

Affinity Health Plan Enriched Health Formulary

(Effective 10/1/2020)

INTRODUCTION

We are pleased to provide the 2020 **Affinity Health Plan Enriched Health Formulary** as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available only as an injectable or an exception is specifically noted, most applicable dosage forms and strengths of the drug cited are included in the document.

Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies.

The P&T Committee is an external advisory body of experts from across the region.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. *Italicize type* indicates generic availability. However, not all strengths or dosage forms of the generic name in italicize type may be generically available. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents.

Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e. Step Therapy, Prior Authorization, Quantity Limits, etc); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Note: regarding Medicaid nursing home members- Over the counter drugs, Physician administered drugs (J-code drugs), medical supplies, nutritional supplements, sickroom supplies, adult diapers and durable medical equipment will continue to be the responsibility of a nursing home and will be reimbursed within the nursing home benchmark rate; and Immunization services inclusive of vaccines and their administration will remain in the nursing home benchmark rate.

MEDICAL SUPPLIES

Some medical supplies may be covered with a prescription. Please refer to the Medical Supplies List for included products.

<https://www.emedny.org/info/fullform.pdf>

OTC SUPPLIES

Affinity Health Plan Enriched Health Formulary covers over the counter (OTC) drugs for members that obtain fiscal orders that meet Medicaid criteria. These OTC drugs include *select* medications in the following categories: analgesic and antipyretic, antacid, anti-diarrheal, antihistamine, anti-vertigo, artificial tears and ocular/oral lubricants, chronic renal disease, cough and cold, dermatological, family planning, fecal softener and laxative, hematinic, insulin, pediculicide, smoking cessation agents, and vitamins/minerals.

All categories are represented on the Medicaid Formulary, however, not every item made by every manufacturer is covered. Furthermore, not all formulations and/or package sizes are covered. Quantities may also be limited based on acute/episodic vs. chronic/maintenance uses. For the most up to date list of Affinity Health Plan Enriched Health covered OTC products please reference our website link

<https://www.emedny.org/info/fullform.pdf>

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but require no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications and a determination of fully effective was made for most of these products and they remain in the marketplace. A few DESI drugs products remain classified as "less than fully effective" while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar or related to actual DESI products. Affinity Health Plan Enriched Health will not cover certain drugs that have not been found to be safe and effective by the FDA.

MEDICAID DRUG REBATE PROGRAM

The Medicaid Drug Rebate Program is a program that includes Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and participating drug manufacturers that helps to offset the Federal and state costs of most outpatient prescription drugs dispensed to Medicaid patients. Approximately 600 drug manufacturers currently participate in this program. The program requires a drug manufacturer to enter into, and have in effect, a national rebate agreement with the Secretary of the Department of Health and Human Services (HHS) in exchange for state Medicaid coverage of most of the manufacturer's drugs. All prescription drugs covered by the Affinity Health Plan Enriched Health have a federal rebate agreement in place. Drugs without a rebate agreement are not covered.

LEGEND

PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug with network requirement
ST	Step Therapy
CAPITALIZED	Indicates brand name drug
<i>Italicize</i>	Generic drug
HRM	High Risk Medication
AGE	Age Limit
OTC Only	Over the Counter Only
Rx Only	Prescription only
DS	Day Supply Limits

NOTICE

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Affinity Health Plan does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

To receive updated information about the drugs covered by please visit www.affinityplan.org or call CVS Customer Service at 1-855-465-0031, 24 hours/7 days a week. TTY/TDD users, please call 1-800-863-5488.

Drug Name	Requirements/Limits
ANALGESICS	
COX-II INHIBITORS	
<i>celecoxib</i>	PA
GOUT	
<i>allopurinol</i>	
<i>colchicine</i>	QL (30 tabs per 30 days)
KRYSTEXXA	PA; SP
<i>probenecid</i>	
NON-OPIOID ANALGESICS	
<i>butalbital-acetaminophen-caffeine</i> CAPS	QL (60 caps per 30 days)
<i>butalbital-acetaminophen-caffeine</i> TABS	QL (60 tabs per 30 days)
<i>butalbital-aspirin-caffeine</i> CAPS	QL (60 caps per 30 days)
<i>butalbital-aspirin-caffeine</i> TABS	QL (60 tabs per 30 days)
NSAIDS	
<i>diclofenac potassium</i>	
<i>diclofenac sodium</i> TB24; TBEC	
<i>diflunisal</i>	
<i>etodolac</i>	
<i>flurbiprofen</i>	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	
<i>ketorolac tromethamine</i> TABS	QL (20 tabs per 5 days)
<i>meloxicam</i>	
<i>nabumetone</i>	
<i>naproxen</i>	
<i>naproxen sodium</i> TABS 275mg, 550mg	
<i>oxaprozin</i>	
<i>sulindac</i>	
NSAIDS, TOPICAL	
<i>diclofenac gel 1%</i>	QL (500 gm / 30 days)
OPIOID ANALGESICS	
<i>acetaminophen w/ codeine</i>	QL (400 tabs per 30 days)
<i>acetaminophen w/ codeine solution</i>	QL (5000 ml per 30 days)
<i>fentanyl</i>	QL (15 patches per 30 days)
<i>hydrocodone-acetaminophen</i> SOLN	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen</i> TABS	QL (370 tabs per 30 days); GENERIC NORCO ONLY
<i>hydromorphone hcl</i>	QL (180 tabs per 30 days)
<i>methadone hcl</i> 5mg	QL (90 tabs per 30 days)
<i>methadone hcl</i> 10mg	QL (180 tabs per 30 days)
<i>morphine sulfate controlled-release</i> 15mg, 30mg, 100mg	QL (90 tabs per 30 days)

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step Therapy
 AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy
 OTC – Over the Counter

Drug Name	Requirements/Limits
<i>morphine sulfate controlled-release</i> 60mg, 200mg	QL (60 tabs per 30 days)
<i>morphine sulfate sol</i> 100/5ml	QL (180 ml per 30 days)
<i>morphine sulfate solution</i>	QL (900 ml per 30 days)
<i>morphine sulfate suppositories</i>	QL (180 units per 30 days)
<i>morphine sulfate tab</i>	QL (180 tabs per 30 days)
<i>oxycodone hcl</i> CAPS	QL (180 caps per 30 days)
<i>oxycodone hcl</i> CONC	QL (180 ml per 30 days)
<i>oxycodone hcl</i> SOLN	QL (900 ml per 30 days)
<i>oxycodone hcl</i> TABS	QL (180 tabs per 30 days)
<i>oxycodone w/ acetaminophen</i> SOLN	QL (900 mL / 30 days)
<i>oxycodone w/ acetaminophen</i> TABS	QL (370 tabs per 30 days); GENERIC PERCOCET ONLY
<i>oxycodone-aspirin</i>	QL (240 tabs per 30 days)
<i>tramadol hcl</i>	QL (240 tabs per 30 days)
<i>tramadol hcl ext-rel</i> CP24 100mg, 200mg, 300mg	QL (30 caps per 30 days)
TRAMADOL HCL EXT-REL CP24 150mg	QL (30 caps per 30 days)
<i>tramadol hcl ext-rel</i> TB24	QL (30 tabs per 30 days)
<i>tramadol-acetaminophen</i>	QL (40 tabs per 30 days)

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ	PA, QL (60 tabs / 30 days)
XELJANZ XR 11mg	PA, QL (60 tabs / 30 days)
XELJANZ XR 22mg	PA, QL (30 tabs / 30 days)

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA	PA, QL (2 syringes / 28 days)
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>indomethacin</i> CAPS 25mg	QL (240 caps / 30 days)
<i>indomethacin</i> CAPS 50mg	QL (120 caps / 30 days)
<i>indomethacin</i> CPCR	QL (60 caps / 30 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

ANALGESICS - OPIOID

OPIOID PARTIAL AGONISTS

SUBLOCADE	QL (1 syringe / 30 days)
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ANTHELMINTICS

ANTHELMINTICS

EMVERM	QL (6 tabs / 21 days)
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ANTI-INFECTIVES

