Open Medication Guide

January 2020

Please consider talking to your doctor about prescribing one of the formulary medications that are indicated as covered under your plan; which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.floridablue.com for the most up-to-date information.

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

Florida Blue and Florida Blue HMO are pleased to present the Open Formulary Medication Guide. This is a general guide that includes an abbreviated listing of Brand and Generic medications that are covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your plan documents for complete coverage details. When we refer to "plan documents" we are referring to one or more of the following: Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement.

The Open Formulary Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online at www.floridablue.com or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

Si desea hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

NOTE: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Key Tips and Coverage Guidelines

By following these simple guidelines, you will be assured that you are getting the maximum benefit from your plan.

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive and most generics are covered unless specifically excluded under your plan documents.
- Select Brand Name medications are included in the formulary and are therefore available to you through your plan. The List includes all covered brand name medications unless specifically excluded under your plan documents.
- Take this Guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs listed and cost impacts when you discuss medication options.

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Medication List

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications. The Preferred Medication List reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee.

NOTE: This is not a complete listing of all covered prescriptions medications. Florida Blue reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

For your out-of-pocket expenses to be as low as possible, please consider asking your doctor to prescribe generic medications, or if necessary, brand name medications that are included on the List. This will help ensure that your covered medications are allowed and reimbursed under your plan. In addition, consider using a participating pharmacy to obtain your covered medications because your out-of-pocket expenses should be lower than if you used a non-participating pharmacy.

To save the most money on medications, share this Medication Guide with your doctor or health care provider at each visit so he or she is aware of the drugs listed and cost impacts when you discuss medication options.

Changes to the formulary

This guide includes the medication list which reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any medication in this Medication Guide at any time.

The medication list is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy.

There are varying reasons changes are made to the medications listed in the Medication Guide:

- The tier level of a medication included on the medication list may increase (change to a higher tier or non-covered) when an FDA-approved bioequivalent generic medication becomes available.
- Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy and the availability of other products within that class of medications. Go to **New To Market Drug List** for the most up-to-date information.

The most up to date information about modifications to the medications listed in this Medication Guide can be found by:

Going to www.floridablue.com.

- Click on the **Members** tab.
- Click on the **Login Now** button and either **Login** or **Register**.
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items.
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click Open Medication Guide or Open Medication Guide Updates.
- Medication Guides and Medication Guide updates are posted every January, April July, and October.

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Your Share of Expenses

Your cost share will depend on which cost share tier the medication is assigned. You can determine your out-of-pocket amount for medication by reviewing your Schedule of Benefits. If your plan includes a Deductible, you may have to satisfy that amount before the costs of your medications are covered.

If you or your provider requests a covered brand name medication when there is a generic medication available; you will be responsible for:

the difference in cost between the generic medication and the brand name medication; and

the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.

Example: If your drug copay is $10 for generic and $40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

Difference in Drug Cost is $70 (Brand Drug Cost $120- Generic Drug Cost $50) + Brand Co-Pay $40=

$110 is Your Total Cost

Pharmacy Benefits

The pharmacy benefit has three parts/components, called Tiers. This means that covered medications must be included in one of the following Tiers, unless specifically excluded by your plan:

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

Specialty Medications: Covered Specialty Medications as indicated in the Medication List

Condition Care Rx* Value/HSA Preventive Prescription Medications: Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program

Medications that are not covered

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives.
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative.
- The medication is no longer marketed.
- The medication has a widely available/distributed AB rated generic equivalent formulation.
- The medication has not been approved by the FDA.
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC.
- The medication is not covered because of safety or effectiveness concerns.

In addition to any drug not listed in the medication guide, a list of certain medication that are not covered may be found at Medications Not Covered List.

NOTE: To determine the medication exclusions that apply to your plan, check your plan documents. Coverage details are also available to you by logging into the member section of www.floridablue.com.

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Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. If members have the Condition Care Rx Program as part of their benefits, they can purchase medications from the Condition Care Rx Program Value/Health Savings Account Preventive List at a reduced cost.

A list of medications that are part of the Condition Care Rx Value Program may be found at: Condition Care Rx Program Value List.

A list of medications that are part of the Condition Care Rx Program for Health Savings Account (HSA) compatible plans may be found at: Condition Care Rx Program HSA Preventive List.

Note: Check your plan documents to determine if the Condition Care Rx Program applies to your plan and the applicable cost share. Coverage details may also be available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at a reduced cost. Generic medications are as safe and effective as their brand name counterparts, and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication may be substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the brand name medication.
- Is identical in strength, dosage form, and route of administration.
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

Check with your doctor or health care provider to determine if switching to a generic medication is appropriate for you.

Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: Oral Chemotherapy Drug List.

Over-the-Counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Some groups may customize their pharmacy plan to exclude coverage for OTC medications, so it is important to check your plan documents to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the formulary with “OTC” in parenthesis following the medication name are eligible for coverage.

NOTE: Check your plan documents to determine if this benefit applies to your plan. Coverage details are also available to you logging into the member section of www.floridablue.com.

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Patient Protection Affordable Care Act (PPACA) Preventive Services

- Preventive medications - Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy.

A list of medications covered under this benefit may be found at: Preventive Medications List.

- Immunizations - Certain vaccines which are covered under your preventive benefit can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine.

A list of vaccines that are covered under your pharmacy benefits may be found at: Pharmacy Benefit Vaccines List.

- Women's preventive services - Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

A list of medications and devices covered under this benefit may be found at: Women's Preventive Services List.

Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

NOTE: Check your plan documents for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- Self-Administered – Patients self-administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from a participating Specialty Pharmacy, out-of-network cost shares will apply (where out-of-network coverage is available). A current listing of Self-Administered Specialty Medications can be found here.
  - Self-administered injectable medications are designated in the Medication List with "inj" following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.
- Provider-Administered – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider- administered Specialty Pharmacy medications are covered under your *medical* benefit. A current listing of Provider- Administered Specialty Medications can be found here.

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These Specialty Pharmacy products can be obtained in either setting.

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Pharmacy Options

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled – retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled, you should confirm which pharmacy is considered 'in-network' for that particular medication.

- **Participating Pharmacy**

  Retail Pharmacy Network – Non-Specialty 'Generic' medications and 'Brand Name' medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more

  Specialty Pharmacy Network – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in- network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.

- **Non-Participating Pharmacy**

If your plan offers out-of-network pharmacy coverage, choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim for benefit determination. Our payment will be based on our Non-Participating Pharmacy Allowance minus your cost share. You will be responsible for your cost share and the difference between our Allowance and the cost of the medication.

If your plan doesn't offer out-of-network pharmacy coverage, choosing a non-participating pharmacy may risk your ability to be reimbursed. You may have to pay the full cost of the medication.

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Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for non-Specialty Pharmacy medications. You may pay more out of pocket if you use a different specialty pharmacy.

CVS/Caremark Specialty Pharmacy Services
Excludes Hemophilia

Phone: 1.866.278.5108
Fax: 1.800.323.2445

CVS/Caremark Specialty Pharmacy

CVS/Caremark Hemophilia Services
Hemophilia Products
Telephone: 1.866.792.2731
(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)
Fax: 1.866.811.7450

CVS/Caremark Hemophilia Specialty Pharmacy

AllianceRx Walgreens Prime
Telephone: 1.877.627.(MEDS) 6337
Fax: 1.877.828.3939
TTY 711

AllianceRx Walgreens Prime

Note: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers AllianceRx Walgreens Prime or CVS/Caremark Specialty.

If a member resides or is traveling outsides the state of Florida and needs to receive a provider-administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider-administered specialty medication should contact customer service for further assistance.

Mail Order Pharmacy also known as a home delivery service

Obtaining prescription medications through the home delivery pharmacy may reduce the cost you pay for your prescription medications.

Check you plan documents to determine if you plan provides a mail order pharmacy benefit.

Members who have pharmacy benefits through Florida Blue can access and print out the Prescription Form for Home Delivery on our website, www.floridablue.com.

Note: If the original prescription was filled at a pharmacy other than the mail order pharmacy, you must submit a new original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply along with the Registration and Prescription Form for Home Delivery. Prescriptions may not be transferred from a retail pharmacy to the Mail Order Pharmacy.

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Three-month supply at Retail Pharmacy

In addition to being able to obtain up to a three-month supply of medication through our home delivery pharmacy, you may be able to receive up to a three-month supply of your medication through a participating retail pharmacy. Please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for complete coverage details.

Utilization Management Programs

Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. A current listing of drugs requiring prior authorization are indicated in the prior authorization column following the product name in the medication list.

Florida Blue reserves the right to change the medications that require Prior Authorization at any time and for any reason.

NOTE: Some groups may customize their pharmacy plan to exclude prior authorization requirements, so it is important to check your plan documents to determine if prior authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com.

NOTE: Prior Authorizations expire on the earlier of, but not to exceed 12 months for most medications:

1. The termination date of your policy or
2. The period authorized by us, as indicated in the letter you received from us.

Obtaining Prior Authorization

Information about **Prior Authorization** and forms for how to obtain a prior authorization approval can be found here:

Prior Authorization Program Information and Forms

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior authorization approval does not waive your cost share.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or over-the-counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if coverage authorization is denied. Please refer to the “How to Appeal an Adverse Benefit Determination” subsection of the Claims Processing or Appeal and Grievance Process section in your current plan documents for information on how to file an appeal.

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Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list.

Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here: Responsible Quantity Program Information

Responsible Quantity Authorization Form

Responsible Steps Program

The Responsible Steps Program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps Program are not covered unless you have tried one or more covered alternative medications first.

A list of current drugs included in the Responsible Steps Program may be found here:

Responsible Steps Program Information and Authorization Forms

Responsible Steps Program for Medical Pharmacy

Certain physician-administered prescription drugs which are rendered in a physician's office may be included in the Responsible Steps for Medical Pharmacy Program**.** If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

If, due to medical reasons, you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

A list of current drugs included in the Responsible Steps Program for Medical Pharmacy may be found here: Responsible Steps Program for Medical Pharmacy Information and Authorization Forms

NOTE: Check your plan documents to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your ID card.

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Contraceptive Tier Exception Requests

If, for medical reasons, you require a tier exception for an oral contraceptive drug, your physician may submit an exception request by completing one of the forms below: Oral Contraceptives Tier Exception Request Form

Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in your plan documents. In the event of any inconsistencies between the Medication Guide and the provisions contained in your plan documents, the provisions contained in your plan documents shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

Using the Medication Guide

The Medication List is organized into broad categories (e.g., Antibacterials). Below are descriptions of the columns included the medication list.

Column 1. **Drug Name:** lists the medication name. Generic medications are listed in lowercase **boldface** (e.g., **demeclocycline**) followed by a reference to the brand prescription drug (in parentheses) to assist in product recognition. Example: azithromycin (Zithromax). The brand name reference does not indicate the brand prescription drug is covered. **Covered Brand name medications** are listed in **UPPERCASE** letters (e.g., ZITHROMAX packets).

Separate medication entries are shown for each dosage form and strength.

Note: Self-administered injectable medications are designated in the medication list with "inj" following the medication name (e.g., **enoxaparin inj**).

Column 2. **Drug Tier:** indicates the tier level and whether the medication is on the preventive list:

Tier 1 (Lowest Cost): Covered Generic Prescription Medications

Tier 2 (Higher Cost): Covered Preferred Brand Prescription Medications

Tier 3 (Highest Cost): Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

Column 3. **Specialty**: indicates if the medication is a Self-Administered Specialty medication.

Column 4. **Prior Authorization:** indicates if the prior authorization requirement applies to the medication. If an indicator is present in the column, then the prior authorization requirement applies.

Column 5. **Responsible Quantity:** indicates if quantity limits apply to the medication. If an indicator is present in the column, then quantity limits apply.

Column 6. **Responsible Steps:** indicates if responsible steps apply to the medication. If an indicator is present in the column then the Responsible Steps Program applies.

An asterisk (*) next to a drug name signifies that this drug may not be covered. Please refer to your plan documents.

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Abbreviation key

aer ..... aerosol
cap ..... capsules
chew ..... chewable
conc ..... concentrate
cr ..... controlled release
dr ..... delayed release
ec ..... enteric coated
equiv ..... equivalent
er ..... extended release
gm ..... gram
inhal ..... inhaler
inj ..... injection
liqd ..... liquid
mg ..... milligram
ml ..... milliliter
nebu ..... nebulizer
odt. ..... orally disintegrating tabs
oint ..... ointment
ophth ..... ophthalmic
osm ..... osmotic release
pack ..... packets
powd ..... powder
pttw ..... twice-weekly patch
sl ..... sublingual
soln ..... solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td ..... transdermal
w/ ..... with

To determine if your drug is covered and/or find drug pricing, please login to Your Account on the Florida Blue website at **www.floridablue.com**. In Your Account choose Tools, and then Compare Drug Prices.

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ANTI-INFECTIVE AGENTS					
PENICILLINS					
AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg	3				
AMOXICILLIN – amoxicillin (trihydrate) chew tab 250 mg	2				
amoxicillin (trihydrate) cap 250 mg	1				
amoxicillin (trihydrate) cap 500 mg	1				
amoxicillin (trihydrate) for susp 125 mg/5ml	1				
amoxicillin (trihydrate) for susp 200 mg/5ml	1				
amoxicillin (trihydrate) for susp 250 mg/5ml	1				
amoxicillin (trihydrate) for susp 400 mg/5ml	1				
amoxicillin (trihydrate) tab 500 mg	1				
amoxicillin (trihydrate) tab 875 mg	1				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	1				
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1				
amoxicillin & k clavulanate tab 250-125 mg	1				
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1				
amoxicillin & k clavulanate tab 875-125 mg (Augmentin)	1				
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 200-28.5 mg	3				
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 400-57 mg	3				
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3				
AMPICILLIN – ampicillin cap 500 mg	2				
AUGMENTIN – amoxicillin & k clavulanate tab 500-125 mg	3				
AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2				
AUGMENTIN – amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	3				
AUGMENTIN ES-600 – amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3				
dicloxacillin sodium cap 250 mg	1				
dicloxacillin sodium cap 500 mg	1				
PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml	2				
PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml	2				
penicillin v potassium tab 250 mg	1				
penicillin v potassium tab 500 mg	1				
CEPHALOSPORINS					

KEY

Tier

1 = Covered Generic Drugs
2 = Preferred Brand Drugs
3 = Non-preferred Brand Drugs
• = Responsible Rx Program
* = May not be covered – see endorsement
X = Tier 4: Separate Specialty costshare may apply – see endorsement

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
CEFACLOR – cefaclor for susp 125 mg/5ml	3				
CEFACLOR – cefaclor for susp 250 mg/5ml	3				
CEFACLOR – cefaclor for susp 375 mg/5ml	3				
cefaclor cap 250 mg	1				
cefaclor cap 500 mg	1				
cefadroxil cap 500 mg	1				
cefadroxil for susp 250 mg/5ml	1				
cefadroxil for susp 500 mg/5ml	1				
cefadroxil tab 1 gm	1				
cefdinir cap 300 mg	1				
cefdinir for susp 125 mg/5ml	1				
cefdinir for susp 250 mg/5ml	1				
CEFDITOREN PIVOXIL – cefditoren pivoxil tab 200 mg (base equivalent)	3				
CEFDITOREN PIVOXIL – cefditoren pivoxil tab 400 mg (base equivalent)	3				
cefixime cap 400 mg (Suprax)	1				
cefixime for susp 100 mg/5ml (Suprax)	1				
cefixime for susp 200 mg/5ml (Suprax)	1				
cefpodoxime proxetil for susp 50 mg/5ml	1				
cefpodoxime proxetil for susp 100 mg/5ml	1				
cefpodoxime proxetil tab 100 mg	1				
cefpodoxime proxetil tab 200 mg	1				
cefprozil for susp 125 mg/5ml	1				
cefprozil for susp 250 mg/5ml	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
cefprozil tab 250 mg	1				
cefprozil tab 500 mg	1				
cefuroxime axetil tab 250 mg	1				
cefuroxime axetil tab 500 mg (Ceftin)	1				
cephalexin cap 250 mg (Keflex)	1				
cephalexin cap 500 mg (Keflex)	1				
cephalexin cap 750 mg (Keflex)	1				
cephalexin for susp 125 mg/5ml	1				
cephalexin for susp 250 mg/5ml	1				
KEFLEX – cephalexin cap 250 mg	3				
KEFLEX – cephalexin cap 750 mg	3				
SPECTRACEF – cefditoren pivoxil tab 400 mg (base equivalent)	3				
SUPRAX – cefixime cap 400 mg	3				
SUPRAX – cefixime chew tab 100 mg	2				
SUPRAX – cefixime chew tab 200 mg	2				
SUPRAX – cefixime for susp 100 mg/5ml	3				
SUPRAX – cefixime for susp 200 mg/5ml	3				
SUPRAX – cefixime for susp 500 mg/5ml	2				
MACROLIDES					
AZITHROMYCIN – azithromycin powd pack for susp 1 gm	3				
azithromycin for susp 100 mg/5ml (Zithromax)	1				
azithromycin for susp 200 mg/5ml (Zithromax)	1				
azithromycin tab 250 mg (Zithromax)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
azithromycin tab 500 mg (Zithromax)	1				
azithromycin tab 600 mg (Zithromax)	1				
CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml	3				
CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml	3				
clarithromycin tab er 24hr 500 mg	1				
clarithromycin tab 250 mg (Biaxin)	1				
clarithromycin tab 500 mg (Biaxin)	1				
DIFICID – fidaxomicin tab 200 mg	3			•	
E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml	3				
E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg	3				
ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml	3				
ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml	3				
ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg	3				
ERYTHROMYCIN ETHYLSUCCINA – erythromycin ethylsuccinate tab 400 mg	3				
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1				
erythromycin tab delayed release 250 mg	1				
erythromycin tab delayed release 333 mg	1				
erythromycin tab delayed release 500 mg	1				
erythromycin tab 250 mg	1				
erythromycin tab 500 mg	1				
erythromycin w/ delayed release particles cap 250 mg	1				
ZITHROMAX – azithromycin tab 500 mg	3				
ZITHROMAX – azithromycin tab 600 mg	3				
ZITHROMAX – azithromycin for susp 100 mg/5ml	3				
ZITHROMAX – azithromycin for susp 200 mg/5ml	3				
ZITHROMAX – azithromycin powd pack for susp 1 gm	2				
ZITHROMAX TRI-PAK – azithromycin tab 500 mg	3				
TETRACYCLINES					
demeclocycline hcl tab 150 mg	1				
demeclocycline hcl tab 300 mg	1				
doxycycline hyclate cap 50 mg	1				
doxycycline hyclate cap 100 mg (Vibramycin)	1				
doxycycline hyclate tab 20 mg	1				
doxycycline hyclate tab 100 mg	1				
doxycycline monohydrate cap 50 mg	1				

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doxycycline monohydrate cap 100 mg (Monodox)	1				
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1				
doxycycline monohydrate tab 50 mg (Adoxa)	1				
doxycycline monohydrate tab 75 mg (Adoxa)	1				
doxycycline monohydrate tab 100 mg (Adoxa pak 1/100)	1				
doxycycline monohydrate tab 150 mg (Adoxa pak 1/150)	1				
minocycline hcl cap 50 mg (Minocin)	1				
minocycline hcl cap 75 mg (Minocin)	1				
minocycline hcl cap 100 mg (Minocin)	1				
minocycline hcl tab 50 mg	1				
minocycline hcl tab 75 mg	1				
minocycline hcl tab 100 mg	1				
NUZYRA – omadacycline tosylate tab 150 mg (base equivalent)	3				
tetracycline hcl cap 250 mg (Tetracycline hcl)	1				
tetracycline hcl cap 500 mg (Tetracycline hcl)	1				
VIBRAMYCIN – doxycycline calcium syrup 50 mg/5ml	3				•
FLUOROQUINOLONES					
BAXDELA – delafloxacin meglumine tab 450 mg (base equiv)	3		•	•	
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro)	1				
CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv)	3				
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	1				
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	1				
ciprofloxacin hcl tab 750 mg (base equiv)	1				
LEVAQUIN – levofloxacin tab 500 mg	3				
LEVAQUIN – levofloxacin tab 750 mg	3				
levofloxacin oral soln 25 mg/ml	1				
levofloxacin tab 250 mg (Levaquin)	1				
levofloxacin tab 500 mg (Levaquin)	1				
levofloxacin tab 750 mg (Levaquin)	1				
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	1				
OFLOXACIN – ofloxacin tab 300 mg	3				
ofloxacin tab 400 mg	1				
AMINOGLYCOSIDES					
ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	3	X			
BETHKIS – tobramycin nebu soln 300 mg/4ml	2	X			
KITABIS PAK – tobramycin nebu soln 300 mg/5ml	3	X			

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
neomycin sulfate tab 500 mg	1				
paromomycin sulfate cap 250 mg	1				
TOBI PODHALER – tobramycin inhal cap 28 mg	2	X			
TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml	3	X			
tobramycin nebu soln 300 mg/5ml (Tobi)	1	X			
SULFONAMIDES					
SULFADIAZINE – sulfadiazine tab 500 mg	2				
ANTIMYCOBACTERIAL AGENTS					
cycloserine cap 250 mg	1				
ethambutol hcl tab 100 mg (Myambutol)	1				
ethambutol hcl tab 400 mg (Myambutol)	1				
ISONIAZID – isoniazid syrup 50 mg/5ml	2				
isoniazid tab 100 mg	1				
isoniazid tab 300 mg	1				
MYAMBUTOL – ethambutol hcl tab 100 mg	3				
MYAMBUTOL – ethambutol hcl tab 400 mg	3				
MYCOBUTIN – rifabutin cap 150 mg	3				
PASER – aminosalicylic acid er granules packet 4 gm	3				
PRIFTIN – rifapentine tab 150 mg	2				
pyrazinamide tab 500 mg	1				
rifabutin cap 150 mg (Mycobutin)	1				
RIFADIN – rifampin cap 150 mg	3				
RIFADIN – rifampin cap 300 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
RIFAMATE – isoniazid & rifampin cap 150-300 mg	3				
rifampin cap 150 mg (Rifadin)	1				
rifampin cap 300 mg (Rifadin)	1				
RIFATER – isoniazid-rifampin w/ pyrazinamide tab 50-120-300 mg	3				
SIRTURO – bedaquiline fumarate tab 100 mg (base equiv)	3				
TRECATOR – ethionamide tab 250 mg	3				
ANTIFUNGALS					
ANCOBON – flucytosine cap 250 mg	3				
ANCOBON – flucytosine cap 500 mg	3				
CRESEMBA – isavuconazonium sulfate cap 186 mg	3		•		
DIFLUCAN – fluconazole for susp 10 mg/ml	3				
DIFLUCAN – fluconazole for susp 40 mg/ml	3				
fluconazole for susp 10 mg/ml (Diflucan)	1				
fluconazole for susp 40 mg/ml (Diflucan)	1				
fluconazole tab 50 mg (Diflucan)	1				
fluconazole tab 100 mg (Diflucan)	1				
fluconazole tab 150 mg (Diflucan)	1				
fluconazole tab 200 mg (Diflucan)	1				
flucytosine cap 250 mg (Ancobon)	1				
flucytosine cap 500 mg (Ancobon)	1				
griseofulvin microsize susp 125 mg/5ml	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
griseofulvin microsize tab 500 mg	1				
griseofulvin ultramicrosize tab 125 mg (Gris-peg)	1				
griseofulvin ultramicrosize tab 250 mg (Gris-peg)	1				
itraconazole cap 100 mg (Sporanox)	1		•		
itraconazole oral soln 10 mg/ml (Sporanox)	1		•		
ketoconazole tab 200 mg	1				
NOXAFIL – posaconazole tab delayed release 100 mg	3		•		
NOXAFIL – posaconazole susp 40 mg/ml	2		•		
nystatin tab 500000 unit	1				
posaconazole tab delayed release 100 mg (Noxafil)	1		•		
SPORANOX – itraconazole oral soln 10 mg/ml	3		•		
SPORANOX – itraconazole cap 100 mg	3		•		
SPORANOX PULSEPAK – itraconazole cap 100 mg	3		•		
terbinafine hcl tab 250 mg (Lamisil)	1				
VFEND – voriconazole for susp 40 mg/ml	3		•		
VFEND – voriconazole tab 50 mg	3		•		
VFEND – voriconazole tab 200 mg	3		•		
voriconazole for susp 40 mg/ml (Vfend)	1		•		
voriconazole tab 50 mg (Vfend)	1		•		
voriconazole tab 200 mg (Vfend)	1		•		
ANTIVIRALS					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1			•	
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1			•	
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1			•	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	1			•	
acyclovir cap 200 mg (Zovirax)	1				
acyclovir susp 200 mg/5ml (Zovirax)	1				
acyclovir tab 400 mg (Zovirax)	1				
acyclovir tab 800 mg (Zovirax)	1				
adefovir dipivoxil tab 10 mg (Hepsera)	1				
APTIVUS – tipranavir cap 250 mg	2			•	
APTIVUS – tipranavir oral soln 100 mg/ml	2			•	
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	1			•	
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1			•	
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1			•	
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2			•	
BARACLUDE – entecavir oral soln 0.05 mg/ml	2				
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	2			•	
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
COMBIVIR – lamivudine-zidovudine tab 150-300 mg	3			•	
COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2			•	
CRIXIVAN – indinavir sulfate cap 200 mg	2			•	
CRIXIVAN – indinavir sulfate cap 400 mg	2			•	
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2			•	
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2			•	
DIDANOSINE – didanosine delayed release capsule 400 mg	3			•	
didanosine delayed release capsule 200 mg (Videx ec)	1			•	
didanosine delayed release capsule 250 mg (Videx ec)	1			•	
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2			•	
EDURANT – rilpivirine hcl tab 25 mg (base equivalent)	2			•	
efavirenz cap 50 mg (Sustiva)	1			•	
efavirenz cap 200 mg (Sustiva)	1			•	
efavirenz tab 600 mg (Sustiva)	1			•	
EMTRIVA – emtricitabine caps 200 mg	2			•	
EMTRIVA – emtricitabine soln 10 mg/ml	2			•	
entecavir tab 0.5 mg (Baraclude)	1				
entecavir tab 1 mg (Baraclude)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg	2	X	•	•	
EPIVIR – lamivudine oral soln 10 mg/ml	3			•	
EPIVIR – lamivudine tab 150 mg	3			•	
EPIVIR – lamivudine tab 300 mg	3			•	
EPIVIR HBV – lamivudine tab 100 mg (hbv)	3				
EPIVIR HBV – lamivudine oral soln 5 mg/ml (hbv)	2				
EPZICOM – abacavir sulfate-lamivudine tab 600-300 mg	3			•	
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2			•	
famciclovir tab 125 mg (Famvir)	1				
famciclovir tab 250 mg (Famvir)	1				
famciclovir tab 500 mg (Famvir)	1				
FLUMADINE – rimantadine hydrochloride tab 100 mg	3				
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1			•	
FUZEON – enfuvirtide for inj 90 mg	2	X		•	
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2			•	
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg	2	X	•	•	
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg	2	X	•	•	
INTELENCE – etravirine tab 25 mg	2			•	
INTELENCE – etravirine tab 100 mg	2			•	
INTELENCE – etravirine tab 200 mg	2			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
INVIRASE – saquinavir mesylate tab 500 mg	2			•	
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)	2			•	
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)	2			•	
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)	2			•	
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)	2			•	
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)	2			•	
JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2			•	
KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	3			•	
KALETRA – lopinavir-ritonavir tab 100-25 mg	2			•	
KALETRA – lopinavir-ritonavir tab 200-50 mg	2			•	
lamivudine oral soln 10 mg/ml (Epivir)	1			•	
lamivudine tab 100 mg (hbv) (Epivir hbv)	1				
lamivudine tab 150 mg (Epivir)	1			•	
lamivudine tab 300 mg (Epivir)	1			•	
lamivudine-zidovudine tab 150-300 mg (Combivir)	1			•	
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	2	X	•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
LEXIVA – fosamprenavir calcium tab 700 mg (base equiv)	3			•	
LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)	2			•	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1			•	
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	2	X	•	•	
NEVIRAPINE ER – nevirapine tab er 24hr 100 mg	2			•	
nevirapine susp 50 mg/5ml (Viramune)	1			•	
nevirapine tab er 24hr 400 mg (Viramune xr)	1			•	
nevirapine tab 200 mg (Viramune)	1			•	
NORVIR – ritonavir tab 100 mg	3			•	
NORVIR – ritonavir oral soln 80 mg/ml	2			•	
NORVIR – ritonavir powder packet 100 mg	2			•	
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2			•	
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1			•	
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	1			•	
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	1			•	
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1			•	
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	3	X	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml	3	X	•		

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PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml	3	X	•		
PEGINTRON – peginterferon alfa-2b for inj kit 50 mcg/0.5ml	3	X	•		
PIFELTRO – doravirine tab 100 mg	2			•	
PREVYMIS – letermovir tab 240 mg	3				
PREVYMIS – letermovir tab 480 mg	3				
PREZCOBIX – darunavir-cobicistat tab 800-150 mg	2			•	
PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv)	2			•	
PREZISTA – darunavir ethanolate tab 75 mg (base equiv)	2			•	
PREZISTA – darunavir ethanolate tab 150 mg (base equiv)	2			•	
PREZISTA – darunavir ethanolate tab 600 mg (base equiv)	2			•	
PREZISTA – darunavir ethanolate tab 800 mg (base equiv)	2			•	
RELENZA DISKHALER – zanamivir aero powder breath activated 5 mg/blister	3			•	
RESCRIPTOR – delavirdine mesylate tab 200 mg	2			•	
RETROVIR – zidovudine cap 100 mg	3			•	
RETROVIR – zidovudine syrup 10 mg/ml	3			•	
REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)	2			•	
REYATAZ – atazanavir sulfate cap 150 mg (base equiv)	3			•	
REYATAZ – atazanavir sulfate cap 200 mg (base equiv)	3			•	
REYATAZ – atazanavir sulfate cap 300 mg (base equiv)	3			•	
ribavirin cap 200 mg	1				
ribavirin for inhal soln 6 gm (Virazole)	1				
ribavirin tab 200 mg	1				
rimantadine hydrochloride tab 100 mg (Flumadine)	1				
ritonavir tab 100 mg (Norvir)	1			•	
SELZENTRY – maraviroc oral soln 20 mg/ml	2			•	
SELZENTRY – maraviroc tab 25 mg	2			•	
SELZENTRY – maraviroc tab 75 mg	2			•	
SELZENTRY – maraviroc tab 150 mg	2			•	
SELZENTRY – maraviroc tab 300 mg	2			•	
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	2	X	•	•	
SOVALDI – sofosbuvir tab 200 mg	2	X	•	•	
SOVALDI – sofosbuvir tab 400 mg	2	X	•	•	
stavudine cap 15 mg (Zerit)	1			•	
stavudine cap 20 mg (Zerit)	1			•	
stavudine cap 30 mg (Zerit)	1			•	
stavudine cap 40 mg (Zerit)	1			•	
STRIBILD – elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2			•	
SUSTIVA – efavirenz tab 600 mg	3			•	
SUSTIVA – efavirenz cap 50 mg	3			•	

