEL - dasatinib tab 50 mg	5		•	•	
SPRYCEL - dasatinib tab 70 mg	5		•	•	
SPRYCEL - dasatinib tab 80 mg	5		•	•	
SPRYCEL - dasatinib tab 100 mg	5		•	•	
SPRYCEL - dasatinib tab 140 mg	5		•	•	
STIVARGA - regorafenib tab 40 mg*	5		•	•	
SUTENT - sunitinib malate cap 12.5 mg	5		•	•	
SUTENT - sunitinib malate cap 25 mg	5		•	•	
SUTENT - sunitinib malate cap 37.5 mg	5		•	•	
SUTENT - sunitinib malate cap 50 mg	5		•	•	
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 4 x 200 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 4 x 300 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 4 x 600 mcg	5		•		
SYLVANT - siltuximab for iv infusion 100 mg	5				
SYLVANT - siltuximab for iv infusion 400 mg	5				
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5				
TABLOID - thioguanine tab 40 mg	4				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
TAFINLAR - dabrafenib mesylate cap 50 mg	5		•	•	
TAFINLAR - dabrafenib mesylate cap 75 mg	5		•	•	
tamoxifen citrate tab 10 mg	1				
tamoxifen citrate tab 20 mg	1				
TARCEVA - erlotinib hcl tab 25 mg	5		•	•	
TARCEVA - erlotinib hcl tab 100 mg	5		•	•	
TARCEVA - erlotinib hcl tab 150 mg	5		•	•	
TARGRETIN - bexarotene cap 75 mg	5		•		
TARGRETIN - bexarotene gel 1%	5				
TASIGNA - nilotinib hcl cap 150 mg	5		•	•	
TASIGNA - nilotinib hcl cap 200 mg	5		•	•	
TAXOTERE - docetaxel for inj conc 20 mg/ml	5				
TAXOTERE - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5				
TEMODAR - temozolomide for iv soln 100 mg	5				
THALOMID - thalidomide cap 50 mg	5		•	•	
THALOMID - thalidomide cap 100 mg	5		•	•	
THALOMID - thalidomide cap 150 mg	5		•	•	
THALOMID - thalidomide cap 200 mg	5		•	•	
THIOTEPA - thiotepa for inj 15 mg	5				
TOPOTECAN HCL - topotecan hcl inj 4 mg/4ml (for infusion)	5				
topotecan hcl for inj 4 mg	5				
TORISEL - temsirolimus soln for iv infusion 25 mg/ml	5				
TREANDA - bendamustine hcl iv soln 45 mg/0.5ml (90 mg/ml)	5				
TREANDA - bendamustine hcl iv soln 180 mg/2ml (90 mg/ml)	5				
TREANDA - bendamustine hcl for iv soln 25 mg	5				
TREANDA - bendamustine hcl for iv soln 100 mg	5				
tretinoin cap 10 mg	5		•		
TRISENOX - arsenic trioxide inj 10 mg/10ml (1 mg/ml)	4				
TYKERB - lapatinib ditosylate tab 250 mg*	5		•	•	
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5				
UVADEX - methoxsalen soln 20 mcg/ml	4				
VECTIBIX - panitumumab iv soln 100 mg/5ml	5				
VECTIBIX - panitumumab iv soln 400 mg/20ml	5				
VELCADE - bortezomib for inj 3.5 mg	5				

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VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	4	X			
vincristine sulfate iv soln 1 mg/ml	2				
vinorelbine tartrate inj 10 mg/ml	2				
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)	2				
VOTRIENT - pazopanib hcl tab 200 mg*	5		•	•	
XALKORI - crizotinib cap 200 mg*	5		•	•	
XALKORI - crizotinib cap 250 mg*	5		•	•	
XTANDI - enzalutamide cap 40 mg*	5		•	•	
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5				
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5				
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5				
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5				
ZANOSAR - streptozocin for inj 1 gm	4				
ZELBORAF - vemurafenib tab 240 mg*	5		•	•	
ZOLINZA - vorinostat cap 100 mg	5		•	•	
ZYDELIG - idelalisib tab 100 mg	5		•	•	
ZYDELIG - idelalisib tab 150 mg	5		•	•	
ZYKADIA - ceritinib cap 150 mg	5		•	•	
ZYTIGA - abiraterone acetate tab 250 mg*	5		•	•	

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
Antiparasitics					
ALBENZA - albendazole tab 200 mg	4				
ALINIA - nitazoxanide tab 500 mg	4				
ALINIA - nitazoxanide for susp 100 mg/5ml	4				
atovaquone susp 750 mg/5ml	5				
atovaquone-proguanil hcl tab 62.5-25 mg	2				
atovaquone-proguanil hcl tab 250-100 mg	2				
BILTRICIDE - praziquantel tab 600 mg	4				
chloroquine phosphate tab 250 mg	2				
chloroquine phosphate tab 500 mg	2				
COARTEM - artemether-lumefantrine tab 20-120 mg	4				
DARAPRIM - pyrimethamine tab 25 mg	4				
hydroxychloroquine sulfate tab 200 mg	1				
ivermectin tab 3 mg	2				
lindane lotion 1%	2				
lindane shampoo 1%	2				
malathion lotion 0.5%	2				
mefloquine hcl tab 250 mg	2				
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	4	X			

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
PENTAM 300 - pentamidine isethionate for soln 300 mg	4	X			
permethrin cream 5%	2				
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg	4				
STROMECTOL - ivermectin tab 3 mg	3				
Antiparkinson Agents					
AMANTADINE HCL - amantadine hcl tab 100 mg	4				
amantadine hcl cap 100 mg	2				
amantadine hcl syrup 50 mg/5ml	2				
APOKYN - apomorphine hydrochloride inj 10 mg/ml*	5				
AZILECT - rasagiline mesylate tab 0.5 mg	3				
AZILECT - rasagiline mesylate tab 1 mg	3				
benztropine mesylate tab 0.5 mg#	4		•		
benztropine mesylate tab 1 mg#	4		•		
benztropine mesylate tab 2 mg#	4		•		
bromocriptine mesylate cap 5 mg	2				
bromocriptine mesylate tab 2.5 mg	2				
carbidopa & levodopa orally disintegrating tab 10-100 mg	2				
carbidopa & levodopa orally disintegrating tab 25-100 mg	2				
carbidopa & levodopa orally disintegrating tab 25-250 mg	2				
carbidopa & levodopa tab cr 25-100 mg	2				
carbidopa & levodopa tab cr 50-200 mg	2				
carbidopa & levodopa tab 10-100 mg	2				
carbidopa & levodopa tab 25-100 mg	2				
carbidopa & levodopa tab 25-250 mg	2				
carbidopa tab 25 mg	2				
CARBIDOPA/LEVODOPA/ ENTACAPONE - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2				
CARBIDOPA/LEVODOPA/ ENTACAPONE - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2				
CARBIDOPA/LEVODOPA/ ENTACAPONE - carbidopa-levodopa-entacapone tabs 25-100-200 mg	2				
CARBIDOPA/LEVODOPA/ ENTACAPONE - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2				
CARBIDOPA/LEVODOPA/ ENTACAPONE - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2				
CARBIDOPA/LEVODOPA/ ENTACAPONE - carbidopa-	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
levodopa-entacapone tabs 50-200-200 mg					
diphenhydramine hcl inj 50 mg/ml	2				
entacapone tab 200 mg	2				
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	3				
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	3				
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	3				
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	3				
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	3				
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	3				
pramipexole dihydrochloride tab 0.125 mg	1				
pramipexole dihydrochloride tab 0.25 mg	1				
pramipexole dihydrochloride tab 0.5 mg	1				
pramipexole dihydrochloride tab 0.75 mg	1				
pramipexole dihydrochloride tab 1 mg	1				
pramipexole dihydrochloride tab 1.5 mg	1				
ropinirole hydrochloride tab 0.25 mg	2				
ropinirole hydrochloride tab 0.5 mg	2				
ropinirole hydrochloride tab 1 mg	2				
ropinirole hydrochloride tab 2 mg	2				
ropinirole hydrochloride tab 3 mg	2				
ropinirole hydrochloride tab 4 mg	2				
ropinirole hydrochloride tab 5 mg	2				
selegiline hcl cap 5 mg	2				
selegiline hcl tab 5 mg	2				
TASMAR - tolcapone tab 100 mg	5				
tolcapone tab 100 mg	5				
Antipsychotics					
ABILIFY - aripiprazole tab 2 mg	5			•	
ABILIFY - aripiprazole tab 5 mg	5			•	
ABILIFY - aripiprazole tab 10 mg	5			•	
ABILIFY - aripiprazole tab 15 mg	5			•	
ABILIFY - aripiprazole tab 20 mg	5			•	
ABILIFY - aripiprazole tab 30 mg	5			•	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5			•	
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5			•	
ADASUVE - loxapine aerosol powder breath activated 10 mg	4				
ARIPIPRAZOLE ODT - aripiprazole orally disintegrating tab 10 mg	5			•	
ARIPIPRAZOLE ODT - aripiprazole orally disintegrating tab 15 mg	5			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
aripiprazole oral solution 1 mg/ml	5			•	
aripiprazole tab 2 mg	5			•	
aripiprazole tab 5 mg	5			•	
aripiprazole tab 10 mg	5			•	
aripiprazole tab 15 mg	5			•	
aripiprazole tab 20 mg	5			•	
aripiprazole tab 30 mg	5			•	
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	4				
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4				
chlorpromazine hcl tab 10 mg	2				
chlorpromazine hcl tab 25 mg	2				
chlorpromazine hcl tab 50 mg	2				
chlorpromazine hcl tab 100 mg	2				
chlorpromazine hcl tab 200 mg	2				
clozapine tab 25 mg	2			•	
clozapine tab 50 mg	2			•	
clozapine tab 100 mg	2			•	
clozapine tab 200 mg	2			•	
FANAPT - iloperidone tab 1 mg	4			•	
FANAPT - iloperidone tab 2 mg	4			•	
FANAPT - iloperidone tab 4 mg	4			•	
FANAPT - iloperidone tab 6 mg	4			•	
FANAPT - iloperidone tab 8 mg	4			•	
FANAPT - iloperidone tab 10 mg	4			•	
FANAPT - iloperidone tab 12 mg	4			•	

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4			•	
FAZACLO - clozapine orally disintegrating tab 12.5 mg	4			•	
FAZACLO - clozapine orally disintegrating tab 25 mg	4			•	
FAZACLO - clozapine orally disintegrating tab 100 mg	4			•	
FAZACLO - clozapine orally disintegrating tab 150 mg	4			•	
FAZACLO - clozapine orally disintegrating tab 200 mg	4			•	
fluphenazine decanoate inj 25 mg/ml	2				
FLUPHENAZINE HCL - fluphenazine hcl elixir 2.5 mg/5ml	4				
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4				
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	4				
fluphenazine hcl tab 1 mg	2				
fluphenazine hcl tab 2.5 mg	2				
fluphenazine hcl tab 5 mg	2				
fluphenazine hcl tab 10 mg	2				
GEODON - ziprasidone mesylate for inj 20 mg	4			•	
haloperidol decanoate im soln 50 mg/ml	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
haloperidol decanoate im soln 100 mg/ml	2				
haloperidol lactate inj 5 mg/ml	2				
haloperidol lactate oral conc 2 mg/ml	2				
haloperidol tab 0.5 mg	2				
haloperidol tab 1 mg	2				
haloperidol tab 2 mg	2				
haloperidol tab 5 mg	2				
haloperidol tab 10 mg	2				
haloperidol tab 20 mg	2				
INVEGA - paliperidone tab sr 24hr 1.5 mg	4			•	
INVEGA - paliperidone tab sr 24hr 3 mg	4			•	
INVEGA - paliperidone tab sr 24hr 6 mg	4			•	
INVEGA - paliperidone tab sr 24hr 9 mg	5			•	
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 39 mg/0.25ml	4			•	
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 78 mg/0.5ml	4			•	
INVEGA SUSTENNA - paliperidone palmitate im extend-release susp 117 mg/0.75ml	5			•	
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 156 mg/ml	5			•	
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 234 mg/1.5ml	5			•	
INVEGA TRINZA - paliperidone palmitate im extend-release susp 273 mg/0.875ml	5			•	
INVEGA TRINZA - paliperidone palmitate im extend-release susp 410 mg/1.315ml	5			•	
INVEGA TRINZA - paliperidone palmitate im extend-release susp 546 mg/1.75ml	5			•	
INVEGA TRINZA - paliperidone palmitate im extend-release susp 819 mg/2.625ml	5			•	
LATUDA - lurasidone hcl tab 20 mg	4			•	
LATUDA - lurasidone hcl tab 40 mg	4			•	
LATUDA - lurasidone hcl tab 60 mg	4			•	
LATUDA - lurasidone hcl tab 80 mg	4			•	
LATUDA - lurasidone hcl tab 120 mg	4			•	
loxapine succinate cap 5 mg	2				
loxapine succinate cap 10 mg	2				
loxapine succinate cap 25 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
loxapine succinate cap 50 mg	2				
olanzapine for im inj 10 mg	2			•	
olanzapine orally disintegrating tab 5 mg	2			•	
olanzapine orally disintegrating tab 10 mg	2			•	
olanzapine orally disintegrating tab 15 mg	2			•	
olanzapine orally disintegrating tab 20 mg	2			•	
olanzapine tab 2.5 mg	2			•	
olanzapine tab 5 mg	2			•	
olanzapine tab 7.5 mg	2			•	
olanzapine tab 10 mg	2			•	
olanzapine tab 15 mg	2			•	
olanzapine tab 20 mg	2			•	
ORAP - pimozide tab 1 mg	4				
ORAP - pimozide tab 2 mg	4				
paliperidone tab sr 24hr 1.5 mg	5			•	
paliperidone tab sr 24hr 3 mg	5			•	
paliperidone tab sr 24hr 6 mg	5			•	
paliperidone tab sr 24hr 9 mg	5			•	
perphenazine tab 2 mg	2				
perphenazine tab 4 mg	2				
perphenazine tab 8 mg	2				
perphenazine tab 16 mg	2				
pimozide tab 1 mg	2				
pimozide tab 2 mg	2				

Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
prochlorperazine edisylate inj 5 mg/ml	2				
prochlorperazine maleate tab 5 mg	1				
prochlorperazine maleate tab 10 mg	1				
prochlorperazine suppos 25 mg	2				
quetiapine fumarate tab 25 mg	2			•	
quetiapine fumarate tab 50 mg	2			•	
quetiapine fumarate tab 100 mg	2			•	
quetiapine fumarate tab 200 mg	2			•	
quetiapine fumarate tab 300 mg	2			•	
quetiapine fumarate tab 400 mg	2			•	
REXULTI - brexpiprazole tab 0.25 mg	5			•	
REXULTI - brexpiprazole tab 0.5 mg	5			•	
REXULTI - brexpiprazole tab 1 mg	5			•	
REXULTI - brexpiprazole tab 2 mg	5			•	
REXULTI - brexpiprazole tab 3 mg	5			•	
REXULTI - brexpiprazole tab 4 mg	5			•	
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg	4			•	
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg	4			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg	5			•	
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	5			•	
risperidone orally disintegrating tab 0.25 mg	2			•	
risperidone orally disintegrating tab 0.5 mg	2			•	
risperidone orally disintegrating tab 1 mg	2			•	
risperidone orally disintegrating tab 2 mg	2			•	
risperidone orally disintegrating tab 3 mg	2			•	
risperidone orally disintegrating tab 4 mg	2			•	
risperidone soln 1 mg/ml	2			•	
risperidone tab 0.25 mg	2			•	
risperidone tab 0.5 mg	2			•	
risperidone tab 1 mg	2			•	
risperidone tab 2 mg	2			•	
risperidone tab 3 mg	2			•	
risperidone tab 4 mg	2			•	
SAPHRIS - asenapine maleate sl tab 2.5 mg	4			•	
SAPHRIS - asenapine maleate sl tab 5 mg	4			•	
SAPHRIS - asenapine maleate sl tab 10 mg	4			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 50 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 150 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 200 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 300 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 400 mg	3			•	
thioridazine hcl tab 10 mg#	4		•		
thioridazine hcl tab 25 mg#	4		•		
thioridazine hcl tab 50 mg#	4		•		
thioridazine hcl tab 100 mg#	4		•		
thiothixene cap 1 mg	2				
thiothixene cap 2 mg	2				
thiothixene cap 5 mg	2				
thiothixene cap 10 mg	2				
trifluoperazine hcl tab 1 mg	2				
trifluoperazine hcl tab 2 mg	2				
trifluoperazine hcl tab 5 mg	2				
trifluoperazine hcl tab 10 mg	2				
VERSACLOZ - clozapine susp 50 mg/ml	5			•	
ziprasidone hcl cap 20 mg	2			•	
ziprasidone hcl cap 40 mg	2			•	
ziprasidone hcl cap 60 mg	2			•	
ziprasidone hcl cap 80 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	5			•	
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5			•	
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5			•	
Antispasticity Agents					
baclofen tab 10 mg	1				
baclofen tab 20 mg	1				
dantrolene sodium cap 100 mg	2				
dantrolene sodium cap 25 mg	2				
dantrolene sodium cap 50 mg	2				
tizanidine hcl cap 2 mg	2				
tizanidine hcl cap 4 mg	2				
tizanidine hcl cap 6 mg	2				
tizanidine hcl tab 2 mg	2				
tizanidine hcl tab 4 mg	2				
Antivirals					
abacavir sulfate tab 300 mg	2			•	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5			•	
acyclovir cap 200 mg	1				
ACYCLOVIR SODIUM - acyclovir sodium for inj 1000 mg	4	X			
acyclovir sodium for inj 500 mg	2	X			
acyclovir sodium iv soln 50 mg/ml	2	X			
acyclovir susp 200 mg/5ml	2				
acyclovir tab 400 mg	2				
acyclovir tab 800 mg	2				
adefovir dipivoxil tab 10 mg	5				
AMANTADINE HCL - amantadine hcl tab 100 mg	4				
amantadine hcl cap 100 mg	2				
amantadine hcl syrup 50 mg/5ml	2				
APTIVUS - tipranavir cap 250 mg	5			•	
APTIVUS - tipranavir oral soln 100 mg/ml	5			•	
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5			•	
BARACLUDE - entecavir oral soln 0.05 mg/ml	4				
BARACLUDE - entecavir tab 0.5 mg	5				
BARACLUDE - entecavir tab 1 mg	5				
cidofovir iv inj 75 mg/ml	2				
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5			•	
CRIXIVAN - indinavir sulfate cap 200 mg	3			•	
CRIXIVAN - indinavir sulfate cap 400 mg	3			•	
DAKLINZA - daclatasvir dihydrochloride tab 30 mg	5		•		
DAKLINZA - daclatasvir dihydrochloride tab 60 mg	5		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
didanosine delayed release capsule 125 mg	2			•	
didanosine delayed release capsule 200 mg	2			•	
didanosine delayed release capsule 250 mg	2			•	
didanosine delayed release capsule 400 mg	2			•	
EDURANT - rilpivirine hcl tab 25 mg	5			•	
EMTRIVA - emtricitabine caps 200 mg	4			•	
EMTRIVA - emtricitabine soln 10 mg/ml	4			•	
entecavir tab 0.5 mg	5				
entecavir tab 1 mg	5				
EPIVIR - lamivudine oral soln 10 mg/ml	3			•	
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3				
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	5			•	
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5			•	
famciclovir tab 125 mg	2				
famciclovir tab 250 mg	2				
famciclovir tab 500 mg	2				
FUZEON - enfuvirtide for inj 90 mg	5			•	
ganciclovir sodium for inj 500 mg	2	X			
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5		•		
INTELENCE - etravirine tab 25 mg	4			•	
INTELENCE - etravirine tab 100 mg	5			•	
INTELENCE - etravirine tab 200 mg	5			•	
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5				
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5				
INTRON A W/DILUENT - interferon alfa-2b for inj 10000000 unit	5				
INTRON A W/DILUENT - interferon alfa-2b for inj 18000000 unit	5				
INTRON A W/DILUENT - interferon alfa-2b for inj 50000000 unit	5				
INVIRASE - saquinavir mesylate cap 200 mg	5			•	
INVIRASE - saquinavir mesylate tab 500 mg	5			•	
ISENTRESS - raltegravir potassium tab 400 mg	5			•	
ISENTRESS - raltegravir potassium packet for susp 100 mg	4			•	
ISENTRESS - raltegravir potassium chew tab 25 mg	3			•	
ISENTRESS - raltegravir potassium chew tab 100 mg	3			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5			•	
KALETRA - lopinavir-ritonavir tab 100-25 mg	4			•	
KALETRA - lopinavir-ritonavir tab 200-50 mg	5			•	
lamivudine oral soln 10 mg/ml	2			•	
lamivudine tab 150 mg	2			•	
lamivudine tab 300 mg	2			•	
lamivudine tab 100 mg (hbv)	2				
lamivudine-zidovudine tab 150-300 mg	5			•	
LEXIVA - fosamprenavir calcium tab 700 mg	5			•	
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4			•	
NEVIRAPINE - nevirapine susp 50 mg/5ml	4			•	
nevirapine tab sr 24hr 400 mg	2			•	
nevirapine tab 200 mg	2			•	
NORVIR - ritonavir cap 100 mg	4			•	
NORVIR - ritonavir tab 100 mg	4			•	
NORVIR - ritonavir oral soln 80 mg/ml	4			•	
OLYSIO - simeprevir sodium cap 150 mg	5		•		
PEG-INTRON - peginterferon alfa-2b for inj kit 50 mcg/0.5ml	5		•		
PEG-INTRON - peginterferon alfa-2b for inj kit 80 mcg/0.5ml	5		•		
PEG-INTRON - peginterferon alfa-2b for inj kit 120 mcg/0.5ml	5		•		
PEG-INTRON - peginterferon alfa-2b for inj kit 150 mcg/0.5ml	5		•		
PEG-INTRON REDIPEN - peginterferon alfa-2b for inj kit 50 mcg/0.5ml	5		•		
PEG-INTRON REDIPEN - peginterferon alfa-2b for inj kit 80 mcg/0.5ml	5		•		
PEG-INTRON REDIPEN - peginterferon alfa-2b for inj kit 120 mcg/0.5ml	5		•		
PEG-INTRON REDIPEN - peginterferon alfa-2b for inj kit 150 mcg/0.5ml	5		•		
PEG-INTRON REDIPEN PAK 4 - peginterferon alfa-2b for inj kit 50 mcg/0.5ml	5		•		
PEG-INTRON REDIPEN PAK 4 - peginterferon alfa-2b for inj kit 80 mcg/0.5ml	5		•		
PEG-INTRON REDIPEN PAK 4 - peginterferon alfa-2b for inj kit 120 mcg/0.5ml	5		•		
PEG-INTRON REDIPEN PAK 4 - peginterferon alfa-2b for inj kit 150 mcg/0.5ml	5		•		
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5		•		
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	5		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
PEGASYS PROCLICK - peginterferon alfa-2a inj 135 mcg/0.5ml	5		•		
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	5		•		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5			•	
PREZISTA - darunavir ethanolate susp 100 mg/ml	5			•	
PREZISTA - darunavir ethanolate tab 75 mg	4			•	
PREZISTA - darunavir ethanolate tab 150 mg	4			•	
PREZISTA - darunavir ethanolate tab 600 mg	5			•	
PREZISTA - darunavir ethanolate tab 800 mg	5			•	
REBETOL - ribavirin soln 40 mg/ml	4				
RESCRIPTOR - delavirdine mesylate tab 100 mg	4			•	
RESCRIPTOR - delavirdine mesylate tab 200 mg	4			•	
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4				
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5			•	
REYATAZ - atazanavir sulfate cap 100 mg	4			•	
REYATAZ - atazanavir sulfate cap 150 mg	5			•	
REYATAZ - atazanavir sulfate cap 200 mg	5			•	
REYATAZ - atazanavir sulfate cap 300 mg	5			•	
RIBASPHERE - ribavirin tab 400 mg	4				
RIBASPHERE - ribavirin tab 600 mg	5				
RIBASPHERE RIBAPAK - ribavirin tab 400 mg	5				
RIBASPHERE RIBAPAK - ribavirin tab 600 mg	5				
ribavirin cap 200 mg	2				
ribavirin tab 200 mg	2				
rimantadine hydrochloride tab 100 mg	2				
SELZENTRY - maraviroc tab 150 mg	5			•	
SELZENTRY - maraviroc tab 300 mg	5			•	
SOVALDI - sofosbuvir tab 400 mg	5		•		
stavudine cap 15 mg	2			•	
stavudine cap 20 mg	2			•	
stavudine cap 30 mg	2			•	
stavudine cap 40 mg	2			•	
stavudine for oral soln 1 mg/ml	2			•	
STRIBILD - elvitegrav-cobicis-emtricitab-tenofov tab 150-150-200-300 mg	5			•	
SUSTIVA - efavirenz tab 600 mg	3			•	
SUSTIVA - efavirenz cap 50 mg	3			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
SUSTIVA - efavirenz cap 200 mg	3			•	
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 4 x 200 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 4 x 300 mcg	5		•		
SYLATRON - peginterferon alfa-2b for inj kit 4 x 600 mcg	5		•		
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml	4				
TAMIFLU - oseltamivir phosphate cap 30 mg	4				
TAMIFLU - oseltamivir phosphate cap 45 mg	4				
TAMIFLU - oseltamivir phosphate cap 75 mg	4				
TECHNIVIE - ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg	5		•		
TIVICAY - dolutegravir sodium tab 50 mg	5			•	
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5			•	
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5			•	
TYBOST - cobicistat tab 150 mg	4			•	
TYZEKA - telbivudine tab 600 mg	4				
valacyclovir hcl tab 500 mg	2				
valacyclovir hcl tab 1 gm	2				
VALCYTE - valganciclovir hcl tab 450 mg	5				
VALCYTE - valganciclovir hcl for soln 50 mg/ml	5				
valganciclovir hcl tab 450 mg	5				
VIDEX - didanosine for soln 2 gm	4			•	
VIDEX - didanosine for soln 4 gm	4			•	
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	5		•		
VIRACEPT - nelfinavir mesylate tab 250 mg	5			•	
VIRACEPT - nelfinavir mesylate tab 625 mg	5			•	
VIRAMUNE - nevirapine susp 50 mg/5ml	4			•	
VIRAMUNE XR - nevirapine tab sr 24hr 100 mg	4			•	
VIRAZOLE - ribavirin for inhal soln 6 gm	5				
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5			•	
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5			•	
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5			•	
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5			•	