AMINOGLYCOSIDES

<i>amikacin sulfate</i>	
<i>gentamicin sulfate inj</i>	

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Drug Name	Requirements/Limits
<i>neomycin sulfate</i>	
<i>streptomycin sulfate</i>	
<i>tobramycin inj</i>	
ANTIBACTERIALS, CARBAPENEMS	
DORIBAX	
<i>imipenem-cilastatin</i>	
INVANZ	
<i>meropenem</i>	
ANTIBACTERIALS, CEPHALOSPORIN COMBINATIONS	
ZERBAXA	PA; SP
ANTIBACTERIALS, CEPHALOSPORINS 1ST GEN	
<i>cefadroxil</i>	
<i>cefazolin sodium</i>	
<i>cephalexin</i>	
ANTIBACTERIALS, CEPHALOSPORINS, 2ND GEN	
CEFOTETAN DISODIUM	
CEFOTETAN/DEXTROSE	
<i>cefoxitin sodium SOLN</i>	
CEFOXITIN SODIUM SOLR	
<i>cefoxitin sodium SOLR 1gm, 2gm, 10gm</i>	
<i>cefprozil</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	
ANTIBACTERIALS, CEPHALOSPORINS, 3RD GEN	
<i>cefdinir</i>	
<i>cefotaxime sodium</i>	
<i>ceftazidime</i>	
<i>ceftriaxone</i>	
<i>ceftriaxone sodium</i>	
ANTIBACTERIALS, CEPHALOSPORINS, 4TH GEN	
<i>cefepime</i>	
<i>cefepime/dextrose</i>	
ANTIBACTERIALS, CEPHALOSPORINS, 5TH GEN	
TEFLARO	PA
ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES	
<i>azithromycin</i>	
<i>azithromycin inj 2.5gm</i>	
<i>clarithromycin</i>	
<i>clarithromycin ext-rel</i>	
ERYTHROCIN LACTOBIONATE	
<i>erythromycin base</i>	
<i>erythromycin base ext-rel</i>	
<i>erythromycin stearate</i>	

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Drug Name	Requirements/Limits
ANTIBACTERIALS, FLUOROQUINOLONES	
AVELOX INJ	
<i>ciprofloxacin</i>	
<i>ciprofloxacin hcl tab</i>	
<i>ciprofloxacin in d5w</i>	
<i>levofloxacin SOLN 25mg/ml</i>	
<i>levofloxacin TABS</i>	
<i>levofloxacin in d5w</i>	
ANTIBACTERIALS, PENICILLINS	
<i>amoxicillin</i>	
<i>amoxicillin & potassium clavulanate</i>	
<i>amoxicillin/potassium clavulanate</i>	
<i>ampicillin</i>	
<i>ampicillin & sulbactam sodium</i>	
<i>ampicillin sodium inj</i>	
BICILLIN C-R	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium inj</i>	
<i>oxacillin sodium inj</i>	
<i>penicillin g potassium</i>	
<i>penicillin g procaine</i>	
<i>penicillin v potassium</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
ZOSYN	
ANTIBACTERIALS, SULFONAMIDES	
<i>sulfamethoxazole-trimethoprim</i>	
<i>sulfamethoxazole-trimethoprim ds</i>	
ANTIBACTERIALS, TETRACYCLINES	
<i>doxycycline (monohydrate) susp</i>	MEMBERS <7 YEARS OF AGE COVERED WITH AN APPROPRIATE LYME DISEASE DIAGNOSIS
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	MEMBERS <7 YEARS OF AGE COVERED WITH AN APPROPRIATE LYME DISEASE DIAGNOSIS
<i>doxycycline hyclate for inj 100 mg</i>	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	MEMBERS <7 YEARS OF AGE COVERED WITH AN APPROPRIATE LYME DISEASE DIAGNOSIS
<i>tetracycline hcl</i>	AGE: NOT COVERED LESS THAN 8 YEARS OF AGE

Drug Name	Requirements/Limits
ANTIFUNGALS	
<i>clotrimazole troche 10 mg</i>	
<i>fluconazole</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap</i>	PA, QL (120 caps per 30 days)
<i>nystatin</i>	
<i>nystatin (mouth-throat)</i>	
<i>terbinafine hcl tab</i>	QL (90 tabs per 365 days)
<i>voriconazole</i>	PA
ANTIMALARIALS	
<i>atovaquone-proguanil hcl</i>	QL (23 tabs per 180 days)
<i>chloroquine phosphate</i>	QL (8 tabs per 180 days)
<i>mefloquine hcl</i>	QL (8 tabs per 180 days)
ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS	
TYBOST	QL (30 tabs per 30 days)
ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS	
COMPLERA	QL (30 tabs per 30 days)
EVOTAZ	QL (30 tabs per 30 days)
PREZCOBIX	QL (30 tabs per 30 days)
STRIBILD	QL (30 tabs per 30 days)
TRIUMEQ	QL (30 tabs per 30 days)
TRUVADA	QL (30 tabs per 30 days)
ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS	
SELZENTRY SOLN	QL (1840 mL / 30 days)
SELZENTRY TABS 25mg	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg, 150mg, 300mg	QL (60 tabs / 30 days)
ANTIRETROVIRALS, INTEGRASE INHIBITORS	
ISENTRESS 25mg	QL (120 tabs per 30 days)
ISENTRESS 100mg	QL (60 tabs per 30 days)
ISENTRESS HD	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	QL (60 packets per 30 days)
ISENTRESS TAB 400MG	QL (60 tabs per 30 days)
TIVICAY	
ANTIRETROVIRALS, PROTEASE INHIBITORS	
APTIVUS CAP 250MG	QL (120 caps per 30 days)
APTIVUS SOL	QL (285 ml per 22 days)
CRIXIVAN 200mg	QL (180 caps per 30 days)
CRIXIVAN 400mg	QL (120 caps per 30 days)
INVIRASE CAP 200MG	QL (300 caps per 30 days)
INVIRASE TAB 500MG	QL (120 tabs per 30 days)

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
KALETRA SOL	QL (480 ml per 30 days)
KALETRA TAB 100-25MG	QL (300 tabs per 30 days)
KALETRA TAB 200-50MG	QL (120 tabs per 30 days)
LEXIVA SUS 50MG/ML	QL (840 ml per 30 days)
LEXIVA TAB 700MG	QL (120 tabs per 30 days)
NORVIR CAP 100MG	QL (360 caps per 30 days)
NORVIR SOL 80MG/ML	QL (480 ml per 30 days)
NORVIR TAB 100MG	QL (180 tabs per 30 days)
PREZISTA SUSP	QL (240 ml per 30 days)
PREZISTA TABS 75mg	QL (150 tabs per 30 days)
PREZISTA TABS 150mg	QL (180 tabs per 30 days)
PREZISTA TABS 600mg	QL (60 tabs per 30 days)
PREZISTA TABS 800mg	QL (30 tabs per 30 days)
REYATAZ 150mg, 300mg	QL (30 caps per 30 days)
REYATAZ 200mg	QL (60 caps per 30 days)

ANTIRETROVIRALS, REVERSE TRANSCRIPTASE INHIBITORS - NON-NUCLEOSIDE

EDURANT	QL (30 tabs per 30 days)
INTELENCE 25mg, 100mg	QL (180 tabs per 30 days)
INTELENCE 200mg	QL (60 tabs per 30 days)
<i>nevirapine</i> SUSP	QL (1200 ml per 30 days)
<i>nevirapine</i> TABS	QL (60 tabs per 30 days)
<i>nevirapine tab 100 mg ext-rel</i>	QL (90 tabs per 30 days)
<i>nevirapine tab 400mg ext-rel</i>	QL (60 tabs per 30 days)
RESCRIPTOR	QL (360 tabs per 30 days)
SUSTIVA CAPS	QL (60 caps per 30 days)
SUSTIVA TABS	QL (30 tabs per 30 days)