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SUSTIVA – efavirenz cap 200 mg	3			•	
SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2			•	
SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2			•	
SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2			•	
TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv)	3			•	
TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv)	3			•	
TAMIFLU – oseltamivir phosphate cap 45 mg (base equiv)	3			•	
TAMIFLU – oseltamivir phosphate cap 75 mg (base equiv)	3			•	
TEMIXYS – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2			•	
tenofovir disoproxil fumarate tab 300 mg (Viread)	1			•	
TIVICAY – dolutegravir sodium tab 10 mg (base equiv)	2			•	
TIVICAY – dolutegravir sodium tab 25 mg (base equiv)	2			•	
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	2			•	
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2			•	
TRIZIVIR – abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	3			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	2			•	
TYBOST – cobicistat tab 150 mg	2			•	
valacyclovir hcl tab 500 mg (Valtrex)	1				
valacyclovir hcl tab 1 gm (Valtrex)	1				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1				
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg	3				
VIDEX – didanosine for soln 2 gm	2			•	
VIDEX EC – didanosine delayed release capsule 125 mg	2			•	
VIDEX EC – didanosine delayed release capsule 200 mg	3			•	
VIDEX EC – didanosine delayed release capsule 250 mg	3			•	
VIRACEPT – nelfinavir mesylate tab 250 mg	2			•	
VIRACEPT – nelfinavir mesylate tab 625 mg	2			•	
VIRAMUNE – nevirapine tab 200 mg	3			•	
VIRAMUNE – nevirapine susp 50 mg/5ml	3			•	
VIRAMUNE XR – nevirapine tab er 24hr 400 mg	3			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
VIRAZOLE – ribavirin for inhal soln 6 gm	3				
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	2			•	
VIREAD – tenofovir disoproxil fumarate tab 150 mg	2			•	
VIREAD – tenofovir disoproxil fumarate tab 200 mg	2			•	
VIREAD – tenofovir disoproxil fumarate tab 250 mg	2			•	
VIREAD – tenofovir disoproxil fumarate tab 300 mg	3			•	
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	X	•	•	
XOFLUZA – baloxavir marboxil tab therapy pack 20 (2) mg (40 mg dose)	3			•	
XOFLUZA – baloxavir marboxil tab therapy pack 40 (2) mg (80 mg dose)	3			•	
ZIAGEN – abacavir sulfate tab 300 mg (base equiv)	3			•	
ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv)	3			•	
zidovudine cap 100 mg (Retrovir)	1			•	
zidovudine syrup 10 mg/ml (Retrovir)	1			•	
zidovudine tab 300 mg	1			•	
ZOVIRAX – acyclovir cap 200 mg	3				
ZOVIRAX – acyclovir susp 200 mg/5ml	3				
ZOVIRAX – acyclovir tab 400 mg	3				
ZOVIRAX – acyclovir tab 800 mg	3				
ANTIMALARIALS					
ARAKODA – tafenoquine succinate tab 100 mg (base equivalent)	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	1				
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	1				
CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg	2				
chloroquine phosphate tab 500 mg (Aralen)	1				
COARTEM – artemether-lumefantrine tab 20-120 mg	2				
DARAPRIM – pyrimethamine tab 25 mg	2	X	•	•	
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1				
KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent)	3				
MALARONE – atovaquone-proguanil hcl tab 62.5-25 mg	3				
MEFLOQUINE HCL – mefloquine hcl tab 250 mg	2				
PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)	3				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1				
QUALAQUIN – quinine sulfate cap 324 mg	3			•	
quinine sulfate cap 324 mg (Qualaquin)	1			•	
ANTHELMINTICS					
albendazole tab 200 mg (Albenza)	1		•	•	
ALBENZA – albendazole tab 200 mg	3		•	•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
BENZNIDAZOLE – benznidazole tab 12.5 mg	2				
BENZNIDAZOLE – benznidazole tab 100 mg	2				
BILTRICIDE – praziquantel tab 600 mg	3				
EGATEN – triclabendazole tab 250 mg	2	X			
EMVERM – mebendazole chew tab 100 mg	3		•	•	
ivermectin tab 3 mg (Stromectol)	1				
praziquantel tab 600 mg (Biltricide)	1				
STROMECTOL – ivermectin tab 3 mg	3				
ANTI-INFECTIVE AGENTS - MISC.					
AEMCOLO – rifamycin sodium tab delayed release 194 mg (base equiv)	3			•	
ALINIA – nitazoxanide tab 500 mg	2			•	
ALINIA – nitazoxanide for susp 100 mg/5ml	2			•	
atovaquone susp 750 mg/5ml (Mepron)	1				
BACTRIM – sulfamethoxazole-trimethoprim tab 400-80 mg	3				
BACTRIM DS – sulfamethoxazole-trimethoprim tab 800-160 mg	3				
CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent)	2				
CLEOCIN – clindamycin hcl cap 75 mg	3				
CLEOCIN – clindamycin hcl cap 150 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
CLEOCIN – clindamycin hcl cap 300 mg	3				
CLEOCIN PEDIATRIC GRANULE – clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3				
clindamycin hcl cap 75 mg (Cleocin)	1				
clindamycin hcl cap 150 mg (Cleocin)	1				
clindamycin hcl cap 300 mg (Cleocin)	1				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1				
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	1				
COLY-MYCIN M – colistimethate sod for inj 150 mg (colistin base activity)	3				
dapsone tab 25 mg	1				
dapsone tab 100 mg	1				
FIRVANQ – vancomycin hcl for oral soln 25 mg/ml (base equivalent)	3				
FIRVANQ – vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3			•	
FLAGYL – metronidazole cap 375 mg	3				
FLAGYL – metronidazole tab 250 mg	3				
FLAGYL – metronidazole tab 500 mg	3				
IMPAVIDO – miltefosine cap 50 mg	2	X	•		
linezolid for susp 100 mg/5ml (Zyvox)	1			•	
linezolid tab 600 mg (Zyvox)	1			•	

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MEPRON – atovaquone susp 750 mg/5ml	3				
metronidazole cap 375 mg (Flagyl)	1				
metronidazole tab 250 mg (Flagyl)	1				
metronidazole tab 500 mg (Flagyl)	1				
NEBUPENT – pentamidine isethionate for nebulization soln 300 mg	2				
PRIMSOL – trimethoprim hcl oral soln 50 mg/5ml (base equiv)	2				
SIVEXTRO – tedizolid phosphate tab 200 mg	2		•	•	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1				
tinidazole tab 250 mg (Tindamax)	1				
tinidazole tab 500 mg (Tindamax)	1				
trimethoprim tab 100 mg	1				
VANCOCIN – vancomycin hcl cap 250 mg (base equivalent)	3			•	
VANCOCIN HCL – vancomycin hcl cap 125 mg (base equivalent)	3			•	
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	1			•	
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)	1			•	
VANCOMYCIN HYDROCHLORIDE – vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
XIFAXAN – rifaximin tab 200 mg	3		•	•	
XIFAXAN – rifaximin tab 550 mg	2		•	•	
BIOLOGICALS					
VACCINES					
ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj	3				
BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3				
ENGERIX-B – hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	3				
ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml	3				
ENGERIX-B – hepatitis b vaccine (recombinant) 10 mcg/0.5ml	3				
ENGERIX-B – hepatitis b vaccine (recombinant) 20 mcg/ml	3				
FLU VACCINES	3			•	
GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3				
GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac im susp	3				
HAVRIX – hepatitis a vaccine inj susp 720 el unit/0.5ml	3				
HAVRIX – hepatitis a vaccine inj susp 1440 el unit/ml	3				
HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3				
HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg	3				
M-M-R II – measles-mumps-rubella virus vaccines for inj soln	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
MENACTRA – meningococcal (a, c, y, and w-135) conjugate vaccine inj	3				
MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj	3				
PEDVAX HIB – haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3				
PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	3				
PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	3				
PREVNAR 13 – pneumococcal 13-valent conjugate vaccine inj	3				
PROQUAD – measles-mumps-rubella-varicella virus vaccines for susp	3				
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3				
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 10 mcg/ml	3				
RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 40 mcg/ml	3				
SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2				
TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr	3				
TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3				
VAQTA – hepatitis a vaccine inj susp 25 unit/0.5ml	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
VAQTA – hepatitis a vaccine inj susp 50 unit/ml	3				
VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3				
VAXCHORA – cholera vaccine live attenuated for oral susp	3				
VIVOTIF – typhoid vaccine cap delayed release	3				
ZOSTAVAX – zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	3			•	
TOXOIDS					
ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3				
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3				
DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3				
DIPHTHERIA/TETANUS TOXOID – diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3				
INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3				
KINRIX – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3				
PEDIARIX – diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	3				
PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3				
QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3				

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TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3				
TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu	3				
PASSIVE IMMUNIZING AGENTS					
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 1 gm/10ml	2	X	•		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	2	X	•		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•		
GAMMAGARD LIQUID – immune globulin (human) iv or subcutaneous soln 30 gm/300ml	2	X	•		
GAMMAKED – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•		
GAMMAKED – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•		
GAMMAKED – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•		
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 1 gm/10ml	2	X	•		
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	2	X	•		
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 5 gm/50ml	2	X	•		
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 10 gm/100ml	2	X	•		
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 20 gm/200ml	2	X	•		
GAMUNEX-C – immune globulin (human) iv or subcutaneous soln 40 gm/400ml	2	X	•		
HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml	3	X	•		
HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml	3	X	•		
HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml	3	X	•		
HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml	3	X	•		
HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	3	X	•		
HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	3	X	•		
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	3	X	•		
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	3	X	•		

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HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	3	X	•		
BIOLOGICALS MISC					
GRASTEK – timothy grass pollen allergen ext sl tab 2800 bau	3		•	•	
ODACTRA – dust mite mixed ext sl tab 12 sq-hdm	3		•	•	
RAGWITEK – short ragweed pollen allergen extract sl tab 12 amb a 1-u	3		•	•	
ANTINEOPLASTIC AGENTS					
ANTINEOPLASTICS					
abiraterone acetate tab 250 mg (Zytiga)	1	X	•	•	
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	X	•		
AFINITOR – everolimus tab 2.5 mg	2	X	•	•	
AFINITOR – everolimus tab 5 mg	2	X	•	•	
AFINITOR – everolimus tab 7.5 mg	2	X	•	•	
AFINITOR – everolimus tab 10 mg	2	X	•	•	
AFINITOR DISPERZ – everolimus tab for oral susp 2 mg	2	X	•	•	
AFINITOR DISPERZ – everolimus tab for oral susp 3 mg	2	X	•	•	
AFINITOR DISPERZ – everolimus tab for oral susp 5 mg	2	X	•	•	
ALECENSA – alectinib hcl cap 150 mg (base equivalent)	2	X	•	•	
ALKERAN – melphalan tab 2 mg	3				
ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg	2	X	•	•	
ALUNBRIG – brigatinib tab 30 mg	2	X	•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ALUNBRIG – brigatinib tab 90 mg	2	X	•	•	
ALUNBRIG – brigatinib tab 180 mg	2	X	•	•	
anastrozole tab 1 mg (Arimidex)	1				
BALVERSA – erdafitinib tab 3 mg	2	X	•	•	
BALVERSA – erdafitinib tab 4 mg	2	X	•	•	
BALVERSA – erdafitinib tab 5 mg	2	X	•	•	
bexarotene cap 75 mg (Targretin)	1	X	•		
bicalutamide tab 50 mg (Casodex)	1				
BOSULIF – bosutinib tab 100 mg	2	X	•	•	
BOSULIF – bosutinib tab 400 mg	2	X	•	•	
BOSULIF – bosutinib tab 500 mg	2	X	•	•	
BRAFTOVI – encorafenib cap 75 mg	2	X	•	•	
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)	2	X	•	•	
CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)	2	X	•	•	
CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)	2	X	•	•	
CALQUENCE – acalabrutinib cap 100 mg	2	X	•	•	
capecitabine tab 150 mg (Xeloda)	1	X	•	•	
capecitabine tab 500 mg (Xeloda)	1	X	•	•	
CAPRELSA – vandetanib tab 100 mg	2	X	•	•	
CAPRELSA – vandetanib tab 300 mg	2	X	•	•	
COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	X	•	•	

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COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	X	•	•	
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	X	•	•	
COPIKTRA – duvelisib cap 15 mg	2	X	•	•	
COPIKTRA – duvelisib cap 25 mg	2	X	•	•	
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	2	X	•	•	
CYCLOPHOSPHAMIDE – cyclophosphamide cap 25 mg	3				
CYCLOPHOSPHAMIDE – cyclophosphamide cap 50 mg	3				
cyclophosphamide cap 25 mg (Cyclophosphamide)	1				
cyclophosphamide cap 50 mg (Cyclophosphamide)	1				
DAURISMO – glasdegib maleate tab 25 mg (base equivalent)	2	X	•	•	
DAURISMO – glasdegib maleate tab 100 mg (base equivalent)	2	X	•	•	
EMCYT – estramustine phosphate sodium cap 140 mg	2				
ERIVEDGE – vismodegib cap 150 mg	2	X	•	•	
ERLEADA – apalutamide tab 60 mg	2	X	•	•	
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	1	X	•	•	
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	1	X	•	•	
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	1	X	•	•	
ETOPOSIDE – etoposide cap 50 mg	2				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
exemestane tab 25 mg (Aromasin)	1				
FARESTON – toremifene citrate tab 60 mg (base equivalent)	3				
FARYDAK – panobinostat lactate cap 10 mg (base equivalent)	2	X	•	•	
FARYDAK – panobinostat lactate cap 15 mg (base equivalent)	2	X	•	•	
FARYDAK – panobinostat lactate cap 20 mg (base equivalent)	2	X	•	•	
flutamide cap 125 mg	1				
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent)	2	X	•	•	
GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent)	2	X	•	•	
GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent)	2	X	•	•	
GLEOSTINE – lomustine cap 10 mg	2	X			
GLEOSTINE – lomustine cap 40 mg	2	X			
GLEOSTINE – lomustine cap 100 mg	2	X			
HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)	2	X	•		
HYCAMTIN – topotecan hcl cap 1 mg (base equiv)	2	X	•		
HYDREA – hydroxyurea cap 500 mg	3				
hydroxyurea cap 500 mg (Hydrea)	1				
IBRANCE – palbociclib cap 75 mg	2	X	•	•	
IBRANCE – palbociclib cap 100 mg	2	X	•	•	
IBRANCE – palbociclib cap 125 mg	2	X	•	•	
ICLUSIG – ponatinib hcl tab 15 mg (base equiv)	2	X	•	•	

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ICLUSIG – ponatinib hcl tab 45 mg (base equiv)	2	X	•	•	
IDHIFA – enasidenib mesylate tab 50 mg (base equivalent)	2	X	•	•	
IDHIFA – enasidenib mesylate tab 100 mg (base equivalent)	2	X	•	•	
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	1	X	•	•	
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	1	X	•	•	
IMBRUVICA – ibrutinib cap 70 mg	2	X	•	•	
IMBRUVICA – ibrutinib cap 140 mg	2	X	•	•	
IMBRUVICA – ibrutinib tab 140 mg	2	X	•	•	
IMBRUVICA – ibrutinib tab 280 mg	2	X	•	•	
IMBRUVICA – ibrutinib tab 420 mg	2	X	•	•	
IMBRUVICA – ibrutinib tab 560 mg	2	X	•	•	
INLYTA – axitinib tab 1 mg	2	X	•	•	
INLYTA – axitinib tab 5 mg	2	X	•	•	
INREBIC – fedratinib hcl cap 100 mg	2	X	•	•	
INTRON A – interferon alfa-2b inj 6000000 unit/ml	2	X	•		
INTRON A – interferon alfa-2b inj 10000000 unit/ml	2	X	•		
INTRON A – interferon alfa-2b for inj 10000000 unit	2	X	•		
INTRON A – interferon alfa-2b for inj 18000000 unit	2	X	•		
INTRON A – interferon alfa-2b for inj 50000000 unit	2	X	•		
IRESSA – gefitinib tab 250 mg	2	X	•	•	
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent)	2	X	•	•	
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent)	2	X	•	•	
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent)	2	X	•	•	
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent)	2	X	•	•	
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent)	2	X	•	•	
KISQALI – ribociclib succinate tab pack 200 mg daily dose	2	X	•	•	
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	X	•	•	
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	X	•	•	
KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•	
KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•	
KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	X	•	•	
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	X	•	•	
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose)	2	X	•	•	
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	X	•	•	
LENVIMA 18 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 (2) mg (18 mg daily dose)	2	X	•	•	
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 10 (2) mg (20 mg daily dose)	2	X	•	•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
LENVIMA 24 MG DAILY DOSE – lenvatinib cap therapy pack 10 (2) & 4 mg (24 mg daily dose)	2	X	•	•	
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	X	•	•	
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 4 (2) mg (8 mg daily dose)	2	X	•	•	
letrozole tab 2.5 mg (Femara)	1				
LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg	2				
LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg	2				
leucovorin calcium tab 5 mg	1				
leucovorin calcium tab 25 mg	1				
LEUKERAN – chlorambucil tab 2 mg	2				
leuprolide acetate inj kit 5 mg/ml	1	X	•	•	
LONSURF – trifluridine-tipiracil tab 15-6.14 mg	2	X	•	•	
LONSURF – trifluridine-tipiracil tab 20-8.19 mg	2	X	•	•	
LORBRENA – lorlatinib tab 25 mg	2	X	•	•	
LORBRENA – lorlatinib tab 100 mg	2	X	•	•	
LYNPARZA – olaparib tab 100 mg	2	X	•	•	
LYNPARZA – olaparib tab 150 mg	2	X	•	•	
LYSODREN – mitotane tab 500 mg	2	X			
MATULANE – procarbazine hcl cap 50 mg	2	X			
megestrol acetate susp 40 mg/ml (Megace oral)	1				
megestrol acetate tab 20 mg	1				
megestrol acetate tab 40 mg	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	X	•	•	
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	X	•	•	
MEKTOVI – binimetinib tab 15 mg	2	X	•	•	
melphalan tab 2 mg (Alkeran)	1				
mercaptopurine tab 50 mg	1				
MESNEX – mesna tab 400 mg	2				
METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3				
methotrexate sodium for inj 1 gm	1				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1				
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium tab 2.5 mg (base equiv)	1				
MYLERAN – busulfan tab 2 mg	2				
NERLYNX – neratinib maleate tab 40 mg (base equivalent)	2	X	•	•	
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	2	X	•	•	
NILANDRON – nilutamide tab 150 mg	3				
nilutamide tab 150 mg (Nilandron)	1				
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)	2	X	•	•	

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NINLARO – ixazomib citrate cap 3 mg (base equivalent)	2	X	•	•	
NINLARO – ixazomib citrate cap 4 mg (base equivalent)	2	X	•	•	
NUBEQA – darolutamide tab 300 mg	2	X	•	•	
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	2	X	•	•	
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	2	X	•	•	
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	X	•	•	
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	X	•	•	
POMALYST – pomalidomide cap 1 mg	2	X	•	•	
POMALYST – pomalidomide cap 2 mg	2	X	•	•	
POMALYST – pomalidomide cap 3 mg	2	X	•	•	
POMALYST – pomalidomide cap 4 mg	2	X	•	•	
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	2	X			
ROZLYTREK – entrectinib cap 100 mg	2	X	•	•	
ROZLYTREK – entrectinib cap 200 mg	2	X	•	•	
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)	3	X	•	•	
RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)	3	X	•	•	
RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)	3	X	•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
RYDAPT – midostaurin cap 25 mg	2	X	•	•	
SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3				
SPRYCEL – dasatinib tab 20 mg	2	X	•	•	
SPRYCEL – dasatinib tab 50 mg	2	X	•	•	
SPRYCEL – dasatinib tab 70 mg	2	X	•	•	
SPRYCEL – dasatinib tab 80 mg	2	X	•	•	
SPRYCEL – dasatinib tab 100 mg	2	X	•	•	
SPRYCEL – dasatinib tab 140 mg	2	X	•	•	
STIVARGA – regorafenib tab 40 mg	2	X	•	•	
SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	2	X	•	•	
SUTENT – sunitinib malate cap 25 mg (base equivalent)	2	X	•	•	
SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	2	X	•	•	
SUTENT – sunitinib malate cap 50 mg (base equivalent)	2	X	•	•	
SYLATRON – peginterferon alfa-2b for inj kit 200 mcg	2	X			
SYLATRON – peginterferon alfa-2b for inj kit 300 mcg	2	X			
SYLATRON – peginterferon alfa-2b for inj kit 600 mcg	2	X			
SYNRIBO – omacetaxine mepesuccinate for inj 3.5 mg	3	X	•		
TABLOID – thioguanine tab 40 mg	2				
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	2	X	•	•	
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	2	X	•	•	
TAGRISSO – osimertinib mesylate tab 40 mg (base equivalent)	2	X	•	•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
TAGRISSO – osimertinib mesylate tab 80 mg (base equivalent)	2	X	•	•	
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent)	2	X	•	•	
TALZENNA – talazoparib tosylate cap 1 mg (base equivalent)	2	X	•	•	
tamoxifen citrate tab 10 mg (base equivalent)	1				
tamoxifen citrate tab 20 mg (base equivalent)	1				
TARCEVA – erlotinib hcl tab 25 mg (base equivalent)	3	X	•	•	
TARCEVA – erlotinib hcl tab 100 mg (base equivalent)	3	X	•	•	
TARCEVA – erlotinib hcl tab 150 mg (base equivalent)	3	X	•	•	
TARGRETIN – bexarotene cap 75 mg	3	X	•		
TASIGNA – nilotinib hcl cap 50 mg (base equivalent)	2	X	•	•	
TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	2	X	•	•	
TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	2	X	•	•	
TEMODAR – temozolomide cap 5 mg	3	X	•		
TEMODAR – temozolomide cap 20 mg	3	X	•		
TEMODAR – temozolomide cap 100 mg	3	X	•		
TEMODAR – temozolomide cap 140 mg	3	X	•		
TEMODAR – temozolomide cap 180 mg	3	X	•		
TEMODAR – temozolomide cap 250 mg	3	X	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
temozolomide cap 5 mg (Temodar)	1	X	•		
temozolomide cap 20 mg (Temodar)	1	X	•		
temozolomide cap 100 mg (Temodar)	1	X	•		
temozolomide cap 140 mg (Temodar)	1	X	•		
temozolomide cap 180 mg (Temodar)	1	X	•		
temozolomide cap 250 mg (Temodar)	1	X	•		
TIBSOVO – ivosidenib tab 250 mg	2	X	•	•	
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1				
tretinoin cap 10 mg	1	X	•		
TREXALL – methotrexate sodium tab 5 mg (base equiv)	3				
TREXALL – methotrexate sodium tab 7.5 mg (base equiv)	3				
TREXALL – methotrexate sodium tab 10 mg (base equiv)	3				
TREXALL – methotrexate sodium tab 15 mg (base equiv)	3				
TURALIO – pexidartinib hcl cap 200 mg (base equivalent)	2	X	•	•	
TYKERB – lapatinib ditosylate tab 250 mg (base equiv)	2	X	•	•	
VENCLEXTA – venetoclax tab 10 mg	2	X	•	•	
VENCLEXTA – venetoclax tab 50 mg	2	X	•	•	
VENCLEXTA – venetoclax tab 100 mg	2	X	•	•	

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VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	X	•	•	
VERZENIO – abemaciclib tab 50 mg	2	X	•	•	
VERZENIO – abemaciclib tab 100 mg	2	X	•	•	
VERZENIO – abemaciclib tab 150 mg	2	X	•	•	
VERZENIO – abemaciclib tab 200 mg	2	X	•	•	
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	X	•	•	
VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)	2	X	•	•	
VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent)	2	X	•	•	
VIZIMPRO – dacomitinib tab 15 mg	2	X	•	•	
VIZIMPRO – dacomitinib tab 30 mg	2	X	•	•	
VIZIMPRO – dacomitinib tab 45 mg	2	X	•	•	
VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	2	X	•	•	
XALKORI – crizotinib cap 200 mg	2	X	•	•	
XALKORI – crizotinib cap 250 mg	2	X	•	•	
XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent)	2	X	•	•	
XPOVIO 100 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (100 mg once weekly)	2	X	•	•	
XPOVIO 60 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (60 mg once weekly)	2	X	•	•	
XPOVIO 80 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (80 mg once weekly)	2	X	•	•	
XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	X	•	•	
XTANDI – enzalutamide cap 40 mg	2	X	•	•	
YONSA – abiraterone acetate tab 125 mg	2	X	•	•	
ZEJULA – niraparib tosylate cap 100 mg (base equivalent)	2	X	•	•	
ZELBORAF – vemurafenib tab 240 mg	2	X	•	•	
ZOLINZA – vorinostat cap 100 mg	2	X	•	•	
ZYDELIG – idelalisib tab 100 mg	2	X	•	•	
ZYDELIG – idelalisib tab 150 mg	2	X	•	•	
ZYKADIA – ceritinib tab 150 mg	2	X	•	•	
ENDOCRINE AND METABOLIC DRUGS					
CORTICOSTEROIDS					
budesonide delayed release particles cap 3 mg (Entocort ec)	1				
budesonide tab er 24hr 9 mg (Uceris)	1				
CORTISONE ACETATE – cortisone acetate tab 25 mg	3				
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml	2				
DEXAMETHASONE – dexamethasone tab 1 mg	2				
DEXAMETHASONE – dexamethasone tab 2 mg	2				
dexamethasone elixir 0.5 mg/5ml	1				
DEXAMETHASONE INTENSOL – dexamethasone conc 1 mg/ml	3				
dexamethasone tab 0.5 mg	1				
dexamethasone tab 0.75 mg	1				
dexamethasone tab 1.5 mg	1				
dexamethasone tab 4 mg	1				

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dexamethasone tab 6 mg	1				
EMFLAZA – deflazacort susp 22.75 mg/ml	3	X	•		
EMFLAZA – deflazacort tab 6 mg	3	X	•	•	
EMFLAZA – deflazacort tab 18 mg	3	X	•	•	
EMFLAZA – deflazacort tab 30 mg	3	X	•		
EMFLAZA – deflazacort tab 36 mg	3	X	•		
fludrocortisone acetate tab 0.1 mg	1				
hydrocortisone tab 5 mg (Cortef)	1				
hydrocortisone tab 10 mg (Cortef)	1				
hydrocortisone tab 20 mg (Cortef)	1				
MEDROL – methylprednisolone tab 2 mg	3				
MEDROL – methylprednisolone tab 4 mg	3				
MEDROL – methylprednisolone tab 8 mg	3				
MEDROL – methylprednisolone tab 16 mg	3				
MEDROL – methylprednisolone tab 32 mg	3				
MEDROL DOSEPAK – methylprednisolone tab therapy pack 4 mg (21)	3				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1				
methylprednisolone tab 4 mg (Medrol)	1				
methylprednisolone tab 8 mg (Medrol)	1				
methylprednisolone tab 16 mg (Medrol)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
methylprednisolone tab 32 mg (Medrol)	1				
ORAPRED ODT – prednisolone sod phos orally disintegr tab 10 mg (base eq)	3				
ORAPRED ODT – prednisolone sod phos orally disintegr tab 15 mg (base eq)	3				
ORAPRED ODT – prednisolone sod phos orally disintegr tab 30 mg (base eq)	3				
PEDIAPRED – prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	3				
PREDNISOLONE – prednisolone syrup 15 mg/5ml (usp solution equivalent)	3				
prednisolone sod phos orally disintegr tab 10 mg (base eq) (Orapred odt)	1				
prednisolone sod phos orally disintegr tab 15 mg (base eq) (Orapred odt)	1				
prednisolone sod phos orally disintegr tab 30 mg (base eq) (Orapred odt)	1				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1				
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (Millipred)	1				
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (Veripred 20)	1				

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PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3				
PREDNISONE – prednisone oral soln 5 mg/5ml	2				
PREDNISONE INTENSOL – prednisone conc 5 mg/ml	3				
prednisone tab therapy pack 5 mg (21)	1				
prednisone tab therapy pack 5 mg (48)	1				
prednisone tab therapy pack 10 mg (21)	1				
prednisone tab therapy pack 10 mg (48)	1				
prednisone tab 1 mg	1				
prednisone tab 2.5 mg	1				
prednisone tab 5 mg	1				
prednisone tab 10 mg	1				
prednisone tab 20 mg	1				
prednisone tab 50 mg	1				
ANDROGEN-ANABOLIC					
ANADROL-50 – oxymetholone tab 50 mg	3		•		
danazol cap 50 mg	1		•		
danazol cap 100 mg	1		•		
danazol cap 200 mg	1		•		
DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 100 mg/ml	3			•	
DEPO-TESTOSTERONE – testosterone cypionate im inj in oil 200 mg/ml	3			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
METHITEST – methyltestosterone oral tab 10 mg	3		•	•	
METHYLTESTOSTERONE – methyltestosterone cap 10 mg	3		•	•	
oxandrolone tab 2.5 mg (Oxandrin)	1		•		
oxandrolone tab 10 mg (Oxandrin)	1		•		
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1			•	
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1			•	
testosterone enanthate im inj in oil 200 mg/ml	1			•	
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	1		•	•	
testosterone td gel 50 mg/5gm (1%) (Androgel)	1		•	•	
testosterone td gel 12.5 mg/act (1%) (Androgel pump)	1		•	•	
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	1		•	•	
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	1		•	•	
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1		•	•	
testosterone td gel 10mg/act (2%) (Fortesta)	1		•	•	
testosterone td soln 30 mg/act	1		•	•	
ESTROGENS					
ALORA – estradiol td patch twice weekly 0.025 mg/24hr	3			•	

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ALORA – estradiol td patch twice weekly 0.05 mg/24hr	3			•	
ALORA – estradiol td patch twice weekly 0.075 mg/24hr	3			•	
ALORA – estradiol td patch twice weekly 0.1 mg/24hr	3			•	
ANGELIQ – drospirenone-estradiol tab 0.25-0.5 mg	3				
ANGELIQ – drospirenone-estradiol tab 0.5-1 mg	3				
BIJUVA – estradiol-progesterone cap 1-100 mg	3				
CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2			•	
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	3				
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	3				
DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)	2			•	
DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)	2			•	
DIVIGEL – estradiol td gel 0.75 mg/0.75gm (0.1%)	2			•	
DIVIGEL – estradiol td gel 1 mg/gm (0.1%)	2			•	
DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg	3				
ELESTRIN – estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3			•	
ESTRACE – estradiol tab 0.5 mg	3				
ESTRACE – estradiol tab 1 mg	3				
ESTRACE – estradiol tab 2 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)	1				
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1				
estradiol tab 0.5 mg (Estrace)	1				
estradiol tab 1 mg (Estrace)	1				
estradiol tab 2 mg (Estrace)	1				
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	1			•	
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	1			•	
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	1			•	
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	1			•	
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	1			•	
estradiol td patch weekly 0.025 mg/24hr (Climara)	1			•	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	1			•	
estradiol td patch weekly 0.05 mg/24hr (Climara)	1			•	
estradiol td patch weekly 0.06 mg/24hr (Climara)	1			•	
estradiol td patch weekly 0.075 mg/24hr (Climara)	1			•	
estradiol td patch weekly 0.1 mg/24hr (Climara)	1			•	
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2			•	
EVAMIST – estradiol transdermal spray 1.53 mg/spray	3			•	

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FEMHRT LOW DOSE – norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3				
MENEST – esterified estrogens tab 0.3 mg	2				
MENEST – esterified estrogens tab 0.625 mg	2				
MENEST – esterified estrogens tab 1.25 mg	2				
MENOSTAR – estradiol td patch weekly 14 mcg/24hr	3			•	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	1				
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1				
PREFEST – estradiol tab 1 mg(15)/estrad-norgestimate tab 1-0.09mg(15)	3				
PREMARIN – estrogens, conjugated tab 0.3 mg	2				
PREMARIN – estrogens, conjugated tab 0.45 mg	2				
PREMARIN – estrogens, conjugated tab 0.625 mg	2				
PREMARIN – estrogens, conjugated tab 0.9 mg	2				
PREMARIN – estrogens, conjugated tab 1.25 mg	2				
PREMPHASE – conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	2				
CONTRACEPTIVES					
BEYAZ – drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	3				
ELLA – ulipristal acetate tab 30 mg	2				
GENERESS FE – norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	3				
levonorgestrel tab 1.5 mg	1				
LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	3				
LOESTRIN FE 1.5/30 – norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3				
NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3				
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	2				
OGESTREL – norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	3				
oral contraceptives – all generics	1				
ORTHO MICRONOR – norethindrone tab 0.35 mg	3				

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ORTHO-NOVUM 1/35 – norethindrone & ethinyl estradiol tab 1 mg-35 mcg	3				
ORTHO-NOVUM 7/7/7 – norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3				
PLAN B ONE-STEP – levonorgestrel tab 1.5 mg	3				
SAFYRAL – drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3				
SEASONIQUE – levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3				
SLYND – drospirenone tab 4 mg	3				
XULANE – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3				
YASMIN 28 – drospirenone-ethinyl estradiol tab 3-0.03 mg	3				
YAZ – drospirenone-ethinyl estradiol tab 3-0.02 mg	3				
PROGESTINS					
AYGESTIN – norethindrone acetate tab 5 mg	3				
medroxyprogesterone acetate tab 2.5 mg (Provera)	1				
medroxyprogesterone acetate tab 5 mg (Provera)	1				
medroxyprogesterone acetate tab 10 mg (Provera)	1				
MEGACE ES – megestrol acetate susp 625 mg/5ml	3				
megestrol acetate susp 625 mg/5ml (Megace es)	1				
norethindrone acetate tab 5 mg (Aygestin)	1				
progesterone micronized cap 100 mg (Prometrium)	1				
progesterone micronized cap 200 mg (Prometrium)	1				
PROVERA – medroxyprogesterone acetate tab 2.5 mg	3				
PROVERA – medroxyprogesterone acetate tab 5 mg	3				
PROVERA – medroxyprogesterone acetate tab 10 mg	3				
ANTIDIABETICS					
Antidiabetics					
acarbose tab 25 mg (Precose)	1				
acarbose tab 50 mg (Precose)	1				
acarbose tab 100 mg (Precose)	1				
AMARYL – glimepiride tab 1 mg	3				
AMARYL – glimepiride tab 2 mg	3				
BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml	3			•	•
BYDUREON PEN – exenatide extended release for susp pen-injector 2 mg	3			•	•
CYCLOSET – bromocriptine mesylate tab 0.8 mg (base equivalent)	3				
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)	3			•	•
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)	3			•	•
glimepiride tab 1 mg (Amaryl)	1				
glimepiride tab 2 mg (Amaryl)	1				
glimepiride tab 4 mg (Amaryl)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 10 mg (Glucotrol xl)	1				
glipizide tab 5 mg (Glucotrol)	1				
glipizide tab 10 mg (Glucotrol)	1				
glipizide-metformin hcl tab 2.5-250 mg	1				
glipizide-metformin hcl tab 2.5-500 mg	1				
glipizide-metformin hcl tab 5-500 mg	1				
GLUCAGEN HYPOKIT – glucagon hcl (rdna) for inj 1 mg (base equiv)	3				
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg	2				
GLUCOPHAGE XR – metformin hcl tab er 24hr 750 mg	3				
glyburide micronized tab 1.5 mg (Glynase)	1				
glyburide micronized tab 3 mg (Glynase)	1				
glyburide micronized tab 6 mg (Glynase)	1				
glyburide tab 1.25 mg	1				
glyburide tab 2.5 mg	1				
glyburide tab 5 mg	1				
glyburide-metformin tab 1.25-250 mg (Glucovance)	1				
glyburide-metformin tab 2.5-500 mg (Glucovance)	1				
glyburide-metformin tab 5-500 mg (Glucovance)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
GLYNASE – glyburide micronized tab 1.5 mg	3				
GLYNASE – glyburide micronized tab 3 mg	3				
GLYNASE – glyburide micronized tab 6 mg	3				
GLYSET – miglitol tab 25 mg	3				
GLYSET – miglitol tab 50 mg	3				
GLYSET – miglitol tab 100 mg	3				
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg	2			•	•
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg	2			•	•
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg	2			•	•
INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg	2			•	•
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg	2			•	•
INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg	2			•	•
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg	2			•	•
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg	2			•	•
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg	2			•	•
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg	2			•	•
INVOKANA – canagliflozin tab 100 mg	2			•	•
INVOKANA – canagliflozin tab 300 mg	2			•	•