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VIREAD - tenofovir disoproxil fumarate tab 300 mg	5			•	
VITEKTA - elvitegravir tab 85 mg	5			•	
VITEKTA - elvitegravir tab 150 mg	5			•	
ZIAGEN - abacavir sulfate soln 20 mg/ml	4			•	
zidovudine cap 100 mg	2			•	
zidovudine syrup 10 mg/ml	1			•	
zidovudine tab 300 mg	2			•	
Anxiolytics					
buspirone hcl tab 5 mg	1				
buspirone hcl tab 7.5 mg	1				
buspirone hcl tab 10 mg	1				
buspirone hcl tab 15 mg	1				
buspirone hcl tab 30 mg	1				
clonazepam orally disintegrating tab 0.125 mg	2		•	•	
clonazepam orally disintegrating tab 0.25 mg	2		•	•	
clonazepam orally disintegrating tab 0.5 mg	2		•	•	
clonazepam orally disintegrating tab 1 mg	2		•	•	
clonazepam orally disintegrating tab 2 mg	2		•	•	
clonazepam tab 0.5 mg	2		•	•	
clonazepam tab 1 mg	2		•	•	
clonazepam tab 2 mg	2		•	•	
clorazepate dipotassium tab 3.75 mg	2		•	•	
clorazepate dipotassium tab 7.5 mg	2		•	•	
clorazepate dipotassium tab 15 mg	2		•	•	
DIAZEPAM - diazepam soln 1 mg/ml	4		•	•	
diazepam conc 5 mg/ml	2		•	•	
diazepam tab 2 mg	2		•	•	
diazepam tab 5 mg	2		•	•	
diazepam tab 10 mg	2		•	•	
DOXEPIN HCL - doxepin hcl cap 75 mg#	4		•		
doxepin hcl cap 10 mg#	4		•		
doxepin hcl cap 25 mg#	4		•		
doxepin hcl cap 50 mg#	4		•		
doxepin hcl cap 100 mg#	4		•		
doxepin hcl cap 150 mg#	4		•		
doxepin hcl conc 10 mg/ml#	4		•		
duloxetine hcl enteric coated pellets cap 20 mg	2			•	
duloxetine hcl enteric coated pellets cap 30 mg	2			•	
duloxetine hcl enteric coated pellets cap 60 mg	2			•	
escitalopram oxalate soln 5 mg/5ml	2			•	
escitalopram oxalate tab 5 mg	1			•	
escitalopram oxalate tab 10 mg	1			•	
escitalopram oxalate tab 20 mg	1			•	
hydroxyzine hcl syrup 10 mg/5ml#	4		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
hydroxyzine hcl tab 10 mg#	4		•		
hydroxyzine hcl tab 25 mg#	4		•		
hydroxyzine hcl tab 50 mg#	4		•		
lorazepam tab 0.5 mg	1		•	•	
lorazepam tab 1 mg	1		•	•	
lorazepam tab 2 mg	1		•	•	
paroxetine hcl tab sr 24hr 12.5 mg	2			•	
paroxetine hcl tab sr 24hr 25 mg	2			•	
paroxetine hcl tab sr 24hr 37.5 mg	2			•	
paroxetine hcl tab 10 mg	1			•	
paroxetine hcl tab 20 mg	1			•	
paroxetine hcl tab 30 mg	1			•	
paroxetine hcl tab 40 mg	1			•	
PAXIL - paroxetine hcl oral susp 10 mg/5ml	4			•	
sertraline hcl oral conc 20 mg/ml	2			•	
sertraline hcl tab 25 mg	1			•	
sertraline hcl tab 50 mg	1			•	
sertraline hcl tab 100 mg	1			•	
venlafaxine hcl cap sr 24hr 37.5 mg	2			•	
venlafaxine hcl cap sr 24hr 75 mg	2			•	
venlafaxine hcl cap sr 24hr 150 mg	2			•	
venlafaxine hcl tab sr 24hr 37.5 mg	2			•	
venlafaxine hcl tab sr 24hr 75 mg	2			•	
venlafaxine hcl tab sr 24hr 150 mg	2			•	
venlafaxine hcl tab 25 mg	2			•	
venlafaxine hcl tab 37.5 mg	2			•	
venlafaxine hcl tab 50 mg	2			•	
venlafaxine hcl tab 75 mg	2			•	
venlafaxine hcl tab 100 mg	2			•	
Bipolar Agents					
ABILIFY - aripiprazole tab 2 mg	5			•	
ABILIFY - aripiprazole tab 5 mg	5			•	
ABILIFY - aripiprazole tab 10 mg	5			•	
ABILIFY - aripiprazole tab 15 mg	5			•	
ABILIFY - aripiprazole tab 20 mg	5			•	
ABILIFY - aripiprazole tab 30 mg	5			•	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5			•	
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5			•	
ARIPIPRAZOLE ODT - aripiprazole orally disintegrating tab 10 mg	5			•	
ARIPIPRAZOLE ODT - aripiprazole orally disintegrating tab 15 mg	5			•	
aripiprazole oral solution 1 mg/ml	5			•	
aripiprazole tab 2 mg	5			•	
aripiprazole tab 5 mg	5			•	
aripiprazole tab 10 mg	5			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
aripiprazole tab 15 mg	5			•	
aripiprazole tab 20 mg	5			•	
aripiprazole tab 30 mg	5			•	
divalproex sodium cap sprinkle 125 mg	2				
divalproex sodium tab delayed release 125 mg	2				
divalproex sodium tab delayed release 250 mg	2				
divalproex sodium tab delayed release 500 mg	2				
divalproex sodium tab sr 24 hr 250 mg	2				
divalproex sodium tab sr 24 hr 500 mg	2				
EQUETRO - carbamazepine cap sr 12hr 100 mg	4				
EQUETRO - carbamazepine cap sr 12hr 200 mg	4				
EQUETRO - carbamazepine cap sr 12hr 300 mg	4				
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg	4				
LAMICTAL ODT - lamotrigine orally disintegrating tab 50 mg	4				
LAMICTAL ODT - lamotrigine orally disintegrating tab 100 mg	4				
LAMICTAL ODT - lamotrigine orally disintegrating tab 200 mg	4				
lamotrigine orally disintegrating tab 25 mg	2				
lamotrigine orally disintegrating tab 50 mg	2				
lamotrigine orally disintegrating tab 100 mg	2				
lamotrigine orally disintegrating tab 200 mg	2				
lamotrigine tab chewable dispersible 5 mg	2				
lamotrigine tab chewable dispersible 25 mg	2				
lamotrigine tab 25 mg	1				
lamotrigine tab 100 mg	1				
lamotrigine tab 150 mg	1				
lamotrigine tab 200 mg	1				
LITHIUM - lithium oral solution 8 meq/5ml	4				
lithium carbonate cap 150 mg	1				
lithium carbonate cap 300 mg	1				
lithium carbonate cap 600 mg	1				
lithium carbonate tab cr 300 mg	2				
lithium carbonate tab cr 450 mg	2				
lithium carbonate tab 300 mg	1				
olanzapine for im inj 10 mg	2			•	
olanzapine orally disintegrating tab 5 mg	2			•	
olanzapine orally disintegrating tab 10 mg	2			•	
olanzapine orally disintegrating tab 15 mg	2			•	
olanzapine orally disintegrating tab 20 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
olanzapine tab 2.5 mg	2			•	
olanzapine tab 5 mg	2			•	
olanzapine tab 7.5 mg	2			•	
olanzapine tab 10 mg	2			•	
olanzapine tab 15 mg	2			•	
olanzapine tab 20 mg	2			•	
quetiapine fumarate tab 25 mg	2			•	
quetiapine fumarate tab 50 mg	2			•	
quetiapine fumarate tab 100 mg	2			•	
quetiapine fumarate tab 200 mg	2			•	
quetiapine fumarate tab 300 mg	2			•	
quetiapine fumarate tab 400 mg	2			•	
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg	4			•	
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg	4			•	
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg	5			•	
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	5			•	
risperidone orally disintegrating tab 0.25 mg	2			•	
risperidone orally disintegrating tab 0.5 mg	2			•	
risperidone orally disintegrating tab 1 mg	2			•	
risperidone orally disintegrating tab 2 mg	2			•	
risperidone orally disintegrating tab 3 mg	2			•	
risperidone orally disintegrating tab 4 mg	2			•	
risperidone soln 1 mg/ml	2			•	
risperidone tab 0.25 mg	2			•	
risperidone tab 0.5 mg	2			•	
risperidone tab 1 mg	2			•	
risperidone tab 2 mg	2			•	
risperidone tab 3 mg	2			•	
risperidone tab 4 mg	2			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 50 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 150 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 200 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 300 mg	3			•	
SEROQUEL XR - quetiapine fumarate tab sr 24hr 400 mg	3			•	
valproic acid cap 250 mg	2				
ziprasidone hcl cap 20 mg	2			•	
ziprasidone hcl cap 40 mg	2			•	
ziprasidone hcl cap 60 mg	2			•	
ziprasidone hcl cap 80 mg	2			•	
Blood Glucose Regulators					
acarbose tab 25 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
acarbose tab 50 mg	2			•	
acarbose tab 100 mg	2			•	
ALCOHOL SWABS	3				
BYDUREON - exenatide extended release for susp pen-injector 2 mg	3			•	
BYDUREON - exenatide extended release for inj susp 2 mg	3			•	
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4			•	
GAUZE PADS 2" X 2"	3				
glimepiride tab 1 mg	1			•	
glimepiride tab 2 mg	1			•	
glimepiride tab 4 mg	1			•	
glipizide tab sr 24hr 2.5 mg	1			•	
glipizide tab sr 24hr 5 mg	1			•	
glipizide tab sr 24hr 10 mg	1			•	
glipizide tab 5 mg	1			•	
glipizide tab 10 mg	1			•	
glipizide-metformin hcl tab 2.5-250 mg	2			•	
glipizide-metformin hcl tab 2.5-500 mg	2			•	
glipizide-metformin hcl tab 5-500 mg	2			•	
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3				
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3				
GLYBURIDE - glyburide tab 1.25 mg#	4			•	•
GLYBURIDE - glyburide tab 2.5 mg#	4			•	•
GLYBURIDE - glyburide tab 5 mg#	4			•	•
glyburide micronized tab 1.5 mg#	4			•	•
glyburide micronized tab 3 mg#	4			•	•
glyburide micronized tab 6 mg#	4			•	•
glyburide tab 1.25 mg#	4			•	•
glyburide tab 2.5 mg#	4			•	•
glyburide tab 5 mg#	4			•	•
glyburide-metformin tab 1.25-250 mg#	4			•	•
glyburide-metformin tab 2.5-500 mg#	4			•	•
glyburide-metformin tab 5-500 mg#	4			•	•
HUMALOG - insulin lispro (human) soln cartridge 100 unit/ml	3				
HUMALOG - insulin lispro (human) inj 100 unit/ml	3				
HUMALOG KWIKPEN - insulin lispro (human) soln pen-injector 100 unit/ml	3				
HUMALOG KWIKPEN - insulin lispro (human) soln pen-injector 200 unit/ml	3				
HUMALOG MIX 50/50 - insulin lispro prot & lispro (human) inj 100 unit/ml (50-50)	3				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3				
HUMALOG MIX 75/25 - insulin lispro prot & lispro (human) inj 100 unit/ml (75-25)	3				
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3				
HUMULIN N - insulin nph (human)(isophane) inj 100 unit/ml	3				
HUMULIN N KWIKPEN - insulin nph (human)(isophane) susp pen-injector 100 unit/ml	3				
HUMULIN N U-100 PEN - insulin nph (human)(isophane) susp pen-injector 100 unit/ml	3				
HUMULIN R - insulin regular (human) inj 100 unit/ml	3				
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3				
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3				
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3				
HUMULIN 70/30 PEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3				
INSULIN INJECTION DEVICE	3				
INSULIN SYRINGE/NEEDLE	3				
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3			•	
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3			•	
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3			•	
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3			•	
INVOKANA - canagliflozin tab 100 mg	3			•	
INVOKANA - canagliflozin tab 300 mg	3			•	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3			•	
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3			•	
JANUMET XR - sitagliptin-metformin hcl tab sr 24hr 50-500 mg	3			•	
JANUMET XR - sitagliptin-metformin hcl tab sr 24hr 50-1000 mg	3			•	
JANUMET XR - sitagliptin-metformin hcl tab sr 24hr 100-1000 mg	3			•	
JANUVIA - sitagliptin phosphate tab 25 mg	3			•	
JANUVIA - sitagliptin phosphate tab 50 mg	3			•	
JANUVIA - sitagliptin phosphate tab 100 mg	3			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
JARDIANCE - empagliflozin tab 10 mg	4			•	
JARDIANCE - empagliflozin tab 25 mg	4			•	
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	4			•	
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	4			•	
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	4			•	
KOMBIGLYZE XR - saxagliptin-metformin hcl tab sr 24hr 2.5-1000 mg	3			•	
KOMBIGLYZE XR - saxagliptin-metformin hcl tab sr 24hr 5-500 mg	3			•	
KOMBIGLYZE XR - saxagliptin-metformin hcl tab sr 24hr 5-1000 mg	3			•	
LANTUS - insulin glargine inj 100 unit/ml	3				
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3				
LEVEMIR - insulin detemir inj 100 unit/ml	3				
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	3				
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	3				
metformin hcl tab sr 24hr 500 mg	1			•	
metformin hcl tab sr 24hr 750 mg	1			•	
metformin hcl tab 500 mg	1			•	
metformin hcl tab 850 mg	1			•	
metformin hcl tab 1000 mg	1			•	
nateglinide tab 60 mg	2			•	
nateglinide tab 120 mg	2			•	
ONGLYZA - saxagliptin hcl tab 2.5 mg	3			•	
ONGLYZA - saxagliptin hcl tab 5 mg	3			•	
pioglitazone hcl tab 15 mg	2			•	
pioglitazone hcl tab 30 mg	2			•	
pioglitazone hcl tab 45 mg	2			•	
pioglitazone hcl-glimepiride tab 30-2 mg	2			•	
pioglitazone hcl-glimepiride tab 30-4 mg	2			•	
pioglitazone hcl-metformin hcl tab 15-500 mg	2			•	
pioglitazone hcl-metformin hcl tab 15-850 mg	2			•	
PROGLYCEM - diazoxide susp 50 mg/ml	4				
repaglinide tab 0.5 mg	2			•	
repaglinide tab 1 mg	2			•	
repaglinide tab 2 mg	2			•	
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	3				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	3				
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	3				
TRADJENTA - linagliptin tab 5 mg	4			•	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3			•	
WELCHOL - colesevelam hcl tab 625 mg	3				
WELCHOL - colesevelam hcl packet for susp 3.75 gm	3				
Blood Products/Modifiers/Volume Expanders					
AGGRENOX - aspirin-dipyridamole cap sr 12hr 25-200 mg	4				
anagrelide hcl cap 0.5 mg	2				
anagrelide hcl cap 1 mg	2				
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	3		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	3		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	3		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	3		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	5		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	3		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	3		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	3		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5		•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	5		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
BRILINTA - ticagrelor tab 60 mg	3				
BRILINTA - ticagrelor tab 90 mg	3				
cilostazol tab 50 mg	1				
cilostazol tab 100 mg	1				
clopidogrel bisulfate tab 75 mg	1				
COUMADIN - warfarin sodium tab 1 mg	4				
COUMADIN - warfarin sodium tab 2 mg	4				
COUMADIN - warfarin sodium tab 2.5 mg	4				
COUMADIN - warfarin sodium tab 3 mg	4				
COUMADIN - warfarin sodium tab 4 mg	4				
COUMADIN - warfarin sodium tab 5 mg	4				
COUMADIN - warfarin sodium tab 6 mg	4				
COUMADIN - warfarin sodium tab 7.5 mg	4				
COUMADIN - warfarin sodium tab 10 mg	4				
dipyridamole tab 25 mg#	4				
dipyridamole tab 50 mg#	4				
dipyridamole tab 75 mg#	4				
EFFIENT - prasugrel hcl tab 5 mg	3				
EFFIENT - prasugrel hcl tab 10 mg	3				
ELIQUIS - apixaban tab 2.5 mg	4			•	
ELIQUIS - apixaban tab 5 mg	4			•	