ANTIRETROVIRALS, REVERSE TRANSCRIPTASE INHIBITORS - NUCLEOSIDE

<i>didanosine</i> 125mg, 200mg	QL (60 caps per 30 days)
<i>didanosine</i> 250mg, 400mg	QL (30 caps per 30 days)
EMTRIVA CAP 200MG	QL (30 caps per 30 days)
EMTRIVA SOLN	QL (680 ml per 30 days)
RETROVIR IV INFUSION	
<i>stavudine cap</i>	QL (60 caps per 30 days)
<i>stavudine soln</i>	QL (2400 ml per 30 days)
VIDEX PEDIATRIC SOLN 2gm	QL (360 ml per 30 days)
VIDEX PEDIATRIC SOLN 4gm	QL (480 ml per 30 days)
<i>zidovudine tab 300 mg</i>	QL (60 tabs per 30 days)

ANTIRETROVIRALS, REVERSE TRANSCRIPTASE INHIBITORS - NUCLEOTIDE

VIREAD POWD	QL (240 gm per 30 days)
VIREAD TABS	QL (30 tabs per 30 days)

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Drug Name	Requirements/Limits
ANTITUBERCULAR AGENTS	
<i>ethambutol hcl</i>	
<i>isoniazid</i>	
<i>pyrazinamide</i>	
<i>rifampin</i>	
ANTIVIRALS, CMV AGENTS	
<i>cidofovir</i>	
CYTOVENE	
<i>foscarnet sodium</i>	
<i>valganciclovir hcl</i>	QL (1000 mL / 30 days)
<i>valganciclovir hcl tab 450 mg</i>	
ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS B	
<i>adefovir dipivoxil</i>	
BARACLUDE SOL .05MG/ML	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	QL (30 tabs per 30 days)
ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS C	
MAVYRET	PA, QL (84 tabs / 28 days); SP
<i>ribavirin</i>	PA; SP; DS
ANTIVIRALS, HERPES AGENTS	
<i>acyclovir cap 200 mg</i>	
<i>acyclovir suspension 200 mg/5ml</i>	
<i>acyclovir tab 400 mg</i>	
<i>acyclovir tab 800mg</i>	
<i>famciclovir</i>	
<i>valacyclovir hcl</i>	
ANTIVIRALS, INFLUENZA AGENTS	
<i>oseltamivir phosphate 30mg, 75mg</i>	QL (28 caps / 180 days)
<i>oseltamivir phosphate 45mg</i>	QL (14 caps / 180 days)
TAMIFLU	QL (180 mL / 180 days)
TAMIFLU SUS 6MG/ML	QL (180 ml per 180 days)
MISCELLANEOUS	
<i>atovaquone</i>	
<i>aztreonam</i>	
AZTREONAM IN DEXTROSE INJ	
<i>bacitracin SOLR</i>	
<i>chloramphenicol sodium succinate</i>	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate inj</i>	
<i>colistimethate sodium inj</i>	
CUBICIN	

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Drug Name	Requirements/Limits
<i>dapsone</i>	
<i>erythromycin-sulfisoxazole</i>	
<i>ivermectin</i>	
<i>linezolid</i>	PA
<i>metronidazole CAPS</i>	
<i>metronidazole TABS</i>	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	
<i>metronidazole inj</i>	
NEUTREXIN	
<i>nitrofurantoin</i>	PA, QL (90 ml per 365 days); HRM
<i>nitrofurantoin macrocrystal</i>	PA, QL (90 caps per 365 days); HRM
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	PA, QL (90 caps per 365 days); HRM
PENTAM 300	
<i>polymyxin b sulfate</i>	
<i>rifabutin cap 150 mg</i>	
SYNERCID	
<i>trimethoprim</i>	
TYGACIL	
<i>vancomycin hcl</i>	QL (80 caps / 10 days)
<i>vancomycin hcl in dextrose inj</i>	
<i>vancomycin inj SOLR</i>	
VIBATIV	
ZYVOX SUS 100MG/5M	PA

ANTIADRENERGIC ANTIHYPERTENSIVES

ANTIADRENERGICS - PERIPHERALLY ACTING

prazosin hcl

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

STEROID INHALANTS

QVAR REDIHALER

QL (10.6 gm / 30 days)

SYMPATHOMIMETICS

BREO ELLIPTA

QL (30 blisters / 30 days)

ANTIDIABETICS

ANTIDIABETIC COMBINATIONS

alogliptin-metformin hcl

QL (60 tabs / 30 days)

alogliptin-pioglitazone

QL (30 tabs / 30 days)

SOLIQUA 100/33

ST

DIABETIC OTHER

BAQSIMI ONE PACK

QL (2 ea / 30 days)

BAQSIMI TWO PACK

QL (2 ea / 30 days)

Drug Name	Requirements/Limits
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>alogliptin benzoate</i>	QL (30 tabs / 30 days)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	
OZEMPIC	ST
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
JARDIANCE	PA
ANTIHYPERLIPIDEMICS	
ANTIHYPERLIPIDEMICS - MISC.	
VASCEPA	
HMG COA REDUCTASE INHIBITORS	
<i>rosuvastatin calcium tab 5 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	QL (30 tabs / 30 days)
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
ALKERAN	
BICNU	
BUSULFEX	
<i>carboplatin</i>	
<i>cisplatin</i>	
<i>cyclophosphamide</i>	
<i>cyclophosphamide cap 25 mg</i>	
<i>cyclophosphamide cap 50 mg</i>	
<i>dacarbazine</i>	
EMCYT	
GLEOSTINE	
GLIADEL WAFER	
HEXALEN	
IFEX	
<i>ifosfamide</i>	
LEUKERAN	
LOMUSTINE CAP 5 MG	
<i>melphalan hcl</i>	
MUSTARGEN	
MYLERAN	
<i>oxaliplatin</i>	
<i>temozolomide</i>	PA; SP
TREANDA	PA; SP
ZANOSAR	
ANTIMETABOLITES	
ALIMTA	

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 OTC – Over the Counter

Drug Name	Requirements/Limits
<i>capecitabine</i> 150mg	PA, QL (120 tabs / 30 days); SP
<i>capecitabine</i> 500mg	PA, QL (300 tabs / 30 days); SP
<i>cladribine</i>	
CLOLAR	
<i>cytarabine</i>	
<i>floxuridine</i>	
<i>fludarabine phosphate</i>	
<i>fluorouracil</i>	
FOLOTYN	PA; SP
<i>gemcitabine hcl</i>	
<i>mercaptopurine</i>	
<i>methotrexate sodium</i>	
TABLOID	
TREXALL	

HORMONAL ANTINEOPLASTICS, ANTIANDROGENS

<i>bicalutamide</i>	
<i>flutamide</i>	
<i>nilutamide</i>	
ZYTIGA	PA, QL (120 tabs / 30 days); SP

HORMONAL ANTINEOPLASTICS, ANTIESTROGENS

FARESTON	
FASLODEX	PA
SOLTAMOX	
<i>tamoxifen citrate</i>	

HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS

<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	

HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

ELIGARD	SP; All females need PA. Only males <20 need PA
<i>leuprolide acetate</i>	SP; All females need PA. Only males <20 need PA
LUPRON DEPOT (1-MONTH)	SP; All females need PA. Only males <20 need PA
LUPRON DEPOT (3-MONTH)	SP; All females need PA. Only males <20 need PA
LUPRON DEPOT (4-MONTH)	SP; All females need PA. Only males <20 need PA

Drug Name	Requirements/Limits
LUPRON DEPOT (6-MONTH)	SP; All females need PA. Only males <20 need PA
TRELSTAR	PA; SP
TRELSTAR MIXJECT	PA; SP
VANTAS	PA; SP

HORMONAL ANTINEOPLASTICS, PROGESTINS

megestrol acetate SUSP; TABS

IMMUNOMODULATORS

REVLIMID 2.5mg, 5mg, 10mg	PA, QL (28 caps / 28 days); SP
REVLIMID 15mg, 20mg, 25mg	PA, QL (21 caps / 28 days); SP