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JANUMET – sitagliptin-metformin hcl tab 50-500 mg	2			•	•
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg	2			•	•
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg	2			•	•
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2			•	•
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg	2			•	•
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)	2			•	•
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)	2			•	•
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)	2			•	•
JARDIANCE – empagliflozin tab 10 mg	2			•	•
JARDIANCE – empagliflozin tab 25 mg	2			•	•
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2			•	•
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg	2			•	•
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg	2			•	•
KORLYM – mifepristone tab 300 mg	3	X	•	•	
metformin hcl tab er 24hr 500 mg (Glucophage xr)	1				
metformin hcl tab er 24hr 750 mg (Glucophage xr)	1				
metformin hcl tab 500 mg (Glucophage)	1				
metformin hcl tab 850 mg (Glucophage)	1				
metformin hcl tab 1000 mg (Glucophage)	1				
miglitol tab 25 mg (Glyset)	1				
miglitol tab 50 mg (Glyset)	1				
miglitol tab 100 mg (Glyset)	1				
nateglinide tab 60 mg (Starlix)	1				
nateglinide tab 120 mg (Starlix)	1				
ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv)	2			•	•
ONGLYZA – saxagliptin hcl tab 5 mg (base equiv)	2			•	•
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	2			•	•
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	2			•	•
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1				
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1				
pioglitazone hcl tab 45 mg (base equiv) (Actos)	1				
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	1				
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1				
PRECOSE – acarbose tab 25 mg	3				
PRECOSE – acarbose tab 50 mg	3				
PRECOSE – acarbose tab 100 mg	3				

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PROGLYCEM – diazoxide susp 50 mg/ml	2				
QTERN – dapagliflozin-saxagliptin tab 5-5 mg	3			•	•
QTERN – dapagliflozin-saxagliptin tab 10-5 mg	3			•	•
repaglinide tab 0.5 mg (Prandin)	1				
repaglinide tab 1 mg (Prandin)	1				
repaglinide tab 2 mg (Prandin)	1				
REPAGLINIDE/METFORMIN HYD – repaglinide-metformin hcl tab 1-500 mg	3				
REPAGLINIDE/METFORMIN HYD – repaglinide-metformin hcl tab 2-500 mg	3				
SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-500 mg	3			•	•
SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-1000 mg	3			•	•
SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-500 mg	3			•	•
SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-1000 mg	3			•	•
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2			•	•
STARLIX – nateglinide tab 60 mg	3				
STARLIX – nateglinide tab 120 mg	3				
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv)	3			•	•
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv)	3			•	•
SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2				
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2				
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg	2			•	•
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg	2			•	•
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg	2			•	•
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg	2			•	•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2			•	•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2			•	•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2			•	•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2			•	•
TOLBUTAMIDE – tolbutamide tab 500 mg	3				
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml	2			•	•
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml	2			•	•
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2			•	•
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	3			•	•
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg	3			•	•

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	3			•	•
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg	3			•	•
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	3			•	•
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•	•
Rapid-Acting Insulins					
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	2				
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2				
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2				
NOVOLOG – insulin aspart inj 100 unit/ml	2				
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	2				
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	2				
Short-Acting Insulins					
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge	3		•	•	
AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge	3		•	•	
AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge	3		•	•	
AFREZZA – insulin regular (human) inhal powd 4 (90) & 8 (90) unit/cart	3		•	•	
AFREZZA – insulin regular (human) inh powd 8 (90) & 12 (90) unit/cart	3		•	•	
AFREZZA – insulin regular (human) inh powd 4 & 8 & 12 unit/cart (60)	3		•	•	
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml	2				
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	2				
NOVOLIN R – insulin regular (human) inj 100 unit/ml	2				
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml	2				
RELION R – insulin regular (human) inj 100 unit/ml	2				
Intermediate-Acting Insulins					
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	2				
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml	2				
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2				
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2				
NOVOLIN 70/30 FLEXPEN REL – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2				
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2				
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2				
Basal Insulins					
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml	3				
LANTUS – insulin glargine inj 100 unit/ml	2				
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	2				
LEVEMIR – insulin detemir inj 100 unit/ml	2				
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml	2				
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2				
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2				
TRESIBA – insulin degludec inj 100 unit/ml	2				
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml	2				
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml	2				
THYROID AGENTS					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ARMOUR THYROID – thyroid tab 15 mg (1/4 grain)	3				
ARMOUR THYROID – thyroid tab 30 mg (1/2 grain)	3				
ARMOUR THYROID – thyroid tab 60 mg (1 grain)	3				
ARMOUR THYROID – thyroid tab 90 mg (1 1/2 grain)	3				
ARMOUR THYROID – thyroid tab 120 mg (2 grain)	3				
ARMOUR THYROID – thyroid tab 180 mg (3 grain)	3				
ARMOUR THYROID – thyroid tab 240 mg (4 grain)	3				
ARMOUR THYROID – thyroid tab 300 mg (5 grain)	3				
levothyroxine sodium tab 25 mcg (Synthroid)	1				
levothyroxine sodium tab 50 mcg (Synthroid)	1				
levothyroxine sodium tab 75 mcg (Synthroid)	1				
levothyroxine sodium tab 88 mcg (Synthroid)	1				
levothyroxine sodium tab 100 mcg (Synthroid)	1				
levothyroxine sodium tab 112 mcg (Synthroid)	1				
levothyroxine sodium tab 125 mcg (Synthroid)	1				
levothyroxine sodium tab 137 mcg (Synthroid)	1				
levothyroxine sodium tab 150 mcg (Synthroid)	1				
levothyroxine sodium tab 175 mcg (Synthroid)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
levothyroxine sodium tab 200 mcg (Synthroid)	1				
levothyroxine sodium tab 300 mcg (Synthroid)	1				
liothyronine sodium tab 5 mcg (Cytomel)	1				
liothyronine sodium tab 25 mcg (Cytomel)	1				
liothyronine sodium tab 50 mcg (Cytomel)	1				
methimazole tab 5 mg (Tapazole)	1				
methimazole tab 10 mg (Tapazole)	1				
NATURE-THROID – thyroid tab 16.25 mg	3				
NATURE-THROID – thyroid tab 32.5 mg	3				
NATURE-THROID – thyroid tab 48.75 mg (3/4 grain)	3				
NATURE-THROID – thyroid tab 65 mg	3				
NATURE-THROID – thyroid tab 81.25 mg	3				
NATURE-THROID – thyroid tab 97.5 mg	3				
NATURE-THROID – thyroid tab 113.75 mg	3				
NATURE-THROID – thyroid tab 130 mg	3				
NATURE-THROID – thyroid tab 195 mg	3				
NATURE-THROID – thyroid tab 260 mg	3				
NATURE-THROID – thyroid tab 325 mg (5 grain)	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NATURE-THROID – thyroid tab 146.25 mg	3				
NATURE-THROID NT-2.5 – thyroid tab 162.5 mg (2 1/2 grain)	3				
propylthiouracil tab 50 mg	1				
SYNTHROID – levothyroxine sodium tab 25 mcg	2				
SYNTHROID – levothyroxine sodium tab 50 mcg	2				
SYNTHROID – levothyroxine sodium tab 75 mcg	2				
SYNTHROID – levothyroxine sodium tab 88 mcg	2				
SYNTHROID – levothyroxine sodium tab 100 mcg	2				
SYNTHROID – levothyroxine sodium tab 112 mcg	2				
SYNTHROID – levothyroxine sodium tab 125 mcg	2				
SYNTHROID – levothyroxine sodium tab 137 mcg	2				
SYNTHROID – levothyroxine sodium tab 150 mcg	2				
SYNTHROID – levothyroxine sodium tab 175 mcg	2				
SYNTHROID – levothyroxine sodium tab 200 mcg	2				
SYNTHROID – levothyroxine sodium tab 300 mcg	2				
TAPAZOLE – methimazole tab 5 mg	3				
TAPAZOLE – methimazole tab 10 mg	3				
thyroid tab 15 mg (1/4 grain) (Armour thyroid)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
thyroid tab 30 mg (1/2 grain) (Armour thyroid)	1				
thyroid tab 60 mg (1 grain) (Armour thyroid)	1				
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)	1				
thyroid tab 120 mg (2 grain) (Armour thyroid)	1				
WESTHROID – thyroid tab 32.5 mg	3				
WESTHROID – thyroid tab 65 mg	3				
WESTHROID – thyroid tab 97.5 mg	3				
WESTHROID – thyroid tab 130 mg	3				
WESTHROID – thyroid tab 195 mg	3				
WP THYROID – thyroid tab 16.25 mg	3				
WP THYROID – thyroid tab 32.5 mg	3				
WP THYROID – thyroid tab 48.75 mg (3/4 grain)	3				
WP THYROID – thyroid tab 65 mg	3				
WP THYROID – thyroid tab 81.25 mg	3				
WP THYROID – thyroid tab 97.5 mg	3				
WP THYROID – thyroid tab 113.75 mg	3				
WP THYROID – thyroid tab 130 mg	3				
OXYTOCICS					
methylergonovine maleate tab 0.2 mg	1			•	
ENDOCRINE and METABOLIC AGENTS - MISC.					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ACTHAR – corticotropin inj gel 80 unit/ml	3	X	•	•	
ALENDRONATE SODIUM – alendronate sodium oral soln 70 mg/75ml	3				
ALENDRONATE SODIUM – alendronate sodium tab 5 mg	3				
alendronate sodium tab 10 mg	1				
alendronate sodium tab 35 mg	1				
alendronate sodium tab 70 mg (Fosamax)	1				
BINOSTO – alendronate sodium effervescent tab 70 mg	3				
BUPHENYL – sodium phenylbutyrate tab 500 mg	3	X	•	•	
cabergoline tab 0.5 mg	1				
calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)	1				
calcitriol cap 0.25 mcg (Rocaltrol)	1				
calcitriol cap 0.5 mcg (Rocaltrol)	1				
calcitriol oral soln 1 mcg/ml (Rocaltrol)	1				
CARBAGLU – carglumic acid tab 200 mg	3	X			
CARNITOR – levocarnitine tab 330 mg	3				
CARNITOR – levocarnitine oral soln 1 gm/10ml (10%)	3				
CARNITOR SF – levocarnitine oral soln 1 gm/10ml (10%)	3				
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	1		•		
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	1		•		
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	1		•		

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CYSTADANE – betaine powder for oral solution	2	X	•		
DDAVP – desmopressin acetate tab 0.2 mg	3				
DDAVP – desmopressin acetate nasal soln 0.01% (refrigerated)	2				
DDAVP – desmopressin acetate inj 4 mcg/ml	3				
desmopressin acetate inj 4 mcg/ml (Ddavp)	1				
desmopressin acetate nasal spray soln 0.01% (Ddavp)	1				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1				
desmopressin acetate tab 0.1 mg (Ddavp)	1				
desmopressin acetate tab 0.2 mg (Ddavp)	1				
doxercalciferol cap 0.5 mcg (Hectorol)	1				
doxercalciferol cap 1 mcg (Hectorol)	1				
doxercalciferol cap 2.5 mcg (Hectorol)	1				
EGRIFTA – tesamorelin acetate for inj 1 mg (base equiv)	3	X	•		
ETIDRONATE DISODIUM – etidronate disodium tab 200 mg	3				
ETIDRONATE DISODIUM – etidronate disodium tab 400 mg	3				
FORTEO – teriparatide (recombinant) inj 600 mcg/2.4ml	3	X	•		
FOSAMAX – alendronate sodium tab 70 mg	3				
GALAFOLD – migalastat hcl cap 123 mg (base equivalent)	3	X	•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1				
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	2	X	•		
JYNARQUE – tolvaptan tab therapy pack 45 & 15 mg	3	X	•	•	
JYNARQUE – tolvaptan tab therapy pack 60 & 30 mg	3	X	•	•	
JYNARQUE – tolvaptan tab therapy pack 90 & 30 mg	3	X	•	•	
JYNARQUE – tolvaptan tab 15 mg	3	X	•	•	
JYNARQUE – tolvaptan tab 30 mg	3	X	•	•	
KUVAN – sapropterin dihydrochloride soluble tab 100 mg	3	X	•		
KUVAN – sapropterin dihydrochloride powder packet 100 mg	3	X	•		
KUVAN – sapropterin dihydrochloride powder packet 500 mg	3	X	•		
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1				
levocarnitine tab 330 mg (Carnitor)	1				
MIACALCIN – calcitonin (salmon) inj 200 unit/ml	3				
MYALEPT – metreleptin for subcutaneous inj 11.3 mg	3	X	•	•	
NATPARA – parathyroid hormone (recombinant) for inj cartridge 25 mcg	3	X	•		
NATPARA – parathyroid hormone (recombinant) for inj cartridge 50 mcg	3	X	•		

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NATPARA – parathyroid hormone (recombinant) for inj cartridge 75 mcg	3	X	•		
NATPARA – parathyroid hormone (recombinant) for inj cartridge 100 mcg	3	X	•		
nitisinone cap 2 mg (Orfadin)	1	X	•		
nitisinone cap 5 mg (Orfadin)	1	X	•		
nitisinone cap 10 mg (Orfadin)	1	X	•		
NITYR – nitisinone tab 2 mg	2	X	•		
NITYR – nitisinone tab 5 mg	2	X	•		
NITYR – nitisinone tab 10 mg	2	X	•		
NORDITROPIN FLEXPRO – somatropin inj 5 mg/1.5ml	2	X	•		
NORDITROPIN FLEXPRO – somatropin inj 10 mg/1.5ml	2	X	•		
NORDITROPIN FLEXPRO – somatropin inj 15 mg/1.5ml	2	X	•		
NORDITROPIN FLEXPRO – somatropin inj 30 mg/3ml	2	X	•		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	1	X			
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	1	X			
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin)	1	X			
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	X			
octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin)	1	X			
ORFADIN – nitisinone susp 4 mg/ml	2	X	•		
ORFADIN – nitisinone cap 2 mg	3	X	•		
ORFADIN – nitisinone cap 5 mg	3	X	•		
ORFADIN – nitisinone cap 10 mg	3	X	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ORFADIN – nitisinone cap 20 mg	2	X	•		
ORILISSA – elagolix sodium tab 150 mg (base equiv)	2		•	•	
ORILISSA – elagolix sodium tab 200 mg (base equiv)	2		•	•	
OSPHENA – ospemifene tab 60 mg	3				
OVIDREL – choriogonadotropin alfa inj 250 mcg/0.5ml	2				
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	3	X	•	•	
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	3	X	•	•	
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	3	X	•	•	
paricalcitol cap 1 mcg (Zemplar)	1				
paricalcitol cap 2 mcg (Zemplar)	1				
paricalcitol cap 4 mcg	1				
raloxifene hcl tab 60 mg (Evista)	1				
RAVICTI – glycerol phenylbutyrate liquid 1.1 gm/ml	3	X	•	•	
risedronate sodium tab delayed release 35 mg (Atelvia)	1				
risedronate sodium tab 5 mg (Actonel)	1				
risedronate sodium tab 30 mg (Actonel)	1				
risedronate sodium tab 35 mg (Actonel)	1				
risedronate sodium tab 150 mg (Actonel)	1				
ROCALTROL – calcitriol oral soln 1 mcg/ml	3				

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ROCALTROL – calcitriol cap 0.25 mcg	3				
ROCALTROL – calcitriol cap 0.5 mcg	3				
SAMSCA – tolvaptan tab 15 mg	3	X		•	
SAMSCA – tolvaptan tab 30 mg	3	X		•	
SANDOSTATIN – octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	3	X			
SANDOSTATIN – octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	3	X			
SANDOSTATIN – octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	3	X			
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)	3		•		
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)	3		•		
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)	3		•		
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg	3	X	•		
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 5 mg	3	X	•		
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 6 mg	3	X	•		
SIGNIFOR – pasireotide diaspartate inj 0.3 mg/ml (base equiv)	3	X	•	•	
SIGNIFOR – pasireotide diaspartate inj 0.6 mg/ml (base equiv)	3	X	•	•	
SIGNIFOR – pasireotide diaspartate inj 0.9 mg/ml (base equiv)	3	X	•	•	
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	1	X	•	•	
sodium phenylbutyrate tab 500 mg (Buphenyl)	1	X	•	•	
SOMAVERT – pegvisomant for inj 10 mg (as protein)	2	X			
SOMAVERT – pegvisomant for inj 15 mg (as protein)	2	X			
SOMAVERT – pegvisomant for inj 20 mg (as protein)	2	X			
SOMAVERT – pegvisomant for inj 25 mg (as protein)	2	X			
SOMAVERT – pegvisomant for inj 30 mg (as protein)	2	X			
STIMATE – desmopressin acetate nasal soln 1.5 mg/ml	2				
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	2	X	•		
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	2	X	•		
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	2	X	•		
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	2	X	•		
SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	X			
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	X	•		
XURIDEN – uridine triacetate oral granules packet 2 gm	3	X	•		
ZEMPLAR – paricalcitol cap 1 mcg	3				

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ZEMPLAR – paricalcitol cap 2 mcg	3				
CARDIOVASCULAR AGENTS					
CARDIOTONICS					
DIGOXIN – digoxin oral soln 0.05 mg/ml	3				
digoxin oral soln 0.05 mg/ml (Digoxin)	1				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	1				
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	1				
LANOXIN – digoxin tab 62.5 mcg (0.0625 mg)	3				
LANOXIN – digoxin tab 125 mcg (0.125 mg)	3				
LANOXIN – digoxin tab 250 mcg (0.25 mg)	3				
ANTIANGINAL AGENTS					
DILATRATE SR – isosorbide dinitrate cap er 40 mg	3				
ISOSORBIDE DINITRATE – isosorbide dinitrate tab 30 mg	3				
ISOSORBIDE DINITRATE ER – isosorbide dinitrate tab er 40 mg	3				
isosorbide dinitrate tab 5 mg (Isordil titradose)	1				
isosorbide dinitrate tab 10 mg	1				
isosorbide dinitrate tab 20 mg	1				
isosorbide mononitrate tab er 24hr 30 mg	1				
isosorbide mononitrate tab er 24hr 60 mg	1				
isosorbide mononitrate tab er 24hr 120 mg	1				
isosorbide mononitrate tab 10 mg	1				
isosorbide mononitrate tab 20 mg	1				
NITRO-BID – nitroglycerin oint 2%	2				
NITRO-DUR – nitroglycerin td patch 24hr 0.1 mg/hr	3				
NITRO-DUR – nitroglycerin td patch 24hr 0.2 mg/hr	3				
NITRO-DUR – nitroglycerin td patch 24hr 0.3 mg/hr	2				
NITRO-DUR – nitroglycerin td patch 24hr 0.4 mg/hr	3				
NITRO-DUR – nitroglycerin td patch 24hr 0.6 mg/hr	3				
NITRO-DUR – nitroglycerin td patch 24hr 0.8 mg/hr	2				
NITRO-TIME – nitroglycerin cap er 6.5 mg	3				
NITRO-TIME – nitroglycerin cap er 9 mg	3				
nitroglycerin cap er 2.5 mg	1				
nitroglycerin sl tab 0.3 mg (Nitrostat)	1				
nitroglycerin sl tab 0.4 mg (Nitrostat)	1				
nitroglycerin sl tab 0.6 mg (Nitrostat)	1				
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	1				

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nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1				
NITROLINGUAL PUMPSPRAY – nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	3				
NITROMIST – nitroglycerin lingual aerosol 400 mcg/spray	3				
NITROSTAT – nitroglycerin sl tab 0.3 mg	3				
NITROSTAT – nitroglycerin sl tab 0.4 mg	3				
NITROSTAT – nitroglycerin sl tab 0.6 mg	3				
RANEXA – ranolazine tab er 12hr 500 mg	3				
RANEXA – ranolazine tab er 12hr 1000 mg	3				
ranolazine tab er 12hr 500 mg (Ranexa)	1				
ranolazine tab er 12hr 1000 mg (Ranexa)	1				
BETA BLOCKERS					
acebutolol hcl cap 200 mg (Sectral)	1				
acebutolol hcl cap 400 mg (Sectral)	1				
atenolol tab 25 mg (Tenormin)	1				
atenolol tab 50 mg (Tenormin)	1				
atenolol tab 100 mg (Tenormin)	1				
BETAPACE AF – sotalol hcl (afib/afl) tab 80 mg	3				
BETAPACE AF – sotalol hcl (afib/afl) tab 120 mg	3				
BETAPACE AF – sotalol hcl (afib/afl) tab 160 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
betaxolol hcl tab 10 mg (Kerlone)	1				
betaxolol hcl tab 20 mg (Kerlone)	1				
bisoprolol fumarate tab 5 mg (Zebeta)	1				
bisoprolol fumarate tab 10 mg (Zebeta)	1				
BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent)	3				
BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent)	3				
BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent)	3				
BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent)	3				
carvedilol tab 3.125 mg (Coreg)	1				
carvedilol tab 6.25 mg (Coreg)	1				
carvedilol tab 12.5 mg (Coreg)	1				
carvedilol tab 25 mg (Coreg)	1				
CORGARD – nadolol tab 20 mg	3				
CORGARD – nadolol tab 40 mg	3				
CORGARD – nadolol tab 80 mg	3				
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg	2				
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg	2				
labetalol hcl tab 100 mg	1				
labetalol hcl tab 200 mg	1				
labetalol hcl tab 300 mg	1				
LOPRESSOR – metoprolol tartrate tab 50 mg	3				
LOPRESSOR – metoprolol tartrate tab 100 mg	3				

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metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	1				
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	1				
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	1				
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	1				
metoprolol tartrate tab 25 mg	1				
metoprolol tartrate tab 37.5 mg	1				
metoprolol tartrate tab 50 mg (Lopressor)	1				
metoprolol tartrate tab 75 mg	1				
metoprolol tartrate tab 100 mg (Lopressor)	1				
nadolol tab 20 mg (Corgard)	1				
nadolol tab 40 mg (Corgard)	1				
nadolol tab 80 mg (Corgard)	1				
pindolol tab 5 mg	1				
pindolol tab 10 mg	1				
PROPRANOLOL HCL – propranolol hcl oral soln 20 mg/5ml	2				
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml	2				
propranolol hcl cap er 24hr 60 mg (Inderal la)	1				
propranolol hcl cap er 24hr 80 mg (Inderal la)	1				
propranolol hcl cap er 24hr 120 mg (Inderal la)	1				
propranolol hcl cap er 24hr 160 mg (Inderal la)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
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				
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	1				
sotalol hcl (afib/afl) tab 120 mg (Betapace af)	1				
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	1				
sotalol hcl tab 80 mg (Betapace)	1				
sotalol hcl tab 120 mg (Betapace)	1				
sotalol hcl tab 160 mg (Betapace)	1				
sotalol hcl tab 240 mg	1				
TIMOLOL MALEATE – timolol maleate tab 10 mg	2				
TIMOLOL MALEATE – timolol maleate tab 20 mg	2				
timolol maleate tab 5 mg	1				
TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	3				
TOPROL XL – metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	3				
TOPROL XL – metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	3				
TOPROL XL – metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	3				
CALCIUM CHANNEL BLOCKERS					
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1				

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amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1				
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1				
CALAN – verapamil hcl tab 120 mg	3				
CALAN SR – verapamil hcl tab er 120 mg	3				
CALAN SR – verapamil hcl tab er 180 mg	3				
CALAN SR – verapamil hcl tab er 240 mg	3				
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 120 mg	3				
DILT-XR – diltiazem hcl cap er 24hr 120 mg	3				
DILT-XR – diltiazem hcl cap er 24hr 180 mg	3				
DILT-XR – diltiazem hcl cap er 24hr 240 mg	3				
diltiazem hcl cap er 12hr 60 mg	1				
diltiazem hcl cap er 12hr 90 mg	1				
diltiazem hcl cap er 12hr 120 mg	1				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 300 mg	1				
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	1				
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	1				
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	1				
diltiazem hcl tab 30 mg (Cardizem)	1				
diltiazem hcl tab 60 mg (Cardizem)	1				
diltiazem hcl tab 90 mg	1				
diltiazem hcl tab 120 mg (Cardizem)	1				
felodipine tab er 24hr 2.5 mg	1				
felodipine tab er 24hr 5 mg	1				
felodipine tab er 24hr 10 mg	1				
isradipine cap 2.5 mg	1				
isradipine cap 5 mg	1				

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nicardipine hcl cap 20 mg	1				
nicardipine hcl cap 30 mg	1				
nifedipine cap 10 mg (Procardia)	1				
nifedipine cap 20 mg	1				
nifedipine tab er 24hr 30 mg (Adalat cc)	1				
nifedipine tab er 24hr 60 mg (Adalat cc)	1				
nifedipine tab er 24hr 90 mg (Adalat cc)	1				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1				
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	1				
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	1				
nimodipine cap 30 mg	1			•	
NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg	2				
NISOLDIPINE ER – nisoldipine tab er 24hr 25.5 mg	2				
NISOLDIPINE ER – nisoldipine tab er 24hr 30 mg	2				
NISOLDIPINE ER – nisoldipine tab er 24hr 40 mg	2				
nisoldipine tab er 24hr 8.5 mg (Sular)	1				
nisoldipine tab er 24hr 17 mg (Sular)	1				
nisoldipine tab er 24hr 34 mg (Sular)	1				
NYMALIZE – nimodipine oral soln 60 mg/20ml	3			•	
PROCARDIA – nifedipine cap 10 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
SULAR – nisoldipine tab er 24hr 8.5 mg	3				
SULAR – nisoldipine tab er 24hr 17 mg	3				
SULAR – nisoldipine tab er 24hr 34 mg	3				
verapamil hcl cap er 24hr 120 mg (Verelan)	1				
verapamil hcl cap er 24hr 180 mg (Verelan)	1				
verapamil hcl cap er 24hr 200 mg (Verelan pm)	1				
verapamil hcl cap er 24hr 240 mg (Verelan)	1				
VERAPAMIL HCL ER – verapamil hcl cap er 24hr 100 mg	3				
VERAPAMIL HCL ER – verapamil hcl cap er 24hr 300 mg	3				
VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg	3				
verapamil hcl tab er 120 mg (Calan sr)	1				
verapamil hcl tab er 180 mg (Calan sr)	1				
verapamil hcl tab er 240 mg (Calan sr)	1				
verapamil hcl tab 40 mg	1				
verapamil hcl tab 80 mg (Calan)	1				
verapamil hcl tab 120 mg (Calan)	1				
VERELAN – verapamil hcl cap er 24hr 120 mg	3				
VERELAN – verapamil hcl cap er 24hr 180 mg	3				
VERELAN – verapamil hcl cap er 24hr 240 mg	3				

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VERELAN – verapamil hcl cap er 24hr 360 mg	3				
VERELAN PM – verapamil hcl cap er 24hr 100 mg	2				
VERELAN PM – verapamil hcl cap er 24hr 200 mg	3				
VERELAN PM – verapamil hcl cap er 24hr 300 mg	2				
ANTIARRHYTHMICS					
amiodarone hcl tab 100 mg	1				
amiodarone hcl tab 200 mg (Cordarone)	1				
amiodarone hcl tab 400 mg	1				
disopyramide phosphate cap 100 mg (Norpace)	1				
disopyramide phosphate cap 150 mg (Norpace)	1				
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	1				
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	1				
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	1				
flecainide acetate tab 50 mg	1				
flecainide acetate tab 100 mg	1				
flecainide acetate tab 150 mg	1				
MEXILETINE HCL – mexiletine hcl cap 150 mg	3				
MEXILETINE HCL – mexiletine hcl cap 200 mg	3				
MEXILETINE HCL – mexiletine hcl cap 250 mg	3				
MULTAQ – dronedarone hcl tab 400 mg (base equivalent)	2				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NORPACE – disopyramide phosphate cap 100 mg	3				
NORPACE – disopyramide phosphate cap 150 mg	3				
NORPACE CR – disopyramide phosphate cap er 12hr 100 mg	3				
NORPACE CR – disopyramide phosphate cap er 12hr 150 mg	3				
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	1				
propafenone hcl tab 150 mg	1				
propafenone hcl tab 225 mg (Rythmol)	1				
propafenone hcl tab 300 mg	1				
quinidine gluconate tab er 324 mg	1				
QUINIDINE SULFATE – quinidine sulfate tab 200 mg	2				
QUINIDINE SULFATE – quinidine sulfate tab 300 mg	3				
ANTIHYPERTENSIVES					
ACCUPRIL – quinapril hcl tab 5 mg	3				
ACCUPRIL – quinapril hcl tab 10 mg	3				
ACCUPRIL – quinapril hcl tab 20 mg	3				
ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg	3				
ACCURETIC – quinapril-hydrochlorothiazide tab 20-12.5 mg	3				