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
enoxaparin sodium inj 30 mg/0.3ml	2			•	
enoxaparin sodium inj 40 mg/0.4ml	2			•	
enoxaparin sodium inj 60 mg/0.6ml	2			•	
enoxaparin sodium inj 80 mg/0.8ml	2			•	
enoxaparin sodium inj 100 mg/ml	2			•	
enoxaparin sodium inj 120 mg/0.8ml	2			•	
enoxaparin sodium inj 150 mg/ml	2			•	
enoxaparin sodium inj 300 mg/3ml	2			•	
EPOGEN - epoetin alfa inj 2000 unit/ml	4		•		
EPOGEN - epoetin alfa inj 3000 unit/ml	4		•		
EPOGEN - epoetin alfa inj 4000 unit/ml	4		•		
EPOGEN - epoetin alfa inj 10000 unit/ml	4		•		
EPOGEN - epoetin alfa inj 20000 unit/ml	4		•		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	2			•	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	5			•	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	5			•	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	5			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5				
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5				
heparin sodium (porcine) inj 1000 unit/ml	2				
heparin sodium (porcine) inj 5000 unit/ml	2				
heparin sodium (porcine) inj 10000 unit/ml	2				
heparin sodium (porcine) inj 20000 unit/ml	2				
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2				
heparin sodium (porcine) 40 unit/ml in d5w	2				
LEUKINE - sargramostim lyophilized for inj 250 mcg	5				
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5				
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	5				
NEULASTA DELIVERY KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	5				
NEUMEGA - oprelvekin for inj 5 mg	5				
PRADAXA - dabigatran etexilate mesylate cap 75 mg	3			•	
PRADAXA - dabigatran etexilate mesylate cap 150 mg	3			•	

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
PROCRIT - epoetin alfa inj 2000 unit/ml	4		•		
PROCRIT - epoetin alfa inj 3000 unit/ml	4		•		
PROCRIT - epoetin alfa inj 4000 unit/ml	4		•		
PROCRIT - epoetin alfa inj 10000 unit/ml	4		•		
PROCRIT - epoetin alfa inj 20000 unit/ml	5		•		
PROCRIT - epoetin alfa inj 40000 unit/ml	5		•		
PROMACTA - eltrombopag olamine tab 12.5 mg*	5		•		
PROMACTA - eltrombopag olamine tab 25 mg*	5		•		
PROMACTA - eltrombopag olamine tab 50 mg*	5		•		
PROMACTA - eltrombopag olamine tab 75 mg*	5		•		
tranexamic acid inj 100 mg/ml	2				
tranexamic acid tab 650 mg	2				
warfarin sodium tab 1 mg	1				
warfarin sodium tab 2 mg	1				
warfarin sodium tab 2.5 mg	1				
warfarin sodium tab 3 mg	1				
warfarin sodium tab 4 mg	1				
warfarin sodium tab 5 mg	1				
warfarin sodium tab 6 mg	1				
warfarin sodium tab 7.5 mg	1				
warfarin sodium tab 10 mg	1				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
XARELTO - rivaroxaban tab 10 mg	3			•	
XARELTO - rivaroxaban tab 15 mg	3			•	
XARELTO - rivaroxaban tab 20 mg	3			•	
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3			•	
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4				
Cardiovascular Agents					
acebutolol hcl cap 200 mg	2				
acebutolol hcl cap 400 mg	2				
ACETAZOLAMIDE - acetazolamide tab 125 mg	4				
acetazolamide cap sr 12hr 500 mg	2				
acetazolamide tab 250 mg	2				
amiloride & hydrochlorothiazide tab 5-50 mg	1				
amiloride hcl tab 5 mg	2				
amiodarone hcl tab 200 mg	1				
amiodarone hcl tab 400 mg	1				
amlodipine besylate tab 2.5 mg	1				
amlodipine besylate tab 5 mg	1				
amlodipine besylate tab 10 mg	1				
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	2				
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	2				
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	2				
amlodipine besylate-atorvastatin calcium tab 5-10 mg	2				
amlodipine besylate-atorvastatin calcium tab 5-20 mg	2				
amlodipine besylate-atorvastatin calcium tab 5-40 mg	2				
amlodipine besylate-atorvastatin calcium tab 5-80 mg	2				
amlodipine besylate-atorvastatin calcium tab 10-10 mg	2				
amlodipine besylate-atorvastatin calcium tab 10-20 mg	2				
amlodipine besylate-atorvastatin calcium tab 10-40 mg	2				
amlodipine besylate-atorvastatin calcium tab 10-80 mg	2				
amlodipine besylate-benazepril hcl cap 2.5-10 mg	2				
amlodipine besylate-benazepril hcl cap 5-10 mg	2				
amlodipine besylate-benazepril hcl cap 5-20 mg	2				
amlodipine besylate-benazepril hcl cap 5-40 mg	2				
amlodipine besylate-benazepril hcl cap 10-20 mg	2				
amlodipine besylate-benazepril hcl cap 10-40 mg	2				
amlodipine besylate-valsartan tab 5-160 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
amlodipine besylate-valsartan tab 5-320 mg	2			•	
amlodipine besylate-valsartan tab 10-160 mg	2			•	
amlodipine besylate-valsartan tab 10-320 mg	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	2			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	2			•	
atenolol & chlorthalidone tab 50-25 mg	1				
atenolol & chlorthalidone tab 100-25 mg	1				
atenolol tab 25 mg	1				
atenolol tab 50 mg	1				
atenolol tab 100 mg	1				
atorvastatin calcium tab 10 mg	1			•	
atorvastatin calcium tab 20 mg	1			•	
atorvastatin calcium tab 40 mg	1			•	
atorvastatin calcium tab 80 mg	1			•	
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-20 mg	3			•	
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-40 mg	3			•	
AZOR - amlodipine besylate-olmesartan medoxomil tab 10-20 mg	3			•	
AZOR - amlodipine besylate-olmesartan medoxomil tab 10-40 mg	3			•	
benazepril & hydrochlorothiazide tab 5-6.25 mg	2				
benazepril & hydrochlorothiazide tab 10-12.5 mg	2				
benazepril & hydrochlorothiazide tab 20-12.5 mg	2				
benazepril & hydrochlorothiazide tab 20-25 mg	2				
benazepril hcl tab 5 mg	1				
benazepril hcl tab 10 mg	1				
benazepril hcl tab 20 mg	1				
benazepril hcl tab 40 mg	1				
BENICAR - olmesartan medoxomil tab 5 mg	3			•	
BENICAR - olmesartan medoxomil tab 20 mg	3			•	
BENICAR - olmesartan medoxomil tab 40 mg	3			•	
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	3			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	3			•	
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	3			•	
betaxolol hcl tab 10 mg	2				
betaxolol hcl tab 20 mg	2				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1				
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1				
bisoprolol fumarate tab 5 mg	2				
bisoprolol fumarate tab 10 mg	2				
bumetanide inj 0.25 mg/ml	2				
bumetanide tab 0.5 mg	1				
bumetanide tab 1 mg	1				
bumetanide tab 2 mg	1				
BYSTOLIC - nebivolol hcl tab 2.5 mg	4				
BYSTOLIC - nebivolol hcl tab 5 mg	4				
BYSTOLIC - nebivolol hcl tab 10 mg	4				
BYSTOLIC - nebivolol hcl tab 20 mg	4				
candesartan cilexetil tab 4 mg	2			•	
candesartan cilexetil tab 8 mg	2			•	
candesartan cilexetil tab 16 mg	2			•	
candesartan cilexetil tab 32 mg	2			•	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	2			•	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	2			•	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	2			•	
captopril tab 12.5 mg	1				
captopril tab 25 mg	1				
captopril tab 50 mg	1				
captopril tab 100 mg	1				
carvedilol tab 3.125 mg	1				
carvedilol tab 6.25 mg	1				
carvedilol tab 12.5 mg	1				
carvedilol tab 25 mg	1				
CHLOROTHIAZIDE - chlorothiazide tab 250 mg	4				
chlorothiazide tab 500 mg	1				
CHLORTHALIDONE - chlorthalidone tab 25 mg	4				
CHLORTHALIDONE - chlorthalidone tab 50 mg	4				
cholestyramine light powder packets 4 gm	2				
cholestyramine light powder 4 gm/dose	2				
cholestyramine powder packets 4 gm	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
cholestyramine powder 4 gm/ dose	2				
choline fenofibrate cap dr 45 mg	2			•	
choline fenofibrate cap dr 135 mg	2			•	
clonidine hcl tab 0.1 mg	1				
clonidine hcl tab 0.2 mg	1				
clonidine hcl tab 0.3 mg	1				
clonidine hcl td patch weekly 0.1 mg/24hr	2				
clonidine hcl td patch weekly 0.2 mg/24hr	2				
clonidine hcl td patch weekly 0.3 mg/24hr	2				
colestipol hcl granule packets 5 gm	2				
colestipol hcl granules 5 gm	2				
colestipol hcl tab 1 gm	2				
CORLANOR - ivabradine hcl tab 5 mg	4		•	•	
CORLANOR - ivabradine hcl tab 7.5 mg	4		•	•	
CRESTOR - rosuvastatin calcium tab 5 mg	3			•	
CRESTOR - rosuvastatin calcium tab 10 mg	3			•	
CRESTOR - rosuvastatin calcium tab 20 mg	3			•	
CRESTOR - rosuvastatin calcium tab 40 mg	3			•	
DEMSER - metyrosine cap 250 mg	5				
DIBENZYLINE - phenoxybenzamine hcl cap 10 mg	4				
DIGOXIN - digoxin oral soln 0.05 mg/ml#	4			•	
digoxin tab 125 mcg (0.125 mg)#	1			•	
digoxin tab 250 mcg (0.25 mg)#	4		•	•	
diltiazem hcl cap sr 12hr 60 mg	2				
diltiazem hcl cap sr 12hr 90 mg	2				
diltiazem hcl cap sr 12hr 120 mg	2				
diltiazem hcl cap sr 24hr 120 mg	2				
diltiazem hcl cap sr 24hr 180 mg	2				
diltiazem hcl cap sr 24hr 240 mg	2				
diltiazem hcl coated beads cap sr 24hr 120 mg	2				
diltiazem hcl coated beads cap sr 24hr 180 mg	2				
diltiazem hcl coated beads cap sr 24hr 240 mg	2				
diltiazem hcl coated beads cap sr 24hr 300 mg	2				
diltiazem hcl coated beads cap sr 24hr 360 mg	2				
diltiazem hcl coated beads tab sr 24hr 180 mg	2				
diltiazem hcl coated beads tab sr 24hr 240 mg	2				
diltiazem hcl coated beads tab sr 24hr 300 mg	2				
diltiazem hcl coated beads tab sr 24hr 360 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
diltiazem hcl coated beads tab sr 24hr 420 mg	2				
diltiazem hcl extended release beads cap sr 24hr 120 mg	2				
diltiazem hcl extended release beads cap sr 24hr 180 mg	2				
diltiazem hcl extended release beads cap sr 24hr 240 mg	2				
diltiazem hcl extended release beads cap sr 24hr 300 mg	2				
diltiazem hcl extended release beads cap sr 24hr 360 mg	2				
diltiazem hcl extended release beads cap sr 24hr 420 mg	2				
diltiazem hcl tab 30 mg	1				
diltiazem hcl tab 60 mg	1				
diltiazem hcl tab 90 mg	1				
diltiazem hcl tab 120 mg	1				
doxazosin mesylate tab 1 mg	1			•	
doxazosin mesylate tab 2 mg	1			•	
doxazosin mesylate tab 4 mg	1			•	
doxazosin mesylate tab 8 mg	1			•	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1				
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1				
enalapril maleate tab 2.5 mg	1				
enalapril maleate tab 5 mg	1				
enalapril maleate tab 10 mg	1				
enalapril maleate tab 20 mg	1				
eplerenone tab 25 mg	2				
eplerenone tab 50 mg	2				
eprosartan mesylate tab 600 mg	2			•	
EXFORGE - amlodipine besylate-valsartan tab 5-160 mg	3			•	
EXFORGE - amlodipine besylate-valsartan tab 5-320 mg	3			•	
EXFORGE - amlodipine besylate-valsartan tab 10-160 mg	3			•	
EXFORGE - amlodipine besylate-valsartan tab 10-320 mg	3			•	
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	3			•	
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	3			•	
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	3			•	
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	3			•	
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	3			•	
felodipine tab sr 24hr 2.5 mg	2				
felodipine tab sr 24hr 5 mg	2				
felodipine tab sr 24hr 10 mg	2				
fenofibrate micronized cap 67 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
fenofibrate micronized cap 134 mg	2			•	
fenofibrate micronized cap 200 mg	2			•	
fenofibrate tab 48 mg	2			•	
fenofibrate tab 54 mg	2			•	
fenofibrate tab 145 mg	2			•	
fenofibrate tab 160 mg	2			•	
flecainide acetate tab 50 mg	2				
flecainide acetate tab 100 mg	2				
flecainide acetate tab 150 mg	2				
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2				
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2				
fosinopril sodium tab 10 mg	1				
fosinopril sodium tab 20 mg	1				
fosinopril sodium tab 40 mg	1				
furosemide inj 10 mg/ml	2				
furosemide oral soln 10 mg/ml	2				
furosemide tab 20 mg	1				
furosemide tab 40 mg	1				
furosemide tab 80 mg	1				
gemfibrozil tab 600 mg	1			•	
hydralazine hcl tab 10 mg	2				
hydralazine hcl tab 25 mg	2				
hydralazine hcl tab 50 mg	2				
hydralazine hcl tab 100 mg	2				
hydrochlorothiazide cap 12.5 mg	1				
hydrochlorothiazide tab 12.5 mg	1				
hydrochlorothiazide tab 25 mg	1				
hydrochlorothiazide tab 50 mg	1				
indapamide tab 1.25 mg	1				
indapamide tab 2.5 mg	1				
irbesartan tab 75 mg	1			•	
irbesartan tab 150 mg	1			•	
irbesartan tab 300 mg	1			•	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	2			•	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	2			•	
ISOSORBIDE DINITRATE - isosorbide dinitrate tab 30 mg	4				
ISOSORBIDE DINITRATE - isosorbide dinitrate sl tab 2.5 mg	4				
isosorbide dinitrate tab cr 40 mg	2				
isosorbide dinitrate tab 5 mg	2				
isosorbide dinitrate tab 10 mg	2				
isosorbide dinitrate tab 20 mg	2				
isosorbide mononitrate tab sr 24hr 30 mg	1				
isosorbide mononitrate tab sr 24hr 60 mg	1				
isosorbide mononitrate tab sr 24hr 120 mg	1				
isosorbide mononitrate tab 10 mg	1				
isosorbide mononitrate tab 20 mg	1				

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isradipine cap 2.5 mg	2				
isradipine cap 5 mg	2				
JUXTAPID - lomitapide mesylate cap 5 mg*	5		•		
JUXTAPID - lomitapide mesylate cap 10 mg*	5		•		
JUXTAPID - lomitapide mesylate cap 20 mg*	5		•		
JUXTAPID - lomitapide mesylate cap 30 mg*	5		•		
JUXTAPID - lomitapide mesylate cap 40 mg*	5		•		
JUXTAPID - lomitapide mesylate cap 60 mg*	5		•		
KYNAMRO - mipomersen sodium soln prefilled syringe 200 mg/ml*	5		•		
labetalol hcl tab 100 mg	2				
labetalol hcl tab 200 mg	2				
labetalol hcl tab 300 mg	2				
LIDOCAINE HCL - lidocaine hcl iv inj 10 mg/ml	4				
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1				
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1				
lisinopril & hydrochlorothiazide tab 20-25 mg	1				
lisinopril tab 2.5 mg	1				
lisinopril tab 5 mg	1				
lisinopril tab 10 mg	1				
lisinopril tab 20 mg	1				
lisinopril tab 30 mg	1				
lisinopril tab 40 mg	1				
LIVALO - pitavastatin calcium tab 1 mg	4			•	
LIVALO - pitavastatin calcium tab 2 mg	4			•	
LIVALO - pitavastatin calcium tab 4 mg	4			•	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1			•	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1			•	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1			•	
losartan potassium tab 25 mg	1			•	
losartan potassium tab 50 mg	1			•	
losartan potassium tab 100 mg	1			•	
lovastatin tab 10 mg	1			•	
lovastatin tab 20 mg	1			•	
lovastatin tab 40 mg	1			•	
methazolamide tab 25 mg	2				
methazolamide tab 50 mg	2				
metolazone tab 2.5 mg	2				
metolazone tab 5 mg	2				
metolazone tab 10 mg	2				
metoprolol & hydrochlorothiazide tab 50-25 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
metoprolol & hydrochlorothiazide tab 100-25 mg	2				
metoprolol succinate tab sr 24hr 25 mg	2				
metoprolol succinate tab sr 24hr 50 mg	2				
metoprolol succinate tab sr 24hr 100 mg	2				
metoprolol succinate tab sr 24hr 200 mg	2				
metoprolol tartrate tab 25 mg	1				
metoprolol tartrate tab 50 mg	1				
metoprolol tartrate tab 100 mg	1				
mexiletine hcl cap 150 mg	2				
mexiletine hcl cap 200 mg	2				
mexiletine hcl cap 250 mg	2				
midodrine hcl tab 2.5 mg	2				
midodrine hcl tab 5 mg	2				
midodrine hcl tab 10 mg	2				
minoxidil tab 2.5 mg	1				
minoxidil tab 10 mg	1				
moexipril hcl tab 7.5 mg	2				
moexipril hcl tab 15 mg	2				
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	2				
moexipril-hydrochlorothiazide tab 15-12.5 mg	2				
moexipril-hydrochlorothiazide tab 15-25 mg	2				
MULTAQ - dronedarone hcl tab 400 mg	3				
nadolol tab 20 mg	2				
nadolol tab 40 mg	2				
nadolol tab 80 mg	2				
niacin tab cr 500 mg	2			•	
niacin tab cr 750 mg	2			•	
niacin tab cr 1000 mg	2			•	
nicardipine hcl cap 20 mg	2				
nicardipine hcl cap 30 mg	2				
nifedipine tab sr 24hr 30 mg	2				
nifedipine tab sr 24hr 60 mg	2				
nifedipine tab sr 24hr 90 mg	2				
nifedipine tab sr 24hr osmotic release 30 mg	2				
nifedipine tab sr 24hr osmotic release 60 mg	2				
nifedipine tab sr 24hr osmotic release 90 mg	2				
NISOLDIPINE ER - nisoldipine tab sr 24hr 25.5 mg	4				
nisoldipine tab sr 24hr 8.5 mg	2				
nisoldipine tab sr 24hr 17 mg	2				
nisoldipine tab sr 24hr 34 mg	2				
NITRO-BID - nitroglycerin oint 2%	4				
nitroglycerin td patch 24hr 0.1 mg/hr	2				
nitroglycerin td patch 24hr 0.2 mg/hr	2				
nitroglycerin td patch 24hr 0.4 mg/hr	2				