KINASE INHIBITORS

AFINITOR	PA, QL (30 tabs / 30 days); SP
CABOMETYX	PA, QL (30 tabs / 30 days); SP
CAPRELSA 100mg	PA, QL (60 tabs / 30 days); SP
CAPRELSA 300mg	PA, QL (30 tabs / 30 days); SP
COMETRIQ	PA, QL (112 caps / 28 days); SP
COMETRIQ	PA, QL (56 caps / 28 days); SP
COMETRIQ 20mg	PA, QL (84 caps per 28 days); SP
GILOTRIF	PA, QL (30 tabs / 30 days); SP
IBRANCE	PA, QL (21 caps / 28 days); SP
<i>imatinib mesylate</i> 100mg	PA, QL (90 tabs / 30 days); SP
<i>imatinib mesylate</i> 400mg	PA, QL (60 tabs / 30 days); SP
IMBRUVICA CAPS 70mg	PA, QL (30 caps / 30 days)
IMBRUVICA CAPS 140mg	PA, QL (120 caps / 30 days); SP
IMBRUVICA TABS	PA, QL (30 tabs / 30 days)
INLYTA 1mg	PA, QL (180 tabs / 30 days); SP
INLYTA 5mg	PA, QL (120 tabs / 30 days); SP
JAKAFI	PA, QL (60 tabs / 30 days); SP

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Drug Name	Requirements/Limits
LENVIMA	PA, QL (90 ea / 30 days); SP
LENVIMA 10mg	PA, QL (30 ea / 30 days); SP
LENVIMA 10mg	PA, QL (60 ea / 30 days); SP
LENVIMA 4 MG DAILY DOSE	PA, QL (30 ea / 30 days)
LENVIMA 12MG DAILY DOSE	PA, QL (90 ea / 30 days)
MEKINIST 2mg	PA, QL (30 tabs / 30 days); SP
MEKINIST .5mg	PA, QL (90 tabs / 30 days); SP
NEXAVAR	PA, QL (120 tabs / 30 days); SP
STIVARGA	PA, QL (84 tabs / 28 days); SP
SUTENT	PA, QL (30 caps / 30 days); SP
TAFINLAR	PA, QL (120 caps / 30 days); SP
TARCEVA 25mg	PA, QL (60 tabs / 30 days); SP
TARCEVA 100mg, 150mg	PA, QL (30 tabs / 30 days); SP
TORISEL	PA; SP
TYKERB	PA, QL (180 tabs / 30 days); SP
VOTRIENT	PA, QL (120 tabs / 30 days); SP
XALKORI	PA; SP
ZELBORAF	PA, QL (240 tabs / 30 days); SP
ZYDELIG	PA, QL (60 tabs / 30 days); SP
ZYKADIA CAPS	PA, QL (150 caps / 30 days); SP
ZYKADIA TABS	PA, QL (90 tabs / 30 days)

MISCELLANEOUS

ABRAXANE	
ADCETRIS	PA; SP
<i>amifostine</i>	
ARRANON	
ARZERRA	PA; SP
AVASTIN	PA; SP
<i>bexarotene cap 75 mg</i>	PA; SP

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Drug Name	Requirements/Limits
<i>bleomycin sulfate</i>	
COSMEGEN	
<i>daunorubicin hcl</i>	
DAUNOXOME	
<i>dexrazoxane</i>	
<i>docefrez</i>	
<i>docetaxel</i>	
<i>doxorubicin hcl</i>	
<i>doxorubicin hcl liposomal</i>	
ELITEK	
<i>epirubicin hcl</i>	
ERBITUX	PA; SP
ERIVEDGE	PA, QL (30 caps / 30 days); SP
ETOPOPHOS	
<i>etoposide</i>	
FARYDAK	PA, QL (6 caps / 21 days); SP
HALAVEN	PA; SP
HERCEPTIN	PA; SP
<i>hydroxyurea</i>	
<i>idarubicin hcl</i>	
ISTODAX	PA; SP
IXEMPRA KIT	PA; SP
JEVTANA	PA; SP
LEUCOVORIN CALCIUM SOLN	
<i>leucovorin calcium</i> TABS	
<i>leucovorin calcium for inj</i> 50mg, 100mg, 200mg, 350mg	
LEUCOVORIN CALCIUM FOR INJ 500mg	
<i>levoleucovorin calcium</i>	PA; SP
LYNPARZA CAPS	PA, QL (480 caps / 30 days); SP
LYNPARZA TABS 100mg	PA, QL (180 tabs / 30 days)
LYNPARZA TABS 150mg	PA, QL (120 tabs / 30 days)
LYSODREN	
MATULANE	
<i>mesna</i>	
MESNEX	
METASTRON	
<i>mitomycin</i>	
<i>mitoxantrone hcl</i>	
NIPENT	
ONCASPAR	PA; SP

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Drug Name	Requirements/Limits
<i>paclitaxel</i>	
PHOTOFRIN	
QUADRAMET	
TENIPOSIDE	
THERACYS	
TICE BCG	
TOTECT	
<i>tretinoin (chemotherapy)</i>	
TRISENOX	
UVADEX	
VALSTAR	PA; SP
VECTIBIX	PA; SP
VELCADE	PA; SP
VENCLEXTA 10mg, 50mg	PA, QL (120 tabs / 30 days); SP
VENCLEXTA 100mg	PA, QL (180 tabs / 30 days); SP
VENCLEXTA STARTING PACK	PA; SP
<i>vinblastine sulfate</i>	
<i>vincristine sulfate</i>	
<i>vinorelbine tartrate</i>	
YERVOY	PA; SP
ZEVALIN Y-90	
ZOLINZA	PA, QL (120 caps / 30 days); SP

TOPOISOMERASE INHIBITORS

CAMPTOSAR	
HYCAMTIN	PA; SP
<i>irinotecan hcl</i>	
<i>topotecan hcl</i>	

ANTINEOPLASTIC ENZYME INHIBITORS

POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS

RUBRACA	PA, QL (120 tabs / 30 days); SP
RYDAPT	PA, QL (224 caps / 28 days); SP
ZEJULA	PA, QL (90 caps / 30 days); SP

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA	PA, QL (240 caps / 30 days)
CALQUENCE	PA, QL (60 caps / 30 days)
IDHIFA	PA, QL (30 tabs / 30 days)
LORBRENA 25mg	PA, QL (90 tabs / 30 days)

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Drug Name	Requirements/Limits
LORBRENA 100mg	PA, QL (30 tabs / 30 days)
VITRAKVI CAPS 25mg	PA, QL (180 caps / 30 days)
VITRAKVI CAPS 100mg	PA, QL (60 caps / 30 days)
VITRAKVI SOLN	PA, QL (300 mL / 30 days)

ANTIRETROVIRALS

ANTIRETROVIRAL COMBINATIONS

DESCOVY	QL (30 tabs / 30 days)
ODEFSEY	QL (30 tabs / 30 days)

ANTIVIRALS

ANTIRETROVIRALS

BIKTARVY	QL (30 tabs / 30 days)
DOVATO	QL (30 tabs / 30 days)
GENVOYA	QL (30 tabs / 30 days)
JULUCA	QL (30 tabs / 30 days)
SYMFI	QL (30 tabs / 30 days)
SYMFI LO	QL (30 tabs / 30 days)
TROGARZO	

CARDIOVASCULAR

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine besylate-benazepril hcl

ACE INHIBITOR/DIURETIC COMBINATIONS

benazepril & hydrochlorothiazide

captopril & hydrochlorothiazide

enalapril maleate & hydrochlorothiazide

fosinopril sodium & hydrochlorothiazide

lisinopril & hydrochlorothiazide

quinapril-hydrochlorothiazide

ACE INHIBITORS

benazepril hcl

captopril

enalapril maleate

fosinopril sodium

lisinopril

quinapril hcl

ramipril

trandolapril

ADRENOLYTICS, CENTRAL

clonidine

clonidine hcl

guanfacine hcl

ALDOSTERONE RECEPTOR ANTAGONISTS

eplerenone

spironolactone

Drug Name	Requirements/Limits
ALPHA BLOCKERS	
<i>doxazosin mesylate</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS	
<i>irbesartan-hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium</i>	
<i>valsartan 40mg, 80mg, 160mg</i>	QL (30 tabs per 30 days)
<i>valsartan 320mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl</i>	
<i>disopyramide phosphate</i>	
<i>flecainide acetate</i>	
NORPACE CR	
<i>propafenone hcl</i>	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/afl)</i>	
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine</i>	
<i>cholestyramine light</i>	
<i>colestipol hcl</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe</i>	ST, QL (30 tabs / 30 days)
ANTILIPEMICS, FIBRATES	
<i>fenofibrate</i>	
<i>fenofibrate micronized</i>	
<i>gemfibrozil</i>	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS	
<i>atorvastatin calcium</i>	
<i>lovastatin</i>	
<i>pravastatin sodium</i>	
<i>simvastatin</i>	
ANTILIPEMICS, NIACINS/COMBINATIONS	
<i>niacin (antihyperlipidemic) 500mg</i>	QL (30 tabs per 30 days)
<i>niacin (antihyperlipidemic) 750mg, 1000mg</i>	