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ACCURETIC – quinapril-hydrochlorothiazide tab 20-25 mg	3				
aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)	1			•	
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)	1			•	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1				
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-40 mg	1				
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1				
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	1			•	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	1			•	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	1			•	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	1			•	
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	1			•	
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	1			•	
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	1			•	
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	1			•	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	1			•	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	1			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	1			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	1			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	1			•	
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	3			•	•
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	3			•	•
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	3			•	•
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1				
benazepril & hydrochlorothiazide tab 5-6.25 mg	1				
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	1				
benazepril hcl tab 5 mg	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
benazepril hcl tab 10 mg (Lotensin)	1				
benazepril hcl tab 20 mg (Lotensin)	1				
benazepril hcl tab 40 mg (Lotensin)	1				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	1				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	1				
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	1				
candesartan cilexetil tab 4 mg (Atacand)	1			•	
candesartan cilexetil tab 8 mg (Atacand)	1			•	
candesartan cilexetil tab 16 mg (Atacand)	1			•	
candesartan cilexetil tab 32 mg (Atacand)	1			•	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	1			•	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	1			•	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	1			•	
captopril tab 12.5 mg	1				
captopril tab 25 mg	1				
captopril tab 50 mg	1				
captopril tab 100 mg	1				
CARDURA – doxazosin mesylate tab 1 mg	3				
CARDURA – doxazosin mesylate tab 4 mg	3				
CARDURA – doxazosin mesylate tab 8 mg	3				
CATAPRES – clonidine hcl tab 0.1 mg	3				
CATAPRES – clonidine hcl tab 0.2 mg	3				
CATAPRES – clonidine hcl tab 0.3 mg	3				
CATAPRES-TTS-1 – clonidine td patch weekly 0.1 mg/24hr	3				
CATAPRES-TTS-2 – clonidine td patch weekly 0.2 mg/24hr	3				
clonidine hcl tab 0.1 mg (Catapres)	1				
clonidine hcl tab 0.2 mg (Catapres)	1				
clonidine hcl tab 0.3 mg (Catapres)	1				
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1				
DIBENZYLINE – phenoxybenzamine hcl cap 10 mg	3				
doxazosin mesylate tab 1 mg (Cardura)	1				
doxazosin mesylate tab 2 mg (Cardura)	1				
doxazosin mesylate tab 4 mg (Cardura)	1				
doxazosin mesylate tab 8 mg (Cardura)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1				
enalapril maleate tab 2.5 mg (Vasotec)	1				
enalapril maleate tab 5 mg (Vasotec)	1				
enalapril maleate tab 10 mg (Vasotec)	1				
enalapril maleate tab 20 mg (Vasotec)	1				
EPANED – enalapril maleate oral soln 1 mg/ml	3			•	
eplerenone tab 25 mg (Inspra)	1				
eplerenone tab 50 mg (Inspra)	1				
EPROSARTAN MESYLATE – eprosartan mesylate tab 600 mg	3			•	•
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1				
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1				
fosinopril sodium tab 10 mg	1				
fosinopril sodium tab 20 mg	1				
fosinopril sodium tab 40 mg	1				
guanfacine hcl tab 1 mg (Tenex)	1				
guanfacine hcl tab 2 mg (Tenex)	1				
hydralazine hcl tab 10 mg	1				
hydralazine hcl tab 25 mg	1				
hydralazine hcl tab 50 mg	1				
hydralazine hcl tab 100 mg	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
INSPRA – eplerenone tab 50 mg	3				
irbesartan tab 75 mg (Avapro)	1			•	
irbesartan tab 150 mg (Avapro)	1			•	
irbesartan tab 300 mg (Avapro)	1			•	
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	1			•	
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	1			•	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1				
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1				
lisinopril tab 2.5 mg (Zestril)	1				
lisinopril tab 5 mg (Prinivil)	1				
lisinopril tab 10 mg (Prinivil)	1				
lisinopril tab 20 mg (Prinivil)	1				
lisinopril tab 30 mg (Zestril)	1				
lisinopril tab 40 mg (Zestril)	1				
LOPRESSOR HCT – metoprolol & hydrochlorothiazide tab 50-25 mg	3				
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	1			•	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	1			•	
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	1			•	
losartan potassium tab 25 mg (Cozaar)	1			•	
losartan potassium tab 50 mg (Cozaar)	1			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
losartan potassium tab 100 mg (Cozaar)	1			•	
LOTENSIN – benazepril hcl tab 10 mg	3				
LOTENSIN – benazepril hcl tab 20 mg	3				
LOTENSIN – benazepril hcl tab 40 mg	3				
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg	3				
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-12.5 mg	3				
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-25 mg	3				
methyldopa tab 250 mg	1				
methyldopa tab 500 mg	1				
METHYLDOPA/ HYDROCHLOROTHI – methyldopa & hydrochlorothiazide tab 250-15 mg	3				
METHYLDOPA/ HYDROCHLOROTHI – methyldopa & hydrochlorothiazide tab 250-25 mg	3				
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	1				
metoprolol & hydrochlorothiazide tab 100-25 mg (Lopressor hct)	1				
METOPROLOL/ HYDROCHLOROTHI – metoprolol & hydrochlorothiazide tab 100-50 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
MINIPRESS – prazosin hcl cap 1 mg	3				
MINIPRESS – prazosin hcl cap 2 mg	3				
MINIPRESS – prazosin hcl cap 5 mg	3				
minoxidil tab 2.5 mg	1				
minoxidil tab 10 mg	1				
moexipril hcl tab 7.5 mg	1				
moexipril hcl tab 15 mg	1				
olmesartan medoxomil tab 5 mg (Benicar)	1			•	
olmesartan medoxomil tab 20 mg (Benicar)	1			•	
olmesartan medoxomil tab 40 mg (Benicar)	1			•	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	1			•	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	1			•	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	1			•	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	1			•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	1			•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	1			•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	1			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	1			•	
perindopril erbumine tab 2 mg	1				
perindopril erbumine tab 4 mg (Aceon)	1				
perindopril erbumine tab 8 mg (Aceon)	1				
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1				
prazosin hcl cap 1 mg (Minipress)	1				
prazosin hcl cap 2 mg (Minipress)	1				
prazosin hcl cap 5 mg (Minipress)	1				
PROPRANOLOL/ HYDROCHLOROTH – propranolol & hydrochlorothiazide tab 40-25 mg	2				
PROPRANOLOL/ HYDROCHLOROTH – propranolol & hydrochlorothiazide tab 80-25 mg	2				
quinapril hcl tab 5 mg (Accupril)	1				
quinapril hcl tab 10 mg (Accupril)	1				
quinapril hcl tab 20 mg (Accupril)	1				
quinapril hcl tab 40 mg (Accupril)	1				
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	1				
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	1				
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	1				
ramipril cap 1.25 mg (Altace)	1				
ramipril cap 2.5 mg (Altace)	1				
ramipril cap 5 mg (Altace)	1				
ramipril cap 10 mg (Altace)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
TARKA – trandolapril-verapamil hcl tab er 2-180 mg	3				
TARKA – trandolapril-verapamil hcl tab er 2-240 mg	3				
TARKA – trandolapril-verapamil hcl tab er 4-240 mg	3				
TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent)	3			•	•
TEKTURNA – aliskiren fumarate tab 300 mg (base equivalent)	3			•	•
telmisartan tab 20 mg (Micardis)	1			•	
telmisartan tab 40 mg (Micardis)	1			•	
telmisartan tab 80 mg (Micardis)	1			•	
telmisartan-amlodipine tab 40-5 mg (Twynsta)	1			•	
telmisartan-amlodipine tab 40-10 mg (Twynsta)	1			•	
telmisartan-amlodipine tab 80-5 mg (Twynsta)	1			•	
telmisartan-amlodipine tab 80-10 mg (Twynsta)	1			•	
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	1			•	
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	1			•	
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	1			•	
TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg	3				
TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg	3				
terazosin hcl cap 1 mg (base equivalent)	1				
terazosin hcl cap 2 mg (base equivalent)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
terazosin hcl cap 5 mg (base equivalent)	1				
terazosin hcl cap 10 mg (base equivalent)	1				
trandolapril tab 1 mg (Mavik)	1				
trandolapril tab 2 mg (Mavik)	1				
trandolapril tab 4 mg	1				
trandolapril-verapamil hcl tab er 2-180 mg (Tarka)	1				
trandolapril-verapamil hcl tab er 2-240 mg (Tarka)	1				
trandolapril-verapamil hcl tab er 4-240 mg (Tarka)	1				
TRANDOLAPRIL/VERAPAMIL HC – trandolapril-verapamil hcl tab er 1-240 mg	3				
TWYNSTA – telmisartan-amlodipine tab 40-5 mg	3			•	•
TWYNSTA – telmisartan-amlodipine tab 40-10 mg	3			•	•
TWYNSTA – telmisartan-amlodipine tab 80-5 mg	3			•	•
TWYNSTA – telmisartan-amlodipine tab 80-10 mg	3			•	•
valsartan tab 40 mg (Diovan)	1			•	
valsartan tab 80 mg (Diovan)	1			•	
valsartan tab 160 mg (Diovan)	1			•	
valsartan tab 320 mg (Diovan)	1			•	
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	1			•	
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	1			•	
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	1			•	
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	1			•	
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	1			•	
VECAMYL – mecamylamine hcl tab 2.5 mg	3				
ZIAC – bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	3				
ZIAC – bisoprolol & hydrochlorothiazide tab 10-6.25 mg	3				
DIURETICS					
acetazolamide cap er 12hr 500 mg (Diamox)	1				
acetazolamide tab 125 mg	1				
acetazolamide tab 250 mg	1				
ALDACTAZIDE – spironolactone & hydrochlorothiazide tab 25-25 mg	3				
ALDACTAZIDE – spironolactone & hydrochlorothiazide tab 50-50 mg	3				
amiloride & hydrochlorothiazide tab 5-50 mg	1				
amiloride hcl tab 5 mg	1				
bumetanide tab 0.5 mg (Bumex)	1				
bumetanide tab 1 mg (Bumex)	1				
bumetanide tab 2 mg (Bumex)	1				
BUMEX – bumetanide tab 0.5 mg	3				
BUMEX – bumetanide tab 1 mg	3				
BUMEX – bumetanide tab 2 mg	3				
CHLOROTHIAZIDE – chlorothiazide tab 250 mg	3				
CHLOROTHIAZIDE – chlorothiazide tab 500 mg	3				
chlorthalidone tab 25 mg	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
chlorthalidone tab 50 mg	1				
DIURIL – chlorothiazide susp 250 mg/5ml	3				
DYAZIDE – triamterene & hydrochlorothiazide cap 37.5-25 mg	3				
DYRENIUM – triamterene cap 50 mg	3				
DYRENIUM – triamterene cap 100 mg	3				
EDECRIN – ethacrynic acid tab 25 mg	3				
ethacrynic acid tab 25 mg (Edecrin)	1				
FUROSEMIDE – furosemide oral soln 8 mg/ml	3				
furosemide oral soln 10 mg/ml	1				
furosemide tab 20 mg (Lasix)	1				
furosemide tab 40 mg (Lasix)	1				
furosemide tab 80 mg (Lasix)	1				
hydrochlorothiazide cap 12.5 mg (Microzide)	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				
KEVEYIS – dichlorphenamide tab 50 mg	3	X	•	•	
LASIX – furosemide tab 20 mg	3				
LASIX – furosemide tab 40 mg	3				
LASIX – furosemide tab 80 mg	3				
MAXZIDE – triamterene & hydrochlorothiazide tab 75-50 mg	3				
MAXZIDE-25 – triamterene & hydrochlorothiazide tab 37.5-25 mg	3				
methazolamide tab 25 mg (Neptazane)	1				
methazolamide tab 50 mg (Neptazane)	1				
metolazone tab 2.5 mg	1				
metolazone tab 5 mg	1				
metolazone tab 10 mg	1				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1				
spironolactone tab 25 mg (Aldactone)	1				
spironolactone tab 50 mg (Aldactone)	1				
spironolactone tab 100 mg (Aldactone)	1				
torsemide tab 5 mg (Demadex)	1				
torsemide tab 10 mg (Demadex)	1				
torsemide tab 20 mg (Demadex)	1				
torsemide tab 100 mg	1				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	1				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1				
triamterene cap 50 mg (Dyrenium)	1				
triamterene cap 100 mg (Dyrenium)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
VASOPRESSORS					
EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3				
EPINEPHRINE – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3				
epinephrine pf soln prefilled syringe 1 mg/10ml (0.1 mg/ml)	1				
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1				
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1				
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3				
midodrine hcl tab 2.5 mg	1				
midodrine hcl tab 5 mg	1				
midodrine hcl tab 10 mg	1				
SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	2				
SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	2				
ANTIHYPERLIPIDEMICS					
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	1			•	
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	1			•	
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	1			•	
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
cholestyramine light powder packets 4 gm	1				
cholestyramine light powder 4 gm/dose (Questran light)	1				
cholestyramine powder packets 4 gm (Questran)	1				
cholestyramine powder 4 gm/dose (Questran)	1				
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	1			•	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	1			•	
colesevelam hcl packet for susp 3.75 gm (Welchol)	1				
colesevelam hcl tab 625 mg (Welchol)	1				
COLESTID – colestipol hcl tab 1 gm	3				
COLESTID – colestipol hcl granules 5 gm	3				
COLESTID – colestipol hcl granule packets 5 gm	3				
COLESTID FLAVORED – colestipol hcl granules 5 gm	3				
COLESTID FLAVORED – colestipol hcl granule packets 5 gm	3				
colestipol hcl granule packets 5 gm (Colestid flavored)	1				
colestipol hcl granules 5 gm (Colestid flavored)	1				
colestipol hcl tab 1 gm (Colestid)	1				
ezetimibe tab 10 mg (Zetia)	1				
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	1			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	1			•	
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	1			•	
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	1			•	
fenofibrate micronized cap 43 mg	1			•	
fenofibrate micronized cap 67 mg (Lofibra)	1			•	
fenofibrate micronized cap 130 mg	1			•	
fenofibrate micronized cap 134 mg (Lofibra)	1			•	
fenofibrate micronized cap 200 mg (Lofibra)	1			•	
fenofibrate tab 48 mg (Tricor)	1			•	
fenofibrate tab 54 mg (Lofibra)	1			•	
fenofibrate tab 145 mg (Tricor)	1			•	
fenofibrate tab 160 mg (Lofibra)	1			•	
fluvastatin sodium cap 20 mg (base equivalent)	1			•	
fluvastatin sodium cap 40 mg (base equivalent)	1			•	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1			•	
gemfibrozil tab 600 mg (Lopid)	1			•	
JUXTAPID – lomitapide mesylate cap 5 mg (base equiv)	3	X	•	•	
JUXTAPID – lomitapide mesylate cap 10 mg (base equiv)	3	X	•	•	
JUXTAPID – lomitapide mesylate cap 20 mg (base equiv)	3	X	•	•	
JUXTAPID – lomitapide mesylate cap 30 mg (base equiv)	3	X	•	•	
JUXTAPID – lomitapide mesylate cap 40 mg (base equiv)	3	X	•	•	
JUXTAPID – lomitapide mesylate cap 60 mg (base equiv)	3	X	•	•	
LIVALO – pitavastatin calcium tab 1 mg (base equiv)	3		•	•	
LIVALO – pitavastatin calcium tab 2 mg (base equiv)	3		•	•	
LIVALO – pitavastatin calcium tab 4 mg (base equiv)	3		•	•	
LOPID – gemfibrozil tab 600 mg	3			•	•
lovastatin tab 10 mg	1			•	
lovastatin tab 20 mg	1			•	
lovastatin tab 40 mg	1			•	
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	1				
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	1				
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	1				
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1				
pravastatin sodium tab 10 mg	1			•	
pravastatin sodium tab 20 mg (Pravachol)	1			•	
pravastatin sodium tab 40 mg (Pravachol)	1			•	
pravastatin sodium tab 80 mg (Pravachol)	1			•	
QUESTRAN – cholestyramine powder 4 gm/dose	3				
QUESTRAN – cholestyramine powder packets 4 gm	3				
QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		•	•	
REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/ infusor 420 mg/3.5ml	2		•	•	
REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml	2		•	•	
rosuvastatin calcium tab 5 mg (Crestor)	1			•	
rosuvastatin calcium tab 10 mg (Crestor)	1			•	
rosuvastatin calcium tab 20 mg (Crestor)	1			•	
rosuvastatin calcium tab 40 mg (Crestor)	1			•	
simvastatin tab 5 mg (Zocor)	1			•	
simvastatin tab 10 mg (Zocor)	1			•	
simvastatin tab 20 mg (Zocor)	1			•	
simvastatin tab 40 mg (Zocor)	1			•	
simvastatin tab 80 mg (Zocor)	1			•	
TRICOR – fenofibrate tab 48 mg	3			•	•
TRICOR – fenofibrate tab 145 mg	3			•	•
TRILIPIX – choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	3			•	•
VASCEPA – icosapent ethyl cap 0.5 gm	2		•	•	
VASCEPA – icosapent ethyl cap 1 gm	2		•	•	
WELCHOL – colesevelam hcl packet for susp 3.75 gm	3				
CARDIOVASCULAR AGENTS - MISC.					
ADEMPAS – riociguat tab 0.5 mg	3	X	•	•	
ADEMPAS – riociguat tab 1 mg	3	X	•	•	
ADEMPAS – riociguat tab 1.5 mg	3	X	•	•	
ADEMPAS – riociguat tab 2 mg	3	X	•	•	
ADEMPAS – riociguat tab 2.5 mg	3	X	•	•	
ambrisentan tab 5 mg (Letairis)	1	X	•	•	
ambrisentan tab 10 mg (Letairis)	1	X	•	•	
BIDIL – isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3				
bosentan tab 62.5 mg (Tracleer)	1	X	•	•	
bosentan tab 125 mg (Tracleer)	1	X	•	•	
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)	3				
CORLANOR – ivabradine hcl tab 5 mg (base equiv)	3				
CORLANOR – ivabradine hcl tab 7.5 mg (base equiv)	3				
ENTRESTO – sacubitril-valsartan tab 24-26 mg	2			•	
ENTRESTO – sacubitril-valsartan tab 49-51 mg	2			•	
ENTRESTO – sacubitril-valsartan tab 97-103 mg	2			•	
LETAIRIS – ambrisentan tab 5 mg	3	X	•	•	
LETAIRIS – ambrisentan tab 10 mg	3	X	•	•	
OPSUMIT – macitentan tab 10 mg	2	X	•	•	
ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv)	3	X	•		
ORENITRAM – treprostinil diolamine tab er 0.25 mg (base equiv)	3	X	•		
ORENITRAM – treprostinil diolamine tab er 1 mg (base equiv)	3	X	•		

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ORENITRAM – treprostinil diolamine tab er 2.5 mg (base equiv)	3	X	•		
ORENITRAM – treprostinil diolamine tab er 5 mg (base equiv)	3	X	•		
REMODULIN – treprostinil inj soln 20 mg/20ml (1 mg/ml)	3	X	•		
REMODULIN – treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	3	X	•		
REMODULIN – treprostinil inj soln 100 mg/20ml (5 mg/ml)	3	X	•		
REMODULIN – treprostinil inj soln 200 mg/20ml (10 mg/ml)	3	X	•		
REVATIO – sildenafil citrate for suspension 10 mg/ml	3	X	•	•	
sildenafil citrate for suspension 10 mg/ml (Revatio)	1	X	•	•	
sildenafil citrate tab 20 mg (Revatio)	1	X		•	
tadalafil tab 20 mg (pah) (Adcirca)	1	X	•	•	
TRACLEER – bosentan tab for oral susp 32 mg	2	X	•	•	
TRACLEER – bosentan tab 62.5 mg	3	X	•	•	
TRACLEER – bosentan tab 125 mg	3	X	•	•	
treprostinil inj soln 20 mg/20ml (1 mg/ml) (Remodulin)	1	X	•		
treprostinil inj soln 50 mg/20ml (2.5 mg/ml) (Remodulin)	1	X	•		
treprostinil inj soln 100 mg/20ml (5 mg/ml) (Remodulin)	1	X	•		
treprostinil inj soln 200 mg/20ml (10 mg/ml) (Remodulin)	1	X	•		
TYVASO – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•	
TYVASO REFILL – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•	
TYVASO STARTER – treprostinil inhalation solution 0.6 mg/ml	3	X	•	•	
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	X	•	•	
UPTRAVI – selexipag tab 200 mcg	2	X	•	•	
UPTRAVI – selexipag tab 400 mcg	2	X	•	•	
UPTRAVI – selexipag tab 600 mcg	2	X	•	•	
UPTRAVI – selexipag tab 800 mcg	2	X	•	•	
UPTRAVI – selexipag tab 1000 mcg	2	X	•	•	
UPTRAVI – selexipag tab 1200 mcg	2	X	•	•	
UPTRAVI – selexipag tab 1400 mcg	2	X	•	•	
UPTRAVI – selexipag tab 1600 mcg	2	X	•	•	
VENTAVIS – iloprost inhalation solution 10 mcg/ml	2	X	•	•	
VENTAVIS – iloprost inhalation solution 20 mcg/ml	2	X	•	•	
VYNDAMAX – tafamidis cap 61 mg	2	X	•	•	
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg	2	X	•	•	
ERECTILE DYSFUNCTION					
CIALIS – tadalafil tab 2.5 mg	3			•	
CIALIS – tadalafil tab 5 mg	3			•	
tadalafil tab 2.5 mg (Cialis)	1			•	
tadalafil tab 5 mg (Cialis)	1			•	
RESPIRATORY AGENTS					
ANTIHISTAMINES					
carbinoxamine maleate soln 4 mg/5ml	1				

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carbinoxamine maleate tab 4 mg	1				
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg	3				
cyproheptadine hcl syrup 2 mg/5ml	1				
cyproheptadine hcl tab 4 mg	1				
desloratadine tab 5 mg (Clarinex)	1				
levocetirizine dihydrochloride tab 5 mg (Xyzal)	1				
loratadine rapidly-disintegrating tab 10 mg (Claritin)	1				
loratadine syrup 5 mg/5ml	1				
loratadine tab 10 mg	1				
promethazine hcl suppos 12.5 mg	1				
promethazine hcl suppos 25 mg	1				
promethazine hcl suppos 50 mg	1				
promethazine hcl syrup 6.25 mg/5ml	1				
promethazine hcl tab 12.5 mg	1				
promethazine hcl tab 25 mg	1				
promethazine hcl tab 50 mg	1				
NASAL AGENTS - SYSTEMIC and TOPICAL					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1			•	
FLUNISOLIDE – flunisolide nasal soln 25 mcg/act (0.025%)	3			•	•
fluticasone propionate nasal susp 50 mcg/act	1			•	
ipratropium bromide nasal soln 0.03% (21 mcg/spray) (Atrovent)	1			•	
ipratropium bromide nasal soln 0.06% (42 mcg/spray) (Atrovent)	1			•	
olopatadine hcl nasal soln 0.6% (Patanase)	1			•	

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COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%	1				
acetylcysteine inhal soln 20%	1				
benzonatate cap 100 mg (Tessalon perles)	1				
benzonatate cap 150 mg	1				
benzonatate cap 200 mg	1				
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Tussionex pennkineti)	1				
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1				
hydrocodone w/ homatropine tab 5-1.5 mg	1				
loratadine & pseudoephedrine tab er 12hr 5-120 mg	1				
loratadine & pseudoephedrine tab er 24hr 10-240 mg	1				
promethazine w/ codeine syrup 6.25-10 mg/5ml	1				
PROMETHAZINE/ DEXTROMETHOR – promethazine-dm syrup 6.25-15 mg/5ml	3				
PROMETHAZINE/ PHENYLEPHRIN – promethazine & phenylephrine syrup 6.25-5 mg/5ml	3				
PROMETHAZINE/ PHENYLEPHRIN – promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	3				
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1				
sodium chloride soln nebu 3%	1				
sodium chloride soln nebu 10%	1				

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TESSALON PERLES – benzonatate cap 100 mg	3				
ANTIASTHMATIC and BRONCHODILATOR AGENTS					
ACCOLATE – zafirlukast tab 10 mg	3				
ACCOLATE – zafirlukast tab 20 mg	3				
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose	2			•	
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose	2			•	
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose	2			•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2			•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2			•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2			•	
ALBUTEROL SULFATE ER – albuterol sulfate tab er 12hr 4 mg	3				
ALBUTEROL SULFATE ER – albuterol sulfate tab er 12hr 8 mg	3				
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1				
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1				
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1				
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1				
albuterol sulfate syrup 2 mg/5ml	1				
albuterol sulfate tab 2 mg	1				
albuterol sulfate tab 4 mg	1				
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	2			•	
ARCAPTA NEOHALER – indacaterol maleate inhal powder cap 75 mcg (base equiv)	3			•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act	2			•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act	2			•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act	2			•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act	2			•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act	2			•	
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•	
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated)	2			•	
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•	
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)	2			•	

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ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act	2			•	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	2			•	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	2			•	
BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	2				
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1				
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3			•	
cromolyn sodium soln nebu 20 mg/2ml	1				
DALIRESP – roflumilast tab 250 mcg	3				
DALIRESP – roflumilast tab 500 mcg	3				
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2			•	
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2			•	
ELIXOPHYLLIN – theophylline elixir 80 mg/15ml	3				
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister	2			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister	2			•	
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister	2			•	
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	2			•	
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2			•	
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	2			•	
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act	2			•	
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act	2			•	
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act	2			•	
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)	1		•	•	
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)	1		•	•	
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)	1		•	•	
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	2			•	
ipratropium bromide inhal soln 0.02%	1				

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ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1				
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1				
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	1				
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	1				
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	1				
METAPROTERENOL SULFATE – metaproterenol sulfate syrup 10 mg/5ml	3				
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	1				
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	1				
montelukast sodium tab 10 mg (base equiv) (Singulair)	1				
NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml	3	X	•	•	
NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml	3	X	•	•	
PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2			•	
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	2			•	
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act	2			•	
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act	2			•	
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	2			•	
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2			•	
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2			•	
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2			•	
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2			•	
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2			•	
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2			•	
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2			•	
terbutaline sulfate tab 2.5 mg	1				
terbutaline sulfate tab 5 mg	1				
THEO-24 – theophylline cap er 24hr 100 mg	3				
THEO-24 – theophylline cap er 24hr 200 mg	3				
THEO-24 – theophylline cap er 24hr 300 mg	3				
THEO-24 – theophylline cap er 24hr 400 mg	3				

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THEOCHRON – theophylline tab er 12hr 100 mg	3				
THEOCHRON – theophylline tab er 12hr 200 mg	3				
THEOPHYLLINE ER – theophylline tab er 12hr 450 mg	3				
theophylline soln 80 mg/15ml	1				
theophylline tab er 12hr 300 mg	1				
theophylline tab er 24hr 400 mg	1				
theophylline tab er 24hr 600 mg	1				
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	2			•	
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2			•	
zafirlukast tab 10 mg (Accolate)	1				
zafirlukast tab 20 mg (Accolate)	1				
zileuton tab er 12hr 600 mg (Zyflo cr)	1		•	•	
RESPIRATORY AGENTS - MISC.					
ESBRIET – pirfenidone cap 267 mg	3	X	•	•	
ESBRIET – pirfenidone tab 267 mg	3	X	•	•	
ESBRIET – pirfenidone tab 801 mg	3	X	•	•	
KALYDECO – ivacaftor tab 150 mg	2	X	•	•	
KALYDECO – ivacaftor packet 25 mg	2	X	•	•	
KALYDECO – ivacaftor packet 50 mg	2	X	•	•	
KALYDECO – ivacaftor packet 75 mg	2	X	•	•	
OFEV – nintedanib esylate cap 100 mg (base equivalent)	3	X	•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
OFEV – nintedanib esylate cap 150 mg (base equivalent)	3	X	•	•	
ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg	3	X	•	•	
ORKAMBI – lumacaftor-ivacaftor tab 200-125 mg	3	X	•	•	
ORKAMBI – lumacaftor-ivacaftor granules packet 100-125 mg	3	X	•	•	
ORKAMBI – lumacaftor-ivacaftor granules packet 150-188 mg	3	X	•	•	
PULMOZYME – dornase alfa inhal soln 1 mg/ml	2	X			
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	X	•	•	
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	X	•	•	
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	3	X	•	•	
GASTROINTESTINAL AGENTS					
LAXATIVES					
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	1				
COLYTE-FLAVOR PACKS – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3				
GOLYTELY – peg 3350-kcl-na bicarb-nacl-na sulfate packet 227.1 gm	3				
GOLYTELY – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	3				
lactulose solution 10 gm/15ml	1				

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MOVIPREP – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	3				
NULYTELY/FLAVOR PACKS – peg 3350-kcl-sod bicarb-nacl for soln 420 gm	3				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	1				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs)	1				
PLENVU – peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	3				
PREPOPIK – sod picosulfate-mg oxide-citric acid pack 10 mg-3.5 gm-12 gm	3				
SUPREP BOWEL PREP KIT – sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3				
ANTIDIARRHEALS					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1				
DIPHENOXYLATE/ATROPINE – diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3				
LOMOTIL – diphenoxylate w/ atropine tab 2.5-0.025 mg	3				
loperamide hcl cap 2 mg	1				
MYTESI – crofelemer tab delayed release 125 mg	3				
ULCER DRUGS					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
CIMETIDINE HCL – cimetidine hcl soln 300 mg/5ml	3				
CUVPOSA – glycopyrrolate oral soln 1 mg/5ml	3				
CYTOTEC – misoprostol tab 100 mcg	3				
CYTOTEC – misoprostol tab 200 mcg	3				
dicyclomine hcl cap 10 mg (Bentyl)	1				
dicyclomine hcl oral soln 10 mg/5ml	1				
dicyclomine hcl tab 20 mg (Bentyl)	1				
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	1			•	
famotidine tab 20 mg (Pepcid)	1				
famotidine tab 40 mg (Pepcid)	1				
glycopyrrolate tab 1 mg	1				
glycopyrrolate tab 2 mg	1				
lansoprazole cap delayed release 30 mg (Prevacid)	1			•	
methscopolamine bromide tab 2.5 mg (Pamine)	1				
methscopolamine bromide tab 5 mg (Pamine forte)	1				
misoprostol tab 100 mcg (Cytotec)	1				
misoprostol tab 200 mcg (Cytotec)	1				
NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg	2			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg	2			•	
NEXIUM – esomeprazole magnesium for delayed release susp packet 10 mg	2			•	
NEXIUM – esomeprazole magnesium for delayed release susp packet 20 mg	2			•	
NEXIUM – esomeprazole magnesium for delayed release susp packet 40 mg	2			•	
NIZATIDINE – nizatidine oral soln 15 mg/ml	3				
nizatidine cap 150 mg	1				
nizatidine cap 300 mg	1				
omeprazole cap delayed release 10 mg (Prilosec)	1			•	
omeprazole cap delayed release 20 mg (Prilosec)	1			•	
omeprazole cap delayed release 40 mg (Prilosec)	1			•	
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1			•	
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1			•	
PROPANTHELINE BROMIDE – propantheline bromide tab 15 mg	2				
rabeprazole sodium ec tab 20 mg (Aciphex)	1			•	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	1				
ranitidine hcl tab 150 mg (Zantac)	1				
ranitidine hcl tab 300 mg (Zantac)	1				
sucralfate tab 1 gm (Carafate)	1				
ANTIEMETICS					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
AKYNZEO – netupitant-palonosetron cap 300-0.5 mg	3		•	•	
ANZEMET – dolasetron mesylate tab 50 mg	3			•	
ANZEMET – dolasetron mesylate tab 100 mg	3			•	
aprepitant capsule therapy pack 80 & 125 mg (Emend)	1			•	
aprepitant capsule 40 mg (Emend)	1				
aprepitant capsule 80 mg (Emend)	1			•	
aprepitant capsule 125 mg (Emend)	1			•	
BONJESTA – doxylamine-pyridoxine tab er 20-20 mg	3		•	•	
DICLEGIS – doxylamine-pyridoxine tab delayed release 10-10 mg	3		•	•	
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	1		•	•	
dronabinol cap 2.5 mg (Marinol)	1				
dronabinol cap 5 mg (Marinol)	1				
dronabinol cap 10 mg (Marinol)	1				
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)	2			•	
EMEND – aprepitant capsule 40 mg	3				
EMEND – aprepitant capsule 80 mg	3			•	
EMEND – aprepitant capsule 125 mg	3			•	
EMEND TRIPACK – aprepitant capsule therapy pack 80 & 125 mg	3			•	
granisetron hcl tab 1 mg	1			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
meclizine hcl tab 12.5 mg	1				
meclizine hcl tab 25 mg	1				
ONDANSETRON HCL – ondansetron hcl tab 24 mg	3			•	
ondansetron hcl oral soln 4 mg/5ml (Zofran)	1				
ondansetron hcl tab 4 mg (Zofran)	1			•	
ondansetron hcl tab 8 mg (Zofran)	1			•	
ondansetron orally disintegrating tab 4 mg (Zofran odt)	1			•	
ondansetron orally disintegrating tab 8 mg (Zofran odt)	1			•	
SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	3		•	•	
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1				
TIGAN – trimethobenzamide hcl cap 300 mg	3				
TRANSDERM SCOP – scopolamine td patch 72hr 1 mg/3days	3				
TRANSDERM-SCOP – scopolamine td patch 72hr 1 mg/3days	3				
trimethobenzamide hcl cap 300 mg (Tigan)	1				
VARUBI – rolapitant hcl tab 90 mg (base equiv)	2			•	
ZOFRAN – ondansetron hcl tab 8 mg	3			•	
DIGESTIVE AIDS					

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	2				
CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	2				
CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	2				
CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	2				
CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	2				
SUCRAID – sacrosidase soln 8500 unit/ml	3	X	•	•	
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	2				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	2				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	2				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	2				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	2				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	2				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	2				

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GASTROINTESTINAL AGENTS- MISC.					
ACTIGALL – ursodiol cap 300 mg	3				
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	1		•	•	
alosetron hcl tab 1 mg (base equiv) (Lotronex)	1		•	•	
AMITIZA – lubiprostone cap 8 mcg	3		•	•	
AMITIZA – lubiprostone cap 24 mcg	3		•	•	
APRISO – mesalamine cap er 24hr 0.375 gm	2				
AZULFIDINE – sulfasalazine tab 500 mg	3				
AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg	3				
balsalazide disodium cap 750 mg (Colazal)	1				
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo)	1				
calcium acetate (phosphate binder) tab 667 mg (Eliphos)	1				
CHENODAL – chenodiol tab 250 mg	2				
CHOLBAM – cholic acid cap 50 mg	3	X	•		
CHOLBAM – cholic acid cap 250 mg	3	X	•		
CIMZIA – certolizumab pegol for inj kit 2 x 200 mg	3	X	•	•	
CIMZIA – certolizumab pegol inj kit 2 x 200 mg/ml	3	X	•	•	
CIMZIA STARTER KIT – certolizumab pegol inj kit 6 x 200 mg/ml	3	X	•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1				
DELZICOL – mesalamine cap dr 400 mg	3				
FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental)	3				•
FOSRENOL – lanthanum carbonate chew tab 750 mg (elemental)	3				•
FOSRENOL – lanthanum carbonate chew tab 1000 mg (elemental)	3				•
FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental)	3				•
FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental)	3				•
GATTEX – teduglutide (rdna) for inj kit 5 mg	3	X	•	•	
lactulose (encephalopathy) solution 10 gm/15ml	1				
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	1				•
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	1				•
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	1				•
mesalamine cap dr 400 mg (Delzicol)	1				
mesalamine enema 4 gm	1				
mesalamine suppos 1000 mg (Canasa)	1				
mesalamine tab delayed release 800 mg (Asacol hd)	1				