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Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
nitroglycerin td patch 24hr 0.6 mg/ hr	2				
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	2				
NITROSTAT - nitroglycerin sl tab 0.3 mg	3				
NITROSTAT - nitroglycerin sl tab 0.4 mg	3				
NITROSTAT - nitroglycerin sl tab 0.6 mg	3				
NORTHERA - droxidopa cap 100 mg	5		•		
NORTHERA - droxidopa cap 200 mg	5		•		
NORTHERA - droxidopa cap 300 mg	5		•		
omega-3-acid ethyl esters cap 1 gm	2				
pentoxifylline tab cr 400 mg	2				
perindopril erbumine tab 2 mg	2				
perindopril erbumine tab 4 mg	2				
perindopril erbumine tab 8 mg	2				
phenoxybenzamine hcl cap 10 mg	2				
pindolol tab 5 mg	2				
pindolol tab 10 mg	2				
pravastatin sodium tab 10 mg	1			•	
pravastatin sodium tab 20 mg	1			•	
pravastatin sodium tab 40 mg	1			•	
pravastatin sodium tab 80 mg	1			•	
prazosin hcl cap 1 mg	2				
prazosin hcl cap 2 mg	2				
prazosin hcl cap 5 mg	2				
propafenone hcl cap sr 12hr 225 mg	2				
propafenone hcl cap sr 12hr 325 mg	2				
propafenone hcl cap sr 12hr 425 mg	2				
propafenone hcl tab 150 mg	2				
propafenone hcl tab 225 mg	2				
propafenone hcl tab 300 mg	2				
propranolol hcl cap sr 24hr 60 mg	2				
propranolol hcl cap sr 24hr 80 mg	2				
propranolol hcl cap sr 24hr 120 mg	2				
propranolol hcl cap sr 24hr 160 mg	2				
propranolol hcl inj 1 mg/ml	2				
propranolol hcl tab 10 mg	1				
propranolol hcl tab 20 mg	1				
propranolol hcl tab 40 mg	1				
propranolol hcl tab 60 mg	1				
propranolol hcl tab 80 mg	1				
quinapril hcl tab 5 mg	1				
quinapril hcl tab 10 mg	1				
quinapril hcl tab 20 mg	1				
quinapril hcl tab 40 mg	1				
quinapril-hydrochlorothiazide tab 10-12.5 mg	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
quinapril-hydrochlorothiazide tab 20-12.5 mg	2				
quinapril-hydrochlorothiazide tab 20-25 mg	2				
quinidine gluconate tab cr 324 mg	2				
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	4				
quinidine sulfate tab 300 mg	1				
ramipril cap 1.25 mg	1				
ramipril cap 2.5 mg	1				
ramipril cap 5 mg	1				
ramipril cap 10 mg	1				
RANEXA - ranolazine tab sr 12hr 500 mg	3				
RANEXA - ranolazine tab sr 12hr 1000 mg	3				
SIMCOR - niacin-simvastatin tab sr 24hr 500-20 mg	3			•	
SIMCOR - niacin-simvastatin tab sr 24hr 500-40 mg	3			•	
SIMCOR - niacin-simvastatin tab sr 24hr 750-20 mg	3			•	
SIMCOR - niacin-simvastatin tab sr 24hr 1000-20 mg	3			•	
SIMCOR - niacin-simvastatin tab sr 24hr 1000-40 mg	3			•	
simvastatin tab 5 mg	1			•	
simvastatin tab 10 mg	1			•	
simvastatin tab 20 mg	1			•	
simvastatin tab 40 mg	1			•	
simvastatin tab 80 mg	1			•	
sotalol hcl (afib/afl) tab 80 mg	2				
sotalol hcl (afib/afl) tab 120 mg	2				
sotalol hcl (afib/afl) tab 160 mg	2				
sotalol hcl tab 80 mg	1				
sotalol hcl tab 120 mg	1				
sotalol hcl tab 160 mg	1				
sotalol hcl tab 240 mg	1				
spironolactone & hydrochlorothiazide tab 25-25 mg	1				
spironolactone tab 25 mg	1				
spironolactone tab 50 mg	1				
spironolactone tab 100 mg	1				
TEKTURNA - aliskiren fumarate tab 150 mg	3			•	
TEKTURNA - aliskiren fumarate tab 300 mg	3			•	
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg	3			•	
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-25 mg	3			•	
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg	3			•	
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg	3			•	
telmisartan tab 20 mg	2			•	
telmisartan tab 40 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
telmisartan tab 80 mg	2			•	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	2			•	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	2			•	
telmisartan-hydrochlorothiazide tab 80-25 mg	2			•	
terazosin hcl cap 1 mg	1			•	
terazosin hcl cap 2 mg	1			•	
terazosin hcl cap 5 mg	1			•	
terazosin hcl cap 10 mg	1			•	
TIKOSYN - dofetilide cap 125 mcg (0.125 mg)	4				
TIKOSYN - dofetilide cap 250 mcg (0.25 mg)	4				
TIKOSYN - dofetilide cap 500 mcg (0.5 mg)	4				
TIMOLOL MALEATE - timolol maleate tab 5 mg	4				
TIMOLOL MALEATE - timolol maleate tab 10 mg	4				
TIMOLOL MALEATE - timolol maleate tab 20 mg	4				
torsemide tab 5 mg	1				
torsemide tab 10 mg	1				
torsemide tab 20 mg	1				
torsemide tab 100 mg	1				
trandolapril tab 1 mg	1				
trandolapril tab 2 mg	1				
trandolapril tab 4 mg	1				
triamterene & hydrochlorothiazide cap 37.5-25 mg	1				
triamterene & hydrochlorothiazide tab 37.5-25 mg	1				
triamterene & hydrochlorothiazide tab 75-50 mg	1				
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	3			•	
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	3			•	
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	3			•	
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	3			•	
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	3			•	
valsartan tab 40 mg	2			•	
valsartan tab 80 mg	2			•	
valsartan tab 160 mg	2			•	
valsartan tab 320 mg	2			•	
valsartan-hydrochlorothiazide tab 80-12.5 mg	2			•	
valsartan-hydrochlorothiazide tab 160-12.5 mg	2			•	
valsartan-hydrochlorothiazide tab 160-25 mg	2			•	
valsartan-hydrochlorothiazide tab 320-12.5 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
valsartan-hydrochlorothiazide tab 320-25 mg	2			•	
VASCEPA - icosapent ethyl cap 1 gm	3				
VERAPAMIL HCL - verapamil hcl tab 40 mg	4				
verapamil hcl cap sr 24hr 100 mg	2				
verapamil hcl cap sr 24hr 120 mg	2				
verapamil hcl cap sr 24hr 180 mg	2				
verapamil hcl cap sr 24hr 200 mg	2				
verapamil hcl cap sr 24hr 240 mg	2				
verapamil hcl cap sr 24hr 300 mg	2				
verapamil hcl cap sr 24hr 360 mg	2				
verapamil hcl tab cr 120 mg	1				
verapamil hcl tab cr 180 mg	1				
verapamil hcl tab cr 240 mg	1				
verapamil hcl tab 80 mg	1				
verapamil hcl tab 120 mg	1				
VYTORIN - ezetimibe-simvastatin tab 10-10 mg	3			•	
VYTORIN - ezetimibe-simvastatin tab 10-20 mg	3			•	
VYTORIN - ezetimibe-simvastatin tab 10-40 mg	3			•	
VYTORIN - ezetimibe-simvastatin tab 10-80 mg	3			•	
WELCHOL - colesevelam hcl tab 625 mg	3				
WELCHOL - colesevelam hcl packet for susp 3.75 gm	3				
ZETIA - ezetimibe tab 10 mg	3			•	

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
Central Nervous System Agents					
amphetamine-dextroamphetamine cap sr 24hr 5 mg	2			•	
amphetamine-dextroamphetamine cap sr 24hr 10 mg	2			•	
amphetamine-dextroamphetamine cap sr 24hr 15 mg	2			•	
amphetamine-dextroamphetamine cap sr 24hr 20 mg	2			•	
amphetamine-dextroamphetamine cap sr 24hr 25 mg	2			•	
amphetamine-dextroamphetamine cap sr 24hr 30 mg	2			•	
AMPYRA - dalfampridine tab sr 12hr 10 mg*	5		•		
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5		•	•	
AVONEX - interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/vial)	5		•	•	
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5		•	•	
BETASERON - interferon beta-1b for inj kit 0.3 mg	5		•	•	
clonidine hcl tab sr 12hr 0.1 mg	2			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5		•	•	
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5		•	•	
dexmethylphenidate hcl tab 2.5 mg	2			•	
dexmethylphenidate hcl tab 5 mg	2			•	
dexmethylphenidate hcl tab 10 mg	2			•	
dextroamphetamine sulfate cap sr 24hr 5 mg	2			•	
dextroamphetamine sulfate cap sr 24hr 10 mg	2			•	
dextroamphetamine sulfate cap sr 24hr 15 mg	2			•	
dextroamphetamine sulfate tab 5 mg	2			•	
dextroamphetamine sulfate tab 10 mg	2			•	
duloxetine hcl enteric coated pellets cap 20 mg	2			•	
duloxetine hcl enteric coated pellets cap 30 mg	2			•	
duloxetine hcl enteric coated pellets cap 60 mg	2			•	
Glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml	5		•	•	
LYRICA - pregabalin soln 20 mg/ml	3				
LYRICA - pregabalin cap 25 mg	3				
LYRICA - pregabalin cap 50 mg	3				
LYRICA - pregabalin cap 75 mg	3				
LYRICA - pregabalin cap 100 mg	3				
LYRICA - pregabalin cap 150 mg	3				
LYRICA - pregabalin cap 200 mg	3				
LYRICA - pregabalin cap 225 mg	3				
LYRICA - pregabalin cap 300 mg	3				
methylphenidate hcl tab cr 20 mg	2			•	
methylphenidate hcl tab 5 mg	2			•	
methylphenidate hcl tab 10 mg	2			•	
methylphenidate hcl tab 20 mg	2			•	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	2				
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	2				
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	2				
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3				
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5		•	•	
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5		•	•	
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5		•	•	
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5		•	•	
riluzole tab 50 mg	5				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
STRATTERA - atomoxetine hcl cap 10 mg	4			•	
STRATTERA - atomoxetine hcl cap 18 mg	4			•	
STRATTERA - atomoxetine hcl cap 25 mg	4			•	
STRATTERA - atomoxetine hcl cap 40 mg	4			•	
STRATTERA - atomoxetine hcl cap 60 mg	4			•	
STRATTERA - atomoxetine hcl cap 80 mg	4			•	
STRATTERA - atomoxetine hcl cap 100 mg	4			•	
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5		•	•	
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5		•	•	
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5		•	•	
*tetrabenazine tab 12.5 mg**	5		•	•	
*tetrabenazine tab 25 mg**	5		•	•	
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5		•		
XENAZINE - tetrabenazine tab 12.5 mg*	5		•	•	
XENAZINE - tetrabenazine tab 25 mg*	5		•	•	

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
Dental and Oral Agents					
chlorhexidine gluconate soln 0.12%	1				
doxycycline hyclate cap 50 mg	2				
doxycycline hyclate cap 100 mg	2				
doxycycline hyclate for inj 100 mg	2				
doxycycline hyclate tab 20 mg	2				
doxycycline hyclate tab 100 mg	2				
KEPIVANCE - palifermin for iv inj 6.25 mg	5				
pilocarpine hcl tab 5 mg	2				
pilocarpine hcl tab 7.5 mg	2				
triamcinolone acetonide dental paste 0.1%	2				
Dermatological Agents					
acitretin cap 10 mg	5				
acitretin cap 17.5 mg	5				
acitretin cap 25 mg	5				
acyclovir oint 5%	2				
alclometasone dipropionate cream 0.05%	2				
alclometasone dipropionate oint 0.05%	2				
amcinonide cream 0.1%	2				
AZELEX - azelaic acid cream 20%	4				
benzoyl peroxide-erythromycin gel 5-3%	2				
betamethasone dipropionate augmented cream 0.05%	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
betamethasone dipropionate augmented gel 0.05%	2				
betamethasone dipropionate augmented lotion 0.05%	2				
betamethasone dipropionate augmented oint 0.05%	2				
betamethasone dipropionate cream 0.05%	2				
betamethasone dipropionate lotion 0.05%	2				
betamethasone dipropionate oint 0.05%	2				
betamethasone valerate cream 0.1%	2				
betamethasone valerate lotion 0.1%	2				
betamethasone valerate oint 0.1%	2				
calcipotriene cream 0.005%	2				
calcipotriene oint 0.005%	2				
calcipotriene soln 0.005% (50 mcg/ml)	2				
CARAC - fluorouracil cream 0.5%	4				
ciclopirox gel 0.77%	2				
ciclopirox olamine cream 0.77%	2				
ciclopirox olamine susp 0.77%	2				
ciclopirox shampoo 1%	2				
ciclopirox solution 8%	2				
clindamycin phosphate gel 1%	2				
clindamycin phosphate lotion 1%	2				
clindamycin phosphate soln 1%	2				
clindamycin phosphate swab 1%	2				
clindamycin phosphate-benzoyl peroxide gel 1-5%	2				
clobetasol propionate cream 0.05%	2				
clobetasol propionate emollient base cream 0.05%	2				
clobetasol propionate gel 0.05%	2				
clobetasol propionate oint 0.05%	2				
clobetasol propionate soln 0.05%	2				
clotrimazole cream 1%	2				
clotrimazole w/ betamethasone cream 1-0.05%	2				
clotrimazole w/ betamethasone lotion 1-0.05%	2				
DENAVIR - penciclovir cream 1%	4				
desonide cream 0.05%	2				
desonide lotion 0.05%	2				
desonide oint 0.05%	2				
DESOXIMETASONE - desoximetasone cream 0.05%	4				
desoximetasone cream 0.25%	2				
desoximetasone gel 0.05%	2				
desoximetasone oint 0.25%	2				
diclofenac sodium gel 3%	5				
diflorasone diacetate oint 0.05%	2				
econazole nitrate cream 1%	2				
ELIDEL - pimecrolimus cream 1%	4				•
erythromycin pads 2%	2				
erythromycin soln 2%	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
FINACEA - azelaic acid foam 15%	4				
FINACEA - azelaic acid gel 15%	4				
fluocinolone acetonide cream 0.01%	2				
fluocinonide cream 0.05%	2				
fluocinonide emulsified base cream 0.05%	2				
fluocinonide gel 0.05%	2				
fluocinonide oint 0.05%	2				
fluocinonide soln 0.05%	2				
fluorouracil cream 5%	2				
fluorouracil soln 2%	2				
fluorouracil soln 5%	2				
fluticasone propionate cream 0.05%	2				
fluticasone propionate oint 0.005%	2				
GENTAMICIN SULFATE - gentamicin sulfate cream 0.1%	4				
GENTAMICIN SULFATE - gentamicin sulfate oint 0.1%	4				
halobetasol propionate cream 0.05%	2				
halobetasol propionate oint 0.05%	2				
hydrocortisone butyrate cream 0.1%	2				
hydrocortisone butyrate oint 0.1%	2				
hydrocortisone butyrate soln 0.1%	2				
hydrocortisone cream 1%	1				
hydrocortisone cream 2.5%	1				
hydrocortisone lotion 2.5%	2				
hydrocortisone oint 1%	1				
hydrocortisone oint 2.5%	1				
hydrocortisone valerate cream 0.2%	2				
hydrocortisone valerate oint 0.2%	2				
imiquimod cream 5%	2		•		
isotretinoin cap 10 mg	2				
isotretinoin cap 20 mg	2				
isotretinoin cap 30 mg	2				
isotretinoin cap 40 mg	2				
ketoconazole cream 2%	2				
ketoconazole shampoo 2%	2				
lactic acid (ammonium lactate) cream 12%	2				
lactic acid (ammonium lactate) lotion 12%	2				
methoxsalen rapid cap 10 mg	5				
metronidazole cream 0.75%	2				
metronidazole gel 0.75%	2				
metronidazole gel 1%	2				
metronidazole lotion 0.75%	2				
mometasone furoate cream 0.1%	2				
mometasone furoate oint 0.1%	2				
mometasone furoate solution 0.1% (lotion)	2				
mupirocin oint 2%	2				
nystatin cream 100000 unit/gm	2				
nystatin oint 100000 unit/gm	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
nystatin topical powder	2				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2				
ORACEA - doxycycline cap delayed release 40 mg	4				
PICATO - ingenol mebutate gel 0.015%	3			•	
PICATO - ingenol mebutate gel 0.05%	3			•	
podofilox soln 0.5%	2				
prednicarbate cream 0.1%	2				
prednicarbate oint 0.1%	2				
SANTYL - collagenase oint 250 unit/gm	3				
selenium sulfide lotion 2.5%	2				
silver sulfadiazine cream 1%	2				
sulfacetamide sodium lotion 10%	2				
tacrolimus oint 0.03%	2				•
tacrolimus oint 0.1%	2				•
TAZORAC - tazarotene cream 0.05%	4				
TAZORAC - tazarotene cream 0.1%	4				
TAZORAC - tazarotene gel 0.05%	4				
TAZORAC - tazarotene gel 0.1%	4				
tretinoin cream 0.025%	2				
tretinoin cream 0.05%	2				
tretinoin cream 0.1%	2				
tretinoin gel 0.01%	2				
tretinoin gel 0.025%	2				
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide oint 0.5%	4				
triamcinolone acetonide cream 0.025%	2				
triamcinolone acetonide cream 0.1%	2				
triamcinolone acetonide cream 0.5%	2				
triamcinolone acetonide lotion 0.025%	2				
triamcinolone acetonide lotion 0.1%	2				
triamcinolone acetonide oint 0.025%	2				
triamcinolone acetonide oint 0.1%	2				
UVADEX - methoxsalen soln 20 mcg/ml	4				
VALCHLOR - mechlorethamine hcl gel 0.016%*	5				
VECTICAL - calcitriol oint 3 mcg/ gm	3				
VOLTAREN - diclofenac sodium gel 1%	3				•
Enzyme Replacements/Modifiers					
ADAGEN - pegademase bovine inj 250 unit/ml*	5				
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
BUPHENYL - sodium phenylbutyrate tab 500 mg	5				
CEREZYME - imiglucerase for inj 400 unit*	5				
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3				
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3				
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3				
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3				
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3				
CYSTADANE - betaine powder for oral solution	5				
CYSTAGON - cysteamine bitartrate cap 50 mg*	4				
CYSTAGON - cysteamine bitartrate cap 150 mg*	4				
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5				
ELELYSO - taliglucerase alfa for inj 200 unit*	5				
FABRAZYME - agalsidase beta for iv soln 5 mg*	5				
FABRAZYME - agalsidase beta for iv soln 35 mg*	5				
KUVAN - sapropterin dihydrochloride soluble tab 100 mg*	5		•		
KUVAN - sapropterin dihydrochloride powder packet 100 mg*	5		•		
KUVAN - sapropterin dihydrochloride powder packet 500 mg*	5		•		
MYOZYME - alglucosidase alfa for iv soln 50 mg	5				
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5				
ORFADIN - nitisinone cap 2 mg*	5				
ORFADIN - nitisinone cap 5 mg*	5				
ORFADIN - nitisinone cap 10 mg*	5				
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5				
VIOKACE - pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	4				
VIOKACE - pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	4				
VPRIV - velaglucerase alfa for inj 400 unit	5				
ZAVESCA - miglustat cap 100 mg*	5				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-16000 unit	3				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit	3				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-34000-55000 unit	3				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-51000-82000 unit	3				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-68000-109000 unit	3				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-85000-136000 unit	3				
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-136000-218000 unit	3				
Gastrointestinal Agents					
alosetron hcl tab 0.5 mg	5				
alosetron hcl tab 1 mg	5				
AMITIZA - lubiprostone cap 8 mcg	3		•		
AMITIZA - lubiprostone cap 24 mcg	3		•		
CHENODAL - chenodiol tab 250 mg*	5				
cimetidine hcl soln 300 mg/5ml	2				
cimetidine tab 200 mg	1				
cimetidine tab 300 mg	1				
cimetidine tab 400 mg	1				
cimetidine tab 800 mg	1				
cromolyn sodium oral conc 100 mg/5ml	5				
DEXILANT - dexlansoprazole cap delayed release 30 mg	4			•	
DEXILANT - dexlansoprazole cap delayed release 60 mg	4			•	
dicyclomine hcl tab 20 mg	2				
esomeprazole sodium for intravenous soln 20 mg	2				
esomeprazole sodium for intravenous soln 40 mg	2				
famotidine for susp 40 mg/5ml	2				
famotidine inj 20 mg/2ml	2				
famotidine inj 40 mg/4ml	2				
famotidine inj 200 mg/20ml	2				
famotidine tab 20 mg	1				
famotidine tab 40 mg	1				
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5		•		
glycopyrrolate tab 1 mg	2				
glycopyrrolate tab 2 mg	2				
lactulose (encephalopathy) solution 10 gm/15ml	2				
lactulose solution 10 gm/15ml	2				
lansoprazole cap delayed release 15 mg	2			•	
lansoprazole cap delayed release 30 mg	2			•	
LINZESS - linaclotide cap 145 mcg	3		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
LINZESS - linaclotide cap 290 mcg	3		•		
loperamide hcl cap 2 mg	2				
LOTRONEX - alosetron hcl tab 0.5 mg	5				
LOTRONEX - alosetron hcl tab 1 mg	5				
methscopolamine bromide tab 2.5 mg	2				
methscopolamine bromide tab 5 mg	2				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	2				
metoclopramide hcl tab 5 mg	1				
metoclopramide hcl tab 10 mg	1				
misoprostol tab 100 mcg	2				
misoprostol tab 200 mcg	2				
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4				
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	3			•	
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	3			•	
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg	3			•	
NEXIUM - esomeprazole magnesium for delayed release susp packet 20 mg	3			•	
NEXIUM - esomeprazole magnesium for delayed release susp packet 40 mg	3			•	
NEXIUM - esomeprazole magnesium cap delayed release 20 mg	3			•	
NEXIUM - esomeprazole magnesium cap delayed release 40 mg	3			•	
nizatidine cap 150 mg	2				
nizatidine cap 300 mg	2				
omeprazole cap delayed release 10 mg	1			•	
omeprazole cap delayed release 20 mg	1			•	
omeprazole cap delayed release 40 mg	1			•	
pantoprazole sodium ec tab 20 mg	1			•	
pantoprazole sodium ec tab 40 mg	1			•	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2				
polyethylene glycol 3350 oral packet	2				
polyethylene glycol 3350 oral powder	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	3				
rabeprazole sodium ec tab 20 mg	2			•	
ranitidine hcl cap 150 mg	2				
ranitidine hcl cap 300 mg	2				
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	2				
ranitidine hcl tab 150 mg	1				
ranitidine hcl tab 300 mg	1				
RELISTOR - methylnaltrexone bromide inj kit 12 mg/0.6ml	4		•		
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	4		•		
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	4		•		
sucralfate tab 1 gm	2				
SUPREP BOWEL PREP - sodium sulfate-potassium sulfate-magnesium sulfate oral soln	3				
ursodiol cap 300 mg	2				
XIFAXAN - rifaximin tab 550 mg	5				
Genitourinary Agents					
alfuzosin hcl tab sr 24hr 10 mg	2			•	
AVODART - dutasteride cap 0.5 mg	3			•	
bethanechol chloride tab 5 mg	2				
bethanechol chloride tab 10 mg	2				
bethanechol chloride tab 25 mg	2				
bethanechol chloride tab 50 mg	2				
calcium acetate cap 667 mg	2				
calcium acetate tab 667 mg	2				
CUPRIMINE - penicillamine cap 250 mg	3				
DEPEN TITRATABS - penicillamine tab 250 mg	4				
doxazosin mesylate tab 1 mg	1			•	
doxazosin mesylate tab 2 mg	1			•	
doxazosin mesylate tab 4 mg	1			•	
doxazosin mesylate tab 8 mg	1			•	
dutasteride cap 0.5 mg	2			•	
finasteride tab 5 mg	2			•	
FOSRENOL - lanthanum carbonate chew tab 500 mg	3				
FOSRENOL - lanthanum carbonate chew tab 750 mg	3				
FOSRENOL - lanthanum carbonate chew tab 1000 mg	3				
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	3				
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	3				
JALYN - dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3			•	
methylergonovine maleate tab 0.2 mg	2				
MYRBETRIQ - mirabegron tab sr 24 hr 25 mg	3			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
MYRBETRIQ - mirabegron tab sr 24 hr 50 mg	3			•	
neomycin-polymyxin b gu irrigation soln	2				
oxybutynin chloride syrup 5 mg/5ml	1			•	
oxybutynin chloride tab sr 24hr 5 mg	2			•	
oxybutynin chloride tab sr 24hr 10 mg	2			•	
oxybutynin chloride tab sr 24hr 15 mg	2			•	
oxybutynin chloride tab 5 mg	2			•	
PHOSLYRA - calcium acetate oral soln 667 mg/5ml	3				
prazosin hcl cap 1 mg	2				
prazosin hcl cap 2 mg	2				
prazosin hcl cap 5 mg	2				
RAPAFLO - silodosin cap 4 mg	3			•	
RAPAFLO - silodosin cap 8 mg	3			•	
RENVELA - sevelamer carbonate tab 800 mg	4				
RENVELA - sevelamer carbonate packet 0.8 gm	4				
RENVELA - sevelamer carbonate packet 2.4 gm	4				
tamsulosin hcl cap 0.4 mg	2			•	
terazosin hcl cap 1 mg	1			•	
terazosin hcl cap 2 mg	1			•	
terazosin hcl cap 5 mg	1			•	
terazosin hcl cap 10 mg	1			•	
tolterodine tartrate cap sr 24hr 2 mg	2			•	
tolterodine tartrate cap sr 24hr 4 mg	2			•	
tolterodine tartrate tab 1 mg	2			•	
tolterodine tartrate tab 2 mg	2			•	
TOVIAZ - fesoterodine fumarate tab sr 24hr 4 mg	3			•	
TOVIAZ - fesoterodine fumarate tab sr 24hr 8 mg	3			•	
trospium chloride cap sr 24hr 60 mg	2			•	
trospium chloride tab 20 mg	2			•	
VESICARE - solifenacin succinate tab 5 mg	3			•	
VESICARE - solifenacin succinate tab 10 mg	3			•	
Hormonal Agents, Stimulant/Replacement/ Modifying (Adrenal)					
CORTISONE ACETATE - cortisone acetate tab 25 mg	4				
DEXAMETHASONE - dexamethasone tab 1 mg	4				
DEXAMETHASONE - dexamethasone tab 2 mg	4				
dexamethasone elixir 0.5 mg/5ml	2				
dexamethasone sodium phosphate inj 4 mg/ml	2				
dexamethasone sodium phosphate inj 20 mg/5ml	2				
dexamethasone sodium phosphate inj 120 mg/30ml	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
dexamethasone tab 0.5 mg	1				
dexamethasone tab 0.75 mg	1				
dexamethasone tab 1.5 mg	1				
dexamethasone tab 4 mg	1				
dexamethasone tab 6 mg	1				
fludrocortisone acetate tab 0.1 mg	2				
H.P. ACTHAR - corticotropin inj gel 80 unit/ml*	5		•		
hydrocortisone tab 5 mg	2				
hydrocortisone tab 10 mg	2				
hydrocortisone tab 20 mg	2				
methylprednisolone sodium succinate for inj 40 mg	2				
methylprednisolone sodium succinate for inj 125 mg	2				
methylprednisolone sodium succinate for inj 1000 mg	2				
methylprednisolone tab 4 mg dose pack	2				
methylprednisolone tab 4 mg	2	X			
methylprednisolone tab 8 mg	2	X			
methylprednisolone tab 16 mg	2	X			
methylprednisolone tab 32 mg	2	X			
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	5		•		
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2	X			
prednisolone sod phosphate oral soln 15 mg/5ml	2	X			
prednisolone syrup 15 mg/5ml	2	X			
PREDNISONE - prednisone tab 50 mg	4	X			
PREDNISONE - prednisone oral soln 5 mg/5ml	4	X			
PREDNISONE - prednisone tab 5 mg dose pack	1				
PREDNISONE - prednisone tab 10 mg dose pack	1				
prednisone tab 1 mg	1	X			
prednisone tab 2.5 mg	1	X			
prednisone tab 5 mg	1	X			
prednisone tab 10 mg	1	X			
prednisone tab 20 mg	1	X			
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)					
chorionic gonadotropin for inj 10000 unit	2				
desmopressin acetate inj 4 mcg/ml	2				
desmopressin acetate nasal soln 0.01% (refrigerated)	2				
desmopressin acetate nasal spray soln 0.01%	2				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	2				
desmopressin acetate tab 0.1 mg	2				
desmopressin acetate tab 0.2 mg	2				
EGRIFTA - tesamorelin acetate for inj 1 mg*	5		•		
EGRIFTA - tesamorelin acetate for inj 2 mg*	5		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5				
OMNITROPE - somatropin for inj 5.8 mg	3		•		
OMNITROPE - somatropin inj 5 mg/1.5ml	5		•		
OMNITROPE - somatropin inj 10 mg/1.5ml	5		•		
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	4				
Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)					
ANADROL-50 - oxymetholone tab 50 mg	5		•		
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	3		•	•	
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	3		•	•	
ANDROGEL - testosterone td gel 25 mg/2.5gm (1%)	3		•	•	
ANDROGEL - testosterone td gel 50 mg/5gm (1%)	3		•	•	
ANDROGEL - testosterone td gel 20.25 mg/1.25gm (1.62%)	3		•	•	
ANDROGEL - testosterone td gel 40.5 mg/2.5gm (1.62%)	3		•	•	
ANDROGEL PUMP - testosterone td gel 12.5 mg/act (1%)	3		•	•	
ANDROGEL PUMP - testosterone td gel 20.25 mg/act (1.62%)	3		•	•	
ANDROID - methyltestosterone cap 10 mg	4		•		
ANDROXY - fluoxymesterone tab 10 mg	4		•		
AXIRON - testosterone td soln 30 mg/act	4		•	•	
danazol cap 50 mg	2		•		
danazol cap 100 mg	2		•		
danazol cap 200 mg	2		•		
DEPO-PROVERA - medroxyprogesterone acetate im susp 400 mg/ml	4				
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2				
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.02 mg	2				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2				
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4		•		
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4		•		
DIVIGEL - estradiol td gel 1 mg/ gm (0.1%)#	4		•		
drospirenone-ethinyl estradiol tab 3-0.02 mg	2				
drospirenone-ethinyl estradiol tab 3-0.03 mg	2				
ELLA - ulipristal acetate tab 30 mg	3				