Drug Name	Requirements/Limits
ANTILIPEMICS, PCSK9 INHIBITORS	
REPATHA	PA, QL (2 syringes / 28 days)
REPATHA PUSHTRONEX SYSTEM	PA, QL (1 cartridge / 28 days)
REPATHA SURECLICK 140mg/ml	PA, QL (2 pens / 23 days)
REPATHA SURECLICK 140mg/ml	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	
BETA-BLOCKERS	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
BYSTOLIC	QL (30 tabs per 30 days)
<i>carvedilol</i>	
<i>labetalol hcl</i>	
<i>metoprolol succinate</i>	QL (30 tabs per 30 days)
<i>metoprolol tartrate</i>	75 mg STRENGTH NOT COVERED
<i>nadolol 20mg, 80mg</i>	
<i>nadolol 40mg</i>	QL (30 tabs per 30 days)
<i>pindolol</i>	
<i>propranolol hcl</i>	
<i>timolol maleate</i> TABS	
CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES	
<i>amlodipine besylate</i>	
<i>felodipine</i>	
<i>nifedipine</i>	PA
<i>nifedipine ext-rel</i>	
CALCIUM CHANNEL BLOCKERS, NON DIHYDROPYRIDINES	
<i>diltiazem hcl</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil ext-rel hcl</i>	
DIGITALIS GLYCOSIDES	
<i>digoxin</i>	
LANOXIN	
DIURETICS	
<i>amiloride & hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>bumetanide</i>	
<i>chlorthalidone</i>	

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Drug Name	Requirements/Limits
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>torseamide</i>	
<i>triamterene & hydrochlorothiazide</i>	
MISCELLANEOUS	
<i>hydralazine hcl</i>	
<i>methyldopa</i>	
<i>midodrine hcl</i>	
NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
ENTRESTO	
NITRATE/VASODILATOR COMBINATIONS	
BIDIL	
NITRATES, ORAL	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
<i>nitroglycerin</i> CPCR	
NITRATES, SUBLINGUAL/TRANSLINGUAL	
NITROSTAT	
NITRATES, TRANSDERMAL	
<i>nitroglycerin</i> PT24	
PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONIST	
<i>ambrisentan</i>	PA, QL (30 tabs / 30 days)
PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITOR	
<i>sildenafil citrate (pulmonary hypertension)</i>	PA; SP
PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONIST	
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1400mcg, 1600mcg	PA, QL (60 tabs / 90 days); SP
UPTRAVI TABS 1000mcg	PA; SP
UPTRAVI TBPK	PA, QL (60 tabs / 90 days); SP
PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS	
<i>epoprostenol sodium</i>	PA; SP
REMODULIN	PA; SP
TYVASO STARTER	PA, QL (28 ampules / 28 days); SP

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Drug Name	Requirements/Limits
VENTAVIS	PA; SP
SINUS NODE INHIBITORS	
CORLANOR SOLN	
CORLANOR TABS	QL (60 tabs per 30 days)
CARDIOVASCULAR AGENTS - MISC.	
PROSTAGLANDIN VASODILATORS	
ORENITRAM	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
OPSUMIT	PA, QL (30 tabs / 30 days)
CENTRAL NERVOUS SYSTEM	
ANTI-ANXIETY, BENZODIAZEPINES	
<i>alprazolam 2mg</i>	QL (60 tabs per 30 days)
<i>alprazolam .25mg, .5mg, 1mg</i>	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	QL (60 tabs per 30 days)
<i>chlordiazepoxide hcl</i>	ST; AGE (65 and over)
<i>clonazepam</i>	
<i>diazepam</i>	ST, QL (1200 ml per 30 days); AGE (65 and older)
<i>diazepam tab 2mg</i>	ST, PA, QL (120 tabs per 30 days); PA REQUIRED 65 AND OLDER
<i>diazepam tab 5 mg</i>	ST, PA, QL (120 tabs per 30 days); PA REQUIRED 65 AND OLDER
<i>diazepam tab 10 mg</i>	ST, PA, QL (120 tabs per 30 days); PA REQUIRED 65 AND OLDER
<i>lorazepam</i>	QL (150 tabs per 30 days)
<i>lorazepam 2mg/ml</i>	QL (90 ml per 30 days)
<i>oxazepam</i>	QL (120 caps per 30 days)
ANTI-ANXIETY, MISCELLANEOUS	
<i>bupirone hcl</i>	
<i>clomipramine hcl 25mg</i>	QL (90 caps per 30 days)
<i>clomipramine hcl 50mg</i>	QL (90 caps per 30 days); AGE (0-64) QL 150 per 30 days, AGE (65 and over) QL 90 per 30 days

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Drug Name	Requirements/Limits
<i>clomipramine hcl 75mg</i>	QL (60 caps per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 60 per 30 days

fluvoxamine maleate

ANTICONVULSANTS

carbamazepine

carbamazepine ext-rel

diazepam rectal gel

DILANTIN

DILANTIN INFATABS

divalproex sodium

ethosuximide

gabapentin CAPS 100mg QL (1080 caps per 30 days)

gabapentin CAPS 300mg QL (360 caps per 30 days)

gabapentin CAPS 400mg QL (270 caps per 30 days)

gabapentin TABS 600mg QL (180 tabs per 30 days)

gabapentin TABS 800mg QL (120 tabs per 30 days)

gabapentin oral solution 250 mg/5ml QL (2100 ml per 30 days)

lamotrigine

levetiracetam

oxcarbazepine

phenobarbital

phenytoin

phenytoin sodium extended

primidone

SABRIL PACK PA, QL (180 packets / 30
days); SP

SABRIL TABS PA, QL (180 tabs / 30
days); SP

TEGRETOL

TEGRETOL-XR

tiagabine hcl

topiramate

valproate sodium

valproic acid

ZARONTIN

zonisamide PA

ANTIDEMENTIA

donepezil hydrochloride

galantamine hydrobromide

memantine hcl tab 5 mg ST, QL (120 tabs per 30
days)

Drug Name	Requirements/Limits
<i>memantine hcl tab 10 mg</i>	ST, QL (60 tabs per 30 days)
NAMENDA SOL 10MG/5ML	ST, QL (300 ml per 30 days)
NAMENDA TITRATION PAK	ST
<i>rivastigmine</i>	PA
<i>rivastigmine tartrate</i>	PA

ANTIDEPRESSANTS, MAOIS

MARPLAN	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	

ANTIDEPRESSANTS, MISCELLANEOUS

<i>bupropion hcl</i> TABS	
<i>bupropion hcl</i> TB12 100mg	QL (120 tabs / 30 days)
<i>bupropion hcl</i> TB12 150mg, 200mg	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24	
<i>mirtazapine</i>	
<i>trazodone hcl</i>	

ANTIDEPRESSANTS, SNRIS

<i>duloxetine hcl</i>	PA
<i>venlafaxine hcl</i>	
<i>venlafaxine hcl ext-rel</i> CP24	QL (30 caps per 30 days)
<i>venlafaxine hcl ext-rel</i> TB24	QL (30 tabs per 30 days)

ANTIDEPRESSANTS, SSRIS

<i>citalopram hydrobromide</i>	
<i>escitalopram oxalate</i> SOLN	
<i>escitalopram oxalate</i> TABS 5mg, 20mg	QL (30 tabs per 30 days)
<i>escitalopram oxalate</i> TABS 10mg	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i>	
<i>paroxetine hcl</i>	
<i>sertraline hcl</i>	