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mesalamine tab delayed release 1.2 gm (Lialda)	1				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1				
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	1				
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1				
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent)	3		•	•	
MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent)	3		•	•	
OCALIVA – obeticholic acid tab 5 mg	3	X	•	•	
OCALIVA – obeticholic acid tab 10 mg	3	X	•	•	
PHOSLYRA – calcium acetate (phosphate binder) oral soln 667 mg/5ml	3				
REGLAN – metoclopramide hcl tab 5 mg (base equivalent)	3				
REGLAN – metoclopramide hcl tab 10 mg (base equivalent)	3				
RENAGEL – sevelamer hcl tab 800 mg	3				•
RENVELA – sevelamer carbonate packet 0.8 gm	3				•
sevelamer carbonate packet 0.8 gm (Renvela)	1				•
sevelamer carbonate packet 2.4 gm (Renvela)	1				•
sevelamer carbonate tab 800 mg (Renvela)	1				•
sevelamer hcl tab 800 mg (Renagel)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
SEVELAMER HYDROCHLORIDE – sevelamer hcl tab 400 mg	3				•
SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml	3				
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1				
sulfasalazine tab 500 mg (Azulfidine)	1				
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	2		•	•	
TRULANCE – plecanatide tab 3 mg	2		•	•	
ursodiol cap 300 mg (Actigall)	1				
ursodiol tab 250 mg (Urso 250)	1				
ursodiol tab 500 mg (Urso forte)	1				
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg	2				•
VIBERZI – eluxadoline tab 75 mg	2		•	•	
VIBERZI – eluxadoline tab 100 mg	2		•	•	
XERMELO – telotristat etiprate tab 250 mg (telotristat ethyl equiv)	3	X	•		
GENITOURINARY AGENTS					
URINARY ANTI-INFECTIVES					
HIPREX – methenamine hippurate tab 1 gm	3				
MACROBID – nitrofurantoin monohydrate macrocrystalline cap 100 mg	3				
MACRODANTIN – nitrofurantoin macrocrystalline cap 25 mg	3				
MACRODANTIN – nitrofurantoin macrocrystalline cap 50 mg	3				
MACRODANTIN – nitrofurantoin macrocrystalline cap 100 mg	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
methenamine hippurate tab 1 gm (Hiprex)	1				
MONUROL – fosfomycin tromethamine powd pack 3 gm (base equivalent)	3				
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	1				
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	1				
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	1				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1				
nitrofurantoin susp 25 mg/5ml (Furadantin)	1				
URINARY ANTISPASMODICS					
bethanechol chloride tab 5 mg (Urecholine)	1				
bethanechol chloride tab 10 mg (Urecholine)	1				
bethanechol chloride tab 25 mg (Urecholine)	1				
bethanechol chloride tab 50 mg (Urecholine)	1				
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)	1			•	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex)	1			•	
ENABLEX – darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	3			•	
ENABLEX – darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	3			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
flavoxate hcl tab 100 mg	1				
MYRBETRIQ – mirabegron tab er 24 hr 25 mg	2			•	
MYRBETRIQ – mirabegron tab er 24 hr 50 mg	2			•	
oxybutynin chloride syrup 5 mg/5ml	1			•	
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1			•	
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1			•	
oxybutynin chloride tab er 24hr 15 mg (Ditropan xl)	1			•	
oxybutynin chloride tab 5 mg	1			•	
solifenacin succinate tab 5 mg (Vesicare)	1			•	
solifenacin succinate tab 10 mg (Vesicare)	1			•	
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	1			•	
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	1			•	
tolterodine tartrate tab 1 mg (Detrol)	1			•	
tolterodine tartrate tab 2 mg (Detrol)	1			•	
trospium chloride cap er 24hr 60 mg	1			•	
trospium chloride tab 20 mg	1			•	
URECHOLINE – bethanechol chloride tab 5 mg	3				
URECHOLINE – bethanechol chloride tab 10 mg	3				
URECHOLINE – bethanechol chloride tab 25 mg	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
URECHOLINE – bethanechol chloride tab 50 mg	3				
VESICARE – solifenacin succinate tab 5 mg	3			•	
VESICARE – solifenacin succinate tab 10 mg	3			•	
VAGINAL PRODUCTS					
AVC – sulfanilamide vaginal cream 15%	2				
CLEOCIN – clindamycin phosphate vaginal cream 2%	3				
CLEOCIN – clindamycin phosphate vaginal suppos 100 mg	2				
clindamycin phosphate vaginal cream 2% (Cleocin)	1				
CLINDESSE – clindamycin phosphate (one dose) vaginal cream 2%	3				
CRINONE – progesterone vaginal gel 4%	3				
ENCARE – nonoxynol-9 vaginal suppos 100 mg	3				
ESTRACE – estradiol vaginal cream 0.1 mg/gm	3				
estradiol vaginal cream 0.1 mg/gm (Estrace)	1				
estradiol vaginal tab 10 mcg (Vagifem)	1		•		
ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	3			•	
FEMRING – estradiol acetate vaginal ring 0.05 mg/24hr	3			•	
FEMRING – estradiol acetate vaginal ring 0.1 mg/24hr	3			•	
GYNAZOLE-1 – butoconazole nitrate (one dose) vaginal cream 2%	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 4 mcg	3			•	
IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 10 mcg	3			•	
IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 4 mcg	3			•	
IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 10 mcg	3			•	
INTRAROSA – prasterone vaginal insert 6.5 mg	3				
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	1				
MICONAZOLE 3 – miconazole nitrate vaginal suppos 200 mg	3				
nonoxynol-9 gel 4%	1				
OPTIONS CONCEPTROL VAGINA – nonoxynol-9 gel 4%	3				
OPTIONS GYNOL II VAGINAL – nonoxynol-9 gel 3%	3				
PREMARIN – estrogens, conjugated vaginal cream 0.625 mg/gm	2				
SHUR-SEAL – nonoxynol-9 gel 2%	3				
TERCONAZOLE – terconazole vaginal cream 0.8%	3				
terconazole vaginal cream 0.4% (Terazol 7)	1				
terconazole vaginal suppos 80 mg	1				
TODAY SPONGE – nonoxynol-9 vaginal sponge 1000 mg	3				
VAGIFEM – estradiol vaginal tab 10 mcg	2				
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%	3				

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VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%	3				
GENITOURINARY AGENTS - MISC.					
acetic acid irrigation soln 0.25%	1				
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1				
CYSTAGON – cysteamine bitartrate cap 50 mg	2				
CYSTAGON – cysteamine bitartrate cap 150 mg	2				
dutasteride cap 0.5 mg (Avodart)	1				
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1				
ELMIRON – pentosan polysulfate sodium caps 100 mg	3		•		
finasteride tab 5 mg (Proscar)	1				
JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3				
K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg	2				
LITHOSTAT – acetohydroxamic acid tab 250 mg	3				
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1				
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1				
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1				
PROCYSBI – cysteamine bitartrate cap delayed release 25 mg (base equiv)	3	X	•		
PROCYSBI – cysteamine bitartrate cap delayed release 75 mg (base equiv)	3	X	•		
PROSCAR – finasteride tab 5 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
RAPAFLO – silodosin cap 4 mg	3				
RAPAFLO – silodosin cap 8 mg	3				
silodosin cap 4 mg (Rapaflo)	1				
silodosin cap 8 mg (Rapaflo)	1				
sodium chloride irrigation soln 0.9%	1				
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)	1				
tamsulosin hcl cap 0.4 mg (Flomax)	1				
THIOLA – tiopronin tab 100 mg	3	X	•	•	
THIOLA EC – tiopronin tab delayed release 100 mg	3	X	•	•	
THIOLA EC – tiopronin tab delayed release 300 mg	3	X	•	•	
UROCIT-K 10 – potassium citrate tab er 10 meq (1080 mg)	3				
UROCIT-K 15 – potassium citrate tab er 15 meq (1620 mg)	3				
UROCIT-K 5 – potassium citrate tab er 5 meq (540 mg)	3				
CENTRAL NERVOUS SYSTEM DRUGS					
ANTIANXIETY AGENTS					
ALPRAZOLAM INTENSOL – alprazolam conc 1 mg/ml	3				
alprazolam orally disintegrating tab 0.25 mg (Niravam)	1				
alprazolam orally disintegrating tab 0.5 mg	1				
alprazolam orally disintegrating tab 1 mg	1				
alprazolam orally disintegrating tab 2 mg	1				

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alprazolam tab er 24hr 0.5 mg (Xanax xr)	1				
alprazolam tab er 24hr 1 mg (Xanax xr)	1				
alprazolam tab er 24hr 2 mg (Xanax xr)	1				
alprazolam tab er 24hr 3 mg (Xanax xr)	1				
alprazolam tab 0.25 mg (Xanax)	1				
alprazolam tab 0.5 mg (Xanax)	1				
alprazolam tab 1 mg (Xanax)	1				
alprazolam tab 2 mg (Xanax)	1				
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				
chlordiazepoxide hcl cap 5 mg	1				
chlordiazepoxide hcl cap 10 mg	1				
chlordiazepoxide hcl cap 25 mg	1				
clorazepate dipotassium tab 3.75 mg (Tranxene t)	1				
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1				
clorazepate dipotassium tab 15 mg (Tranxene t)	1				
DIAZEPAM – diazepam oral soln 1 mg/ml	2				
diazepam conc 5 mg/ml	1				
diazepam tab 2 mg (Valium)	1				
diazepam tab 5 mg (Valium)	1				
diazepam tab 10 mg (Valium)	1				
hydroxyzine hcl syrup 10 mg/5ml	1				
hydroxyzine hcl tab 10 mg	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
hydroxyzine hcl tab 25 mg	1				
hydroxyzine hcl tab 50 mg	1				
HYDROXYZINE PAMOATE – hydroxyzine pamoate cap 100 mg	3				
hydroxyzine pamoate cap 25 mg (Vistaril)	1				
hydroxyzine pamoate cap 50 mg (Vistaril)	1				
lorazepam conc 2 mg/ml	1				
lorazepam tab 0.5 mg (Ativan)	1				
lorazepam tab 1 mg (Ativan)	1				
lorazepam tab 2 mg (Ativan)	1				
OXAZEPAM – oxazepam cap 10 mg	3				
OXAZEPAM – oxazepam cap 15 mg	3				
OXAZEPAM – oxazepam cap 30 mg	3				
VISTARIL – hydroxyzine pamoate cap 25 mg	3				
VISTARIL – hydroxyzine pamoate cap 50 mg	3				
ANTIDEPRESSANTS					
amitriptyline hcl tab 10 mg	1				
amitriptyline hcl tab 25 mg	1				
amitriptyline hcl tab 50 mg	1				
amitriptyline hcl tab 75 mg	1				
amitriptyline hcl tab 100 mg	1				
amitriptyline hcl tab 150 mg	1				
AMOXAPINE – amoxapine tab 25 mg	3				
AMOXAPINE – amoxapine tab 50 mg	3				

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AMOXAPINE – amoxapine tab 100 mg	3				
AMOXAPINE – amoxapine tab 150 mg	3				
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1				
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1				
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	1				
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1				
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1				
bupropion hcl tab 75 mg	1				
bupropion hcl tab 100 mg	1				
citalopram hydrobromide oral soln 10 mg/5ml	1				
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1				
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1				
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1				
clomipramine hcl cap 25 mg (Anafranil)	1				
clomipramine hcl cap 50 mg (Anafranil)	1				
clomipramine hcl cap 75 mg (Anafranil)	1				
desipramine hcl tab 10 mg (Norpramin)	1				
desipramine hcl tab 25 mg (Norpramin)	1				
desipramine hcl tab 50 mg	1				
desipramine hcl tab 75 mg	1				
desipramine hcl tab 100 mg	1				
desipramine hcl tab 150 mg	1				
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg	3			•	•
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg	3			•	•
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	1			•	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	1			•	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1			•	
DOXEPIN HCL – doxepin hcl cap 150 mg	3				
doxepin hcl cap 10 mg	1				
doxepin hcl cap 25 mg	1				
doxepin hcl cap 50 mg	1				
doxepin hcl cap 75 mg	1				
doxepin hcl cap 100 mg	1				
doxepin hcl conc 10 mg/ml	1				
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	1				
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1				
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	1				
EMSAM – selegiline td patch 24hr 6 mg/24hr	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
EMSAM – selegiline td patch 24hr 9 mg/24hr	3				
EMSAM – selegiline td patch 24hr 12 mg/24hr	3				
escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro)	1				
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1				
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1				
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1				
FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	3			•	•
FETZIMA – levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	3			•	•
FETZIMA – levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	3			•	•
FETZIMA – levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	3			•	•
FETZIMA TITRATION PACK – levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3			•	•
FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg	3				•
fluoxetine hcl cap 10 mg (Prozac)	1				
fluoxetine hcl cap 20 mg (Prozac)	1				
fluoxetine hcl cap 40 mg (Prozac)	1				
fluoxetine hcl solution 20 mg/5ml	1				
fluvoxamine maleate tab 25 mg	1			•	
fluvoxamine maleate tab 50 mg	1			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
fluvoxamine maleate tab 100 mg	1			•	
imipramine hcl tab 10 mg (Tofranil)	1				
imipramine hcl tab 25 mg (Tofranil)	1				
imipramine hcl tab 50 mg (Tofranil)	1				
imipramine pamoate cap 75 mg	1				
imipramine pamoate cap 100 mg	1				
imipramine pamoate cap 125 mg	1				
imipramine pamoate cap 150 mg	1				
MAPROTILINE HCL – maprotiline hcl tab 25 mg	3			•	•
MAPROTILINE HCL – maprotiline hcl tab 50 mg	3			•	•
MAPROTILINE HCL – maprotiline hcl tab 75 mg	3			•	•
MARPLAN – isocarboxazid tab 10 mg	3				
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	1			•	
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	1			•	
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	1			•	
mirtazapine tab 7.5 mg	1			•	
mirtazapine tab 15 mg (Remeron)	1			•	
mirtazapine tab 30 mg (Remeron)	1			•	
mirtazapine tab 45 mg (Remeron)	1			•	
NARDIL – phenelzine sulfate tab 15 mg	3				
NEFAZODONE HCL – nefazodone hcl tab 100 mg	3				
NEFAZODONE HCL – nefazodone hcl tab 150 mg	3				

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NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 50 mg	3				
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 200 mg	3				
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 250 mg	3				
NORPRAMIN – desipramine hcl tab 10 mg	3				
NORPRAMIN – desipramine hcl tab 25 mg	3				
NORTRIPTYLINE HCL – nortriptyline hcl soln 10 mg/5ml	2				
nortriptyline hcl cap 10 mg (Pamelor)	1				
nortriptyline hcl cap 25 mg (Pamelor)	1				
nortriptyline hcl cap 50 mg (Pamelor)	1				
nortriptyline hcl cap 75 mg (Pamelor)	1				
PAMELOR – nortriptyline hcl cap 10 mg	3				
PAMELOR – nortriptyline hcl cap 25 mg	3				
PAMELOR – nortriptyline hcl cap 50 mg	3				
PAMELOR – nortriptyline hcl cap 75 mg	3				
PARNATE – tranylcypromine sulfate tab 10 mg	3				
paroxetine hcl tab 10 mg (Paxil)	1				
paroxetine hcl tab 20 mg (Paxil)	1				
paroxetine hcl tab 30 mg (Paxil)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
paroxetine hcl tab 40 mg (Paxil)	1				
PAXIL – paroxetine hcl oral susp 10 mg/5ml (base equiv)	3				•
phenelzine sulfate tab 15 mg (Nardil)	1				
protriptyline hcl tab 5 mg	1				
protriptyline hcl tab 10 mg	1				
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1				
sertraline hcl tab 25 mg (Zoloft)	1				
sertraline hcl tab 50 mg (Zoloft)	1				
sertraline hcl tab 100 mg (Zoloft)	1				
tranylcypromine sulfate tab 10 mg (Parnate)	1				
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	1				
trimipramine maleate cap 50 mg	1				
trimipramine maleate cap 100 mg	1				
TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv)	3			•	•
TRINTELLIX – vortioxetine hbr tab 10 mg (base equiv)	3			•	•
TRINTELLIX – vortioxetine hbr tab 20 mg (base equiv)	3			•	•
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1				
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1				
venlafaxine hcl tab 25 mg (base equivalent)	1				
venlafaxine hcl tab 37.5 mg (base equivalent)	1				
venlafaxine hcl tab 50 mg (base equivalent)	1				
venlafaxine hcl tab 75 mg (base equivalent)	1				
venlafaxine hcl tab 100 mg (base equivalent)	1				
VIIBRYD – vilazodone hcl tab 10 mg	3			•	•
VIIBRYD – vilazodone hcl tab 20 mg	3			•	•
VIIBRYD – vilazodone hcl tab 40 mg	3			•	•
VIIBRYD STARTER PACK – vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	3			•	•
ANTIPSYCHOTICS					
aripiprazole oral solution 1 mg/ml	1			•	
aripiprazole orally disintegrating tab 10 mg	1			•	
aripiprazole orally disintegrating tab 15 mg	1			•	
aripiprazole tab 2 mg (Abilify)	1			•	
aripiprazole tab 5 mg (Abilify)	1			•	
aripiprazole tab 10 mg (Abilify)	1			•	
aripiprazole tab 15 mg (Abilify)	1			•	
aripiprazole tab 20 mg (Abilify)	1			•	
aripiprazole tab 30 mg (Abilify)	1			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
chlorpromazine hcl tab 10 mg	1				
chlorpromazine hcl tab 25 mg	1				
chlorpromazine hcl tab 50 mg	1				
chlorpromazine hcl tab 100 mg	1				
chlorpromazine hcl tab 200 mg	1				
CLOZAPINE – clozapine tab 50 mg	3				
CLOZAPINE – clozapine tab 200 mg	3				
CLOZAPINE ODT – clozapine orally disintegrating tab 150 mg	3				
CLOZAPINE ODT – clozapine orally disintegrating tab 200 mg	3				
clozapine orally disintegrating tab 12.5 mg (Fazaclo)	1				
clozapine orally disintegrating tab 25 mg (Fazaclo)	1				
clozapine orally disintegrating tab 100 mg (Fazaclo)	1				
clozapine tab 25 mg (Clozaril)	1				
clozapine tab 50 mg	1				
clozapine tab 100 mg (Clozaril)	1				
clozapine tab 200 mg	1				
CLOZARIL – clozapine tab 25 mg	3				
EQUETRO – carbamazepine (antipsychotic) cap er 12hr 100 mg	3				
EQUETRO – carbamazepine (antipsychotic) cap er 12hr 200 mg	3				
EQUETRO – carbamazepine (antipsychotic) cap er 12hr 300 mg	3				
FANAPT – iloperidone tab 1 mg	3			•	•
FANAPT – iloperidone tab 2 mg	3			•	•
FANAPT – iloperidone tab 4 mg	3			•	•

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
FANAPT – iloperidone tab 6 mg	3			•	•
FANAPT – iloperidone tab 8 mg	3			•	•
FANAPT – iloperidone tab 10 mg	3			•	•
FANAPT – iloperidone tab 12 mg	3			•	•
FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3			•	•
FAZACLO – clozapine orally disintegrating tab 12.5 mg	3				
FAZACLO – clozapine orally disintegrating tab 25 mg	3				
FAZACLO – clozapine orally disintegrating tab 100 mg	3				
FAZACLO – clozapine orally disintegrating tab 150 mg	3				
FAZACLO – clozapine orally disintegrating tab 200 mg	3				
FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml	2				
FLUPHENAZINE HCL – fluphenazine hcl tab 1 mg	3				
FLUPHENAZINE HCL – fluphenazine hcl tab 2.5 mg	3				
FLUPHENAZINE HCL – fluphenazine hcl tab 5 mg	3				
FLUPHENAZINE HCL – fluphenazine hcl tab 10 mg	3				
FLUPHENAZINE HYDROCHLORID – fluphenazine hcl elixir 2.5 mg/5ml	2				
haloperidol lactate oral conc 2 mg/ml	1				
haloperidol tab 0.5 mg	1				
haloperidol tab 1 mg	1				
haloperidol tab 2 mg	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
haloperidol tab 5 mg	1				
haloperidol tab 10 mg	1				
haloperidol tab 20 mg	1				
INVEGA – paliperidone tab er 24hr 1.5 mg	3			•	•
INVEGA – paliperidone tab er 24hr 3 mg	3			•	•
INVEGA – paliperidone tab er 24hr 6 mg	3			•	•
INVEGA – paliperidone tab er 24hr 9 mg	3			•	•
LATUDA – lurasidone hcl tab 20 mg	3			•	•
LATUDA – lurasidone hcl tab 40 mg	3			•	•
LATUDA – lurasidone hcl tab 60 mg	3			•	•
LATUDA – lurasidone hcl tab 80 mg	3			•	•
LATUDA – lurasidone hcl tab 120 mg	3			•	•
LITHIUM – lithium oral solution 8 meq/5ml	2				
LITHIUM CARBONATE – lithium carbonate cap 150 mg	3				
LITHIUM CARBONATE – lithium carbonate cap 600 mg	3				
lithium carbonate cap 150 mg (Lithium carbonate)	1				
lithium carbonate cap 300 mg	1				
lithium carbonate cap 600 mg (Lithium carbonate)	1				
lithium carbonate tab er 300 mg (Lithobid)	1				
lithium carbonate tab er 450 mg	1				

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lithium carbonate tab 300 mg	1				
LITHOBID – lithium carbonate tab er 300 mg	3				
loxapine succinate cap 5 mg	1				
loxapine succinate cap 10 mg	1				
loxapine succinate cap 25 mg	1				
loxapine succinate cap 50 mg	1				
MOLINDONE HYDROCHLORIDE – molindone hcl tab 5 mg	3				
MOLINDONE HYDROCHLORIDE – molindone hcl tab 10 mg	3				
MOLINDONE HYDROCHLORIDE – molindone hcl tab 25 mg	3				
NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent)	3	X	•	•	
NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent)	3	X	•	•	
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	1			•	
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	1			•	
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	1			•	
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	1			•	
olanzapine tab 2.5 mg (Zyprexa)	1			•	
olanzapine tab 5 mg (Zyprexa)	1			•	
olanzapine tab 7.5 mg (Zyprexa)	1			•	
olanzapine tab 10 mg (Zyprexa)	1			•	
olanzapine tab 15 mg (Zyprexa)	1			•	
olanzapine tab 20 mg (Zyprexa)	1			•	
paliperidone tab er 24hr 1.5 mg (Invega)	1			•	
paliperidone tab er 24hr 3 mg (Invega)	1			•	
paliperidone tab er 24hr 6 mg (Invega)	1			•	
paliperidone tab er 24hr 9 mg (Invega)	1			•	
perphenazine tab 2 mg	1				
perphenazine tab 4 mg	1				
perphenazine tab 8 mg	1				
perphenazine tab 16 mg	1				
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine)	1				
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine)	1				
prochlorperazine suppos 25 mg	1				
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	1			•	
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	1			•	
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	1			•	
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	1			•	
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	1			•	
quetiapine fumarate tab 25 mg (Seroquel)	1			•	
quetiapine fumarate tab 50 mg (Seroquel)	1			•	
quetiapine fumarate tab 100 mg (Seroquel)	1			•	
quetiapine fumarate tab 200 mg (Seroquel)	1			•	
quetiapine fumarate tab 300 mg (Seroquel)	1			•	

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quetiapine fumarate tab 400 mg (Seroquel)	1			•	
REXULTI – brexpiprazole tab 0.25 mg	3			•	•
REXULTI – brexpiprazole tab 0.5 mg	3			•	•
REXULTI – brexpiprazole tab 1 mg	3			•	•
REXULTI – brexpiprazole tab 2 mg	3			•	•
REXULTI – brexpiprazole tab 3 mg	3			•	•
REXULTI – brexpiprazole tab 4 mg	3			•	•
RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg	3			•	•
risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab)	1			•	
risperidone orally disintegrating tab 1 mg (Risperdal m-tab)	1			•	
risperidone orally disintegrating tab 2 mg (Risperdal m-tab)	1			•	
risperidone orally disintegrating tab 3 mg (Risperdal m-tab)	1			•	
risperidone orally disintegrating tab 4 mg (Risperdal m-tab)	1			•	
risperidone soln 1 mg/ml (Risperdal)	1			•	
risperidone tab 0.25 mg (Risperdal)	1			•	
risperidone tab 0.5 mg (Risperdal)	1			•	
risperidone tab 1 mg (Risperdal)	1			•	
risperidone tab 2 mg (Risperdal)	1			•	
risperidone tab 3 mg (Risperdal)	1			•	
risperidone tab 4 mg (Risperdal)	1			•	
SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv)	3			•	•
SAPHRIS – asenapine maleate sl tab 5 mg (base equiv)	3			•	•
SAPHRIS – asenapine maleate sl tab 10 mg (base equiv)	3			•	•
thioridazine hcl tab 10 mg	1				
thioridazine hcl tab 25 mg	1				
thioridazine hcl tab 50 mg	1				
thioridazine hcl tab 100 mg	1				
thiothixene cap 1 mg	1				
thiothixene cap 2 mg	1				
thiothixene cap 5 mg	1				
thiothixene cap 10 mg	1				
trifluoperazine hcl tab 1 mg (base equivalent)	1				
trifluoperazine hcl tab 2 mg (base equivalent)	1				
trifluoperazine hcl tab 5 mg (base equivalent)	1				
trifluoperazine hcl tab 10 mg (base equivalent)	1				
VERSACLOZ – clozapine susp 50 mg/ml	3			•	•
VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	3			•	•
VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent)	3			•	•
VRAYLAR – cariprazine hcl cap 3 mg (base equivalent)	3			•	•
VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)	3			•	•
VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)	3			•	•
ziprasidone hcl cap 20 mg (Geodon)	1			•	

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ziprasidone hcl cap 40 mg (Geodon)	1			•	
ziprasidone hcl cap 60 mg (Geodon)	1			•	
ziprasidone hcl cap 80 mg (Geodon)	1			•	
HYPNOTICS					
BUTISOL SODIUM – butabarbital sodium tab 30 mg	3				
estazolam tab 1 mg	1				
estazolam tab 2 mg	1				
eszopiclone tab 1 mg (Lunesta)	1			•	
eszopiclone tab 2 mg (Lunesta)	1			•	
eszopiclone tab 3 mg (Lunesta)	1			•	
FLURAZEPAM HCL – flurazepam hcl cap 15 mg	3				
FLURAZEPAM HCL – flurazepam hcl cap 30 mg	3				
HETLIOZ – tasimelteon capsule 20 mg	3	X	•	•	
phenobarbital elixir 20 mg/5ml	1				
phenobarbital tab 15 mg	1				
phenobarbital tab 16.2 mg	1				
phenobarbital tab 30 mg	1				
phenobarbital tab 32.4 mg	1				
phenobarbital tab 60 mg	1				
phenobarbital tab 64.8 mg	1				
phenobarbital tab 97.2 mg	1				
phenobarbital tab 100 mg	1				
ramelteon tab 8 mg (Rozerem)	1			•	
ROZEREM – ramelteon tab 8 mg	3			•	•
SECONAL SODIUM – secobarbital sodium cap 100 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
SILENOR – doxepin hcl (sleep) tab 3 mg (base equiv)	3			•	•
SILENOR – doxepin hcl (sleep) tab 6 mg (base equiv)	3			•	•
temazepam cap 7.5 mg (Restoril)	1				
temazepam cap 15 mg (Restoril)	1				
temazepam cap 22.5 mg (Restoril)	1				
temazepam cap 30 mg (Restoril)	1				
zaleplon cap 5 mg (Sonata)	1			•	
zaleplon cap 10 mg (Sonata)	1			•	
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1			•	
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1			•	
zolpidem tartrate tab 5 mg (Ambien)	1			•	
zolpidem tartrate tab 10 mg (Ambien)	1			•	
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS					
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	1			•	
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	1			•	
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	1			•	
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	1			•	
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	1			•	

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amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	1			•	
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1			•	
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	1			•	
amphetamine-dextroamphetamine tab 10 mg (Adderall)	1			•	
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	1			•	
amphetamine-dextroamphetamine tab 15 mg (Adderall)	1			•	
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1			•	
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1			•	
armodafinil tab 50 mg (Nuvigil)	1			•	
armodafinil tab 150 mg (Nuvigil)	1			•	
armodafinil tab 200 mg (Nuvigil)	1			•	
armodafinil tab 250 mg (Nuvigil)	1			•	
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	1			•	
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	1			•	
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	1			•	
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	1			•	
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	1			•	
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	1			•	
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	1			•	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1				
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1			•	
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 18 mg	3		•	•	
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 27 mg	3		•	•	
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 36 mg	3		•	•	
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 54 mg	3		•	•	
DESOXYN – methamphetamine hcl tab 5 mg	3		•	•	
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	1			•	
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	1			•	
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	1			•	
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	1			•	
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	1			•	
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	1			•	

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dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	1			•	
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	1			•	
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1			•	
dexmethylphenidate hcl tab 5 mg (Focalin)	1			•	
dexmethylphenidate hcl tab 10 mg (Focalin)	1			•	
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	1			•	
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	1			•	
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	1			•	
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	1			•	
dextroamphetamine sulfate tab 5 mg	1			•	
dextroamphetamine sulfate tab 10 mg	1			•	
FOCALIN – dexmethylphenidate hcl tab 2.5 mg	3		•	•	
FOCALIN – dexmethylphenidate hcl tab 5 mg	3		•	•	
FOCALIN – dexmethylphenidate hcl tab 10 mg	3		•	•	
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	1			•	
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1			•	
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1			•	
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	1			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
methamphetamine hcl tab 5 mg (Desoxyn)	1			•	
METHYLIN – methylphenidate hcl soln 5 mg/5ml	3		•	•	
METHYLIN – methylphenidate hcl soln 10 mg/5ml	3		•	•	
methylphenidate hcl cap er 10 mg (cd)	1			•	
methylphenidate hcl cap er 20 mg (cd)	1			•	
methylphenidate hcl cap er 30 mg (cd)	1			•	
methylphenidate hcl cap er 40 mg (cd)	1			•	
methylphenidate hcl cap er 50 mg (cd)	1			•	
methylphenidate hcl cap er 60 mg (cd)	1			•	
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	1			•	
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	1			•	
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	1			•	
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	1			•	
methylphenidate hcl chew tab 2.5 mg	1			•	
methylphenidate hcl chew tab 5 mg	1			•	
methylphenidate hcl chew tab 10 mg	1			•	
methylphenidate hcl soln 5 mg/5ml (Methylin)	1			•	
methylphenidate hcl soln 10 mg/5ml (Methylin)	1			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	1			•	
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	1			•	
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1			•	
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	1			•	
methylphenidate hcl tab er 10 mg	1			•	
methylphenidate hcl tab er 20 mg	1			•	
methylphenidate hcl tab er 24hr 27 mg	1				
methylphenidate hcl tab er 24hr 36 mg	1				
methylphenidate hcl tab er 24hr 54 mg	1				
methylphenidate hcl tab 5 mg (Ritalin)	1			•	
methylphenidate hcl tab 10 mg (Ritalin)	1			•	
methylphenidate hcl tab 20 mg (Ritalin)	1			•	
METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 18 mg	3		•	•	
modafinil tab 100 mg (Provigil)	1			•	
modafinil tab 200 mg (Provigil)	1			•	
phentermine hcl cap 15 mg	1				
PROCENTRA – dextroamphetamine sulfate oral solution 5 mg/5ml	3		•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
RITALIN – methylphenidate hcl tab 5 mg	3		•	•	
RITALIN – methylphenidate hcl tab 10 mg	3		•	•	
RITALIN – methylphenidate hcl tab 20 mg	3		•	•	
SUNOSI – solriamfetol hcl tab 75 mg (base equiv)	2		•	•	
SUNOSI – solriamfetol hcl tab 150 mg (base equiv)	2		•	•	
VYVANSE – lisdexamfetamine dimesylate cap 10 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate cap 20 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate cap 30 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate cap 40 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate cap 50 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate cap 60 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate cap 70 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg	2			•	
VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg	2			•	