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Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
ESTRACE - estradiol vaginal cream 0.1 mg/gm	4				
estradiol & norethindrone acetate tab 0.5-0.1 mg#	4		•		
estradiol & norethindrone acetate tab 1-0.5 mg#	4		•		
estradiol tab 0.5 mg#	4		•		
estradiol tab 1 mg#	4		•		
estradiol tab 2 mg#	4		•		
estradiol td patch weekly 0.025 mg/24hr#	4		•		
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#	4		•		
estradiol td patch weekly 0.05 mg/24hr#	4		•		
estradiol td patch weekly 0.06 mg/24hr#	4		•		
estradiol td patch weekly 0.075 mg/24hr#	4		•		
estradiol td patch weekly 0.1 mg/24hr#	4		•		
ESTROPIPATE - estropipate tab 3 mg#	4		•		
estropipate tab 0.75 mg#	4		•		
estropipate tab 1.5 mg#	4		•		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2				
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2				
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2				
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2				
medroxyprogesterone acetate im susp 150 mg/ml	2				
medroxyprogesterone acetate tab 2.5 mg	1				
medroxyprogesterone acetate tab 5 mg	1				
medroxyprogesterone acetate tab 10 mg	1				
megestrol acetate susp 40 mg/ml#	4		•		
megestrol acetate tab 20 mg#	4		•		
megestrol acetate tab 40 mg#	4		•		
MENEST - esterified estrogens tab 0.3 mg#	4		•		
MENEST - esterified estrogens tab 0.625 mg#	4		•		
MENEST - esterified estrogens tab 1.25 mg#	4		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
MENEST - esterified estrogens tab 2.5 mg#	4		•		
methyltestosterone cap 10 mg	2		•		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2				
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	2				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	2				
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2				
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	2				
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2				
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2				
norethindrone acetate tab 5 mg	2				
norethindrone tab 0.35 mg	2				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2				
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2				
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2				
oxandrolone tab 2.5 mg	2		•		
oxandrolone tab 10 mg	5		•		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3				
PREMARIN - estrogens, conjugated tab 0.3 mg#	4		•		
PREMARIN - estrogens, conjugated tab 0.45 mg#	4		•		
PREMARIN - estrogens, conjugated tab 0.625 mg#	4		•		
PREMARIN - estrogens, conjugated tab 0.9 mg#	4		•		
PREMARIN - estrogens, conjugated tab 1.25 mg#	4		•		
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	4		•		
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	4		•		
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	4		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	4		•		
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	4		•		
raloxifene hcl tab 60 mg	2				
testosterone cypionate im inj in oil 100 mg/ml	2		•		
testosterone cypionate im inj in oil 200 mg/ml	2		•		
testosterone enanthate im inj in oil 200 mg/ml	2		•		
VAGIFEM - estradiol vaginal tab 10 mcg	3				
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)					
levothyroxine sodium tab 25 mcg	1				
levothyroxine sodium tab 50 mcg	1				
levothyroxine sodium tab 75 mcg	1				
levothyroxine sodium tab 88 mcg	1				
levothyroxine sodium tab 100 mcg	1				
levothyroxine sodium tab 112 mcg	1				
levothyroxine sodium tab 125 mcg	1				
levothyroxine sodium tab 137 mcg	1				
levothyroxine sodium tab 150 mcg	1				
levothyroxine sodium tab 175 mcg	1				
levothyroxine sodium tab 200 mcg	1				
levothyroxine sodium tab 300 mcg	1				
liothyronine sodium tab 5 mcg	2				
liothyronine sodium tab 25 mcg	2				
liothyronine sodium tab 50 mcg	2				
SYNTHROID - levothyroxine sodium tab 25 mcg	4				
SYNTHROID - levothyroxine sodium tab 50 mcg	4				
SYNTHROID - levothyroxine sodium tab 75 mcg	4				
SYNTHROID - levothyroxine sodium tab 88 mcg	4				
SYNTHROID - levothyroxine sodium tab 100 mcg	4				
SYNTHROID - levothyroxine sodium tab 112 mcg	4				
SYNTHROID - levothyroxine sodium tab 125 mcg	4				
SYNTHROID - levothyroxine sodium tab 137 mcg	4				
SYNTHROID - levothyroxine sodium tab 150 mcg	4				
SYNTHROID - levothyroxine sodium tab 175 mcg	4				
SYNTHROID - levothyroxine sodium tab 200 mcg	4				
SYNTHROID - levothyroxine sodium tab 300 mcg	4				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
Hormonal Agents, Suppressant (Adrenal)					
LYSODREN - mitotane tab 500 mg	3				
Hormonal Agents, Suppressant (Parathyroid)					
SENSIPAR - cinacalcet hcl tab 30 mg	3		•		
SENSIPAR - cinacalcet hcl tab 60 mg	3		•		
SENSIPAR - cinacalcet hcl tab 90 mg	3		•		
Hormonal Agents, Suppressant (Pituitary)					
bromocriptine mesylate cap 5 mg	2				
bromocriptine mesylate tab 2.5 mg	2				
cabergoline tab 0.5 mg	2				
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4				
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4				
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4				
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	5				
FIRMAGON - degarelix acetate for inj 80 mg	4				
FIRMAGON - degarelix acetate for inj 120 mg	5				
leuprolide acetate inj kit 5 mg/ml	2				
LUPRON DEPOT - leuprolide acetate for inj kit 3.75 mg	5				
LUPRON DEPOT - leuprolide acetate for inj kit 7.5 mg	5				
LUPRON DEPOT - leuprolide acetate (3 month) for inj kit 11.25 mg	5				
LUPRON DEPOT - leuprolide acetate (3 month) for inj kit 22.5 mg	5				
LUPRON DEPOT - leuprolide acetate (4 month) for inj kit 30 mg	5				
LUPRON DEPOT - leuprolide acetate (6 month) for inj kit 45 mg	5				
LUPRON DEPOT-PED - leuprolide acetate for inj pediatric kit 7.5 mg	5				
LUPRON DEPOT-PED - leuprolide acetate for inj pediatric kit 11.25 mg	5				
LUPRON DEPOT-PED - leuprolide acetate for inj pediatric kit 15 mg	5				
LUPRON DEPOT-PED - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5				
LUPRON DEPOT-PED - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5				
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	2		•		
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	2		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	2		•		
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5		•		
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5		•		
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5		•		
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5		•		
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5		•		
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml*	5		•		
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml*	5		•		
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml*	5		•		
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5		•		
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5		•		
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5		•		
SOMAVERT - pegvisomant for inj 10 mg*	5		•		
SOMAVERT - pegvisomant for inj 15 mg*	5		•		
SOMAVERT - pegvisomant for inj 20 mg*	5		•		
SOMAVERT - pegvisomant for inj 25 mg*	5		•		
SOMAVERT - pegvisomant for inj 30 mg*	5		•		
SYNAREL - nafarelin acetate nasal soln 2 mg/ml	5				
TRELSTAR - triptorelin pamoate for im susp 3.75 mg	5				
TRELSTAR - triptorelin pamoate for im susp 11.25 mg	5				
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	5				
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5				
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5				
Hormonal Agents, Suppressant (Thyroid)					
methimazole tab 5 mg	1				
methimazole tab 10 mg	1				
propylthiouracil tab 50 mg	2				
Immunological Agents					
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	4				
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5				
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	4				
ARCALYST - rilonacept for inj 220 mg*	5		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	X			
AZASAN - azathioprine tab 75 mg	4	X			
AZASAN - azathioprine tab 100 mg	4	X			
azathioprine tab 50 mg	2	X			
BCG VACCINE - bcg vaccine inj	4				
BEXSERO - meningococcal vac b (recomb adsorbed) inj prefilled syringe	4				
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	4				
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	5	X			
CELLCEPT INTRAVENOUS - mycophenolate mofetil hcl for iv soln 500 mg	4	X			
CERVARIX - human papillomavirus (hpv) bival (type 16, 18) recmb vac inj	4				
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5		•	•	
COMVAX - haemophilus b polysac conj-hepatitis b (recomb) vac im susp	4				
CUPRIMINE - penicillamine cap 250 mg	3				
cyclosporine cap 25 mg	2	X			
cyclosporine cap 100 mg	2	X			
cyclosporine iv soln 50 mg/ml	2	X			
CYCLOSPORINE MODIFIED - cyclosporine modified cap 50 mg	4	X			
cyclosporine modified cap 25 mg	2	X			
cyclosporine modified cap 100 mg	2	X			
cyclosporine modified oral soln 100 mg/ml	2	X			
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-10 mcg-5 lf/0.5ml	4				
DEPEN TITRATABS - penicillamine tab 250 mg	4				
DIPHTHERIA/TETANUS TOXOID - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	4				
ELIDEL - pimecrolimus cream 1%	4				•
ENBREL - etanercept for subcutaneous inj kit 25 mg	5		•		
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5		•		
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5		•		
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5		•		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	4	X			
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	4	X			

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
FIRAZYR - icatibant acetate inj 30 mg/3ml	5		•	•	
GAMMAPLEX - immune globulin (human) iv soln 2.5 gm/50ml	5	X	•		
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	X	•		
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	X	•		
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	X	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	3	X	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	3	X	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	3	X	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	3	X	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	3	X	•		
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	3	X	•		
GARDASIL - human papillomavirus (hpv) quadrivalent recombinant vac inj	4				
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	4				
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	4				
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	4				
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	4				
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	4				
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	5		•		
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.4ml	5		•		
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5		•		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 40 mg/0.8ml	5		•		
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5		•		
HUMIRA PEN-CROHNS DISEASE STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5		•		
HUMIRA PEN-PSORIASIS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5		•		

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
ILARIS - canakinumab for inj 180 mg*	5		•		
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	3	X			
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	4				
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	4				
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	4				
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5		•		
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4				
leflunomide tab 10 mg	2				
leflunomide tab 20 mg	2				
M-M-R II - measles, mumps & rubella virus vaccines for inj	4				
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	4				
MENOMUNE-A/C/Y/W-135 - meningococcal vaccine a, c, y, and w-135 inj	4				
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	4				
methotrexate sodium for inj 1 gm	2				
methotrexate sodium inj pf 25 mg/ml	1				
methotrexate sodium inj 25 mg/ml	1				
methotrexate sodium tab 2.5 mg	2	X			
mycophenolate mofetil cap 250 mg	2	X			
mycophenolate mofetil for oral susp 200 mg/ml	5	X			
mycophenolate mofetil tab 500 mg	2	X			
mycophenolate sodium tab dr 180 mg	2	X			
mycophenolate sodium tab dr 360 mg	2	X			
NULOJIX - belatacept for iv infusion 250 mg	5	X			
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	4				
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	4				
PROGRAF - tacrolimus inj 5 mg/ml	4	X			
PROQUAD - measles-mumps-rubella-varicella virus vaccines for inj	4				
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4				
RABAVERT - rabies vaccine, pcec for inj	4	X			
RAPAMUNE - sirolimus oral soln 1 mg/ml	5	X			

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RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	4	X			
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	4	X			
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	4	X			
REMICADE - infliximab for iv inj 100 mg	5		•		
RIDAURA - auranofin cap 3 mg	4				
ROTARIX - rotavirus vaccine, live for oral susp	4				
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	4				
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	X			
SIMULECT - basiliximab for iv soln 10 mg	5	X			
SIMULECT - basiliximab for iv soln 20 mg	5	X			
sirolimus tab 0.5 mg	2	X			
sirolimus tab 1 mg	2	X			
sirolimus tab 2 mg	5	X			
SYNAGIS - palivizumab im soln 50 mg/0.5ml	5				
SYNAGIS - palivizumab im soln 100 mg/ml	5				
tacrolimus cap 0.5 mg	2	X			
tacrolimus cap 1 mg	2	X			
tacrolimus cap 5 mg	2	X			

Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3				
TETANUS/DIPHTHERIA TOXOID - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3				
THALOMID - thalidomide cap 50 mg	5		•	•	
THALOMID - thalidomide cap 100 mg	5		•	•	
THALOMID - thalidomide cap 150 mg	5		•	•	
THALOMID - thalidomide cap 200 mg	5		•	•	
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	X			
TRUMENBA - meningococcal group b vaccine im susp prefilled syringe	4				
TWINRIX - hepatitis a (inact)-hep b (recomb) vac inj 720-20 elu-mcg/ml	4				
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	4				
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5		•		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	4				
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	4				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	4				
YF-VAX - yellow fever vaccine subcutaneous inj	4				
ZORTRESS - everolimus tab 0.25 mg	4	X			
ZORTRESS - everolimus tab 0.5 mg	5	X			
ZORTRESS - everolimus tab 0.75 mg	5	X			
ZOSTAVAX - zoster vaccine live for inj 19400 unit/0.65ml	4			•	
Inflammatory Bowel Disease Agents					
APRISO - mesalamine cap sr 24hr 0.375 gm	4				
ASACOL HD - mesalamine tab delayed release 800 mg	3				
balsalazide disodium cap 750 mg	2				
budesonide cap sr 24hr 3 mg	5				
CANASA - mesalamine suppos 1000 mg	3				
CORTIFOAM - hydrocortisone acetate rectal foam 10% (90 mg/dose)	4				
DELZICOL - mesalamine cap dr 400 mg	3				
DIPENTUM - olsalazine sodium cap 250 mg	4				
hydrocortisone enema 100 mg/60ml	2				
hydrocortisone rectal cream 1%	2				
hydrocortisone rectal cream 2.5%	2				
LIALDA - mesalamine tab delayed release 1.2 gm	4				
mesalamine enema 4 gm	2				
PENTASA - mesalamine cap cr 250 mg	4				
PENTASA - mesalamine cap cr 500 mg	4				
sulfasalazine tab delayed release 500 mg	2				
sulfasalazine tab 500 mg	2				
Metabolic Bone Disease Agents					
alendronate sodium tab 5 mg	1			•	
alendronate sodium tab 10 mg	1			•	
alendronate sodium tab 35 mg	1			•	
alendronate sodium tab 70 mg	1			•	
ATELVIA - risedronate sodium tab delayed release 35 mg	3			•	
calcitonin (salmon) nasal soln 200 unit/act	2				
calcitriol cap 0.25 mcg	2				
calcitriol cap 0.5 mcg	2				
calcitriol inj 1 mcg/ml	2				
calcitriol oral soln 1 mcg/ml	2				
ETIDRONATE DISODIUM - etidronate disodium tab 200 mg	4				
ETIDRONATE DISODIUM - etidronate disodium tab 400 mg	4				
FORTEO - teriparatide (recombinant) inj 600 mcg/2.4ml	5		•		

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FORTICAL - calcitonin (salmon) nasal soln 200 unit/act	4				
ibandronate sodium iv soln 3 mg/3ml	2				
ibandronate sodium tab 150 mg	2			•	
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	4				
paricalcitol cap 1 mcg	2				
paricalcitol cap 2 mcg	2				
paricalcitol cap 4 mcg	2				
paricalcitol iv soln 2 mcg/ml	2				
paricalcitol iv soln 5 mcg/ml	2				
PROLIA - denosumab inj 60 mg/ml	4		•		
risedronate sodium tab delayed release 35 mg	2			•	
risedronate sodium tab 5 mg	2			•	
risedronate sodium tab 30 mg	2			•	
risedronate sodium tab 35 mg	2			•	
risedronate sodium tab 150 mg	2			•	
XGEVA - denosumab inj 120 mg/1.7ml	5				
ZEMPLAR - paricalcitol iv soln 2 mcg/ml	3				
ZEMPLAR - paricalcitol iv soln 5 mcg/ml	3				
zoledronic acid inj conc for iv infusion 4 mg/5ml	2				
zoledronic acid iv soln 5 mg/100ml	2				
ZOMETA - zoledronic acid iv soln 4 mg/100ml	5				
Ophthalmic Agents					
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	4				
azelastine hcl ophth soln 0.05%	2				
AZOPT - brinzolamide ophth susp 1%	4				
BACITRACIN - bacitracin ophth oint 500 unit/gm	4				
bacitracin-polymyxin b ophth oint	2				
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2				
BESIVANCE - besifloxacin hcl ophth susp 0.6%	4				
betaxolol hcl ophth soln 0.5%	2				
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4				
brimonidine tartrate ophth soln 0.15%	2				
brimonidine tartrate ophth soln 0.2%	2				
bromfenac sodium ophth soln 0.09% (once-daily)	2				
carteolol hcl ophth soln 1%	1				
ciprofloxacin hcl ophth soln 0.3%	2				
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3				
cromolyn sodium ophth soln 4%	1				
dexamethasone sodium phosphate ophth soln 0.1%	2				