ANTIDEPRESSANTS, TCAS

<i>amitriptyline hcl</i> 10mg	QL (90 tabs per 30 days)
<i>amitriptyline hcl</i> 25mg	QL (60 tabs per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 60 per 30 days
<i>amitriptyline hcl</i> 50mg	QL (30 tabs per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>amitriptyline hcl</i> 75mg	QL (60 tabs per 30 days); AGE (0-64)
<i>amitriptyline hcl</i> 100mg, 150mg	QL (30 tabs per 30 days); AGE (0-64)

Drug Name	Requirements/Limits
<i>desipramine hcl</i> 10mg, 25mg	QL (90 tabs per 30 days)
<i>desipramine hcl</i> 50mg, 75mg	QL (60 tabs per 30 days)
<i>desipramine hcl</i> 100mg	QL (30 tabs per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>desipramine hcl</i> 150mg	QL (30 tabs per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	QL (90 caps per 30 days)
<i>doxepin hcl</i> CAPS 75mg	QL (60 caps per 30 days)
<i>doxepin hcl</i> CAPS 100mg	QL (30 caps per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>doxepin hcl</i> CAPS 150mg	QL (30 caps per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>doxepin hcl</i> CONC	QL (450 ml per 30 days); AGE (0-64) QL 900ml per 30 days, AGE (65 and over) QL 450ml per 30 days
<i>imipramine hcl</i> 10mg, 25mg	QL (90 tabs per 30 days)
<i>imipramine hcl</i> 50mg	QL (60 tabs per 30 days); AGE (0-64) QL 120 per 30 days, AGE (65 and over) QL 60 per 30 days
<i>nortriptyline hcl</i> CAPS 10mg, 25mg	QL (90 caps per 30 days)
<i>nortriptyline hcl</i> CAPS 50mg	QL (60 caps per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 60 per 30 days
<i>nortriptyline hcl</i> CAPS 75mg	QL (30 caps per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>nortriptyline hcl</i> SOLN	QL (1500 ml per 30 days)

ANTIPARKINSONIAN AGENTS

amantadine hcl

benztropine mesylate

bromocriptine mesylate

carbidopa-levodopa

carbidopa-levodopa-entacapone

PA - Prior Authorization **QL** - Quantity Limits **DS**- Day Supply Limits **ST** - Step
Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty
Pharmacy **OTC** – Over the Counter

Drug Name	Requirements/Limits
<i>entacapone</i>	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole hydrochloride</i> TABS	
<i>ropinirole hydrochloride</i> TB24	QL (30 tabs per 30 days)
<i>selegiline hcl</i>	
<i>trihexyphenidyl hcl</i>	

ANTIPSYCHOTICS, ATYPICALS

ABILIFY MAINTENA	QL (1 vial / 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)
<i>aripiprazole</i> 2mg	QL (120 tabs per 30 days)
<i>aripiprazole</i> 5mg, 10mg, 15mg, 20mg, 30mg	QL (30 tabs per 30 days)
<i>aripiprazole oral solution</i> 1 mg/ml	QL (750ml per 30 days); AGE: NOT COVERED OVER 11 YEARS OF AGE
ARISTADA	QL (1 kit / 30 days); AGE LIMIT: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)
ARISTADA INITIO	QL (1 injection / 30 days); AGE LIMIT: NOT COVERED LESS THAN 18 YEARS OF AGE
<i>clozapine</i> TABS 25mg	QL (1080 tabs per 30 days)
<i>clozapine</i> TABS 50mg	QL (540 tabs per 30 days)
<i>clozapine</i> TABS 100mg	QL (270 tabs per 30 days)
<i>clozapine</i> TABS 200mg	QL (120 tabs per 30 days)
<i>clozapine</i> TBDP 12.5mg	QL (2160 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
<i>clozapine</i> TBDP 25mg	QL (1080 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
<i>clozapine</i> TBDP 100mg	QL (270 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
<i>clozapine</i> TBDP 150mg	QL (180 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE

Drug Name	Requirements/Limits
<i>clozapine</i> TBDP 200mg	QL (120 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
CLOZARIL 25mg	QL (1080 tabs per 30 days)
CLOZARIL 100mg	QL (270 tabs per 30 days)
INVEGA SUSTENNA	QL (1 vial / 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)
INVEGA TRINZA	ST, QL (1 ml per 90 days)
<i>olanzapine</i> 2.5mg	QL (240 tabs per 30 days)
<i>olanzapine</i> 5mg	QL (120 tabs per 30 days)
<i>olanzapine</i> 7.5mg, 10mg	QL (60 tabs per 30 days)
<i>olanzapine</i> 15mg, 20mg	QL (30 tabs per 30 days)
<i>olanzapine orally disintegrating tab</i>	QL (30 tabs per 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	PA, QL (30 tabs per 30 days)
<i>paliperidone</i> 6mg	PA, QL (60 tabs per 30 days)
PERSERIS	QL (1 ea / 30 days)
<i>quetiapine fumarate</i> 25mg	QL (960 tabs per 30 days)
<i>quetiapine fumarate</i> 50mg	QL (480 tabs per 30 days)
<i>quetiapine fumarate</i> 100mg	QL (240 tabs per 30 days)
<i>quetiapine fumarate</i> 200mg	QL (120 tabs per 30 days)
<i>quetiapine fumarate</i> 300mg, 400mg	QL (60 tabs per 30 days)
RISPERDAL CONSTA	QL (2 unit per 30 days)
<i>risperidone</i> SOLN	QL (480 ml per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6ML PER DAY
<i>risperidone</i> TABS 1mg	QL (480 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6 PER DAY
<i>risperidone</i> TABS 2mg	QL (240 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 3 PER DAY
<i>risperidone</i> TABS 3mg	QL (150 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 2 PER DAY

Drug Name	Requirements/Limits
<i>risperidone</i> TABS 4mg	QL (120 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 1 PER DAY
<i>risperidone</i> TABS .5mg	QL (960 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 12 PER DAY
<i>risperidone</i> TABS .25mg	QL (1920 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 24 PER DAY
<i>risperidone</i> TBDP 1mg	QL (480 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6 PER DAY
<i>risperidone</i> TBDP 2mg	QL (240 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 3 PER DAY
<i>risperidone</i> TBDP 3mg	QL (150 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 2 PER DAY
<i>risperidone</i> TBDP 4mg	QL (120 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 1 PER DAY
<i>risperidone</i> TBDP .5mg	QL (960 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 12 PER DAY
<i>risperidone</i> TBDP .25mg	QL (1920 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 24 PER DAY
<i>ziprasidone hcl</i> 20mg	QL (240 caps per 30 days)
<i>ziprasidone hcl</i> 40mg	QL (120 caps per 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	QL (60 caps per 30 days)
ZYPREXA RELPREVV 210mg, 300mg	QL (2 unit per 30 days)
ZYPREXA RELPREVV 405mg	QL (1 unit per 30 days)
ANTIPSYCHOTICS, MISCELLANEOUS	
<i>chlorpromazine hcl</i> 10mg	QL (3000 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step
Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty
Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
<i>chlorpromazine hcl</i> 25mg	QL (1200 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>chlorpromazine hcl</i> 50mg	QL (600 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>chlorpromazine hcl</i> 100mg	QL (300 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>chlorpromazine hcl</i> 200mg	QL (150 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine decanoate</i>	QL (5ml per 30 days)
<i>fluphenazine hcl</i> 1mg	QL (600 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine hcl</i> 2.5mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine hcl</i> 5mg	QL (120 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine hcl</i> 10mg	QL (60 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>haloperidol</i> 1mg	QL (450 tabs per 30 days)
<i>haloperidol</i> 2mg	QL (210 tabs per 30 days)
<i>haloperidol</i> 5mg	QL (90 tabs per 30 days)
<i>haloperidol</i> 10mg	QL (300 tabs per 30 days)
<i>haloperidol</i> 20mg	QL (150 tabs per 30 days)
<i>haloperidol</i> .5mg	QL (900 tabs per 30 days)
<i>haloperidol decanoate</i>	QL (2 ml per 30 days)
<i>haloperidol lactate</i> CONC	QL (1500 ml per 30 days)
<i>haloperidol lactate</i> SOLN	
<i>perphenazine</i> 2mg	QL (960 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>perphenazine</i> 4mg	QL (480 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>perphenazine</i> 8mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE