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PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.					
acamprosate calcium tab delayed release 333 mg	1				
ANTABUSE – disulfiram tab 250 mg	3				
ANTABUSE – disulfiram tab 500 mg	3				
ARICEPT – donepezil hydrochloride tab 5 mg	3				
ARICEPT – donepezil hydrochloride tab 23 mg	3				
AUBAGIO – teriflunomide tab 7 mg	2	X	•	•	
AUBAGIO – teriflunomide tab 14 mg	2	X	•	•	
AUSTEDO – deutetrabenazine tab 6 mg	3	X	•	•	
AUSTEDO – deutetrabenazine tab 9 mg	3	X	•	•	
AUSTEDO – deutetrabenazine tab 12 mg	3	X	•	•	
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	X	•	•	
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	X	•	•	
BETASERON – interferon beta-1b for inj kit 0.3 mg	2	X	•	•	
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	1				
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)	2				
CHANTIX – varenicline tartrate tab 1 mg (base equiv)	2				
CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)	2				
CHANTIX STARTING MONTH PACK – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	2				
CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 5-12.5 mg	3				
CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 10-25 mg	3				
dalfampridine tab er 12hr 10 mg (Ampyra)	1		•	•	
disulfiram tab 250 mg (Antabuse)	1				
disulfiram tab 500 mg (Antabuse)	1				
donepezil hydrochloride orally disintegrating tab 5 mg	1				
donepezil hydrochloride orally disintegrating tab 10 mg	1				
donepezil hydrochloride tab 5 mg (Aricept)	1				
donepezil hydrochloride tab 10 mg (Aricept)	1				
donepezil hydrochloride tab 23 mg (Aricept)	1				
ERGOLOID MESYLATES – 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 – galantamine hydrobromide oral soln 4 mg/ml	3				
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	1				

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galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	1				
galantamine hydrobromide tab 4 mg (Razadyne)	1				
galantamine hydrobromide tab 8 mg (Razadyne)	1				
galantamine hydrobromide tab 12 mg (Razadyne)	1				
GILENYA – fingolimod hcl cap 0.5 mg (base equiv)	2	X	•	•	
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	1	X	•	•	
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	1	X	•	•	
INGREZZA – valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	X	•	•	
INGREZZA – valbenazine tosylate cap 40 mg (base equiv)	3	X	•	•	
INGREZZA – valbenazine tosylate cap 80 mg (base equiv)	3	X	•	•	
LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent)	3		•	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs)	2	X	•	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs)	2	X	•	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs)	2	X	•	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs)	2	X	•	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs)	2	X	•	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs)	2	X	•	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs)	2	X	•	•	
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)	2	X	•	•	
MAYZENT – siponimod fumarate tab 2 mg (base equiv)	2	X	•	•	
memantine hcl oral solution 2 mg/ml (Namenda)	1				
memantine hcl tab 5 mg (Namenda)	1				
memantine hcl tab 10 mg (Namenda)	1				
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (Namenda titration pa)	1				
NAMENDA – memantine hcl tab 5 mg	3				
NAMENDA TITRATION PAK – memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	3				
nicotine polacrilex gum 2 mg	1				
nicotine polacrilex gum 4 mg	1				
nicotine polacrilex lozenge 2 mg	1				
nicotine polacrilex lozenge 4 mg	1				
nicotine td patch 24hr 7 mg/24hr	1				
nicotine td patch 24hr 14 mg/24hr	1				
nicotine td patch 24hr 21 mg/24hr	1				
NICOTROL INHALER* – nicotine inhaler system 10 mg (4 mg delivered)	2				
NICOTROL NS* – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2				

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NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3		•	•	
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	1				
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-10 mg	3				
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 2-25 mg	3				
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-10 mg	3				
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-25 mg	3				
PERPHENAZINE/AMITRIPTYLIN – perphenazine-amitriptyline tab 4-50 mg	3				
PIMOZIDE – pimozide tab 1 mg	3				
PIMOZIDE – pimozide tab 2 mg	3				
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	2	X	•	•	
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	X	•	•	
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	2	X	•	•	
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	X	•	•	
RAZADYNE – galantamine hydrobromide tab 4 mg	3				
RAZADYNE – galantamine hydrobromide tab 8 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
RAZADYNE – galantamine hydrobromide tab 12 mg	3				
RAZADYNE ER – galantamine hydrobromide cap er 24hr 8 mg	3				
RAZADYNE ER – galantamine hydrobromide cap er 24hr 16 mg	3				
RAZADYNE ER – galantamine hydrobromide cap er 24hr 24 mg	3				
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	2	X	•	•	
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	2	X	•	•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	2	X	•	•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	2	X	•	•	
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	X	•	•	
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	X	•	•	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1				
rivastigmine tartrate cap 3 mg (base equivalent)	1				
rivastigmine tartrate cap 4.5 mg (base equivalent)	1				
rivastigmine tartrate cap 6 mg (base equivalent)	1				
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	1				
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	1				

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rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	1				
SAVELLA – milnacipran hcl tab 12.5 mg	3			•	•
SAVELLA – milnacipran hcl tab 25 mg	3			•	•
SAVELLA – milnacipran hcl tab 50 mg	3			•	•
SAVELLA – milnacipran hcl tab 100 mg	3			•	•
SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3			•	•
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg	2	X	•	•	
TECFIDERA – dimethyl fumarate capsule delayed release 240 mg	2	X	•	•	
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	2	X	•	•	
TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	3	X	•	•	
tetrabenazine tab 12.5 mg (Xenazine)	1	X	•	•	
tetrabenazine tab 25 mg (Xenazine)	1	X	•	•	
XYREM – sodium oxybate oral solution 500 mg/ml	3	X	•	•	
ANALGESICS AND ANESTHETICS					
ANALGESICS - NON-NARCOTIC					
aspirin chew tab 81 mg	1				
aspirin tab delayed release 81 mg	1				
butalbital-acetaminophen tab 50-325 mg	1			•	
butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)	1			•	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1			•	
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1			•	
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	1			•	
BUTALBITAL/ASPIRIN/CAFFEI – butalbital-aspirin-caffeine tab 50-325-40 mg	3		•	•	
diflunisal tab 500 mg	1				
TENCON – butalbital-acetaminophen tab 50-325 mg	3			•	
ANALGESICS - NARCOTIC					
acetaminophen w/ codeine soln 120-12 mg/5ml	1		•	•	
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1		•	•	
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	1		•	•	
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	1		•	•	
ACETAMINOPHEN/CAFFEINE/DI – acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3		•	•	
ACTIQ – fentanyl citrate lozenge on a handle 200 mcg	3		•	•	
ACTIQ – fentanyl citrate lozenge on a handle 400 mcg	3		•	•	
ACTIQ – fentanyl citrate lozenge on a handle 600 mcg	3		•	•	
ACTIQ – fentanyl citrate lozenge on a handle 800 mcg	3		•	•	

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ACTIQ – fentanyl citrate lozenge on a handle 1200 mcg	3		•	•	
ACTIQ – fentanyl citrate lozenge on a handle 1600 mcg	3		•	•	
BELBUCA – buprenorphine hcl buccal film 75 mcg (base equivalent)	2		•	•	
BELBUCA – buprenorphine hcl buccal film 150 mcg (base equivalent)	2		•	•	
BELBUCA – buprenorphine hcl buccal film 300 mcg (base equivalent)	2		•	•	
BELBUCA – buprenorphine hcl buccal film 450 mcg (base equivalent)	2		•	•	
BELBUCA – buprenorphine hcl buccal film 600 mcg (base equivalent)	2		•	•	
BELBUCA – buprenorphine hcl buccal film 750 mcg (base equivalent)	2		•	•	
BELBUCA – buprenorphine hcl buccal film 900 mcg (base equivalent)	2		•	•	
buprenorphine hcl sl tab 2 mg (base equiv)	1			•	
buprenorphine hcl sl tab 8 mg (base equiv)	1			•	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1			•	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	1			•	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	1			•	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1			•	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1			•	
buprenorphine td patch weekly 5 mcg/hr (Butrans)	1		•	•	
buprenorphine td patch weekly 10 mcg/hr (Butrans)	1		•	•	
buprenorphine td patch weekly 15 mcg/hr (Butrans)	1		•	•	
buprenorphine td patch weekly 20 mcg/hr (Butrans)	1		•	•	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		•	•	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/ codeine #3)	1		•	•	
butorphanol tartrate nasal soln 10 mg/ml	1		•	•	
CODEINE SULFATE – codeine sulfate tab 30 mg	3		•	•	
CODEINE SULFATE – codeine sulfate tab 60 mg	3		•	•	
codeine sulfate tab 30 mg (Codeine sulfate)	1		•	•	
DILAUDID – hydromorphone hcl liqd 1 mg/ml	3		•	•	
DOLOPHINE – methadone hcl tab 5 mg	3		•	•	
DOLOPHINE – methadone hcl tab 10 mg	3		•	•	
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	1		•	•	

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fentanyl citrate lozenge on a handle 400 mcg (Actiq)	1		•	•	
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	1		•	•	
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	1		•	•	
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	1		•	•	
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	1		•	•	
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	1		•	•	
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	1		•	•	
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	1		•	•	
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	1		•	•	
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	1		•	•	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	1		•	•	
hydrocodone-acetaminophen tab 10-325 mg (Norco)	1		•	•	
hydrocodone-acetaminophen tab 5-300 mg (Xodol)	1		•	•	
hydrocodone-acetaminophen tab 7.5-300 mg (Xodol)	1		•	•	
hydrocodone-acetaminophen tab 5-325 mg (Norco)	1		•	•	
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	1		•	•	
hydrocodone-acetaminophen tab 10-300 mg (Xodol)	1		•	•	
hydrocodone-ibuprofen tab 5-200 mg (Reprexain)	1		•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)	1		•	•	
hydrocodone-ibuprofen tab 10-200 mg (Ibudone)	1		•	•	
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		•	•	
hydromorphone hcl tab 2 mg (Dilaudid)	1		•	•	
hydromorphone hcl tab 4 mg (Dilaudid)	1		•	•	
hydromorphone hcl tab 8 mg (Dilaudid)	1		•	•	
levorphanol tartrate tab 2 mg	1		•	•	
MEPERIDINE HCL – meperidine hcl oral soln 50 mg/5ml	3		•	•	
MEPERIDINE HCL – meperidine hcl tab 50 mg	3		•	•	
MEPERIDINE HCL – meperidine hcl tab 100 mg	3		•	•	
METHADONE HCL – methadone hcl soln 5 mg/5ml	3		•	•	
METHADONE HCL – methadone hcl soln 10 mg/5ml	3		•	•	
methadone hcl conc 10 mg/ml (Methadose)	1		•	•	
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		•	•	
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		•	•	
methadone hcl tab for oral susp 40 mg	1		•	•	
methadone hcl tab 5 mg (Dolophine)	1		•	•	
methadone hcl tab 10 mg (Dolophine)	1		•	•	

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METHADOSE – methadone hcl conc 10 mg/ml	3		•	•	
METHADOSE SUGAR-FREE – methadone hcl conc 10 mg/ml	3		•	•	
MORPHINE SULFATE – morphine sulfate tab 15 mg	3		•	•	
MORPHINE SULFATE – morphine sulfate tab 30 mg	3		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg	3		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 45 mg	3		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 60 mg	3		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 75 mg	3		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 90 mg	3		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 120 mg	3		•	•	
morphine sulfate oral soln 10 mg/5ml	1		•	•	
morphine sulfate oral soln 20 mg/5ml	1		•	•	
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		•	•	
morphine sulfate tab er 15 mg (Ms contin)	1		•	•	
morphine sulfate tab er 30 mg (Ms contin)	1		•	•	
morphine sulfate tab er 60 mg (Ms contin)	1		•	•	
morphine sulfate tab er 100 mg (Ms contin)	1		•	•	
morphine sulfate tab er 200 mg (Ms contin)	1		•	•	
morphine sulfate tab 15 mg (Morphine sulfate)	1		•	•	
morphine sulfate tab 30 mg (Morphine sulfate)	1			•	
NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg	3		•	•	
NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg	3		•	•	
NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg	3		•	•	
NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg	3		•	•	
OPANA – oxymorphone hcl tab 5 mg	3		•	•	
OPANA – oxymorphone hcl tab 10 mg	3		•	•	
oxycodone hcl cap 5 mg	1		•	•	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		•	•	
oxycodone hcl soln 5 mg/5ml	1		•	•	
oxycodone hcl tab 5 mg (Roxicodone)	1		•	•	
oxycodone hcl tab 10 mg	1		•	•	
oxycodone hcl tab 15 mg (Roxicodone)	1		•	•	
oxycodone hcl tab 20 mg	1		•	•	
oxycodone hcl tab 30 mg (Roxicodone)	1		•	•	
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	1		•	•	

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oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1		•	•	
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		•	•	
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		•	•	
OXYCODONE/ASPIRIN – oxycodone-aspirin tab 4.8355-325 mg	3		•	•	
OXYCODONE/IBUPROFEN – oxycodone-ibuprofen tab 5-400 mg	3		•	•	
oxymorphone hcl tab 5 mg (Opana)	1		•	•	
oxymorphone hcl tab 10 mg (Opana)	1		•	•	
pentazocine w/ naloxone tab 50-0.5 mg	1		•	•	
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	3			•	
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	3			•	
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	3			•	
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	3			•	
tramadol hcl tab er 24hr 100 mg	1		•	•	
tramadol hcl tab er 24hr 200 mg	1		•	•	
tramadol hcl tab er 24hr 300 mg	1		•	•	
tramadol hcl tab er 24hr biphasic release 100 mg	1		•	•	
tramadol hcl tab er 24hr biphasic release 200 mg	1		•	•	
tramadol hcl tab er 24hr biphasic release 300 mg	1		•	•	
tramadol hcl tab 50 mg (Ultram)	1		•	•	
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		•	•	
TREZIX – acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3		•	•	
TYLENOL/CODEINE #3 – acetaminophen w/ codeine tab 300-30 mg	3		•	•	
TYLENOL/CODEINE #4 – acetaminophen w/ codeine tab 300-60 mg	3		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg	2		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg	2		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg	2		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg	2		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg	2		•	•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	3			•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	3			•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	3			•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	3			•	

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ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	3			•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	3			•	
ANALGESICS - ANTI-INFLAMMATORY					
ACTEMRA – tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	3	X	•	•	
ACTEMRA ACTPEN – tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	3	X	•	•	
ARAVA – leflunomide tab 10 mg	3				
ARCALYST – rilonacept for inj 220 mg	2	X	•	•	
ARTHROTEC 50 – diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3				
celecoxib cap 50 mg (Celebrex)	1				
celecoxib cap 100 mg (Celebrex)	1				
celecoxib cap 200 mg (Celebrex)	1				
celecoxib cap 400 mg (Celebrex)	1				
DAYPRO – oxaprozin tab 600 mg	3				
diclofenac potassium tab 50 mg	1				
diclofenac sodium tab delayed release 25 mg	1				
diclofenac sodium tab delayed release 50 mg	1				
diclofenac sodium tab delayed release 75 mg	1				
diclofenac sodium tab er 24hr 100 mg	1				
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1				
EC-NAPROSYN – naproxen tab ec 375 mg	3				
EC-NAPROXEN – naproxen tab ec 375 mg	3				
EC-NAPROXEN – naproxen tab ec 500 mg	3				
ENBREL – etanercept for subcutaneous inj 25 mg	2	X	•	•	
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	X	•	•	
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	X	•	•	
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	2	X	•	•	
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	2	X	•	•	
etodolac cap 200 mg	1				
etodolac cap 300 mg	1				
etodolac tab er 24hr 400 mg	1				
etodolac tab er 24hr 500 mg	1				
etodolac tab er 24hr 600 mg	1				
etodolac tab 400 mg	1				
etodolac tab 500 mg	1				
FELDENE – piroxicam cap 10 mg	3				
FELDENE – piroxicam cap 20 mg	3				
fenoprofen calcium tab 600 mg	1				
flurbiprofen tab 50 mg	1				
flurbiprofen tab 100 mg	1				

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HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml	2	X	•	•	
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml	2	X	•	•	
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml	2	X	•	•	
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml	2	X	•	•	
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	2	X	•	•	
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml	2	X	•	•	
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml	2	X	•	•	
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml	2	X	•	•	
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	2	X	•	•	
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•	
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml	2	X	•	•	
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•	
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml	2	X	•	•	
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml	2	X	•	•	
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	X	•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ibuprofen susp 100 mg/5ml	1				
ibuprofen tab 400 mg	1				
ibuprofen tab 600 mg	1				
ibuprofen tab 800 mg	1				
indomethacin cap er 75 mg	1				
indomethacin cap 25 mg	1				
indomethacin cap 50 mg	1				
ketorolac tromethamine tab 10 mg	1			•	
KEVZARA – sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	3	X	•	•	
KEVZARA – sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	3	X	•	•	
KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	3	X	•	•	
KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	3	X	•	•	
KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	3	X	•	•	
leflunomide tab 10 mg (Arava)	1				
leflunomide tab 20 mg (Arava)	1				
LODINE – etodolac tab 400 mg	3				
MECLOFENAMATE SODIUM – meclofenamate sodium cap 50 mg	3				
MECLOFENAMATE SODIUM – meclofenamate sodium cap 100 mg	3				
mefenamic acid cap 250 mg (Ponstel)	1				
meloxicam tab 7.5 mg (Mobic)	1				

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meloxicam tab 15 mg (Mobic)	1				
nabumetone tab 500 mg	1				
nabumetone tab 750 mg	1				
naproxen sodium tab 275 mg	1				
naproxen sodium tab 550 mg (Anaprox ds)	1				
naproxen tab ec 375 mg (Ec-naprosyn)	1				
naproxen tab ec 500 mg (Ec-naprosyn)	1				
naproxen tab 250 mg	1				
naproxen tab 375 mg	1				
naproxen tab 500 mg	1				
OLUMIANT – baricitinib tab 1 mg	3	X	•	•	
OLUMIANT – baricitinib tab 2 mg	3	X	•	•	
ORENCIA – abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	3	X	•	•	
ORENCIA – abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	3	X	•	•	
ORENCIA – abatacept subcutaneous soln prefilled syringe 125 mg/ml	3	X	•	•	
ORENCIA CLICKJECT – abatacept subcutaneous soln auto-injector 125 mg/ml	3	X	•	•	
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	2	X	•	•	
OTEZLA – apremilast tab 30 mg	2	X	•	•	
OTREXUP – methotrexate soln pf auto-injector 10 mg/0.4ml	2				•
OTREXUP – methotrexate soln pf auto-injector 12.5 mg/0.4ml	2				•
OTREXUP – methotrexate soln pf auto-injector 15 mg/0.4ml	2				•
OTREXUP – methotrexate soln pf auto-injector 17.5 mg/0.4ml	2				•
OTREXUP – methotrexate soln pf auto-injector 20 mg/0.4ml	2				•
OTREXUP – methotrexate soln pf auto-injector 22.5 mg/0.4ml	2				•
OTREXUP – methotrexate soln pf auto-injector 25 mg/0.4ml	2				•
oxaprozin tab 600 mg (Daypro)	1				
piroxicam cap 10 mg (Feldene)	1				
piroxicam cap 20 mg (Feldene)	1				
RIDAURA – auranofin cap 3 mg	2				
RINVOQ – upadacitinib tab er 24hr 15 mg	2	X	•	•	
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml	3	X	•	•	
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	3	X	•	•	
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	3	X	•	•	
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	3	X	•	•	
sulindac tab 150 mg	1				
sulindac tab 200 mg	1				
TOLMETIN SODIUM – tolmetin sodium cap 400 mg	3				
TOLMETIN SODIUM – tolmetin sodium tab 200 mg	3				
TOLMETIN SODIUM – tolmetin sodium tab 600 mg	3				

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XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)	3	X	•	•	
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent)	3	X	•	•	
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)	3	X	•	•	
MIGRAINE PRODUCTS					
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2		•	•	
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2		•	•	
almotriptan malate tab 6.25 mg (Axert)	1		•	•	
almotriptan malate tab 12.5 mg (Axert)	1		•	•	
CAFERGOT – ergotamine w/ caffeine tab 1-100 mg	3				
D.H.E. 45 – dihydroergotamine mesylate inj 1 mg/ml	3			•	
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1			•	
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1			•	
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1			•	
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2		•	•	
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2		•	•	
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		•	•	
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	1				
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1		•	•	
MIGRANAL – dihydroergotamine mesylate nasal spray 4 mg/ml	2			•	
naratriptan hcl tab 1 mg (base equiv) (Amerge)	1			•	
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	1			•	
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	1			•	
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1			•	
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)	1			•	
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1			•	
sumatriptan nasal spray 5 mg/ act (Imitrex)	1			•	
sumatriptan nasal spray 20 mg/ act (Imitrex)	1			•	
SUMATRIPTAN SUCCINATE – sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	3		•	•	
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	1			•	
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	1			•	

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sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1			•	
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)	1			•	
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)	1			•	
sumatriptan succinate tab 25 mg (Imitrex)	1			•	
sumatriptan succinate tab 50 mg (Imitrex)	1			•	
sumatriptan succinate tab 100 mg (Imitrex)	1			•	
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	1			•	
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	1			•	
zolmitriptan tab 2.5 mg (Zomig)	1			•	
zolmitriptan tab 5 mg (Zomig)	1			•	
ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit	3		•	•	
ZOMIG – zolmitriptan nasal spray 5 mg/spray unit	3		•	•	
GOUT AGENTS					
allopurinol tab 100 mg (Zyloprim)	1				
allopurinol tab 300 mg (Zyloprim)	1				
colchicine w/ probenecid tab 0.5-500 mg	1				
febuxostat tab 40 mg (Uloric)	1				
febuxostat tab 80 mg (Uloric)	1				
MITIGARE – colchicine cap 0.6 mg	2				
probenecid tab 500 mg	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ZYLOPRIM – allopurinol tab 100 mg	3				
NEUROMUSCULAR DRUGS					
ANTICONVULSANTS					
APTIOM – eslicarbazepine acetate tab 200 mg	3				
APTIOM – eslicarbazepine acetate tab 400 mg	3				
APTIOM – eslicarbazepine acetate tab 600 mg	3				
APTIOM – eslicarbazepine acetate tab 800 mg	3				
BANZEL – rufinamide susp 40 mg/ml	3				
BANZEL – rufinamide tab 200 mg	3				
BANZEL – rufinamide tab 400 mg	3				
BRIVIACT – brivaracetam tab 10 mg	3				
BRIVIACT – brivaracetam tab 25 mg	3				
BRIVIACT – brivaracetam tab 50 mg	3				
BRIVIACT – brivaracetam tab 75 mg	3				
BRIVIACT – brivaracetam tab 100 mg	3				
BRIVIACT – brivaracetam oral soln 10 mg/ml	3				
BRIVIACT – brivaracetam iv soln 50 mg/5ml	3				
carbamazepine cap er 12hr 100 mg (Carbatrol)	1				
carbamazepine cap er 12hr 200 mg (Carbatrol)	1				
carbamazepine cap er 12hr 300 mg (Carbatrol)	1				

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carbamazepine chew tab 100 mg	1				
carbamazepine susp 100 mg/5ml (Tegretol)	1				
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	1				
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	1				
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	1				
carbamazepine tab 200 mg (Tegretol)	1				
CARBATROL – carbamazepine cap er 12hr 100 mg	3				
CARBATROL – carbamazepine cap er 12hr 200 mg	3				
CARBATROL – carbamazepine cap er 12hr 300 mg	3				
CELONTIN – methsuximide cap 300 mg	2				
clobazam suspension 2.5 mg/ml (Onfi)	1				
clobazam tab 10 mg (Onfi)	1				
clobazam tab 20 mg (Onfi)	1				
clonazepam orally disintegrating tab 0.125 mg	1				
clonazepam orally disintegrating tab 0.25 mg	1				
clonazepam orally disintegrating tab 0.5 mg	1				
clonazepam orally disintegrating tab 1 mg	1				
clonazepam orally disintegrating tab 2 mg	1				
clonazepam tab 0.5 mg (Klonopin)	1				
clonazepam tab 1 mg (Klonopin)	1				
clonazepam tab 2 mg (Klonopin)	1				
DEPAKOTE – divalproex sodium tab delayed release 125 mg	3				
DEPAKOTE – divalproex sodium tab delayed release 250 mg	3				
DEPAKOTE – divalproex sodium tab delayed release 500 mg	3				
DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg	3				
DEPAKOTE ER – divalproex sodium tab er 24 hr 500 mg	3				
DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg	3				
DIACOMIT – stiripentol cap 250 mg	3	X			
DIACOMIT – stiripentol cap 500 mg	3	X			
DIACOMIT – stiripentol packet 250 mg	3	X			
DIACOMIT – stiripentol packet 500 mg	3	X			
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg	2				
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg	2				
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg	2				
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg	3				
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 10 mg	3				
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 20 mg	3				

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DILANTIN – phenytoin sodium extended cap 30 mg	2				
DILANTIN – phenytoin sodium extended cap 100 mg	3				
DILANTIN INFATABS – phenytoin chew tab 50 mg	3				
DILANTIN-125 – phenytoin susp 125 mg/5ml	3				
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1				
divalproex sodium tab delayed release 125 mg (Depakote)	1				
divalproex sodium tab delayed release 250 mg (Depakote)	1				
divalproex sodium tab delayed release 500 mg (Depakote)	1				
divalproex sodium tab er 24 hr 250 mg (Depakote er)	1				
divalproex sodium tab er 24 hr 500 mg (Depakote er)	1				
EPIDIOLEX – cannabidiol soln 100 mg/ml	2	X	•		
ethosuximide cap 250 mg (Zarontin)	1				
ethosuximide soln 250 mg/5ml (Zarontin)	1				
felbamate susp 600 mg/5ml (Felbatol)	1				
felbamate tab 400 mg (Felbatol)	1				
felbamate tab 600 mg (Felbatol)	1				
FELBATOL – felbamate susp 600 mg/5ml	3				
FELBATOL – felbamate tab 400 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
FELBATOL – felbamate tab 600 mg	3				
FYCOMPA – perampanel susp 0.5 mg/ml	3				
FYCOMPA – perampanel tab 2 mg	3				
FYCOMPA – perampanel tab 4 mg	3				
FYCOMPA – perampanel tab 6 mg	3				
FYCOMPA – perampanel tab 8 mg	3				
FYCOMPA – perampanel tab 10 mg	3				
FYCOMPA – perampanel tab 12 mg	3				
gabapentin cap 100 mg (Neurontin)	1				
gabapentin cap 300 mg (Neurontin)	1				
gabapentin cap 400 mg (Neurontin)	1				
gabapentin oral soln 250 mg/5ml (Neurontin)	1				
gabapentin tab 600 mg (Neurontin)	1				
gabapentin tab 800 mg (Neurontin)	1				
GABITRIL – tiagabine hcl tab 2 mg	3				
GABITRIL – tiagabine hcl tab 4 mg	3				
GABITRIL – tiagabine hcl tab 12 mg	3				
GABITRIL – tiagabine hcl tab 16 mg	3				
KEPPRA – levetiracetam oral soln 100 mg/ml	3				
KEPPRA – levetiracetam tab 250 mg	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
KEPPRA – levetiracetam tab 500 mg	3				
KEPPRA – levetiracetam tab 750 mg	3				
KEPPRA – levetiracetam tab 1000 mg	3				
KEPPRA XR – levetiracetam tab er 24hr 500 mg	3				
KEPPRA XR – levetiracetam tab er 24hr 750 mg	3				
LAMICTAL – lamotrigine tab 25 mg	3				
LAMICTAL – lamotrigine tab 100 mg	3				
LAMICTAL – lamotrigine tab 150 mg	3				
LAMICTAL – lamotrigine tab 200 mg	3				
LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 5 mg	3				
LAMICTAL CHEWABLE DISPERS – lamotrigine tab chewable dispersible 25 mg	3				
LAMICTAL ODT – lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit	2				
LAMICTAL ODT – lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit	2				
LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	2				
LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg	3				
LAMICTAL ODT – lamotrigine orally disintegrating tab 50 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
LAMICTAL ODT – lamotrigine orally disintegrating tab 100 mg	3				
LAMICTAL ODT – lamotrigine orally disintegrating tab 200 mg	3				
LAMICTAL STARTER/NOT TAKI – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	3				
LAMICTAL STARTER/TAKING C – lamotrigine tab 25 mg (84) & 100 mg (14) starter kit	3				
LAMICTAL STARTER/TAKING V – lamotrigine tab 25 mg (35) starter kit	3				
LAMICTAL XR – lamotrigine tab er 24hr 25 mg (21) & 50 mg (7) titration kit	3				
LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	3				
LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	3				
LAMICTAL XR – lamotrigine tab er 24hr 25 mg	3				
LAMICTAL XR – lamotrigine tab er 24hr 50 mg	3				
LAMICTAL XR – lamotrigine tab er 24hr 100 mg	3				
LAMICTAL XR – lamotrigine tab er 24hr 200 mg	3				
LAMICTAL XR – lamotrigine tab er 24hr 250 mg	3				
LAMICTAL XR – lamotrigine tab er 24hr 300 mg	3				
lamotrigine orally disintegrating tab 25 mg (Lamictal odt)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	1				
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	1				
lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	1				
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	1				
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	1				
lamotrigine tab er 24hr 25 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 50 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 100 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 200 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 250 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 300 mg (Lamictal xr)	1				
lamotrigine tab 25 mg (Lamictal)	1				
lamotrigine tab 100 mg (Lamictal)	1				
lamotrigine tab 150 mg (Lamictal)	1				
lamotrigine tab 200 mg (Lamictal)	1				
lamotrigine tab 25 mg (35) starter kit (Lamictal starter/tak)	1				
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1				
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit (Lamictal starter/tak)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
levetiracetam oral soln 100 mg/ml (Keppra)	1				
levetiracetam tab er 24hr 500 mg (Keppra xr)	1				
levetiracetam tab er 24hr 750 mg (Keppra xr)	1				
levetiracetam tab 250 mg (Keppra)	1				
levetiracetam tab 500 mg (Keppra)	1				
levetiracetam tab 750 mg (Keppra)	1				
levetiracetam tab 1000 mg (Keppra)	1				
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			•	•
NEURONTIN – gabapentin oral soln 250 mg/5ml	3				
NEURONTIN – gabapentin cap 100 mg	3				
NEURONTIN – gabapentin cap 300 mg	3				
NEURONTIN – gabapentin cap 400 mg	3				
NEURONTIN – gabapentin tab 600 mg	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NEURONTIN – gabapentin tab 800 mg	3				
ONFI – clobazam suspension 2.5 mg/ml	3				
ONFI – clobazam tab 10 mg	3				
ONFI – clobazam tab 20 mg	3				
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1				
oxcarbazepine tab 150 mg (Trileptal)	1				
oxcarbazepine tab 300 mg (Trileptal)	1				
oxcarbazepine tab 600 mg (Trileptal)	1				
OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg	3				
OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg	3				
OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg	3				
PEGANONE – ethotoin tab 250 mg	2				
PHENYTEK – phenytoin sodium extended cap 200 mg	3				
PHENYTEK – phenytoin sodium extended cap 300 mg	3				
phenytoin chew tab 50 mg (Dilantin infatabs)	1				
phenytoin sodium extended cap 100 mg (Dilantin)	1				
phenytoin sodium extended cap 200 mg (Phenytek)	1				
phenytoin sodium extended cap 300 mg (Phenytek)	1				
phenytoin susp 125 mg/5ml (Dilantin-125)	1				
pregabalin cap 25 mg (Lyrica)	1			•	
pregabalin cap 50 mg (Lyrica)	1			•	
pregabalin cap 75 mg (Lyrica)	1			•	
pregabalin cap 100 mg (Lyrica)	1			•	
pregabalin cap 150 mg (Lyrica)	1			•	
pregabalin cap 200 mg (Lyrica)	1			•	
pregabalin cap 225 mg (Lyrica)	1			•	
pregabalin cap 300 mg (Lyrica)	1			•	
pregabalin soln 20 mg/ml (Lyrica)	1			•	
primidone tab 50 mg (Mysoline)	1				
primidone tab 250 mg (Mysoline)	1				
QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg	3		•	•	
QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg	3		•	•	
QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg	3		•	•	
QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg	3		•	•	
QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg	3		•	•	
SABRIL – vigabatrin tab 500 mg	3				
SABRIL – vigabatrin powd pack 500 mg	3				
TEGRETOL – carbamazepine tab 200 mg	3				
TEGRETOL – carbamazepine susp 100 mg/5ml	3				
TEGRETOL-XR – carbamazepine tab er 12hr 100 mg	3				
TEGRETOL-XR – carbamazepine tab er 12hr 200 mg	3				
TEGRETOL-XR – carbamazepine tab er 12hr 400 mg	3				
tiagabine hcl tab 2 mg (Gabitril)	1				