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Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
diclofenac sodium ophth soln 0.1%	2				
dorzolamide hcl ophth soln 2%	2				
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2				
DUREZOL - difluprednate ophth emulsion 0.05%	3				
epinastine hcl ophth soln 0.05%	2				
erythromycin ophth oint 5 mg/gm	2				
fluorometholone ophth susp 0.1%	1				
flurbiprofen sodium ophth soln 0.03%	2				
gentamicin sulfate ophth oint 0.3%	2				
gentamicin sulfate ophth soln 0.3%	2				
ILEVRO - nepafenac ophth susp 0.3%	3				
ISTALOL - timolol maleate ophth soln 0.5% (once-daily)	4				
ketorolac tromethamine ophth soln 0.4%	2				
ketorolac tromethamine ophth soln 0.5%	2				
LACRISERT - artificial tear ophth insert	4				
latanoprost ophth soln 0.005%	2				
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.25%	4				
levobunolol hcl ophth soln 0.5%	2				
LOTEMAX - loteprednol etabonate ophth susp 0.5%	3				
LOTEMAX - loteprednol etabonate ophth gel 0.5%	3				
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3				
LUMIGAN - bimatoprost ophth soln 0.01%	3				
MOXEZA - moxifloxacin hcl ophth soln 0.5% (2 times daily)	4				
NAPHAZOLINE HCL - naphazoline hcl ophth soln 0.1%	4				
NATACYN - natamycin ophth susp 5%	4				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2				
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2				
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2				
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2				
NEVANAC - nepafenac ophth susp 0.1%	3				
ofloxacin ophth soln 0.3%	1				
PATADAY - olopatadine hcl ophth soln 0.2%	3				
PATANOL - olopatadine hcl ophth soln 0.1%	4				

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PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	4				
pilocarpine hcl ophth soln 1%	2				
pilocarpine hcl ophth soln 2%	2				
pilocarpine hcl ophth soln 4%	2				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1				
prednisolone acetate ophth susp 1%	2				
PROLENSA - bromfenac sodium ophth soln 0.07%	4				
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3				
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3				
sulfacetamide sodium ophth soln 10%	2				
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2				
timolol maleate ophth gel forming soln 0.25%	2				
timolol maleate ophth gel forming soln 0.5%	2				
timolol maleate ophth soln 0.25%	1				
timolol maleate ophth soln 0.5%	1				
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4				
tobramycin ophth soln 0.3%	2				
tobramycin-dexamethasone ophth susp 0.3-0.1%	2				
TRAVATAN Z - travoprost ophth soln 0.004%	3				
trifluridine ophth soln 1%	2				
VIGAMOX - moxifloxacin hcl ophth soln 0.5%	3				
Otic Agents					
acetic acid otic soln 2%	2				
ACETIC ACID/ALUMINUM ACETATE - acetic acid 2% in aluminum acetate otic soln	4				
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4				
fluocinolone acetonide (otic) oil 0.01%	2				
hydrocortisone w/ acetic acid otic soln 1-2%	2				
neomycin-polymyxin-hc otic soln 1%	2				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2				
ofloxacin otic soln 0.3%	2				
Respiratory Tract/Pulmonary Agents					
acetylcysteine inhal soln 10%	2	X			
acetylcysteine inhal soln 20%	2	X			
ADCIRCA - tadalafil tab 20 mg	5		•	•	
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	3			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	3			•	
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	3			•	
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3			•	
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3			•	
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3			•	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	X			
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	X			
albuterol sulfate soln nebu 0.63 mg/3ml	2	X			
albuterol sulfate soln nebu 1.25 mg/3ml	2	X			
albuterol sulfate syrup 2 mg/5ml	1				
albuterol sulfate tab sr 12hr 4 mg	2				
albuterol sulfate tab sr 12hr 8 mg	2				
albuterol sulfate tab 2 mg	2				
albuterol sulfate tab 4 mg	2				
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3			•	
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3			•	
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3			•	
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3			•	
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3			•	
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3			•	
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3			•	
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3			•	
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3			•	
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3			•	
ASMANEX TWISTHALER 7 METERED DOSES -	3			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
mometasone furoate inhal powd 110 mcg/inh					
ASTEPRO - azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	3			•	
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4			•	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2			•	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	2			•	
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	3			•	
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	3			•	
caffeine citrate oral soln 60 mg/3ml	2				
clemastine fumarate tab 2.68 mg#	4		•		
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4			•	
cromolyn sodium soln nebu 20 mg/2ml	2	X			
DALIRESP - roflumilast tab 500 mcg	4			•	
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	4			•	
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	4			•	
EPIPEN 2-PAK - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3				
EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3				
ESBRIET - pirfenidone cap 267 mg	5		•	•	
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/ blister	3			•	
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister	3			•	
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister	3			•	
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3			•	
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3			•	
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3			•	
fluticasone propionate nasal susp 50 mcg/act	2			•	
FORADIL AEROLIZER - formoterol fumarate inhal cap 12 mcg	3			•	
GRASTEK - timothy grass pollen allergen ext tab sl 2800 bau	4		•	•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
hydroxyzine hcl syrup 10 mg/5ml#	4		•		
hydroxyzine hcl tab 10 mg#	4		•		
hydroxyzine hcl tab 25 mg#	4		•		
hydroxyzine hcl tab 50 mg#	4		•		
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	3			•	
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2			•	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2			•	
KALYDECO - ivacaftor tab 150 mg	5			•	
KALYDECO - ivacaftor packet 50 mg	5			•	
KALYDECO - ivacaftor packet 75 mg	5			•	
LETAIRIS - ambrisentan tab 5 mg*	5		•	•	
LETAIRIS - ambrisentan tab 10 mg*	5		•	•	
levocetirizine dihydrochloride tab 5 mg	2				
montelukast sodium chew tab 4 mg	2				
montelukast sodium chew tab 5 mg	2				
montelukast sodium oral granules packet 4 mg	2				
montelukast sodium tab 10 mg	2				
NASONEX - mometasone furoate nasal susp 50 mcg/act	3			•	
OFEV - nintedanib esylate cap 100 mg	5		•	•	
OFEV - nintedanib esylate cap 150 mg	5		•	•	
olopatadine hcl nasal soln 0.6%	2			•	
OPSUMIT - macitentan tab 10 mg*	5		•	•	
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg	5		•	•	
PATANASE - olopatadine hcl nasal soln 0.6%	4			•	
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act	3			•	
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act	3			•	
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5				
promethazine hcl suppos 12.5 mg#	4		•		
promethazine hcl suppos 25 mg#	4		•		
promethazine hcl syrup 6.25 mg/5ml#	4		•		
promethazine hcl tab 12.5 mg#	4		•		
promethazine hcl tab 25 mg#	4		•		
promethazine hcl tab 50 mg#	4		•		
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	X			
QVAR - beclomethasone diprop inhal aero soln 40 mcg/act (50/ valve)	3			•	

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
QVAR - beclomethasone diprop inhal aero soln 80 mcg/act (100/ valve)	3			•	
RAGWITEK - short ragweed pollen allergen extract tab sl 12 amb a 1-u	4		•	•	
REMODULIN - treprostinil sodium inj 1 mg/ml*	5	X			
REMODULIN - treprostinil sodium inj 2.5 mg/ml*	5	X			
REMODULIN - treprostinil sodium inj 5 mg/ml*	5	X			
REMODULIN - treprostinil sodium inj 10 mg/ml*	5	X			
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/ dose	3			•	
sildenafil citrate tab 20 mg	2		•	•	
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3			•	
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3			•	
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3			•	
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3			•	
terbutaline sulfate tab 2.5 mg	2				
terbutaline sulfate tab 5 mg	2				
theophylline tab sr 12hr 100 mg	1				
theophylline tab sr 12hr 200 mg	1				
theophylline tab sr 12hr 300 mg	1				
theophylline tab sr 12hr 450 mg	1				
theophylline tab sr 24hr 400 mg	2				
theophylline tab sr 24hr 600 mg	2				
tobramycin nebu soln 300 mg/5ml	5	X			
TRACLEER - bosentan tab 62.5 mg*	5		•	•	
TRACLEER - bosentan tab 125 mg*	5		•	•	
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	2			•	
TYZINE PEDIATRIC NASAL DROPS - tetrahydrozoline hcl nasal soln 0.05%	4				
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3			•	
XOLAIR - omalizumab for inj 150 mg*	5		•		
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4			•	
zafirlukast tab 10 mg	2				
zafirlukast tab 20 mg	2				
Skeletal Muscle Relaxants					
cyclobenzaprine hcl tab 5 mg#	4				•
cyclobenzaprine hcl tab 7.5 mg#	4				•
cyclobenzaprine hcl tab 10 mg#	4				•
methocarbamol tab 500 mg#	4				•
methocarbamol tab 750 mg#	4				•

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
Sleep Disorder Agents					
HETLIOZ - tasimelteon capsule 20 mg	5		•	•	
modafinil tab 100 mg	2		•	•	
modafinil tab 200 mg	5		•	•	
NUVIGIL - armodafinil tab 50 mg	4		•	•	
NUVIGIL - armodafinil tab 150 mg	4		•	•	
NUVIGIL - armodafinil tab 200 mg	4		•	•	
NUVIGIL - armodafinil tab 250 mg	4		•	•	
SILENOR - doxepin hcl tab 3 mg	3			•	
SILENOR - doxepin hcl tab 6 mg	3			•	
XYREM - sodium oxybate oral solution 500 mg/ml*	5		•	•	
zaleplon cap 5 mg#	3			•	
zaleplon cap 10 mg#	3			•	
zolpidem tartrate tab 5 mg#	4			•	
zolpidem tartrate tab 10 mg#	4			•	
Therapeutic Nutrients/Minerals/Electrolytes					
amino acid infusion 6%	2	X			
amino acid infusion 8%	2	X			
amino acid infusion 15%	2	X			
CHEMET - succimer cap 100 mg	4				
CUPRIMINE - penicillamine cap 250 mg	3				
DEPEN TITRATABS - penicillamine tab 250 mg	4				
dextrose inj 5%	2				
dextrose inj 10%	2				
dextrose 5% in lactated ringers	2				
dextrose 2.5% w/ sodium chloride 0.45%	2				
dextrose 5% w/ sodium chloride 0.2%	2				
dextrose 5% w/ sodium chloride 0.33%	2				
dextrose 5% w/ sodium chloride 0.45%	2				
dextrose 5% w/ sodium chloride 0.9%	2				
electrolyte-m in d5w soln	2				
EXJADE - deferasirox tab for oral susp 125 mg*	5				
EXJADE - deferasirox tab for oral susp 250 mg*	5				
EXJADE - deferasirox tab for oral susp 500 mg*	5				
fat emulsion iv soln 20%	2	X			
fomepizole inj 1 gm/ml (for iv infusion)	5				
JADENU - deferasirox tab 90 mg	5				
JADENU - deferasirox tab 180 mg	5				
JADENU - deferasirox tab 360 mg	5				
KCL 0.15%/D5W/LR - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4				
KCL 0.3%/D5W/LR IV LAC RI - potassium chloride 40 meq/l (0.3%) in d5w lactated ringers	4				
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	2				

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Drug Name	Drug Tier	Requirements/ Limits: B or D	Prior Authorization	Quantity Limits †	Step Therapy
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	2				
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj	2				
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	2				
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	2				
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	2				
lactated ringer's solution	2				
levocarnitine oral soln 1 gm/10ml (10%)	2				
levocarnitine tab 330 mg	2				
potassium chloride cap cr 8 meq	2				
potassium chloride cap cr 10 meq	2				
potassium chloride microencapsulated crys cr tab 10 meq	2				
potassium chloride microencapsulated crys cr tab 20 meq	2				
potassium chloride tab cr 8 meq (600 mg)	2				
potassium chloride tab cr 10 meq	2				
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	2				
potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	2				
potassium citrate tab cr 5 meq (540 mg)	2				
potassium citrate tab cr 10 meq (1080 mg)	2				
potassium citrate tab cr 15 meq (1620 mg)	2				
SAMSCA - tolvaptan tab 15 mg	5		•		
SAMSCA - tolvaptan tab 30 mg	5		•		
sodium chloride inj 0.45%	2				
sodium chloride irrigation soln 0.9%	2				
sodium chloride iv soln 0.9%	2				
sodium polystyrene sulfonate oral susp 15 gm/60ml	2				
sodium polystyrene sulfonate powder	2				
sodium polystyrene sulfonate rectal susp 30 gm/120ml	2				
SYPRINE - trientine hcl cap 250 mg	5				
water for irrigation, sterile irrigation soln	1				

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2015 Quantity Limits

Drug Name	Monthly Limit (unless otherwise noted)
abacavir 300 mg	60 tablets
abacavir/lamivudine/zidovudine 300-150-300 mg	60 tablets
ABILIFY MAINTENA 300 mg	1 syringe or 1 vial
ABILIFY MAINTENA 400 mg	1 vial
ABILIFY 10 mg	30 tablets
ABILIFY 15 mg	30 tablets
ABILIFY 2 mg	30 tablets
ABILIFY 20 mg	30 tablets
ABILIFY 30 mg	30 tablets
ABILIFY 5 mg	30 tablets
ABSTRAL SUB 100 mcg	120 tablets
ABSTRAL SUB 200 mcg	120 tablets
ABSTRAL SUB 300 mcg	120 tablets
ABSTRAL SUB 400 mcg	120 tablets
ABSTRAL SUB 600 mcg	120 tablets
ABSTRAL SUB 800 mcg	120 tablets
acarbose 100 mg	90 tablets
acarbose 25 mg	360 tablets
acarbose 50 mg	180 tablets
acetaminophen/codeine 120-12 mg/5 mL soln	2700 mL
acetaminophen/codeine 300-15 mg	360 tablets
acetaminophen/codeine 300-30 mg	360 tablets
acetaminophen/codeine 300-60 mg	180 tablets
ADCIRCA 20 mg	60 tablets
ADVAIR DISKUS 100/50	1 package of 60
ADVAIR DISKUS 250/50	1 package of 60
ADVAIR DISKUS 500/50	1 package of 60
ADVAIR HFA 115/21	1 canister
ADVAIR HFA 230/21	1 canister
ADVAIR HFA 45/21	1 canister
AFINITOR DISPERZ 2 mg	60 tablets
AFINITOR DISPERZ 3 mg	90 tablets
AFINITOR DISPERZ 5 mg	60 tablets
AFINITOR 10 mg	30 tablets
AFINITOR 2.5 mg	30 tablets
AFINITOR 5 mg	30 tablets
AFINITOR 7.5 mg	30 tablets
alendronate 10 mg	120 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
alendronate 35 mg	4 tablets per 28 days
alendronate 5 mg	30 tablets
alendronate 70 mg	4 tablets per 28 days
alfuzosin 10 mg	30 tablets
amlodipine besylate/valsartan 10-160 mg	30 tablets
amlodipine besylate/valsartan 10-320 mg	30 tablets
amlodipine besylate/valsartan 5-160 mg	30 tablets
amlodipine besylate/valsartan 5-320 mg	30 tablets
amlodipine/valsartan/hydrochlorothiazide 10-160-12.5 mg	30 tablets
amlodipine/valsartan/hydrochlorothiazide 10-160-25 mg	30 tablets
amlodipine/valsartan/hydrochlorothiazide 10-320-25 mg	30 tablets
amlodipine/valsartan/hydrochlorothiazide 5-160-12.5 mg	30 tablets
amlodipine/valsartan/hydrochlorothiazide 5-160-25 mg	30 tablets
amphetamine/dextroamphetamine ER 10 mg	30 capsules
amphetamine/dextroamphetamine ER 15 mg	30 capsules
amphetamine/dextroamphetamine ER 20 mg	30 capsules
amphetamine/dextroamphetamine ER 25 mg	30 capsules
amphetamine/dextroamphetamine ER 30 mg	30 capsules
amphetamine/dextroamphetamine ER 5 mg	30 capsules
ANDRODERM 2 mg/24 hour	30 patches
ANDRODERM 4 mg/24 hour	30 patches
ANDROGEL PUMP 1.62%	2 pump bottles
ANDROGEL PUMP 1%	4 pump bottles
ANDROGEL 1.62% (20.25 mg/ 1.25 gm)	30 packets
ANDROGEL 1.62% (40.5 mg/ 2.5 gm)	60 packets
ANDROGEL 1% (25 mg/ 2.5 gm)	60 packets
ANDROGEL 1% (50 mg/ 5 gm)	60 packets
ANORO ELLIPTA	1 package
APTIVUS 100 mg/mL soln	380 mL
APTIVUS 250 mg	120 capsules
ARIPIPRAZOLE ODT 10 mg	60 tablets
ARIPIPRAZOLE ODT 15 mg	60 tablets
aripiprazole 1 mg/mL oral soln	750 mL
aripiprazole 10 mg	30 tablets
aripiprazole 15 mg	30 tablets
aripiprazole 2 mg	30 tablets
aripiprazole 20 mg	30 tablets
aripiprazole 30 mg	30 tablets
aripiprazole 5 mg	30 tablets
ARNUITY ELLIPTA inh 100 mcg	30 blisters

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
ARNUITY ELLIPTA inh 200 mcg	30 blisters
ascomp/codeine 30 mg	180 capsules
ASMANEX HFA 100 mcg/act	1 canister
ASMANEX HFA 200 mcg/act	1 canister
ASMANEX TWISTHALER 120 (220 mcg)	1 canister
ASMANEX TWISTHALER 14 (220 mcg)	1 canister
ASMANEX TWISTHALER 30 (110 mcg)	1 canister
ASMANEX TWISTHALER 30 (220 mcg)	1 canister
ASMANEX TWISTHALER 60 (220 mcg)	1 canister
ASMANEX TWISTHALER 7 (110 mcg)	1 canister
ASTEPRO 0.15%	2 bottles
ATELVIA 35 mg	4 tablets per 28 days
atorvastatin 10 mg	45 tablets
atorvastatin 20 mg	45 tablets
atorvastatin 40 mg	45 tablets
atorvastatin 80 mg	30 tablets
ATRIPLA 600-200-300 mg	30 tablets
ATROVENT HFA 17 mcg	2 canisters
AVODART 0.5 mg	30 capsules
AVONEX KIT 30 mcg	1 kit per 28 days
AVONEX PEN KIT 30 mcg	1 kit per 28 days
AXIRON soln 30 mg/act	2 pump bottles
azelastine 0.1% nasal spray	2 bottles
azelastine 0.15% nasal spray	2 bottles
AZOR 10-20 mg	30 tablets
AZOR 10-40 mg	30 tablets
AZOR 5-20 mg	30 tablets
AZOR 5-40 mg	30 tablets
BENICAR HCT 20-12.5 mg	30 tablets
BENICAR HCT 40-12.5 mg	30 tablets
BENICAR HCT 40-25 mg	30 tablets
BENICAR 20 mg	30 tablets
BENICAR 40 mg	30 tablets
BENICAR 5 mg	60 tablets
BETASERON 0.3 mg	15 vials/syringes
BOSULIF 100 mg	120 tablets
BOSULIF 500 mg	30 tablets
BREO ELLIPTA 100-25 mcg/inh	1 package
BREO ELLIPTA 200-25 mcg/inh	1 package

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
BRINTELLIX 10 mg	30 tablets
BRINTELLIX 20 mg	30 tablets
BRINTELLIX 5 mg	30 tablets
budeprion SR 150 mg	60 tablets
bupropion ER 100 mg	60 tablets
bupropion ER 150 mg	60 tablets
bupropion ER 200 mg	60 tablets
bupropion SR 100 mg	60 tablets
bupropion SR 150 mg	60 tablets
bupropion SR 200 mg	60 tablets
bupropion XL 150 mg	30 tablets
bupropion XL 300 mg	30 tablets
bupropion 100 mg	120 tablets
bupropion 75 mg	60 tablets
butalbital/acetaminophen/caffeine w/ codeine 50-300-40-30 mg	180 capsules
butalbital/acetaminophen/caffeine w/ codeine 50-325-40-30 mg	180 capsules
butalbital/aspirin/caffeine w/ codeine 50-325-40-30 mg	180 capsules
BUTRANS 10 mcg/hr	4 patches per 28 days
BUTRANS 15 mcg/hr	4 patches per 28 days
BUTRANS 20 mcg/hr	4 patches per 28 days
BUTRANS 5 mcg/hr	4 patches per 28 days
BUTRANS 7.5 mcg/hr	4 patches per 28 days
BYDUREON PEN 2 mg	4 vials per 28 days
BYDUREON 2 mg	4 vials per 28 days
candesartan 16 mg	60 tablets
candesartan 32 mg	30 tablets
candesartan 4 mg	60 tablets
candesartan 8 mg	60 tablets
candesartan/hydrochlorothiazide 16-12.5 mg	30 tablets
candesartan/hydrochlorothiazide 32-12.5 mg	30 tablets
candesartan/hydrochlorothiazide 32-25 mg	30 tablets
CAPRELSA 100 mg	60 tablets
CAPRELSA 300 mg	30 tablets
CELEBREX 100 mg	60 capsules
CELEBREX 200 mg	60 capsules
CELEBREX 400 mg	30 capsules
CELEBREX 50 mg	60 capsules
celecoxib 100 mg	60 capsules
celecoxib 200 mg	60 capsules
celecoxib 400 mg	30 capsules