Drug Name	Requirements/Limits
<i>perphenazine</i> 16mg	QL (120 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 10mg	QL (2400 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 25mg	QL (960 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 50mg	QL (480 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 100mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 1mg	QL (1800 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 2mg	QL (900 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 5mg	QL (360 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 10mg	QL (180 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>trifluoperazine hcl</i> 1mg	QL (1200 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>trifluoperazine hcl</i> 2mg	QL (600 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>trifluoperazine hcl</i> 5mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>trifluoperazine hcl</i> 10mg	QL (120 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
ATTENTION DEFICIT HYPERACTIVITY DISORDER	
<i>amphetamine-dextroamphetamine cap sustained- rel 24hr 5 mg</i>	QL (90 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

Drug Name	Requirements/Limits
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 10 mg</i>	QL (90 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 15 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 25 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 30 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (30 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	ST, QL (120 caps / 30 days); NOT COVERED LESS THAN 6 YEARS OF AGE
<i>atomoxetine hcl 40mg, 60mg, 80mg, 100mg</i>	ST, QL (30 caps / 30 days); NOT COVERED LESS THAN 6 YEARS OF AGE
<i>dexmethylphenidate hcl 2.5mg, 5mg</i>	QL (120 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

Drug Name	Requirements/Limits
<i>dexmethylphenidate hcl 10mg</i>	QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate cap sustained-rel 24hr 5 mg</i>	QL (120 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate cap sustained-rel 24hr 10 mg</i>	QL (120 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate cap sustained-rel 24hr 15 mg</i>	QL (60 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (120 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (120 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>guanfacine hcl (adhd)</i>	ST; COVERED BETWEEN AGE 6-17 YEARS OF AGE
<i>methylphenidate hcl</i>	QL (180 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 10 mg</i>	QL (60 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 30 mg</i>	QL (60 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 40 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 50 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 60 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

Drug Name	Requirements/Limits
<i>methylphenidate hcl cap sustained-rel 24hr 30 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 40 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl solution 5 mg/5ml</i>	QL (1800 ml per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl solution 10 mg/5ml</i>	QL (900 ml per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> TB24 27mg, 54mg	QL (30 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> TB24 36mg	QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> TBCR 10mg, 20mg	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> TBCR 18mg	QL (30 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate tab 20mg ext-rel</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

FIBROMYALGIA

LYRICA 25mg, 50mg, 75mg, 150mg	PA, QL (90 caps per 30 days)
LYRICA 100mg, 200mg	PA, QL (90 caps / 30 days)
LYRICA 225mg	PA, QL (60 caps per 30 days)
LYRICA 300mg	PA, QL (60 caps / 30 days)
LYRICA SOLUTION 20MG/ML	PA, QL (900 ml per 30 days)

HUNTINGTON'S DISEASE AGENTS

<i>tetrabenazine</i> 12.5mg	PA, QL (240 tabs / 30 days); SP
<i>tetrabenazine</i> 25mg	PA, QL (120 tabs / 30 days); SP

HYPNOTICS: BENZODIAZEPINES

<i>temazepam</i>	QL (15 caps per 30 days)
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HYPNOTICS: NON-BENZODIAZEPINES

<i>zolpidem tartrate</i>	QL (15 tabs per 30 days)
<i>zolpidem tartrate ext-rel</i>	QL (15 tabs per 30 days)

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step Therapy 30
 AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
MIGRAINE, ERGOTAMINE DERIVATIVES	
CAFERGOT	
MIGRAINE, SELECTIVE SEROTONIN AGONISTS	
<i>naratriptan hcl</i>	ST, QL (9 tabs per 30 days)
<i>rizatriptan benzoate</i>	ST, QL (18 tabs per 30 days)
<i>sumatriptan spray</i> 5mg/act	QL (24 ml per 30 days)
<i>sumatriptan spray</i> 20mg/act	QL (12 ml per 30 days)
<i>sumatriptan succinate</i> SOAJ; SOCT; SOSY	QL (12 units per 30 days)
<i>sumatriptan succinate</i> SOLN	QL (12 ml per 30 days)
<i>sumatriptan succinate</i> TABS	QL (12 tabs per 30 days)
<i>zolmitriptan</i>	ST, QL (12 tabs per 30 days)
MISCELLANEOUS	
<i>riluzole</i>	
MOOD STABILIZERS	
<i>lithium carbonate</i> CAPS 150mg	QL (480 caps per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
<i>lithium carbonate</i> CAPS 300mg	QL (240 caps per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
<i>lithium carbonate</i> CAPS 600mg	QL (120 caps per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
<i>lithium carbonate</i> TBCR 300mg	QL (180 tabs per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
<i>lithium carbonate</i> TBCR 450mg	QL (120 tabs per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
LITHIUM ORAL SOLUTION 8 MEQ/5ML	QL (1200 ml per 30 days)
MULTIPLE SCLEROSIS	
AMPYRA	PA; SP
AUBAGIO	PA, QL (30 tabs / 30 days); SP
AVONEX KIT	PA, QL (4 injections / 28 days); SP
AVONEX PSKT	PA, QL (4 syringes per 28 days); SP
AVONEX PEN	PA, QL (4 injections / 28 days); SP
COPAXONE INJ 40MG/ML	PA, QL (12 injections / 28 days); SP

Drug Name	Requirements/Limits
EXTAVIA	PA, QL (15 injections / 30 days); SP
GILENYA	PA, QL (30 caps / 30 days); SP
<i>glatopa inj 20mg/ml</i>	PA, QL (30 injections / 30 days); SP
REBIF	PA; SP
REBIF REBIDOSE TITRATION	PA; SP
REBIF TITRATION PACK	PA, QL (4.2 mL / 28 days)
TECFIDERA 120mg	PA, QL (14 caps / 7 days); SP
TECFIDERA 240mg	PA, QL (60 caps / 30 days); SP
TECFIDERA STARTER PACK	PA, QL (1 kit / 30 days); SP
TYSABRI	PA; SP

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i>	
<i>carisoprodol</i>	QL (120 tabs per 30 days)
<i>chlorzoxazone</i>	
<i>cyclobenzaprine hcl</i>	
<i>dantrolene sodium</i>	
<i>methocarbamol</i>	PA; HRM
<i>orphenadrine citrate</i>	
<i>orphenadrine w/ aspirin & caffeine tab</i>	
<i>tizanidine hcl</i>	

MYASTHENIA GRAVIS

<i>pyridostigmine bromide</i>	
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NARCOLEPSY/CATAPLEXY

<i>armodafinil</i>	PA
<i>modafinil</i>	PA, QL (30 tabs per 30 days)

PSYCHOTHERAPEUTIC-MISC, ALCOHOL DETERRENTS

<i>acamprosate calcium</i>	AGE; NOT COVERED LESS THAN 18 YEARS OF AGE
<i>disulfiram</i>	AGE; NOT COVERED LESS THAN 18 YEARS OF AGE

PSYCHOTHERAPEUTIC-MISC, ALCOHOL/OPIOID DETERRENTS

VIVITROL	QL (1 injection / 30 days); SP; AGE: Not covered less than 18 years of age
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PSYCHOTHERAPEUTIC-MISC, OPIOID ANTAGONIST

<i>naloxone hcl inj 0.4 mg/ml</i>	
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
<i>naltrexone hcl</i>	AGE: Not covered less than 18 years of age

narcan

PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS

<i>buprenorphine hcl-naloxone hcl sublingual tab 2-0.5 mg</i>	QL (90 tabs per 30 days); AGE; NOT COVERED LESS THAN 18 YEARS OF AGE
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<i>buprenorphine hcl-naloxone hcl sublingual tab 8-2 mg</i>	QL (90 tabs per 30 days); AGE; NOT COVERED LESS THAN 18 YEARS OF AGE
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SUBOXONE MIS 2-0.5MG	QL (90 films / 25 days)
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SUBOXONE MIS 4-1MG	QL (90 films / 30 days)
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SUBOXONE MIS 8-2MG	QL (90 films / 30 days)
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SUBOXONE MIS 12-3MG	QL (60 films / 25 days)
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PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONISTS