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tiagabine hcl tab 4 mg (Gabitril)	1				
tiagabine hcl tab 12 mg (Gabitril)	1				
tiagabine hcl tab 16 mg (Gabitril)	1				
TOPAMAX – topiramate tab 25 mg	3				
TOPAMAX – topiramate tab 50 mg	3				
TOPAMAX – topiramate tab 100 mg	3				
TOPAMAX – topiramate tab 200 mg	3				
TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg	3				
TOPAMAX SPRINKLE – topiramate sprinkle cap 25 mg	3				
TOPIRAMATE ER – topiramate cap er 24hr sprinkle 25 mg	3		•	•	
TOPIRAMATE ER – topiramate cap er 24hr sprinkle 50 mg	3		•	•	
TOPIRAMATE ER – topiramate cap er 24hr sprinkle 100 mg	3		•	•	
TOPIRAMATE ER – topiramate cap er 24hr sprinkle 150 mg	3		•	•	
TOPIRAMATE ER – topiramate cap er 24hr sprinkle 200 mg	3		•	•	
topiramate sprinkle cap 15 mg (Topamax sprinkle)	1				
topiramate sprinkle cap 25 mg (Topamax sprinkle)	1				
topiramate tab 25 mg (Topamax)	1				
topiramate tab 50 mg (Topamax)	1				
topiramate tab 100 mg (Topamax)	1				
topiramate tab 200 mg (Topamax)	1				
TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ml)	3				
TRILEPTAL – oxcarbazepine tab 150 mg	3				
TRILEPTAL – oxcarbazepine tab 300 mg	3				
TRILEPTAL – oxcarbazepine tab 600 mg	3				
TROKENDI XR – topiramate cap er 24hr 25 mg	3		•	•	
TROKENDI XR – topiramate cap er 24hr 50 mg	3		•	•	
TROKENDI XR – topiramate cap er 24hr 100 mg	3		•	•	
TROKENDI XR – topiramate cap er 24hr 200 mg	3		•	•	
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	1				
valproic acid cap 250 mg (Depakene)	1				
vigabatrin powd pack 500 mg (Sabril)	1				
vigabatrin tab 500 mg (Sabril)	1				
VIMPAT – lacosamide oral solution 10 mg/ml	3				
VIMPAT – lacosamide tab 50 mg	3				
VIMPAT – lacosamide tab 100 mg	3				
VIMPAT – lacosamide tab 150 mg	3				
VIMPAT – lacosamide tab 200 mg	3				
ZARONTIN – ethosuximide cap 250 mg	3				
ZARONTIN – ethosuximide soln 250 mg/5ml	3				
ZONEGRAN – zonisamide cap 25 mg	3				
ZONEGRAN – zonisamide cap 100 mg	3				
zonisamide cap 25 mg (Zonegran)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
zonisamide cap 50 mg	1				
zonisamide cap 100 mg (Zonegran)	1				
ANTIPARKINSON AGENTS					
amantadine hcl cap 100 mg	1				
amantadine hcl syrup 50 mg/5ml	1				
amantadine hcl tab 100 mg	1				
APOKYN – apomorphine hcl soln cartridge 30 mg/3ml	3	X	•		
AZILECT – rasagiline mesylate tab 0.5 mg (base equiv)	3				
benztropine mesylate tab 0.5 mg	1				
benztropine mesylate tab 1 mg	1				
benztropine mesylate tab 2 mg	1				
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1				
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1				
carbidopa & levodopa orally disintegrating tab 10-100 mg	1				
carbidopa & levodopa orally disintegrating tab 25-100 mg	1				
carbidopa & levodopa orally disintegrating tab 25-250 mg	1				
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)	1				
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)	1				
carbidopa & levodopa tab 10-100 mg (Sinemet)	1				
carbidopa & levodopa tab 25-100 mg (Sinemet)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
carbidopa & levodopa tab 25-250 mg (Sinemet)	1				
carbidopa tab 25 mg (Lodosyn)	1				
CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3				
CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3				
CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 25-100-200 mg	3				
CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3				
CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3				
CARBIDOPA/LEVODOPA/ ENTACA – carbidopa-levodopa-entacapone tabs 50-200-200 mg	3				
COMTAN – entacapone tab 200 mg	3				
entacapone tab 200 mg (Comtan)	1				
INBRIJA – levodopa inhal powder cap 42 mg	2	X	•		
LODOSYN – carbidopa tab 25 mg	3				
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				

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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				
PARLODEL – bromocriptine mesylate cap 5 mg (base equivalent)	3				
PARLODEL – bromocriptine mesylate tab 2.5 mg (base equivalent)	3				
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	1				
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	1				
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.25 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	1				
pramipexole dihydrochloride tab 1 mg (Mirapex)	1				
pramipexole dihydrochloride tab 1.5 mg (Mirapex)	1				
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	1				
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	1				
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (Requip xl)	1				
ropinirole hydrochloride tab 0.25 mg (Requip)	1				
ropinirole hydrochloride tab 0.5 mg (Requip)	1				
ropinirole hydrochloride tab 1 mg (Requip)	1				
ropinirole hydrochloride tab 2 mg (Requip)	1				
ropinirole hydrochloride tab 3 mg (Requip)	1				
ropinirole hydrochloride tab 4 mg (Requip)	1				
ropinirole hydrochloride tab 5 mg (Requip)	1				
SELEGILINE HCL – selegiline hcl tab 5 mg	3				

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selegiline hcl cap 5 mg (Eldepryl)	1				
SINEMET – carbidopa & levodopa tab 10-100 mg	3				
SINEMET – carbidopa & levodopa tab 25-100 mg	3				
SINEMET – carbidopa & levodopa tab 25-250 mg	3				
SINEMET CR – carbidopa & levodopa tab er 25-100 mg	3				
SINEMET CR – carbidopa & levodopa tab er 50-200 mg	3				
STALEVO 100 – carbidopa-levodopa-entacapone tabs 25-100-200 mg	3				
STALEVO 125 – carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3				
STALEVO 150 – carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3				
STALEVO 200 – carbidopa-levodopa-entacapone tabs 50-200-200 mg	3				
STALEVO 50 – carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3				
STALEVO 75 – carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3				
TASMAR – tolcapone tab 100 mg	3				
tolcapone tab 100 mg (Tasmar)	1				
trihexyphenidyl hcl elixir 0.4 mg/ml	1				
trihexyphenidyl hcl tab 2 mg	1				
trihexyphenidyl hcl tab 5 mg	1				
NEUROMUSCULAR AGENTS					
RILUTEK – riluzole tab 50 mg	3				
riluzole tab 50 mg (Rilutek)	1				
TIGLUTIK – riluzole susp 50 mg/10ml	3	X	•	•	
MUSCULOSKELETAL THERAPY AGENTS					
baclofen tab 10 mg	1				
baclofen tab 20 mg	1				
CHLORZOXAZONE – chlorzoxazone tab 500 mg	3				
cyclobenzaprine hcl tab 5 mg	1				
cyclobenzaprine hcl tab 10 mg	1				
DANTRIUM – dantrolene sodium cap 25 mg	3				
DANTRIUM – dantrolene sodium cap 50 mg	3				
dantrolene sodium cap 25 mg (Dantrium)	1				
dantrolene sodium cap 50 mg (Dantrium)	1				
dantrolene sodium cap 100 mg	1				
METAXALONE – metaxalone tab 400 mg	3				
metaxalone tab 800 mg (Skelaxin)	1				
methocarbamol tab 500 mg (Robaxin)	1				
methocarbamol tab 750 mg (Robaxin-750)	1				
orphenadrine citrate tab er 12hr 100 mg	1				
ROBAXIN-750 – methocarbamol tab 750 mg	3				
tizanidine hcl tab 2 mg (base equivalent)	1				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1				

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ZANAFLEX – tizanidine hcl tab 4 mg (base equivalent)	3				
ANTIMYASTHENIC AGENTS					
GUANIDINE HCL – guanidine hcl tab 125 mg	3				
MESTINON – pyridostigmine bromide oral soln 60 mg/5ml	3				
MESTINON TIMESPAN – pyridostigmine bromide tab er 180 mg	3				
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1				
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1				
pyridostigmine bromide tab 60 mg (Mestinon)	1				
RUZURGI – amifampridine tab 10 mg	3	X	•	•	
NUTRITIONAL PRODUCTS					
VITAMINS					
cholecalciferol cap 1.25 mg (50000 unit)	1				
DRISDOL – ergocalciferol cap 1.25 mg (50000 unit)	3				
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1				
MEPHYTON – phytonadione tab 5 mg	3			•	
phytonadione tab 5 mg (Mephyton)	1			•	
MULTIVITAMINS					
ATABEX OB – prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
BAL-CARE DHA – prenat w/fe poly-na fered-fa tab 27-1 & omega cap dr 430mg	3				
C-NATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3				
CITRANATAL B-CALM – prenat w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak	3				
CITRANATAL BLOOM DHA – prenat w/o a w/fecbn-fegl-dss-fa tab 90 &dha cap 300mg pak	3				
CITRANATAL MEDLEY – prenat w/o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg	3				
CITRANATAL RX – prenatal w/o a w/ fe carbonyl-fe gluc-dss-fa tab 27-1mg	3				
CITRANATAL 90 DHA – prenat w/o a w/fecbn-fegl-dss-fa tab 90 &dha cap 300mg pak	3				
CO-NATAL FA – prenatal vit w/ fe fumarate-fa tab 29-1 mg	2				
COMPLETE NATAL DHA – prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 250 pk	2				
COMPLETENATE – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2				
CONCEPT DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2				
CONCEPT OB – prenatal w/o a w/ fe fum-fe poly-fa cap 130-92.4-1 mg	2				
ELITE-OB – prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
FOLET DHA – prenat w/fecbn-bisg-methylf-dss tab dr & dha cap pak	3				
FOLET ONE – prenat w/o a w/ fecbn-bisg-methylf-dss-dha cap 38-1-225 mg	3				
FOLIVANE-OB – prenatal w/o a w/ fe fum-fe poly-fa cap 130-92.4-1 mg	2				
INATAL GT – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	3				
M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
M-VIT – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
MARNATAL-F – prenatal w/o vit a w/ fe polysac cmplx-fa cap 60-1 mg	3				
MYNATAL – prenatal multivitamins & minerals w/ iron & fa cap 1 mg	3				
MYNATAL ADVANCE – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	3				
MYNATAL ULTRACAPLET – prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	3				
MYNATE 90 PLUS – prenatal vit w/ dss-fe fumarate-fa tab er 90-1 mg	3				
NATALVIT – prenatal vit w/ fe fumarate-fa tab 75-1 mg	3				
NATELLE ONE – prenatal w/o vit a w/ fe fum-fa-omega 3 cap 28-1-250 mg	3				
NEONATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
NEONATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
NESTABS – prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	3				
NIVA-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
O-CAL FA – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
O-CAL PRENATAL – prenatal vit w/ fe fumarate-fa tab 15-1 mg	2				
OB COMPLETE – prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3				
OB COMPLETE/DHA – prenat w/ iron cbn-fe asp glyc-fa-omega cap 30-10-1-200 mg	3				
OBSTETRIX DHA – prenat w/ fecbn-fa-dss tab 29-1 mg & omega 3 cap 387 mg pak	3				
OBSTETRIX EC – prenatal vit w/ dss-iron carbonyl-fa tab 29-1 mg	3				
OBSTETRIX ONE – prenat w/o a w/fecbn-bisg-methylf-dss-dha cap 38-1-225 mg	3				
PNV FOLIC ACID + IRON MUL – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
PNV PRENATAL PLUS MULTIVI – prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak	2				
PNV PRENATAL PLUS MULTIVI – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
PNV TABS 29-1 – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2				
PNV-DHA – prenat w/o a w/ fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	3				

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PNV-DHA+DOCUSATE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	3				
PNV-OMEGA – prenat w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap	3				
PNV-SELECT – prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	3				
PR NATAL 400 – prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 400 pk	3				
PR NATAL 400 EC – prenat-fe bis-fe prot succ-fa-ca tab & omega cap dr 400 pk	3				
PR NATAL 430 – prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 430 pk	3				
PR NATAL 430 EC – prenat-fe bis-fe prot succ-fa-ca tab & omega cap dr 430 pk	3				
PRENAISSANCE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	3				
PRENAISSANCE PLUS – prenatal w/o a w/fe cbn-dss-fa-dha cap 28-1-250 mg	3				
PRENATA – prenatal w/o a vit w/ fe fum-fa tab chew 29-1 mg	2				
PRENATABS RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2				
PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
PRENATAL + DHA – prenatal w/o a w/fe fum-fa tab 27-1 mg & dha cap 250 mg	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2				
PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2				
PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2				
PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2				
PREPLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
PRETAB – prenatal vit w/ fe fumarate-fa tab 29-1 mg	2				
PROVIDA OB – prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	2				
R-NATAL OB – prenatal w/o a w/fe cbn-fa-dha cap 20-1-320 mg	3				
RELNATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3				
SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2				
SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2				
SELECT-OB – prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	3				
TARON-BC – prenat w/o a w/ fe cbnyl-fa tab 20-1 mg & vit b6 tab pak	3				
TARON-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2				

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TARON-PREX – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 30-1.2-265 mg	3				
THRIVITE RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2				
THRIVITE 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2				
TRICARE – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
TRICARE PRENATAL DHA ONE – prenatal w/fe fumarate-fa-dss-fish oil cap 27-1-500 mg	3				
TRINATAL RX 1 – prenatal vit w/ fe fumarate-fa tab 60-1 mg	2				
TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg	2				
TRIVEEN-DUO DHA – prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 400 pk	3				
VINATE II – prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3				
VINATE M – prenatal vit w/ sel-fe fumarate-fa tab 27-1 mg	2				
VINATE ONE – prenatal vit w/ fe fumarate-fa tab 60-1 mg	2				
VIRT-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2				
VIRT-NATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3				
VIRT-PN DHA – prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	3				
VIRT-PN PLUS – prenat w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap	3				
VITAFOL FE+ – prenat-fepoly-methol-fa-dha cap 90-1-200 mg & dss 50mg cap	3				
VITAFOL STRIPS – prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg	3				
VIVA DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	3				
VOL-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2				
VOL-TAB RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2				
VP-HEME OB + DHA – prenat-fe poly cmplx-fe heme poly-fa tab & omega 3 cap pck	3				
VP-PNV-DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-215.8 mg	2				
ZATEAN-PN DHA – prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	3				
ZATEAN-PN PLUS – prenat w/o a w/ fe fumerate-methylfolate-fa-omega 3 cap	3				
MINERALS and ELECTROLYTES					
FLORIVA – sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3				
FLUORABON – sodium fluoride soln 0.25 mg/0.6ml (from 0.55 mg/0.6ml naf)	3				
FLURA-DROPS – sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	3				
GALZIN – zinc acetate cap 25 mg (elemental zinc)	3				
GALZIN – zinc acetate cap 50 mg (elemental zinc)	3				

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K-PHOS – potassium phosphate monobasic tab 500 mg	3				
K-PHOS NEUTRAL – pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	3				
K-TAB – potassium chloride tab er 8 meq (600 mg)	3				
K-TAB – potassium chloride tab er 10 meq	3				
K-TAB – potassium chloride tab er 20 meq (1500 mg)	3				
KLOR-CON M15 – potassium chloride microencapsulated crys er tab 15 meq	3				
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1				
potassium chloride cap er 8 meq (Micro-k)	1				
potassium chloride cap er 10 meq (Micro-k)	1				
POTASSIUM CHLORIDE ER – potassium chloride tab er 8 meq (600 mg)	3				
POTASSIUM CHLORIDE ER – potassium chloride tab er 20 meq (1500 mg)	3				
potassium chloride microencapsulated crys er tab 10 meq	1				
potassium chloride microencapsulated crys er tab 20 meq	1				
potassium chloride oral soln 10% (20 meq/15ml)	1				
potassium chloride oral soln 20% (40 meq/15ml)	1				
potassium chloride tab er 8 meq (600 mg)	1				
potassium chloride tab er 10 meq (K-tab)	1				
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	2				
SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf)	2				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)	1				
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride)	1				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride)	1				
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	1				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride)	1				
HEMATOLOGICAL AGENTS					
HEMATOPOIETIC AGENTS					
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	2	X	•		

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml	2	X	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 300 mcg/ml	2	X	•		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1				
CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)	3	X	•	•	
cyanocobalamin inj 1000 mcg/ml	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
DOPTELET – avatrombopag maleate tab 20 mg (base equiv)	2		•	•	
DROXIA – hydroxyurea cap 200 mg	2				
DROXIA – hydroxyurea cap 300 mg	2				
DROXIA – hydroxyurea cap 400 mg	2				
ENDARI – glutamine (sickle cell) powd pack 5 gm	3	X	•		
EPOGEN – epoetin alfa inj 2000 unit/ml	3	X	•		
EPOGEN – epoetin alfa inj 3000 unit/ml	3	X	•		
EPOGEN – epoetin alfa inj 4000 unit/ml	3	X	•		
EPOGEN – epoetin alfa inj 10000 unit/ml	3	X	•		
EPOGEN – epoetin alfa inj 20000 unit/ml	3	X	•		
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	1				
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1				
folic acid tab 400 mcg	1				
folic acid tab 800 mcg	1				
folic acid tab 1 mg	1				
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	X	•	•	
LEUKINE – sargramostim lyophilized for inj 250 mcg	3	X	•		
miglustat cap 100 mg (Zavesca)	1	X	•	•	
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	3	X	•		

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MIRCERA – methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	3	X	•		
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	3	X	•		
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	3	X	•		
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	3	X	•		
MIRCERA – methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	3	X	•		
MULPLETA – lusutrombopag tab 3 mg	3	X	•	•	
NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml	2	X	•	•	
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	2	X	•		
NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	2	X	•		
NIVESTYM – filgrastim-aafi inj 300 mcg/ml	2	X	•		
NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	2	X	•		
PROCRIT – epoetin alfa inj 2000 unit/ml	2	X	•		
PROCRIT – epoetin alfa inj 3000 unit/ml	2	X	•		
PROCRIT – epoetin alfa inj 4000 unit/ml	2	X	•		
PROCRIT – epoetin alfa inj 10000 unit/ml	2	X	•		
PROCRIT – epoetin alfa inj 20000 unit/ml	2	X	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
PROCRIT – epoetin alfa inj 40000 unit/ml	2	X	•		
PROMACTA – eltrombopag olamine powder pack for susp 12.5 mg (base eq)	3	X	•	•	
PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv)	3	X	•	•	
PROMACTA – eltrombopag olamine tab 25 mg (base equiv)	3	X	•	•	
PROMACTA – eltrombopag olamine tab 50 mg (base equiv)	3	X	•	•	
PROMACTA – eltrombopag olamine tab 75 mg (base equiv)	3	X	•	•	
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml	2	X	•		
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	2	X	•		
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	2	X	•		
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	2	X	•		
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	2	X	•		
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	2	X	•	•	
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	3	X	•		
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	3	X	•		
ZAVESCA – miglustat cap 100 mg	3	X	•	•	
ANTICOAGULANTS					
ARIXTRA – fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	3			•	
ARIXTRA – fondaparinux sodium subcutaneous inj 5 mg/0.4ml	3			•	

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ARIXTRA – fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	3			•	
BEVYXXA – betrixaban maleate cap 40 mg (base equivalent)	3			•	
BEVYXXA – betrixaban maleate cap 80 mg (base equivalent)	3			•	
COUMADIN – warfarin sodium tab 1 mg	3				
COUMADIN – warfarin sodium tab 2 mg	3				
COUMADIN – warfarin sodium tab 2.5 mg	3				
COUMADIN – warfarin sodium tab 3 mg	3				
COUMADIN – warfarin sodium tab 4 mg	3				
COUMADIN – warfarin sodium tab 5 mg	3				
COUMADIN – warfarin sodium tab 6 mg	3				
COUMADIN – warfarin sodium tab 7.5 mg	3				
COUMADIN – warfarin sodium tab 10 mg	3				
ELIQUIS – apixaban tab 2.5 mg	2			•	
ELIQUIS – apixaban tab 5 mg	2			•	
ELIQUIS STARTER PACK – apixaban tab 5 mg	2			•	
enoxaparin sodium inj 30 mg/0.3ml (Lovenox)	1			•	
enoxaparin sodium inj 40 mg/0.4ml (Lovenox)	1			•	
enoxaparin sodium inj 60 mg/0.6ml (Lovenox)	1			•	
enoxaparin sodium inj 80 mg/0.8ml (Lovenox)	1			•	
enoxaparin sodium inj 100 mg/ml (Lovenox)	1			•	
enoxaparin sodium inj 120 mg/0.8ml (Lovenox)	1			•	
enoxaparin sodium inj 150 mg/ml (Lovenox)	1			•	
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1			•	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	1			•	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	1			•	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	1			•	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	1			•	
FRAGMIN – dalteparin sodium inj 10000 unit/ml	3			•	
FRAGMIN – dalteparin sodium inj 2500 unit/0.2ml	3			•	
FRAGMIN – dalteparin sodium inj 5000 unit/0.2ml	3			•	
FRAGMIN – dalteparin sodium inj 7500 unit/0.3ml	3			•	
FRAGMIN – dalteparin sodium inj 12500 unit/0.5ml	3			•	
FRAGMIN – dalteparin sodium inj 15000 unit/0.6ml	3			•	
FRAGMIN – dalteparin sodium inj 18000 unit/0.72ml	3			•	
FRAGMIN – dalteparin sodium inj 95000 unit/3.8ml	3			•	

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heparin sodium (porcine) inj 5000 unit/ml	1				
heparin sodium (porcine) inj 10000 unit/ml	1				
LOVENOX – enoxaparin sodium inj 30 mg/0.3ml	3			•	
LOVENOX – enoxaparin sodium inj 40 mg/0.4ml	3			•	
LOVENOX – enoxaparin sodium inj 60 mg/0.6ml	3			•	
LOVENOX – enoxaparin sodium inj 80 mg/0.8ml	3			•	
LOVENOX – enoxaparin sodium inj 100 mg/ml	3			•	
LOVENOX – enoxaparin sodium inj 150 mg/ml	3			•	
LOVENOX – enoxaparin sodium inj 300 mg/3ml	3			•	
PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	3			•	
PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3			•	
PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	3			•	
warfarin sodium tab 1 mg (Coumadin)	1				
warfarin sodium tab 2 mg (Coumadin)	1				
warfarin sodium tab 2.5 mg (Coumadin)	1				
warfarin sodium tab 3 mg (Coumadin)	1				
warfarin sodium tab 4 mg (Coumadin)	1				
warfarin sodium tab 5 mg (Coumadin)	1				
warfarin sodium tab 6 mg (Coumadin)	1				
warfarin sodium tab 7.5 mg (Coumadin)	1				
warfarin sodium tab 10 mg (Coumadin)	1				
XARELTO – rivaroxaban tab 2.5 mg	2			•	
XARELTO – rivaroxaban tab 10 mg	2			•	
XARELTO – rivaroxaban tab 15 mg	2			•	
XARELTO – rivaroxaban tab 20 mg	2			•	
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	2			•	
HEMOSTATICS					
AMICAR – aminocaproic acid tab 1000 mg	3				
AMICAR – aminocaproic acid oral soln 0.25 gm/ml	3				
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	1				
aminocaproic acid tab 500 mg (Amicar)	1				
aminocaproic acid tab 1000 mg (Amicar)	1				
LYSTEDA – tranexamic acid tab 650 mg	3				
tranexamic acid tab 650 mg (Lysteda)	1				
HEMATOLOGICAL AGENTS - MISC.					
ADVATE – antihemophilic factor rahf-pfm for inj 250 unit	2	X	•		
ADVATE – antihemophilic factor rahf-pfm for inj 500 unit	2	X	•		

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ADVATE – antihemophilic factor rahf-pfm for inj 1000 unit	2	X	•		
ADVATE – antihemophilic factor rahf-pfm for inj 1500 unit	2	X	•		
ADVATE – antihemophilic factor rahf-pfm for inj 2000 unit	2	X	•		
ADVATE – antihemophilic factor rahf-pfm for inj 3000 unit	2	X	•		
ADVATE – antihemophilic factor rahf-pfm for inj 4000 unit	2	X	•		
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit	2	X	•		
ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit	2	X	•		
ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit	2	X	•		
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit	2	X	•		
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit	2	X	•		
ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit	2	X	•		
ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit	2	X	•		
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit	2	X	•		
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit	2	X	•		
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit	2	X	•		
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit	2	X	•		
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit	2	X	•		
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit	2	X	•		
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit	2	X	•		
AGRYLIN – anagrelide hcl cap 0.5 mg	3				
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 250 unit	2	X	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 500 unit	2	X	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 1000 unit	2	X	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 1500 unit	2	X	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 2000 unit	2	X	•		
ALPHANINE SD – coagulation factor ix for inj 500 unit	2	X	•		
ALPHANINE SD – coagulation factor ix for inj 1000 unit	2	X	•		
ALPHANINE SD – coagulation factor ix for inj 1500 unit	2	X	•		

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit	2	X	•		
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit	2	X	•		
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	2	X	•		
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	2	X	•		
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	2	X	•		
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	2	X	•		
anagrelide hcl cap 0.5 mg (Agrylin)	1				
anagrelide hcl cap 1 mg	1				
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	1				
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit	2	X	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit	2	X	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit	2	X	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit	2	X	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit	2	X	•		
BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit	3	X	•	•	
BRILINTA – ticagrelor tab 60 mg	2				
BRILINTA – ticagrelor tab 90 mg	2				
CABLIVI – caplacizumab-yhdp for inj kit 11 mg	3	X	•	•	
cilostazol tab 50 mg	1				
cilostazol tab 100 mg	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit	2	X	•	•	
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1				
clopidogrel bisulfate tab 300 mg (base equiv) (Plavix)	1				
COAGADEX – coagulation factor x (human) for inj 250 unit	2	X	•		
COAGADEX – coagulation factor x (human) for inj 500 unit	2	X	•		
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	2	X	•		
dipyridamole tab 25 mg (Persantine)	1				
dipyridamole tab 50 mg (Persantine)	1				
dipyridamole tab 75 mg (Persantine)	1				
EFFIENT – prasugrel hcl tab 5 mg (base equiv)	3				
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 250 unit	2	X	•		
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 500 unit	2	X	•		
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 750 unit	2	X	•		
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 1000 unit	2	X	•		
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 1500 unit	2	X	•		
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 2000 unit	2	X	•		
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 3000 unit	2	X	•		
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 4000 unit	2	X	•		

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ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 5000 unit	2	X	•		
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 6000 unit	2	X	•		
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit	2	X	•		
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit	2	X	•		
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit	2	X	•		
FIBRYGA – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	X	•		
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	2	X	•	•	
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	2	X	•	•	
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml	2	X	•		
HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	2	X	•		
HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	2	X	•		
HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml	2	X	•		
HEMOFIL M – antihemophilic factor (human) for inj 250 unit	2	X	•		
HEMOFIL M – antihemophilic factor (human) for inj 500 unit	2	X	•		
HEMOFIL M – antihemophilic factor (human) for inj 1000 unit	2	X	•		
HEMOFIL M – antihemophilic factor (human) for inj 1700 unit	2	X	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
HUMATE-P – antihemophilic factor/ vwf (human) for inj 250-600 unit	2	X	•		
HUMATE-P – antihemophilic factor/ vwf (human) for inj 500-1200 unit	2	X	•		
HUMATE-P – antihemophilic factor/ vwf (human) for inj 1000-2400 unit	2	X	•		
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	1	X	•	•	
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit	2	X	•		
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit	2	X	•		
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	2	X	•		
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	2	X	•		
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	2	X	•		
IXINITY – coagulation factor ix (recombinant) for inj 250 unit	2	X	•		
IXINITY – coagulation factor ix (recombinant) for inj 500 unit	2	X	•		
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit	2	X	•		
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit	2	X	•		
IXINITY – coagulation factor ix (recombinant) for inj 2000 unit	2	X	•		
IXINITY – coagulation factor ix (recombinant) for inj 3000 unit	2	X	•		
JIVI – antihemophilic factor recom pegylated-aucl for inj 500 unit	2	X	•		
JIVI – antihemophilic factor recom pegylated-aucl for inj 1000 unit	2	X	•		
JIVI – antihemophilic factor recom pegylated-aucl for inj 2000 unit	2	X	•		

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JIVI – antihemophilic factor recom pegylated-aucl for inj 3000 unit	2	X	•		
KALBITOR – ecallantide inj 10 mg/ml	3	X	•	•	
KOATE – antihemophilic factor (human) for inj 250 unit	2	X	•		
KOATE – antihemophilic factor (human) for inj 500 unit	2	X	•		
KOATE – antihemophilic factor (human) for inj 1000 unit	2	X	•		
KOATE-DVI – antihemophilic factor (human) for inj 250 unit	2	X	•		
KOATE-DVI – antihemophilic factor (human) for inj 500 unit	2	X	•		
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit	2	X	•		
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	2	X	•		
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	2	X	•		
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	2	X	•		
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	2	X	•		
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	2	X	•		
KOVALTRY – antihemophilic factor (recombinant) for inj 250 unit	2	X	•		
KOVALTRY – antihemophilic factor (recombinant) for inj 500 unit	2	X	•		
KOVALTRY – antihemophilic factor (recombinant) for inj 1000 unit	2	X	•		
KOVALTRY – antihemophilic factor (recombinant) for inj 2000 unit	2	X	•		
KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit	2	X	•		
MONONINE – coagulation factor ix for inj 1000 unit	2	X	•		
NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit	2	X	•		
NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit	2	X	•		
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit	2	X	•		
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit	2	X	•		
NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit	2	X	•		
NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit	2	X	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	2	X	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	2	X	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	2	X	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 250 unit	2	X	•		

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NUWIQ – antihemophilic factor (bdd-rfviii) for inj 500 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 1000 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2000 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2500 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 3000 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 4000 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 250 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 500 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 1000 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2000 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2500 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 3000 unit	2	X	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 4000 unit	2	X	•		
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	X	•		
pentoxifylline tab er 400 mg	1				
prasugrel hcl tab 5 mg (base equiv) (Effient)	1				
prasugrel hcl tab 10 mg (base equiv) (Effient)	1				
PROFILNINE – factor ix complex for inj 500 unit	2	X	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
PROFILNINE – factor ix complex for inj 1000 unit	2	X	•		
PROFILNINE – factor ix complex for inj 1500 unit	2	X	•		
PROFILNINE SD – factor ix complex for inj 500 unit	2	X	•		
PROFILNINE SD – factor ix complex for inj 1000 unit	2	X	•		
PROFILNINE SD – factor ix complex for inj 1500 unit	2	X	•		
REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt	2	X	•		
REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt	2	X	•		
REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt	2	X	•		
RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit	2	X	•		
RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit	2	X	•		
RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit	2	X	•		
RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit	2	X	•		
RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit	2	X	•		
RIASTAP – fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	X	•		

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RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit	2	X	•		
RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit	2	X	•		
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit	2	X	•		
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit	2	X	•		
RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit	2	X	•		
RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit	3	X	•	•	
TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	3	X	•	•	
TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent)	3	X	•	•	
TAVALISSE – fostamatinib disodium tab 150 mg (base equivalent)	3	X	•	•	
TRETTEN – coagulation factor xiii a-subunit for inj 2000-3125 unit	2	X	•		
VONVENDI – von willebrand factor (recombinant) for inj 650 unit	2	X	•		
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	2	X	•		
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	2	X	•		
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	2	X	•		
XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit	2	X	•		
XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit	2	X	•		
XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit	2	X	•		
XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit	2	X	•		
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit	2	X	•		
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit	2	X	•		
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit	2	X	•		
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit	2	X	•		
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit	2	X	•		
ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent)	3				
TOPICAL PRODUCTS					
OPHTHALMIC AGENTS					
ACULAR – ketorolac tromethamine ophth soln 0.5%	3				
ACULAR LS – ketorolac tromethamine ophth soln 0.4%	3				
AKTEN – lidocaine hcl ophth gel 3.5%	3				
ALOCRIL – nedocromil sodium ophth soln 2%	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ALOMIDE – lodoxamide tromethamine ophth soln 0.1%	3				
ALPHAGAN P – brimonidine tartrate ophth soln 0.15%	3				
ALREX – loteprednol etabonate ophth susp 0.2%	3				
apraclonidine hcl ophth soln 0.5% (base equivalent) (Iopidine)	1				
ATROPINE SULFATE – atropine sulfate ophth soln 1%	3				
azelastine hcl ophth soln 0.05%	1				
BACITRACIN – bacitracin ophth oint 500 unit/gm	2				
bacitracin-polymyxin b ophth oint	1				
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1				
BEPREVE – bepotastine besilate ophth soln 1.5%	3				
BETADINE OPHTHALMIC PREP – povidone-iodine ophth soln 5%	3				
betaxolol hcl ophth soln 0.5%	1				
bimatoprost ophth soln 0.03%	1			•	
BLEPH-10 – sulfacetamide sodium ophth soln 10%	3				
BLEPHAMIDE – sulfacetamide sodium-prednisolone ophth susp 10-0.2%	2				
BLEPHAMIDE S.O.P. – sulfacetamide sodium-prednisolone ophth oint 10-0.2%	2				
brimonidine tartrate ophth soln 0.15% (Alphagan p)	1				
brimonidine tartrate ophth soln 0.2%	1				
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1				
CARTEOLOL HCL – carteolol hcl ophth soln 1%	3				
CEQUA – cyclosporine (ophth) soln 0.09% (pf)	3		•	•	
CILOXAN – ciprofloxacin hcl ophth soln 0.3% (base equivalent)	3				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1				
cromolyn sodium ophth soln 4%	1				
CYCLOGYL – cyclopentolate hcl ophth soln 0.5%	3				
CYCLOGYL – cyclopentolate hcl ophth soln 1%	3				
CYCLOGYL – cyclopentolate hcl ophth soln 2%	3				
CYCLOMYDRIL – cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3				
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	1				
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1				
cyclopentolate hcl ophth soln 2% (Cyclogyl)	1				
CYSTARAN – cysteamine hcl ophth soln 0.44% (base equivalent)	3	X		•	
DEXAMETHASONE SODIUM PHOS – dexamethasone sodium phosphate ophth soln 0.1%	3				
diclofenac sodium ophth soln 0.1%	1				
dorzolamide hcl ophth soln 2% (Trusopt)	1				