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
celecoxib 50 mg	60 capsules
CHANTIX PAK 0.5 mg & 1 mg	336 tablets or amount dispensed up to 168 days of therapy per 365 days
CHANTIX PAK 1 mg	336 tablets or amount dispensed up to 168 days of therapy per 365 days
CHANTIX 0.5 mg	336 tablets or amount dispensed up to 168 days of therapy per 365 days
CHANTIX 1 mg	336 tablets or amount dispensed up to 168 days of therapy per 365 days
CINRYZE	20 vials or 100 mL
citalopram 10 mg	30 tablets
citalopram 10 mg/5 mL soln	600 mL
citalopram 20 mg	30 tablets
citalopram 40 mg	30 tablets
clonazepam ODT 0.125 mg	90 tablets
clonazepam ODT 0.25 mg	90 tablets
clonazepam ODT 0.5 mg	90 tablets
clonazepam ODT 1 mg	90 tablets
clonazepam ODT 2 mg	300 tablets
clonazepam 0.5 mg	90 tablets
clonazepam 1 mg	90 tablets
clonazepam 2 mg	300 tablets
clonidine ER 0.1 mg	120 tablets
clorazepate dipotassium 15 mg	180 tablets
clorazepate dipotassium 3.75 mg	90 tablets
clorazepate dipotassium 7.5 mg	90 tablets
clozapine 100 mg	270 tablets
clozapine 200 mg	120 tablets
clozapine 25 mg	90 tablets
clozapine 50 mg	90 tablets
codeine sulfate 15 mg	180 tablets
codeine sulfate 30 mg	180 tablets
codeine sulfate 60 mg	180 tablets
COMBIVENT RESPIMAT	2 canisters
COMETRIQ KIT 100 mg	56 capsules per 28 days
COMETRIQ KIT 140 mg	112 capsules per 28 days
COMETRIQ KIT 60 mg	84 capsules per 28 days

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
COMPLERA 200-25-300 mg	30 tablets
COPAXONE soln prefilled syringe 20 mg/mL	30 syringes
COPAXONE soln prefilled syringe 40 mg/mL	12 syringes per 28 days
CORLANOR 5 mg	60 tablets
CORLANOR 7.5 mg	60 tablets
CRESTOR 10 mg	45 tablets
CRESTOR 20 mg	45 tablets
CRESTOR 40 mg	30 tablets
CRESTOR 5 mg	45 tablets
CRIXIVAN 200 mg	270 capsules
CRIXIVAN 400 mg	180 capsules
CYCLOSET 0.8 mg	180 tablets
DALIRESP 500 mcg	30 tablets
dexedrine 10 mg	180 tablets
dexedrine 5 mg	90 tablets
DEXILANT 30 mg	30 capsules
DEXILANT 60 mg	30 capsules
dexmethylphenidate 10 mg	60 tablets
dexmethylphenidate 2.5 mg	60 tablets
dexmethylphenidate 5 mg	60 tablets
dextroamphetamine ER 10 mg	120 capsules
dextroamphetamine ER 15 mg	120 capsules
dextroamphetamine ER 5 mg	90 capsules
dextroamphetamine 10 mg	180 tablets
dextroamphetamine 5 mg	90 tablets
DIASTAT ACUDIAL 12.5-20 mg	5 twin packs
DIASTAT ACUDIAL 5-10 mg	5 twin packs
DIASTAT PEDIATRIC 2.5 mg	5 twin packs
DIAZEPAM 1 mg/mL soln	1200 mL
diazepam 10 mg	120 tablets
DIAZEPAM 10 mg gel	5 twin packs
diazepam 2 mg	120 tablets
DIAZEPAM 2.5 mg gel	5 twin packs
DIAZEPAM 20 mg gel	5 twin packs
diazepam 5 mg	120 tablets
diazepam 5 mg/mL conc	240 mL
didanosine 125 mg	30 capsules
didanosine 200 mg	30 capsules
didanosine 250 mg	30 capsules
didanosine 400 mg	30 capsules

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
digox 0.125 mg	30 tablets
digox 0.25 mg	30 tablets
digoxin 0.125 mg	30 tablets
digoxin 0.25 mg	30 tablets
DIGOXIN 50 mcg/mL soln	75 mL
doxazosin 1 mg	30 tablets
doxazosin 2 mg	30 tablets
doxazosin 4 mg	30 tablets
doxazosin 8 mg	60 tablets
DULERA 100-5 mcg	1 canister
DULERA 200-5 mcg	1 canister
duloxetine 20 mg	60 capsules
duloxetine 30 mg	60 capsules
duloxetine 60 mg	60 capsules
dutasteride 0.5 mg	30 capsules
EDURANT 25 mg	30 tablets
ELIQUIS 2.5 mg	60 tablets
ELIQUIS 5 mg	120 tablets
EMTRIVA 10 mg/mL soln	850 mL
EMTRIVA 200 mg	30 capsules
endocet 10-325 mg	180 tablets
endocet 2.5-325 mg	360 tablets
endocet 5-325 mg	360 tablets
endocet 7.5-325 mg	240 tablets
endodan 4.8355-325 mg	360 tablets
enoxaparin 100 mg/mL	30 syringes per 90 days
enoxaparin 120 mg/0.8 mL	30 syringes per 90 days
enoxaparin 150 mg/mL	30 syringes per 90 days
enoxaparin 30 mg/0.3 mL	30 syringes per 90 days
enoxaparin 300 mg/3 mL	10 vials per 90 days
enoxaparin 40 mg/0.4 mL	30 syringes per 90 days
enoxaparin 60 mg/0.6 mL	30 syringes per 90 days
enoxaparin 80 mg/0.8 mL	30 syringes per 90 days
EPIVIR 10 mg/mL soln	960 mL
eprosartan mesylate 600 mg	30 tablets
EPZICOM 600-300 mg	30 tablets
ERIVEDGE 150 mg	30 capsules
ESBRIET 267 mg	270 capsules
escitalopram 10 mg	30 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
escitalopram 20 mg	30 tablets
escitalopram 5 mg	30 tablets
escitalopram 5 mg/5 mL soln	600 mL
EVOTAZ 300-150 mg	30 tablets
EXFORGE HCT 10-160-12.5 mg	30 tablets
EXFORGE HCT 10-160-25 mg	30 tablets
EXFORGE HCT 10-320-25 mg	30 tablets
EXFORGE HCT 5-160-12.5 mg	30 tablets
EXFORGE HCT 5-160-25 mg	30 tablets
EXFORGE 10-160 mg	30 tablets
EXFORGE 10-320 mg	30 tablets
EXFORGE 5-160 mg	30 tablets
EXFORGE 5-320 mg	30 tablets
FANAPT PAK	7 packs (56 tablets) per 28 days
FANAPT 1 mg	60 tablets
FANAPT 10 mg	60 tablets
FANAPT 12 mg	60 tablets
FANAPT 2 mg	60 tablets
FANAPT 4 mg	60 tablets
FANAPT 6 mg	60 tablets
FANAPT 8 mg	60 tablets
FARYDAK 10 mg	6 capsules per 21 days
FARYDAK 15 mg	6 capsules per 21 days
FARYDAK 20 mg	6 capsules per 21 days
FAZACLO ODT 100 mg	90 tablets
FAZACLO ODT 12.5 mg	90 tablets
FAZACLO ODT 150 mg	180 tablets
FAZACLO ODT 200 mg	120 tablets
FAZACLO ODT 25 mg	270 tablets
fenofibrate 134 mg	30 capsules
fenofibrate 145 mg	30 tablets
fenofibrate 160 mg	30 tablets
fenofibrate 200 mg	30 capsules
fenofibrate 48 mg	60 tablets
fenofibrate 54 mg	60 tablets
fenofibrate 67 mg	30 capsules
fenofibric acid DR 135 mg	30 capsules
fenofibric acid DR 45 mg	60 capsules
fentanyl 100 mcg/hr transdermal patch	15 patches
fentanyl 12 mcg/hr transdermal patch	15 patches

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
fentanyl 1200 mcg lozenge on a handle	120 lozenges
fentanyl 1600 mcg lozenge on a handle	120 lozenges
fentanyl 200 mcg lozenge on a handle	120 lozenges
fentanyl 25 mcg/hr transdermal patch	15 patches
fentanyl 400 mcg lozenge on a handle	120 lozenges
fentanyl 50 mcg/hr transdermal patch	15 patches
fentanyl 600 mcg lozenge on a handle	120 lozenges
fentanyl 75 mcg/hr transdermal patch	15 patches
fentanyl 800 mcg lozenge on a handle	120 lozenges
FETZIMA TITRATION PACK	28 capsules per 28 days
FETZIMA 120 mg	30 capsules
FETZIMA 20 mg	30 capsules
FETZIMA 40 mg	30 capsules
FETZIMA 80 mg	30 capsules
finasteride 5 mg	30 tablets
FIRAZYR 30 mg/3 mL	6 syringes
FLOVENT DISKUS 100 mcg	1 inhaler
FLOVENT DISKUS 250 mcg	4 inhalers
FLOVENT DISKUS 50 mcg	1 inhaler
FLOVENT HFA 110 mcg	1 canister
FLOVENT HFA 220 mcg	2 canisters
FLOVENT HFA 44 mcg	1 canister
fluoxetine DR 90 mg capsule	4 capsules per 28 days
fluoxetine 10 mg capsule	30 capsules
fluoxetine 10 mg tablet	30 tablets
fluoxetine 20 mg capsule	120 capsules
fluoxetine 20 mg tablet	120 tablets
fluoxetine 20 mg/5 mL soln	600 mL
fluoxetine 40 mg capsule	60 capsules
fluticasone 50 mcg nasal spray	1 bottle
fluvoxamine 100 mg	90 tablets
fluvoxamine 25 mg	30 tablets
fluvoxamine 50 mg	30 tablets
fondaparinux sodium subcutaneous inj 10 mg/0.8 mL	30 syringes per 90 days
fondaparinux sodium subcutaneous inj 2.5 mg/0.5 mL	30 syringes per 90 days
fondaparinux sodium subcutaneous inj 5 mg/0.4 mL	30 syringes per 90 days
fondaparinux sodium subcutaneous inj 7.5 mg/0.6 mL	30 syringes per 90 days
FORADIL	1 package of 60
FUZEON 90 mg inj	60 vials

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
gemfibrozil 600 mg	60 tablets
GEODON 20 mg inj	60 vials
GILOTRIF 20 mg	30 tablets
GILOTRIF 30 mg	30 tablets
GILOTRIF 40 mg	30 tablets
glatopa 20 mg/mL inj	30 syringes
GLEEVEC 100 mg	90 tablets
GLEEVEC 400 mg	60 tablets
glimepiride 1 mg	240 tablets
glimepiride 2 mg	120 tablets
glimepiride 4 mg	60 tablets
glipizide ER 10 mg	60 tablets
glipizide ER 2.5 mg	240 tablets
glipizide ER 5 mg	120 tablets
glipizide XL 10 mg	60 tablets
glipizide XL 2.5 mg	240 tablets
glipizide XL 5 mg	120 tablets
glipizide 10 mg	120 tablets
glipizide 5 mg	240 tablets
glipizide/metformin 2.5-250 mg	240 tablets
glipizide/metformin 2.5-500 mg	120 tablets
glipizide/metformin 5-500 mg	120 tablets
glyburide micronized 1.5 mg	240 tablets
glyburide micronized 3 mg	120 tablets
glyburide micronized 6 mg	60 tablets
glyburide 1.25 mg	480 tablets
GLYBURIDE 1.25 mg	480 tablets
GLYBURIDE 2.5 mg	240 tablets
glyburide 2.5 mg	240 tablets
GLYBURIDE 5 mg	120 tablets
glyburide 5 mg	120 tablets
glyburide/metformin 1.25-250 mg	240 tablets
glyburide/metformin 2.5-500 mg	120 tablets
glyburide/metformin 5-500 mg	120 tablets
GRASTEK	30 tablets
HETLIOZ 20 mg	30 capsules
hydrocodone/acetaminophen 10-300 mg	180 tablets
hydrocodone/acetaminophen 10-325 mg	180 tablets
hydrocodone/acetaminophen 5-300 mg	360 tablets
hydrocodone/acetaminophen 5-325 mg	360 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
hydrocodone/acetaminophen 7.5-300 mg	180 tablets
hydrocodone/acetaminophen 7.5-325 mg	180 tablets
hydrocodone/acetaminophen 7.5-325 mg soln	3600 mL
hydrocodone/ibuprofen 10-200 mg	150 tablets
hydrocodone/ibuprofen 2.5-200 mg	150 tablets
hydrocodone/ibuprofen 5-200 mg	150 tablets
hydrocodone/ibuprofen 7.5-200 mg	150 tablets
hydromorphone 1 mg/mL liquid	1440 mL
hydromorphone 2 mg	180 tablets
hydromorphone 4 mg	180 tablets
hydromorphone 8 mg	180 tablets
ibandronate 150 mg	1 tablet per 28 days
IBRANCE 100 mg	21 capsules per 28 days
IBRANCE 125 mg	21 capsules per 28 days
IBRANCE 75 mg	21 capsules per 28 days
ibudone 5-200 mg	150 tablets
ICLUSIG 15 mg	60 tablets
ICLUSIG 45 mg	30 tablets
IMBRUVICA 140 mg	120 capsules
INCRUSE ELLIPTA	30 blisters
INLYTA 1 mg	180 tablets
INLYTA 5 mg	120 tablets
INTELENCE 100 mg	60 tablets
INTELENCE 200 mg	60 tablets
INTELENCE 25 mg	120 tablets
INVEGA SUSTENNA 117 mg/0.75 mL	1 kit
INVEGA SUSTENNA 156 mg/mL	1 kit
INVEGA SUSTENNA 234 mg/1.5 mL	1 kit
INVEGA SUSTENNA 39 mg/0.25 mL	1 kit
INVEGA SUSTENNA 78 mg/0.5 mL	1 kit
INVEGA TRINZA 273 mg	1 kit per 90 days
INVEGA TRINZA 410 mg	1 kit per 90 days
INVEGA TRINZA 546 mg	1 kit per 90 days
INVEGA TRINZA 819 mg	1 kit per 90 days
INVEGA 1.5 mg	30 tablets
INVEGA 3 mg	30 tablets
INVEGA 6 mg	60 tablets
INVEGA 9 mg	30 tablets
INVIRASE 200 mg	300 capsules

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
INVIRASE 500 mg	120 tablets
INVOKAMET 150-1000 mg	60 tablets
INVOKAMET 150-500 mg	60 tablets
INVOKAMET 50-1000 mg	60 tablets
INVOKAMET 50-500 mg	120 tablets
INVOKANA 100 mg	90 tablets
INVOKANA 300 mg	30 tablets
ipratropium 0.03% nasal spray	2 bottles
ipratropium 0.06% nasal spray	3 bottles
irbesartan 150 mg	30 tablets
irbesartan 300 mg	30 tablets
irbesartan 75 mg	30 tablets
irbesartan/hydrochlorothiazide 150-12.5 mg	30 tablets
irbesartan/hydrochlorothiazide 300-12.5 mg	30 tablets
IRESSA 250 mg	30 tablets
ISENTRESS 100 mg chewable tablet	180 tablets
ISENTRESS 100 mg packet	60 packets
ISENTRESS 25 mg chewable tablet	180 tablets
ISENTRESS 400 mg tablet	60 tablets
JAKAFI 10 mg	60 tablets
JAKAFI 15 mg	60 tablets
JAKAFI 20 mg	60 tablets
JAKAFI 25 mg	60 tablets
JAKAFI 5 mg	60 tablets
JALYN 0.5-0.4 mg	30 capsules
JANUMET XR 100-1000 mg	30 tablets
JANUMET XR 50-1000 mg	60 tablets
JANUMET XR 50-500 mg	60 tablets
JANUMET 50-1000 mg	60 tablets
JANUMET 50-500 mg	60 tablets
JANUVIA 100 mg	30 tablets
JANUVIA 25 mg	120 tablets
JANUVIA 50 mg	60 tablets
JARDIANCE 10 mg	60 tablets
JARDIANCE 25 mg	30 tablets
JENTADUETO 2.5-1000 mg	60 tablets
JENTADUETO 2.5-500 mg	60 tablets
JENTADUETO 2.5-850 mg	60 tablets
KALETRA soln	320 mL
KALETRA 100-25 mg	300 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
KALETRA 200-50 mg	120 tablets
KALYDECO packet 50 mg	60 packets
KALYDECO packet 75 mg	60 packets
KALYDECO 150 mg	60 tablets
KOMBIGLYZE XR 2.5-1000 mg	60 tablets
KOMBIGLYZE XR 5-1000 mg	30 tablets
KOMBIGLYZE XR 5-500 mg	30 tablets
lamivudine 10 mg/mL oral solution	960 mL
lamivudine 150 mg	60 tablets
lamivudine 300 mg	30 tablets
lamivudine/zidovudine 150-300 mg	60 tablets
lansoprazole DR 15 mg	30 capsules
lansoprazole DR 30 mg	30 capsules
LATUDA 120 mg	30 tablets
LATUDA 20 mg	30 tablets
LATUDA 40 mg	30 tablets
LATUDA 60 mg	30 tablets
LATUDA 80 mg	60 tablets
LAZANDA 100 mcg nasal spray	30 bottles
LAZANDA 400 mcg nasal spray	30 bottles
LENVIMA 10 mg DAILY DOSE	30 capsules
LENVIMA 14 mg DAILY DOSE	60 capsules
LENVIMA 20 mg DAILY DOSE	60 capsules
LENVIMA 24 mg DAILY DOSE	90 capsules
LETAIRIS 10 mg	30 tablets
LETAIRIS 5 mg	30 tablets
LEVORPHANOL 2 mg	120 tablets
LEXIVA 50 mg/mL susp	1800 mL
LEXIVA 700 mg	120 tablets
LIVALO 1 mg	45 tablets
LIVALO 2 mg	45 tablets
LIVALO 4 mg	30 tablets
LONSURF 15-6.14 mg	40 tablets per 28 days
LONSURF 20-8.19 mg	80 tablets per 28 days
lorazepam 0.5 mg	90 tablets
lorazepam 1 mg	90 tablets
lorazepam 2 mg	150 tablets
lorcet hd 10-325 mg	180 tablets
lorcet plus 7.5-325 mg	180 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
lorcet 5-325 mg	360 tablets
lortab 10-325 mg	180 tablets
lortab 5-325 mg	360 tablets
lortab 7.5-325 mg	180 tablets
losartan 100 mg	30 tablets
losartan 25 mg	60 tablets
losartan 50 mg	60 tablets
losartan/hydrochlorothiazide 100-12.5 mg	30 tablets
losartan/hydrochlorothiazide 100-25 mg	30 tablets
losartan/hydrochlorothiazide 50-12.5 mg	30 tablets
lovastatin 10 mg	60 tablets
lovastatin 20 mg	60 tablets
lovastatin 40 mg	60 tablets
LYNPARZA 50 mg	480 capsules
MAPROTILINE 25 mg	90 tablets
MAPROTILINE 50 mg	90 tablets
MAPROTILINE 75 mg	90 tablets
MEKINIST 0.5 mg	90 tablets
MEKINIST 2 mg	30 tablets
metadate ER 20 mg	90 tablets
metformin ER 500 mg	120 tablets
metformin ER 750 mg	60 tablets
metformin 1000 mg	75 tablets
metformin 500 mg	150 tablets
metformin 850 mg	90 tablets
methadone 10 mg	360 tablets
methadone 5 mg	180 tablets
methadose 10 mg	360 tablets
methylphenidate ER 20 mg	90 tablets
methylphenidate SR 20 mg	90 tablets
methylphenidate 10 mg	90 tablets
methylphenidate 20 mg	90 tablets
methylphenidate 5 mg	90 tablets
mirtazapine ODT 15 mg	30 tablets
mirtazapine ODT 30 mg	30 tablets
mirtazapine ODT 45 mg	30 tablets
mirtazapine 15 mg	30 tablets
mirtazapine 30 mg	30 tablets
mirtazapine 45 mg	30 tablets
mirtazapine 7.5 mg	30 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
modafinil 100 mg	30 tablets
modafinil 200 mg	30 tablets
morphine sulfate ER 10 mg capsule	60 capsules
morphine sulfate ER 100 mg tablet	90 tablets
morphine sulfate ER 15 mg tablet	90 tablets
morphine sulfate ER 200 mg tablet	90 tablets
morphine sulfate ER 30 mg tablet	90 tablets
morphine sulfate ER 60 mg tablet	90 tablets
morphine sulfate 10 mg/5 mL soln	2700 mL
morphine sulfate 100 mg/5 mL soln	270 mL
MORPHINE SULFATE 15 mg tablet	240 tablets
morphine sulfate 20 mg/mL soln	270 mL
morphine sulfate 20 mg/5 mL soln	1350 mL
MORPHINE SULFATE 30 mg tablet	180 tablets
MYRBETRIQ 25 mg	30 tablets
MYRBETRIQ 50 mg	30 tablets
naratriptan 1 mg	18 tablets
naratriptan 2.5 mg	18 tablets
NASONEX	2 bottles
nateglinide 120 mg	90 tablets
nateglinide 60 mg	180 tablets
nevirapine ER 400 mg	30 tablets
nevirapine 200 mg	60 tablets
nevirapine 50 mg/5 mL susp	1200 mL
NEXAVAR 200 mg	120 tablets
NEXIUM 10 mg susp packet	30 packets
NEXIUM 2.5 mg susp packet	30 packets
NEXIUM 20 mg	30 capsules
NEXIUM 20 mg susp packet	30 packets
NEXIUM 40 mg	30 capsules
NEXIUM 40 mg susp packet	30 packets
NEXIUM 5 mg susp packet	30 packets
niacin ER 1000 mg	60 tablets
niacin ER 500 mg	30 tablets
niacin ER 750 mg	60 tablets
nitrofurantoin macrocrystalline 100 mg<	360 capsules or amount dispensed up to 90 days of therapy per 365 days

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
nitrofurantoin macrocrystalline 50 mg<	360 capsules or amount dispensed up to 90 days of therapy per 365 days
nitrofurantoin monohydrate 100 mg<	180 capsules or amount dispensed up to 90 days of therapy per 365 days
nitrofurantoin 25 mg/5 mL susp<	7200 mL or amount dispensed up to 90 days of therapy per 365 days
NORVIR 100 mg capsule	360 capsules
NORVIR 100 mg tablet	360 tablets
NORVIR 80 mg/mL soln	480 mL
NUCYNTA ER 100 mg	60 tablets
NUCYNTA ER 150 mg	60 tablets
NUCYNTA ER 200 mg	60 tablets
NUCYNTA ER 250 mg	60 tablets
NUCYNTA ER 50 mg	60 tablets
NUVIGIL 150 mg	30 tablets
NUVIGIL 200 mg	30 tablets
NUVIGIL 250 mg	30 tablets
NUVIGIL 50 mg	30 tablets
ODOMZO 200 mg	30 capsules
OFEV 100 mg	60 capsules
OFEV 150 mg	60 capsules
olanzapine ODT 10 mg	30 tablets
olanzapine ODT 15 mg	30 tablets
olanzapine ODT 20 mg	30 tablets
olanzapine ODT 5 mg	30 tablets
olanzapine 10 mg	30 tablets
olanzapine 10 mg inj	90 vials
olanzapine 15 mg	30 tablets
olanzapine 2.5 mg	30 tablets
olanzapine 20 mg	30 tablets
olanzapine 5 mg	30 tablets
olanzapine 7.5 mg	30 tablets
OLEPTRO 150 mg	45 tablets
OLEPTRO 300 mg	30 tablets
olopatadine 0.6% nasal soln	1 bottle
omeprazole 10 mg	30 capsules
omeprazole 20 mg	30 capsules
omeprazole 40 mg	30 capsules
ONFI 10 mg	60 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
ONFI 2.5 mg/mL susp	480 mL
ONFI 20 mg	60 tablets
ONFI 5 mg	60 tablets
ONGLYZA 2.5 mg	60 tablets
ONGLYZA 5 mg	30 tablets
OPANA ER 10 mg	60 tablets
OPANA ER 15 mg	60 tablets
OPANA ER 20 mg	60 tablets
OPANA ER 30 mg	60 tablets
OPANA ER 40 mg	60 tablets
OPANA ER 5 mg	60 tablets
OPANA ER 7.5 mg	60 tablets
OPSUMIT 10 mg	30 tablets
ORKAMBI 200-125 mg	120 tablets
oxybutynin ER 10 mg	60 tablets
oxybutynin ER 15 mg	60 tablets
oxybutynin ER 5 mg	30 tablets
oxybutynin 5 mg	120 tablets
oxybutynin 5 mg/5 mL syrup	600 mL
oxycodone 10 mg	180 tablets
oxycodone 15 mg	180 tablets
oxycodone 20 mg	180 tablets
oxycodone 30 mg	180 tablets
oxycodone 5 mg	360 tablets
oxycodone/acetaminophen 10-325 mg	180 tablets
oxycodone/acetaminophen 2.5-325 mg	360 tablets
oxycodone/acetaminophen 5-325 mg	360 tablets
oxycodone/acetaminophen 7.5-325 mg	240 tablets
oxycodone/aspirin 4.8355-325 mg	360 tablets
OXYCONTIN 10 mg	60 tablets
OXYCONTIN 15 mg	60 tablets
OXYCONTIN 20 mg	60 tablets
OXYCONTIN 30 mg	60 tablets
OXYCONTIN 40 mg	60 tablets
OXYCONTIN 60 mg	120 tablets
OXYCONTIN 80 mg	120 tablets
paliperidone sr 24hr 1.5 mg	30 tablets
paliperidone sr 24hr 3 mg	30 tablets
paliperidone sr 24hr 6 mg	60 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
paliperidone sr 24hr 9 mg	30 tablets
pantoprazole 20 mg	30 tablets
pantoprazole 40 mg	30 tablets
paroxetine ER 12.5 mg	30 tablets
paroxetine ER 25 mg	60 tablets
paroxetine ER 37.5 mg	60 tablets
paroxetine 10 mg	30 tablets
paroxetine 20 mg	30 tablets
paroxetine 30 mg	60 tablets
paroxetine 40 mg	30 tablets
PATANASE 0.6% nasal soln	1 bottle
PAXIL 10 mg/5 mL susp	900 mL
PICATO 0.015% gel	3 tubes
PICATO 0.05% gel	2 tubes
pioglitazone 15 mg	90 tablets
pioglitazone 30 mg	30 tablets
pioglitazone 45 mg	30 tablets
pioglitazone/glimepiride 30-2 mg	30 tablets
pioglitazone/glimepiride 30-4 mg	30 tablets
pioglitazone/metformin 15-500 mg	90 tablets
pioglitazone/metformin 15-850 mg	90 tablets
PLEGRIDY inj	2 syringes per 28 days
PLEGRIDY inj STARTER PACK	2 syringes per 28 days
PLEGRIDY PEN	2 syringes per 28 days
PLEGRIDY PEN STARTER PACK	2 syringes per 28 days
POMALYST 1 mg	21 capsules per 28 days
POMALYST 2 mg	21 capsules per 28 days
POMALYST 3 mg	21 capsules per 28 days
POMALYST 4 mg	21 capsules per 28 days
PRADAXA 150 mg	60 capsules
PRADAXA 75 mg	60 capsules
pravastatin 10 mg	45 tablets
pravastatin 20 mg	45 tablets
pravastatin 40 mg	45 tablets
pravastatin 80 mg	30 tablets
PREZCOBIX 800-150 mg	30 tablets
PREZISTA 100 mg/mL susp	400 mL
PREZISTA 150 mg	180 tablets
PREZISTA 600 mg	60 tablets
PREZISTA 75 mg	300 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
PREZISTA 800 mg	30 tablets
PRISTIQ 100 mg	30 tablets
PRISTIQ 25 mg	30 tablets
PRISTIQ 50 mg	30 tablets
PROAIR HFA	2 canisters
PROAIR RESPICLICK	2 canisters
quetiapine 100 mg	90 tablets
quetiapine 200 mg	90 tablets
quetiapine 25 mg	90 tablets
quetiapine 300 mg	60 tablets
quetiapine 400 mg	60 tablets
quetiapine 50 mg	90 tablets
QVAR 40 mcg	1 canister
QVAR 80 mcg	2 canisters
rabeprazole 20 mg	30 tablets
RAGWITEK	30 tablets
RAPAFLO 4 mg	30 capsules
RAPAFLO 8 mg	30 capsules
repaglinide 0.5 mg	960 tablets
repaglinide 1 mg	480 tablets
repaglinide 2 mg	240 tablets
reprexain 10-200 mg	150 tablets
RESCRIPTOR 100 mg	360 tablets
RESCRIPTOR 200 mg	180 tablets
REVLIMID 10 mg	30 capsules
REVLIMID 15 mg	21 capsules per 28 days
REVLIMID 2.5 mg	30 capsules
REVLIMID 20 mg	21 capsules per 28 days
REVLIMID 25 mg	21 capsules per 28 days
REVLIMID 5 mg	30 capsules
REXULTI 0.25 mg	30 tablets
REXULTI 0.5 mg	30 tablets
REXULTI 1 mg	30 tablets
REXULTI 2 mg	30 tablets
REXULTI 3 mg	30 tablets
REXULTI 4 mg	30 tablets
REYATAZ 100 mg	30 capsules
REYATAZ 150 mg	30 capsules
REYATAZ 200 mg	60 capsules

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
REYATAZ 300 mg	30 capsules
REYATAZ 50 mg powder	150 packets
risedronate delayed release 35 mg	4 tablets per 28 days
risedronate 150 mg	1 tablet per 28 days
risedronate 30 mg	30 tablets
risedronate 35 mg	4 tablets per 28 days
risedronate 5 mg	30 tablets
RISPERDAL 12.5 mg inj	2 vials per 28 days
RISPERDAL 25 mg inj	2 vials per 28 days
RISPERDAL 37.5 mg inj	2 vials per 28 days
RISPERDAL 50 mg inj	2 vials per 28 days
risperidone ODT 0.25 mg	60 tablets
risperidone ODT 0.5 mg	60 tablets
risperidone ODT 1 mg	60 tablets
risperidone ODT 2 mg	60 tablets
risperidone ODT 3 mg	60 tablets
risperidone ODT 4 mg	120 tablets
risperidone 0.25 mg	60 tablets
risperidone 0.5 mg	60 tablets
risperidone 1 mg	60 tablets
risperidone 1 mg/mL soln	480 mL
risperidone 2 mg	60 tablets
risperidone 3 mg	60 tablets
risperidone 4 mg	120 tablets
rizatriptan ODT 10 mg	18 tablets
rizatriptan ODT 5 mg	18 tablets
rizatriptan 10 mg	18 tablets
rizatriptan 5 mg	18 tablets
roxicet 5-325 mg	360 tablets
SANCUSO 3.1 mg transdermal patch	4 patches per 28 days
SAPHRIS 10 mg	60 tablets
SAPHRIS 2.5 mg	60 tablets
SAPHRIS 5 mg	60 tablets
SELZENTRY 150 mg	60 tablets
SELZENTRY 300 mg	120 tablets
SEREVENT DISKUS 50 mcg	1 package of 60
SEROQUEL XR 150 mg	30 tablets
SEROQUEL XR 200 mg	30 tablets
SEROQUEL XR 300 mg	60 tablets
SEROQUEL XR 400 mg	60 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
SEROQUEL XR 50 mg	60 tablets
sertraline 100 mg	60 tablets
sertraline 20 mg/mL conc	300 mL
sertraline 25 mg	30 tablets
sertraline 50 mg	30 tablets
sildenafil 20 mg	90 tablets
SILENOR 3 mg	30 tablets
SILENOR 6 mg	30 tablets
SIMCOR 1000-20 mg	60 tablets
SIMCOR 1000-40 mg	30 tablets
SIMCOR 500-20 mg	30 tablets
SIMCOR 500-40 mg	30 tablets
SIMCOR 750-20 mg	60 tablets
simvastatin 10 mg	45 tablets
simvastatin 20 mg	60 tablets
simvastatin 40 mg	45 tablets
simvastatin 5 mg	45 tablets
simvastatin 80 mg	30 tablets
SPIRIVA HANDIHALER	30 capsules
SPIRIVA RESPIMAT 2.5 mcg/act	1 canister
SPRYCEL 100 mg	30 tablets
SPRYCEL 140 mg	30 tablets
SPRYCEL 20 mg	60 tablets
SPRYCEL 50 mg	30 tablets
SPRYCEL 70 mg	30 tablets
SPRYCEL 80 mg	30 tablets
stavudine 1 mg/mL soln	2400 mL
stavudine 15 mg	60 capsules
stavudine 20 mg	60 capsules
stavudine 30 mg	60 capsules
stavudine 40 mg	60 capsules
STIVARGA 40 mg	84 tablets per 28 days
STRATTERA 10 mg	60 capsules
STRATTERA 100 mg	30 capsules
STRATTERA 18 mg	60 capsules
STRATTERA 25 mg	60 capsules
STRATTERA 40 mg	60 capsules
STRATTERA 60 mg	30 capsules
STRATTERA 80 mg	30 capsules

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
STRIBILD 150-150-200-300 mg	30 tablets
SUBSYS 100 mcg	120 spray units
SUBSYS 1200 mcg	240 spray units
SUBSYS 1600 mcg	240 spray units
SUBSYS 200 mcg	120 spray units
SUBSYS 400 mcg	120 spray units
SUBSYS 600 mcg	120 spray units
SUBSYS 800 mcg	120 spray units
sumatriptan 100 mg	18 tablets
SUMATRIPTAN 20 mg/act nasal spray	12 units/2 packages
sumatriptan 25 mg	18 tablets
SUMATRIPTAN 5 mg/act nasal spray	12 units/2 packages
sumatriptan 50 mg	18 tablets
SUSTIVA 200 mg capsule	60 capsules
SUSTIVA 50 mg capsule	90 capsules
SUSTIVA 600 mg tablet	30 tablets
SUTENT 12.5 mg	90 capsules
SUTENT 25 mg	30 capsules
SUTENT 37.5 mg	30 capsules
SUTENT 50 mg	30 capsules
SYMBICORT 160-4.5 mcg/act	1 canister
SYMBICORT 80-4.5 mcg/act	1 canister
TAFINLAR 50 mg	120 capsules
TAFINLAR 75 mg	120 capsules
tamsulosin 0.4 mg	60 capsules
TARCEVA 100 mg	30 tablets
TARCEVA 150 mg	30 tablets
TARCEVA 25 mg	60 tablets
TASIGNA 150 mg	120 capsules
TASIGNA 200 mg	120 capsules
TECFIDERA STARTER KIT	60 capsules
TECFIDERA 120 mg	60 capsules
TECFIDERA 240 mg	60 capsules
TEKTURNA HCT 150-12.5 mg	30 tablets
TEKTURNA HCT 150-25 mg	30 tablets
TEKTURNA HCT 300-12.5 mg	30 tablets
TEKTURNA HCT 300-25 mg	30 tablets
TEKTURNA 150 mg	30 tablets
TEKTURNA 300 mg	30 tablets
telmisartan 20 mg	30 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
telmisartan 40 mg	30 tablets
telmisartan 80 mg	30 tablets
telmisartan/hydrochlorothiazide 40-12.5 mg	30 tablets
telmisartan/hydrochlorothiazide 80-12.5 mg	60 tablets
telmisartan/hydrochlorothiazide 80-25 mg	30 tablets
terazosin 1 mg	30 capsules
terazosin 10 mg	60 capsules
terazosin 2 mg	30 capsules
terazosin 5 mg	30 capsules
tetrabenazine 12.5 mg	240 tablets
tetrabenazine 25 mg	120 tablets
THALOMID 100 mg	30 capsules
THALOMID 150 mg	60 capsules
THALOMID 200 mg	60 capsules
THALOMID 50 mg	30 capsules
TIVICAY 50 mg	60 tablets
tolterodine ER 2 mg	30 capsules
tolterodine ER 4 mg	30 capsules
tolterodine 1 mg	60 tablets
tolterodine 2 mg	60 tablets
TOVIAZ 4 mg	30 tablets
TOVIAZ 8 mg	30 tablets
TRACLEER 125 mg	60 tablets
TRACLEER 62.5 mg	60 tablets
TRADJENTA 5 mg	30 tablets
tramadol ER 100 mg	30 tablets
tramadol ER 200 mg	30 tablets
tramadol ER 300 mg	30 tablets
tramadol 50 mg	240 tablets
tramadol/acetaminophen 37.5-325 mg	240 tablets
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	1 bottle
TRIBENZOR 20-5-12.5 mg	30 tablets
TRIBENZOR 40-10-12.5 mg	30 tablets
TRIBENZOR 40-10-25 mg	30 tablets
TRIBENZOR 40-5-12.5 mg	30 tablets
TRIBENZOR 40-5-25 mg	30 tablets
TRIUMEQ 600-50-300 mg	30 tablets
trospium ER 60 mg	30 capsules
trospium 20 mg	60 tablets

< Applies to members age 65 and over.

Drug Name	Monthly Limit (unless otherwise noted)
TRUVADA 200-300 mg	30 tablets
TYBOST 150 mg	30 tablets
TYKERB 250 mg	180 tablets
valsartan 160 mg	60 tablets
valsartan 320 mg	30 tablets
valsartan 40 mg	60 tablets
valsartan 80 mg	60 tablets
valsartan/hydrochlorothiazide 160-12.5 mg	30 tablets
valsartan/hydrochlorothiazide 160-25 mg	30 tablets
valsartan/hydrochlorothiazide 320-12.5 mg	30 tablets
valsartan/hydrochlorothiazide 320-25 mg	30 tablets
valsartan/hydrochlorothiazide 80-12.5 mg	30 tablets
venlafaxine ER 150 mg capsule	30 capsules
venlafaxine ER 150 mg tablet	30 tablets
VENLAFAXINE ER 150 mg tablet	30 tablets
venlafaxine ER 37.5 mg capsule	30 capsules
venlafaxine ER 37.5 mg tablet	30 tablets
VENLAFAXINE ER 37.5 mg tablet	30 tablets
venlafaxine ER 75 mg capsule	90 capsules
venlafaxine ER 75 mg tablet	90 tablets
VENLAFAXINE ER 75 mg tablet	90 tablets
venlafaxine 100 mg tablet	90 tablets
venlafaxine 25 mg tablet	90 tablets
venlafaxine 37.5 mg tablet	90 tablets
venlafaxine 50 mg tablet	90 tablets
venlafaxine 75 mg tablet	90 tablets
VENTOLIN HFA (18 grams)	2 canisters
VENTOLIN HFA (8 grams)	2 canisters
VERSACLOZ 50 mg/mL susp	540 mL
VESICARE 10 mg	30 tablets
VESICARE 5 mg	30 tablets
vicodin ES 7.5-300 mg	180 tablets
vicodin HP 10-300 mg	180 tablets
vicodin 5-300 mg	360 tablets
VICTOZA 18 mg/3 mL inj	1 package of 3 pens
VIDEX 2 gm soln	1200 mL
VIDEX 4 gm soln	1200 mL
VIIBRYD KIT	1 kit per 30 days
VIIBRYD STARTER PACK	1 kit per 30 days
VIIBRYD 10 mg	30 tablets

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Drug Name	Monthly Limit (unless otherwise noted)
VIIBRYD 20 mg	30 tablets
VIIBRYD 40 mg	30 tablets
VIRACEPT 250 mg	270 tablets
VIRACEPT 625 mg	120 tablets
VIRAMUNE XR 100 mg	120 tablets
VIRAMUNE 50 mg/5 mL susp	1200 mL
VIREAD 150 mg	30 tablets
VIREAD 200 mg	30 tablets
VIREAD 250 mg	30 tablets
VIREAD 300 mg	30 tablets
VIREAD 40 mg/gm oral powder	240 grams
VITEKTA 150 mg	30 tablets
VITEKTA 85 mg	30 tablets
VOTRIENT 200 mg	120 tablets
VYTORIN 10-10 mg	30 tablets
VYTORIN 10-20 mg	30 tablets
VYTORIN 10-40 mg	30 tablets
VYTORIN 10-80 mg	30 tablets
XALKORI 200 mg	60 capsules
XALKORI 250 mg	60 capsules
XARELTO STARTER PACK	51 tablets
XARELTO 10 mg	35 tablets per 90 days
XARELTO 15 mg	60 tablets
XARELTO 20 mg	30 tablets
XENAZINE 12.5 mg	240 tablets
XENAZINE 25 mg	120 tablets
XOPENEX HFA	2 canisters
XTANDI 40 mg	120 capsules
xylon 10-200 mg	150 tablets
XYREM 500 mg/mL soln	540 mL
zaleplon 10 mg<	90 capsules or amount dispensed up to 90 days of therapy per 365 days
zaleplon 5 mg<	90 capsules or amount dispensed up to 90 days of therapy per 365 days
ZELBORAF 240 mg	240 tablets
zenzedi 10 mg	180 tablets
zenzedi 5 mg	90 tablets
ZETIA 10 mg	30 tablets
ZIAGEN 20 mg/mL soln	960 mL
zidovudine 100 mg capsule	180 capsules

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Drug Name	Monthly Limit (unless otherwise noted)
zidovudine 300 mg tablet	60 tablets
zidovudine 50 mg/mL syrup	1920 mL
ziprasidone 20 mg	60 capsules
ziprasidone 40 mg	60 capsules
ziprasidone 60 mg	60 capsules
ziprasidone 80 mg	60 capsules
ZOHYDRO ER abuse-deterrent 10 mg	60 capsules
ZOHYDRO ER abuse-deterrent 15 mg	60 capsules
ZOHYDRO ER abuse-deterrent 20 mg	60 capsules
ZOHYDRO ER abuse-deterrent 30 mg	60 capsules
ZOHYDRO ER abuse-deterrent 40 mg	60 capsules
ZOHYDRO ER abuse-deterrent 50 mg	60 capsules
ZOHYDRO ER 10 mg	60 capsules
ZOHYDRO ER 15 mg	60 capsules
ZOHYDRO ER 20 mg	60 capsules
ZOHYDRO ER 30 mg	60 capsules
ZOHYDRO ER 40 mg	60 capsules
ZOHYDRO ER 50 mg	60 capsules
ZOLINZA 100 mg	120 capsules
zolpidem 10 mg<	90 tablets or amount dispensed up to 90 days of therapy per 365 days
zolpidem 5 mg<	90 tablets or amount dispensed up to 90 days of therapy per 365 days
ZOSTAVAX inj	1 vaccine per lifetime
ZYDELIG 100 mg	60 tablets
ZYDELIG 150 mg	60 tablets
ZYKADIA 150 mg	150 capsules
ZYPREXA RELPREVV 210 mg	2 vials per 28 days
ZYPREXA RELPREVV 300 mg	2 vials per 28 days
ZYPREXA RELPREVV 405 mg	1 vial per 28 days
ZYTIGA 250 mg	120 tablets

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This formulary was updated on December 1, 2015. For more recent information or other questions, please contact Blue Advantage (PPO) **Member Services at 1-888-234-8266 or, for TTY users, 711, 8 a.m. to 8 p.m., seven (7) days a week.** From February 15 to September 30, on weekends and holidays you may be required to leave a message. Calls will be returned the next business day, or visit **www.bcbsalmedicare.com**.

Blue Advantage (PPO) is a Medicare-approved PPO plan.
Enrollment in Blue Advantage (PPO) depends on CMS contract renewal.

BlueCross BlueShield of Alabama