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dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	1				
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	1				
DUREZOL – difluprednate ophth emulsion 0.05%	3				
epinastine hcl ophth soln 0.05% (Elestat)	1				
erythromycin ophth oint 5 mg/gm	1				
FLAREX – fluorometholone acetate ophth susp 0.1%	3				
fluorometholone ophth susp 0.1% (Fml liquifilm)	1				
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%	3				
FML – fluorometholone ophth oint 0.1%	3				
FML FORTE – fluorometholone ophth susp 0.25%	3				
FML LIQUIFILM – fluorometholone ophth susp 0.1%	3				
gatifloxacin ophth soln 0.5% (Zymaxid)	1				
GENTAK – gentamicin sulfate ophth oint 0.3%	3				
gentamicin sulfate ophth soln 0.3%	1				
ILEVRO – nepafenac ophth susp 0.3%	2				
IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent)	3				
ISOPTO ATROPINE – atropine sulfate ophth soln 1%	3				
ISOPTO CARPINE – pilocarpine hcl ophth soln 1%	3				
ISOPTO CARPINE – pilocarpine hcl ophth soln 2%	3				
ISOPTO CARPINE – pilocarpine hcl ophth soln 4%	3				
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1				
ketorolac tromethamine ophth soln 0.5% (Acular)	1				
LACRISERT – artificial tear ophth insert	3				
LASTACAFT – alcaftadine ophth soln 0.25%	3				
latanoprost ophth soln 0.005% (Xalatan)	1			•	
levobunolol hcl ophth soln 0.5% (Betagan)	1				
levofloxacin ophth soln 0.5%	1				
LOTEMAX – loteprednol etabonate ophth oint 0.5%	2				
LOTEMAX – loteprednol etabonate ophth susp 0.5%	3				
LOTEMAX – loteprednol etabonate ophth gel 0.5%	2				
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%	2				
loteprednol etabonate ophth susp 0.5% (Lotemax)	1				
LUMIGAN – bimatoprost ophth soln 0.01%	2			•	
MAXIDEX – dexamethasone ophth susp 0.1%	3				
MAXITROL – neomycin-polymyxin-dexamethasone ophth susp 0.1%	3				

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MAXITROL – neomycin-polymyxin-dexamethasone ophth oint 0.1%	3				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1				
MYDRIACYL – tropicamide ophth soln 1%	3				
NATACYN – natamycin ophth susp 5%	2				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1				
NEOMYCIN/POLYMYXIN/GRAMIC – neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3				
OCUFLOX – ofloxacin ophth soln 0.3%	3				
ofloxacin ophth soln 0.3% (Ocuflox)	1				
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol)	1				
OXERVATE – cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	3	X	•	•	
phenylephrine hcl ophth soln 2.5%	1				
phenylephrine hcl ophth soln 10%	1				
PHOSPHOLINE IODIDE – echothiophate iodide ophth for soln 0.125%	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
pilocarpine hcl ophth soln 1% (Isopto carpine)	1				
pilocarpine hcl ophth soln 2% (Isopto carpine)	1				
pilocarpine hcl ophth soln 4% (Isopto carpine)	1				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1				
POLYTRIM – polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	3				
PRED FORTE – prednisolone acetate ophth susp 1%	3				
PRED MILD – prednisolone acetate ophth susp 0.12%	3				
PRED-G – gentamicin-prednisolone ace ophth susp 0.3-1%	3				
PRED-G S.O.P. – gentamicin-prednisolone ace ophth oint 0.3-0.6%	3				
PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%	3				
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%	3				
proparacaine hcl ophth soln 0.5% (Alcaine)	1				
RESTASIS – cyclosporine (ophth) emulsion 0.05%	3		•	•	
RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05%	3		•	•	
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%	3			•	•

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ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3			•	•
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2				
SULFACETAMIDE SODIUM – sulfacetamide sodium ophth oint 10%	3				
sulfacetamide sodium ophth soln 10% (Bleph-10)	1				
SULFACETAMIDE SODIUM/ PRED – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	3				
tetracaine hcl ophth soln 0.5%	1				
timolol maleate ophth soln 0.25% (Timoptic)	1				
timolol maleate ophth soln 0.5% (Timoptic)	1				
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1				
TIMOLOL MALEATE OPHTHALMI – timolol maleate ophth gel forming soln 0.25%	3				
TIMOLOL MALEATE OPHTHALMI – timolol maleate ophth gel forming soln 0.5%	3				
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.25%	3				
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.5%	3				
TOBRADEX – tobramycin-dexamethasone ophth oint 0.3-0.1%	2				
TOBRADEX – tobramycin-dexamethasone ophth susp 0.3-0.1%	3				
TOBRADEX ST – tobramycin-dexamethasone ophth susp 0.3-0.05%	3				
tobramycin ophth soln 0.3% (Tobrex)	1				
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1				
TOBREX – tobramycin ophth soln 0.3%	3				
TOBREX – tobramycin ophth oint 0.3%	3				
TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)	2			•	
TRIFLURIDINE – trifluridine ophth soln 1%	3				
tropicamide ophth soln 0.5%	1				
tropicamide ophth soln 1% (Mydriacyl)	1				
TRUSOPT – dorzolamide hcl ophth soln 2%	3				
XIIDRA – lifitegrast ophth soln 5%	3		•	•	
ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015%	3			•	
ZIRGAN – ganciclovir ophth gel 0.15%	3				
ZYMAXID – gatifloxacin ophth soln 0.5%	3				
OTIC AGENTS					
acetic acid otic soln 2%	1				
CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent)	3				
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%	3				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2				
CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent)	3				
COLY-MYCIN S – neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	3				
DERMOTIC – fluocinolone acetonide (otic) oil 0.01%	3				
FLOXIN OTIC – ofloxacin otic soln 0.3%	3				
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1				
hydrocortisone w/ acetic acid otic soln 1-2%	1				
neomycin-polymyxin-hc otic soln 1%	1				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1				
ofloxacin otic soln 0.3%	1				
MOUTH/THROAT/DENTAL AGENTS					
cevimeline hcl cap 30 mg (Evoxac)	1				
chlorhexidine gluconate soln 0.12% (Peridex)	1				
clotrimazole troche 10 mg	1				
LIDOCAINE HCL – lidocaine hcl laryngotracheal soln 4%	3				
lidocaine hcl viscous soln 2%	1				
nystatin susp 100000 unit/ml	1				
ORAVIG – miconazole buccal tab 50 mg (mouth-throat)	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
PERIDEX – chlorhexidine gluconate soln 0.12%	3				
pilocarpine hcl tab 5 mg (Salagen)	1				
pilocarpine hcl tab 7.5 mg (Salagen)	1				
PREVIDENT RINSE – sodium fluoride rinse 0.2%	3				
SALAGEN – pilocarpine hcl tab 5 mg	3				
SALAGEN – pilocarpine hcl tab 7.5 mg	3				
sodium fluoride cream 1.1% (Prevident 5000 plus)	1				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1				
sodium fluoride paste 1.1% (Prevident 5000 boost)	1				
sodium fluoride rinse 0.2%	1				
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)	1				
stannous fluoride gel 0.4%	1				
triamcinolone acetonide dental paste 0.1%	1				
ANORECTAL AGENTS					
ANALPRAM HC – hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%	3				
ANALPRAM HC SINGLES – hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%	3				
ANALPRAM-HC – hydrocortisone acetate w/ pramoxine rectal lotn 2.5-1%	3				

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ANALPRAM-HC – hydrocortisone acetate w/ pramoxine rectal cream 1-1%	3				
ANUSOL-HC – hydrocortisone rectal cream 2.5%	3				
CORTENEMA – hydrocortisone enema 100 mg/60ml	3				
CORTIFOAM – hydrocortisone acetate rectal foam 10% (90 mg/dose)	2				
hydrocortisone acetate w/ pramoxine rectal cream 1-1% (Analpram-hc)	1				
hydrocortisone enema 100 mg/60ml (Cortenema)	1				
hydrocortisone rectal cream 1% (Proctocort)	1				
hydrocortisone rectal cream 2.5% (Anusol-hc)	1				
PROCTOFOAM HC – hydrocortisone acetate w/ pramoxine rectal foam 1-1%	2				
RECTIV – nitroglycerin oint 0.4%	3				
DERMATOLOGICALS					
acitretin cap 10 mg (Soriatane)	1				
acitretin cap 17.5 mg (Soriatane)	1				
acitretin cap 25 mg (Soriatane)	1				
acyclovir cream 5% (Zovirax)	1				
acyclovir oint 5% (Zovirax)	1				
adapalene cream 0.1%* (Differin)	1				
adapalene gel 0.1%* (Differin)	1				
adapalene gel 0.3%* (Differin)	1				
adapalene-benzoyl peroxide gel 0.1-2.5%* (Epiduo)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
AFTERTEST TOPICAL PAIN RE – benzocaine stick 10%	3				
alclometasone dipropionate cream 0.05% (Aclovate)	1			•	
alclometasone dipropionate oint 0.05%	1			•	
ALTABAX – retapamulin oint 1%	3				
AMCINONIDE – amcinonide lotion 0.1%	3			•	•
AUGMENTED BETAMETHASONE D – betamethasone dipropionate augmented gel 0.05%	3			•	•
azelaic acid gel 15% (Finacea)	1				
BENZAMYCIN – benzoyl peroxide-erythromycin gel 5-3%	3				
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1			•	
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	1			•	
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1			•	
betamethasone dipropionate cream 0.05%	1			•	
betamethasone dipropionate lotion 0.05%	1			•	
betamethasone dipropionate oint 0.05%	1			•	
betamethasone valerate aerosol foam 0.12% (Luxiq)	1			•	
betamethasone valerate cream 0.1% (base equivalent)	1			•	

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betamethasone valerate lotion 0.1% (base equivalent)	1			•	
betamethasone valerate oint 0.1% (base equivalent)	1			•	
calcipotriene cream 0.005% (Dovonex)	1			•	
calcipotriene oint 0.005%	1			•	
calcipotriene soln 0.005% (50 mcg/ml)	1			•	
CALCITRIOL – calcitriol oint 3 mcg/gm	3			•	
CENTANY – mupirocin oint 2%	3				
ciclopirox gel 0.77%	1				
ciclopirox olamine cream 0.77% (base equiv)	1				
ciclopirox olamine susp 0.77% (base equiv)	1				
ciclopirox shampoo 1% (Loprox shampoo)	1				
ciclopirox solution 8% (Penlac nail lacquer)	1				
CLEOCIN-T – clindamycin phosphate lotion 1%	3				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	1				
clindamycin phosphate gel 1% (Cleocin-t)	1				
clindamycin phosphate lotion 1% (Cleocin-t)	1				
clindamycin phosphate soln 1% (Cleocin-t)	1			•	
clindamycin phosphate swab 1% (Cleocin-t)	1				
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
clobetasol propionate cream 0.05% (Temovate)	1			•	
clobetasol propionate emollient base cream 0.05% (Temovate e)	1			•	
clobetasol propionate gel 0.05% (Temovate)	1			•	
clobetasol propionate oint 0.05% (Temovate)	1			•	
clobetasol propionate soln 0.05% (Temovate)	1			•	
CLOCORTOLONE PIVALATE – clocortolone pivalate cream 0.1%	3			•	•
CLODERM – clocortolone pivalate cream 0.1%	3			•	•
clotrimazole cream 1%	1				
clotrimazole soln 1%	1				
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)	1				
clotrimazole w/ betamethasone lotion 1-0.05%	1				
CONDYLOX – podofilox gel 0.5%	2				
CORDRAN – flurandrenolide tape 4 mcg/sqcm	3			•	•
CORTISPORIN – neomycin-polymyxin-hc crm 3.5 mg/gm-10000 unt/gm-0.5%	3				
CORTISPORIN – bacitracin-polymyxin-neomycin hc oint 1%	3				
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml	2	X	•	•	
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	X	•	•	
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	2	X	•	•	

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COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	X	•	•	
crotamiton lotion 10% (Eurax)	1				
DENAVIR – penciclovir cream 1%	3				
DERMA-SMOOTHE/FS BODY – fluocinolone acetonide oil 0.01% (body oil)	3			•	•
DERMA-SMOOTHE/FS SCALP – fluocinolone acetonide oil 0.01% (scalp oil)	3			•	•
desonide cream 0.05% (Desowen)	1			•	
desonide lotion 0.05% (Desowen)	1			•	
desonide oint 0.05%	1			•	
desoximetasone cream 0.05% (Topicort)	1			•	
desoximetasone cream 0.25% (Topicort)	1			•	
desoximetasone gel 0.05% (Topicort)	1			•	
desoximetasone oint 0.05% (Topicort)	1			•	
desoximetasone oint 0.25% (Topicort)	1			•	
desoximetasone spray 0.25% (Topicort)	1			•	
diclofenac sodium gel 1% (Voltaren)	1			•	
diclofenac sodium soln 1.5%	1			•	•
DIPROLENE – betamethasone dipropionate augmented oint 0.05%	3			•	•
DIPROLENE AF – betamethasone dipropionate augmented cream 0.05%	3			•	•

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
DOVONEX – calcipotriene cream 0.005%	3			•	
DOXEPIN HYDROCHLORIDE – doxepin hcl cream 5%	3		•	•	
DUAC – clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3				
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	3	X	•	•	
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	3	X	•	•	
econazole nitrate cream 1%	1			•	
EFUDEX – fluorouracil cream 5%	3		•	•	
ELIMITE – permethrin cream 5%	3				
EPIDUO* – adapalene-benzoyl peroxide gel 0.1-2.5%	3				
EPIFOAM – pramoxine-hc aerosol foam 1-1%	3				
ERTACZO – sertaconazole nitrate cream 2%	3		•		
ERY – erythromycin pads 2%	3				
ERYGEL – erythromycin gel 2%	3				
erythromycin gel 2% (Erygel)	1				
erythromycin soln 2%	1				
EURAX – crotamiton cream 10%	3				
EURAX – crotamiton lotion 10%	3				
EXELDERM – sulconazole nitrate solution 1%	3		•		
EXELDERM – sulconazole nitrate cream 1%	3		•		
FINACEA – azelaic acid gel 15%	3				
fluocinolone acetonide cream 0.01%	1			•	

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fluocinolone acetonide cream 0.025% (Synalar)	1			•	
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1			•	
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1			•	
fluocinolone acetonide oint 0.025% (Synalar)	1			•	
fluocinolone acetonide soln 0.01% (Synalar)	1			•	
fluocinonide cream 0.05%	1			•	
fluocinonide emulsified base cream 0.05%	1			•	
fluocinonide gel 0.05%	1			•	
fluocinonide oint 0.05%	1			•	
fluocinonide soln 0.05%	1			•	
FLUOROPLEX – fluorouracil cream 1%	3		•	•	
FLUOROURACIL – fluorouracil soln 2%	3				
FLUOROURACIL – fluorouracil soln 5%	3				
fluorouracil cream 5% (Efudex)	1			•	
fluticasone propionate cream 0.05% (Cutivate)	1			•	
fluticasone propionate oint 0.005%	1			•	
gentamicin sulfate cream 0.1%	1			•	
gentamicin sulfate oint 0.1%	1				
halobetasol propionate cream 0.05% (Ultravate)	1			•	
halobetasol propionate oint 0.05% (Ultravate)	1			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
HALOG – halcinonide oint 0.1%	3			•	•
hydrocortisone butyrate cream 0.1% (Locoid)	1			•	
hydrocortisone butyrate oint 0.1% (Locoid)	1			•	
hydrocortisone butyrate soln 0.1% (Locoid)	1			•	
hydrocortisone cream 1%	1			•	
hydrocortisone cream 2.5%	1			•	
hydrocortisone lotion 2.5%	1			•	
hydrocortisone oint 1%	1			•	
hydrocortisone oint 2.5%	1			•	
hydrocortisone valerate cream 0.2%	1			•	
hydrocortisone valerate oint 0.2% (Westcort)	1			•	
imiquimod cream 5% (Aldara)	1			•	
isotretinoin cap 10 mg – amnesteem, claravis, myorisan, zenatane	1				
isotretinoin cap 20 mg – amnesteem, claravis, myorisan, zenatane	1				
isotretinoin cap 30 mg – claravis, myorisan, zenatane	1				
isotretinoin cap 40 mg – amnesteem, claravis, myorisan, zenatane	1				
ketoconazole cream 2%	1			•	
ketoconazole shampoo 2% (Nizoral)	1				
KLARON – sulfacetamide sodium lotion 10% (acne)	3				
LAC-HYDRIN – lactic acid (ammonium lactate) cream 12%	3				

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lactic acid (ammonium lactate) cream 12% (Lac-hydrin)	1				
lactic acid (ammonium lactate) lotion 12% (Lac-hydrin)	1				
lidocaine hcl soln 4% (Xylocaine)	1				
lidocaine hcl urethral/ mucosal gel prefilled syringe 2%	1				
lidocaine hcl urethral/ mucosal gel 2%	1				
lidocaine patch 5% (Lidoderm)	1		•	•	
lidocaine-prilocaine cream 2.5-2.5%	1			•	
LINDANE – lindane shampoo 1%	3				
LOCOID – hydrocortisone butyrate soln 0.1%	3			•	•
LOPROX – ciclopirox olamine susp 0.77% (base equiv)	3				
LOPROX – ciclopirox olamine cream 0.77% (base equiv)	3				
LOTRISONE – clotrimazole w/ betamethasone cream 1-0.05%	3				
LUXIQ – betamethasone valerate aerosol foam 0.12%	3			•	•
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	1				
malathion lotion 0.5% (Ovide)	1				
MENTAX – butenafine hcl cream 1%	3				
methoxsalen rapid cap 10 mg (Oxsoralen ultra)	1				
METROGEL – metronidazole gel 1%	3				
METROLOTION – metronidazole lotion 0.75%	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
metronidazole cream 0.75% (Metrocream)	1				
metronidazole gel 0.75%	1				
metronidazole gel 1% (Metrogel)	1				
metronidazole lotion 0.75% (Metrolotion)	1				
mometasone furoate cream 0.1% (Elocon)	1			•	
mometasone furoate oint 0.1% (Elocon)	1			•	
mometasone furoate solution 0.1% (lotion) (Elocon)	1			•	
mupirocin oint 2%	1				
NATROBA – spinosad susp 0.9%	3				
NEO-SYNALAR – neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3				
NIZORAL – ketoconazole shampoo 2%	3				
nystatin cream 100000 unit/gm	1				
nystatin oint 100000 unit/gm	1				
nystatin topical powder 100000 unit/gm	1				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1				
OVIDE – malathion lotion 0.5%	3				
oxiconazole nitrate cream 1% (Oxistat)	1		•		
OXSORALEN ULTRA – methoxsalen rapid cap 10 mg	3				
PANRETIN – alitretinoin gel 0.1%	3				
permethrin cream 5% (Elimite)	1				

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PICATO – ingenol mebutate gel 0.015%	3		•	•	
PICATO – ingenol mebutate gel 0.05%	2		•	•	
pimecrolimus cream 1% (Elidel)	1				•
podofilox soln 0.5% (Condylox)	1				
PREDNICARBATE – prednicarbate cream 0.1%	3			•	•
PREDNICARBATE – prednicarbate oint 0.1%	3			•	•
PRUDOXIN – doxepin hcl cream 5%	3		•	•	
REGRANEX – becaplermin gel 0.01%	3				
RETIN-A* – tretinoin gel 0.01%	3				
RETIN-A* – tretinoin gel 0.025%	3				
SANTYL – collagenase oint 250 unit/gm	2			•	
selenium sulfide lotion 2.5%	1				
SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	3	X	•	•	
SILVADENE – silver sulfadiazine cream 1%	3				
silver sulfadiazine cream 1% (Silvadene)	1				
SKLICE – ivermectin lotion 0.5%	3				
SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	2	X	•	•	
SOOLANTRA – ivermectin cream 1%	2				
SORIATANE – acitretin cap 10 mg	3				
SORIATANE – acitretin cap 25 mg	3				
SPINOSAD – spinosad susp 0.9%	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
STELARA – ustekinumab inj 45 mg/0.5ml	2	X	•	•	
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	2	X	•	•	
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	2	X	•	•	
sulfacetamide sodium lotion 10% (acne) (Klaron)	1				
SULFAMYLON – mafenide acetate packet for topical soln 5% (50 gm)	3				
SULFAMYLON – mafenide acetate cream 85 mg/gm	3				
SYNALAR – fluocinolone acetonide soln 0.01%	3			•	•
SYNALAR – fluocinolone acetonide cream 0.025%	3			•	•
SYNALAR – fluocinolone acetonide oint 0.025%	3			•	•
SYNERA – lidocaine-tetracaine topical patch 70-70 mg	3		•	•	
tacrolimus oint 0.03% (Protopic)	1				•
tacrolimus oint 0.1% (Protopic)	1				•
TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml	3	X	•	•	
TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	3	X	•	•	
TARGRETIN – bexarotene gel 1%	3	X	•		
tazarotene cream 0.1%* (Tazorac)	1			•	
TAZORAC* – tazarotene cream 0.05%	2			•	
TAZORAC* – tazarotene gel 0.05%	2			•	
TAZORAC* – tazarotene gel 0.1%	2			•	
TEMOVATE – clobetasol propionate cream 0.05%	3			•	•

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TEMOVATE – clobetasol propionate oint 0.05%	3			•	•
TOLAK – fluorouracil cream 4%	3				
TOPICORT – desoximetasone cream 0.25%	3			•	•
TOPICORT – desoximetasone gel 0.05%	3			•	•
TOPICORT – desoximetasone oint 0.25%	3			•	•
TREMFYA – guselkumab soln pen-injector 100 mg/ml	2	X	•	•	
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	2	X	•	•	
tretinoin cream 0.025%* (Retin-a)	1				
tretinoin cream 0.05%* (Retin-a)	1				
tretinoin cream 0.1%* (Retin-a)	1				
tretinoin gel 0.01%* (Retin-a)	1				
tretinoin gel 0.025%* (Retin-a)	1				
tretinoin gel 0.05%* (Atralin)	1				
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	1			•	
triamcinolone acetonide cream 0.025%	1			•	
triamcinolone acetonide cream 0.1%	1			•	
triamcinolone acetonide cream 0.5%	1			•	
triamcinolone acetonide lotion 0.025%	1			•	
triamcinolone acetonide lotion 0.1%	1			•	
triamcinolone acetonide oint 0.025%	1			•	
triamcinolone acetonide oint 0.1%	1			•	
triamcinolone acetonide oint 0.5%	1			•	
ULESFIA – benzyl alcohol lotion 5%	3				
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	2	X			
VECTICAL – calcitriol oint 3 mcg/gm	3			•	
wound cleansers - solution	1				
ZONALON – doxepin hcl cream 5%	3		•	•	
MISCELLANEOUS PRODUCTS					
ANTIDOTES					
CHEMET – succimer cap 100 mg	2	X	•		
deferasirox tab for oral susp 125 mg (Exjade)	1	X			
deferasirox tab for oral susp 250 mg (Exjade)	1	X			
deferasirox tab for oral susp 500 mg (Exjade)	1	X			
EVZIO – naloxone hcl solution auto-injector 2 mg/0.4ml	3	X	•	•	
EXJADE – deferasirox tab for oral susp 125 mg	3	X			
EXJADE – deferasirox tab for oral susp 250 mg	3	X			
EXJADE – deferasirox tab for oral susp 500 mg	3	X			
FERRIPROX – deferiprone oral soln 100 mg/ml	3	X			
FERRIPROX – deferiprone tab 500 mg	3	X			
FERRIPROX – deferiprone tab 1000 mg	3	X			
JADENU – deferasirox tab 90 mg	3	X			

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
JADENU – deferasirox tab 180 mg	3	X			
JADENU – deferasirox tab 360 mg	3	X			
JADENU SPRINKLE – deferasirox granules packet 90 mg	3	X			
JADENU SPRINKLE – deferasirox granules packet 180 mg	3	X			
JADENU SPRINKLE – deferasirox granules packet 360 mg	3	X			
NALOXONE HCL – naloxone hcl soln cartridge 0.4 mg/ml	3			•	
NALOXONE HCL – naloxone hcl soln prefilled syringe 2 mg/2ml	3			•	
naloxone hcl inj 0.4 mg/ml	1			•	
naloxone hcl inj 4 mg/10ml	1			•	
naltrexone hcl tab 50 mg	1				
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml	2			•	
RADIOGARDASE – prussian blue insoluble cap 0.5 gm	3				
VISTOGARD – uridine triacetate oral granules packet 10 gm	3	X	•		
DIAGNOSTIC PRODUCTS					
CONTOUR BLOOD GLUCOSE TES – glucose blood test strip	2			•	
CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip	2			•	
GLUCAGEN DIAGNOSTIC – glucagon hcl (rdna) diagnostic for inj 1 mg (base equiv)	3				
TEST DISCS – VARIOUS MANUFACTURERS	3		•	•	
TEST STRIPS – VARIOUS MANUFACTURERS	3		•	•	
MEDICAL DEVICES					
BAYER CONTOUR LINK 2.4 BL – blood glucose monitoring kit w/ device	2				
BLOOD GLUCOSE MONITORING DEVICES – VARIOUS MANUFACTURERS	3				
BLOOD GLUCOSE MONITORING KIT W/ DEVICE – VARIOUS MANUFACTURERS	3				
CAYA – diaphragm arc-spring	3				
CONTOUR BLOOD GLUCOSE MON – blood glucose monitoring devices	2				
CONTOUR NEXT BLOOD GLUCOS – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT EZ BLOOD GLU – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT LINK BLOOD G – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT LINK WIRELES – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring kit	2				
FC FEMALE CONDOM – condoms - female	3				
FC2 FEMALE CONDOM – condoms - female	3				
FEMCAP – cervical cap 22 mm	3				
FEMCAP – cervical cap 26 mm	3				
FEMCAP – cervical cap 30 mm	3				
FREESTYLE LIBRE 14 DAY/RE – continuous blood glucose system receiver	3				•

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FREESTYLE LIBRE 14 DAY/SE – continuous blood glucose system sensor	3				•
FREESTYLE LIBRE/READER/FL – continuous blood glucose system receiver	3				•
FREESTYLE LIBRE/SENSOR/ FL – continuous blood glucose system sensor	3				•
INSULIN PEN NEEDLES – NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS	2				
LANCET DEVICES – VARIOUS MANUFACTURERS	2				
LANCETS – VARIOUS MANUFACTURERS	2				
OMNIFLEX DIAPHRAGM – diaphragms	3				
SYRINGES/NEEDLES – VARIOUS MANUFACTURERS – for self-injectable drug administration	2				
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm	3				
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 65 mm	3				
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 70 mm	3				
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 75 mm	3				
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 80 mm	3				
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 85 mm	3				
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 90 mm	3				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 95 mm	3				
ASSORTED CLASSES					
ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg	3				
ASTAGRAF XL – tacrolimus cap er 24hr 1 mg	3				
ASTAGRAF XL – tacrolimus cap er 24hr 5 mg	3				
AZASAN – azathioprine tab 75 mg	3				
AZASAN – azathioprine tab 100 mg	3				
azathioprine tab 50 mg (Imuran)	1				
BENLYSTA – belimumab subcutaneous solution auto-injector 200 mg/ml	3	X	•	•	
BENLYSTA – belimumab subcutaneous solution prefilled syringe 200 mg/ml	3	X	•	•	
CELLCEPT – mycophenolate mofetil cap 250 mg	3				
CELLCEPT – mycophenolate mofetil tab 500 mg	3				
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml	3				
cyclosporine cap 25 mg (Sandimmune)	1				
cyclosporine cap 100 mg (Sandimmune)	1				
CYCLOSPORINE MODIFIED – cyclosporine modified cap 50 mg	2				
cyclosporine modified cap 25 mg (Neoral)	1				
cyclosporine modified cap 100 mg (Neoral)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
cyclosporine modified oral soln 100 mg/ml (Neoral)	1				
DEPEN TITRATABS – penicillamine tab 250 mg	2	X	•		
ENVARSUS XR – tacrolimus tab er 24hr 0.75 mg	3				
ENVARSUS XR – tacrolimus tab er 24hr 1 mg	3				
ENVARSUS XR – tacrolimus tab er 24hr 4 mg	3				
IMURAN – azathioprine tab 50 mg	3				
irrigation solution, physiological	1				
lactated ringer's for irrigation	1				
LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm	3				•
LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm	3				•
mycophenolate mofetil cap 250 mg (Cellcept)	1				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1				
mycophenolate mofetil tab 500 mg (Cellcept)	1				
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	1				
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	1				
MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3				
MYFORTIC – mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3				
NEORAL – cyclosporine modified oral soln 100 mg/ml	3				
NEORAL – cyclosporine modified cap 25 mg	3				
NEORAL – cyclosporine modified cap 100 mg	3				
penicillamine cap 250 mg (Cuprimine)	1	X	•		
PROGRAF – tacrolimus cap 0.5 mg	3				
PROGRAF – tacrolimus cap 1 mg	3				
PROGRAF – tacrolimus cap 5 mg	3				
PROGRAF – tacrolimus packet for susp 0.2 mg	3				
PROGRAF – tacrolimus packet for susp 1 mg	3				
RAPAMUNE – sirolimus oral soln 1 mg/ml	3				
RAPAMUNE – sirolimus tab 0.5 mg	3				
RAPAMUNE – sirolimus tab 1 mg	3				
RAPAMUNE – sirolimus tab 2 mg	3				
REVLIMID – lenalidomide caps 2.5 mg	2	X	•	•	
REVLIMID – lenalidomide cap 5 mg	2	X	•	•	
REVLIMID – lenalidomide cap 10 mg	2	X	•	•	
REVLIMID – lenalidomide cap 15 mg	2	X	•	•	
REVLIMID – lenalidomide cap 20 mg	2	X	•	•	
REVLIMID – lenalidomide cap 25 mg	2	X	•	•	
ringer's solution for irrigation	1				

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SANDIMMUNE – cyclosporine oral soln 100 mg/ml	3				
SANDIMMUNE – cyclosporine cap 25 mg	3				
SANDIMMUNE – cyclosporine cap 100 mg	3				
sirolimus oral soln 1 mg/ml (Rapamune)	1				
sirolimus tab 0.5 mg (Rapamune)	1				
sirolimus tab 1 mg (Rapamune)	1				
sirolimus tab 2 mg (Rapamune)	1				
sodium polystyrene sulfonate oral susp 15 gm/60ml	1				
sodium polystyrene sulfonate powder	1				
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1				
SYPRINE – trientine hcl cap 250 mg	3	X	•		
tacrolimus cap 0.5 mg (Prograf)	1				
tacrolimus cap 1 mg (Prograf)	1				
tacrolimus cap 5 mg (Prograf)	1				
THALOMID – thalidomide cap 50 mg	2	X	•	•	
THALOMID – thalidomide cap 100 mg	2	X	•	•	
THALOMID – thalidomide cap 150 mg	2	X	•	•	
THALOMID – thalidomide cap 200 mg	2	X	•	•	
trientine hcl cap 250 mg (Syprine)	1	X	•		
VELTASSA – patiromer sorbitex calcium for susp packet 8.4 gm (base eq)	3				•
VELTASSA – patiromer sorbitex calcium for susp packet 16.8 gm (base eq)	3				•
VELTASSA – patiromer sorbitex calcium for susp packet 25.2 gm (base eq)	3				•
water for irrigation, sterile irrigation soln	1				
ZORTRESS – everolimus tab 0.25 mg	2				
ZORTRESS – everolimus tab 0.5 mg	2				
ZORTRESS – everolimus tab 0.75 mg	2				
ZORTRESS – everolimus tab 1 mg	2				

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