<i>buprenorphine hcl 2mg</i>	QL (3 tabs per day, max 3 days); AGE; NOT COVERED LESS THAN 18 YEARS OF AGE
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<i>buprenorphine hcl 8mg</i>	QL (3 tabs / 1 day); AGE; NOT COVERED LESS THAN 18 YEARS OF AGE
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PSYCHOTHERAPEUTIC-MISC, PSEUDOBULBAR AFFECT

NUEDEXTA	PA
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PSYCHOTHERAPEUTIC-MISC, SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent)</i>	QL (60 tabs per 30 days)
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CHANTIX	QL (60 tabs per 30 days)
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NICOTROL INHALER	QL (480 units per 30 days)
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NICOTROL NS	QL (1200 ml per days)
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COMPLEMENT INHIBITORS

C1 INHIBITORS

RUCONEST	PA, QL (60 vials / 90 days); SP
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DERMATOLOGICALS

ANTIBIOTICS - TOPICAL

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

TOLAK	
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ANTIPSORIATICS

COSENTYX	PA, QL (1 syringe / 28 days)
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SILIQ	PA, QL (2 syringes / 28 days)
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Drug Name	Requirements/Limits
LOCAL ANESTHETICS - TOPICAL	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA	PA
ENDOCRINE AND METABOLIC	
ANDROGENS	
<i>testosterone</i>	PA
<i>testosterone cypionate</i>	PA
<i>testosterone enanthate</i>	PA
<i>testosterone gel</i>	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITOR	
<i>acarbose 25mg</i>	QL (360 tabs per 30 days)
<i>acarbose 50mg</i>	QL (180 tabs per 30 days)
<i>acarbose 100mg</i>	QL (90 tabs per 30 days)
ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs per 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs per 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs per 30 days)
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (240 tabs per 30 days); HRM
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (120 tabs per 30 days); HRM
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 tabs per 30 days); HRM
ANTIDIABETICS, BIGUANIDES	
<i>metformin hcl 500mg</i>	QL (150 tabs per 30 days)
<i>metformin hcl 850mg</i>	QL (90 tabs per 30 days)
<i>metformin hcl 1000mg</i>	QL (60 tabs per 30 days)
<i>metformin tab 500mg ext-rel</i>	QL (120 tabs per 30 days)
<i>metformin tab 750mg ext-rel</i>	QL (60 tabs per 30 days)
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
JANUVIA 25mg	ST, QL (120 tabs per 30 days)
JANUVIA 50mg	ST, QL (60 tabs per 30 days)
JANUVIA 100mg	ST, QL (30 tabs per 30 days)
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
TRULICITY	ST
VICTOZA	ST, QL (9 ML per 30 days)
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
<i>pioglitazone hcl-metformin hcl</i>	QL (90 tabs per 30 days)
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBO	
<i>pioglitazone hcl-glimepiride</i>	QL (30 tabs per 30 days)

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZERS	
<i>pioglitazone hcl</i> 15mg	QL (90 tabs per 30 days)
<i>pioglitazone hcl</i> 30mg, 45mg	QL (30 tabs per 30 days)
ANTIDIABETICS, INSULINS	
ADMELOG	
ADMELOG SOLOSTAR	
BASAGLAR KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	QL (50 ml per 30 days), OTC
HUMULIN 70/30 KWIKPEN	QL (50 ml per 30 days), OTC
HUMULIN N	QL (50 ml per 30 days), OTC
HUMULIN N KWIKPEN	QL (50 ml per 30 days), OTC
HUMULIN R	QL (50 ml per 30 days), OTC
HUMULIN R INJ U-500 VIAL	QL (50 ml per 30 days)
NOVOLIN 70/30	QL (50 ml per 30 days), OTC
NOVOLIN N	QL (50 ml per 30 days), OTC
NOVOLIN R	QL (50 ml per 30 days), OTC
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILL	
TRESIBA	
TRESIBA FLEXTOUCH	
ANTIDIABETICS, MEGLITINIDE	
<i>nateglinide</i> 60mg	QL (180 tabs per 30 days)
<i>nateglinide</i> 120mg	QL (90 tabs per 30 days)
<i>repaglinide</i> 1mg	QL (120 tabs per 30 days)
<i>repaglinide</i> 2mg	QL (240 tabs per 30 days)
<i>repaglinide</i> 0.5 mg	QL (120 tabs per 30 days)
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR/BIGUANIDE COMBINATIONS	
INVOKAMET	ST, QL (60 tabs / 30 days)
INVOKAMET XR	ST, QL (60 tabs / 30 days)

Drug Name	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
INVOKANA	ST, QL (30 tabs / 30 days)
ANTIDIABETICS, SULFONYLUREAS	
<i>glimepiride</i> 1mg	QL (240 tabs per 30 days)
<i>glimepiride</i> 2mg	QL (120 tabs per 30 days)
<i>glimepiride</i> 4mg	QL (60 tabs per 30 days)
<i>glipizide</i> 5mg	QL (240 tabs per 30 days)
<i>glipizide</i> 10mg	QL (120 tabs per 30 days)
<i>glipizide ext-rel tab 2.5mg</i>	QL (240 tabs per 30 days)
<i>glipizide ext-rel tab 5mg</i>	QL (120 tabs per 30 days)
<i>glipizide ext-rel tab 10mg</i>	QL (60 tabs per 30 days)
<i>glyburide</i> 1.25mg	PA, QL (480 tabs per 30 days); HRM
<i>glyburide</i> 2.5mg	PA, QL (240 tabs per 30 days); HRM
<i>glyburide</i> 5mg	PA, QL (120 tabs per 30 days); HRM
<i>glyburide micronized</i> 1.5mg	PA, QL (240 tabs per 30 days); HRM
<i>glyburide micronized</i> 3mg	PA, QL (120 tabs per 30 days); HRM
<i>glyburide micronized</i> 6mg	PA, QL (60 tabs per days); HRM
ANTIDIABETICS, SUPPLIES	
ACCU-CHEK COMBO	PA, QL (1 kit in lifetime)
ALCOHOL PREPS	QL (400 units per 30 days), OTC
ALCOHOL SWABS	QL (400 units per 30 days), OTC; OTC ONLY
BAYER CONTOUR BLOOD GLUCOSE	QL (300 strips per 30 days), OTC
BD INSULIN SYRINGE ULTRA-	QL (200 units per 20 days), OTC
BD INSULIN SYRINGE ULTRAF	QL (200 units per 20 days), OTC
BD PEN NEEDLE/MICRO/ULTRA	QL (200 units / 20 days), OTC
BD PEN NEEDLE/MINI/ULTRA-	QL (200 units per 20 days), OTC
BD PEN NEEDLE/NANO/ULTRA	QL (200 units per 20 days), OTC
BD PEN NEEDLE/ORIGINAL/UL	QL (200 units per 20 days), OTC

Drug Name	Requirements/Limits
BD PEN NEEDLE/SHORT/ULTRA	QL (200 units per 20 days), OTC
BD VEO INSULIN SYRINGE UL	QL (200 units / 20 days), OTC
BLOOD GLUCOSE CALIBRATION - LIQUID	QL (1 unit per 15 days), OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	QL (1 ml per 15 days), OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	QL (1 unit per 15 days), OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	QL (1 unit per 15 days), OTC
BREEZE 2 TEST DISC	QL (300 strips per 30 days), OTC
CLINITEST	QL (200 tabs per 20 days), OTC
CONTOUR NEXT BLOOD GLUCOS	QL (300 strips per 30 days), OTC
INSULIN INFUSION PUMP - ACCESSORIES	PA
INSULIN INFUSION PUMP SUPPLIES	PA
KETO-DIASTIX	QL (100 strips per 30 days), OTC; OTC ONLY
LANCET DEVICES	QL (2 units per 20 days), OTC; OTC ONLY
<i>lancets</i>	QL (200 units per 20 days), OTC; OTC ONLY
LANCETS KIT	QL (2 kit per 20 days), OTC; OTC ONLY
LANCETS MISC.	QL (2 units per 20 days), OTC; OTC ONLY
MINIMED 530G INSULIN PUMP	PA, QL (1 each in lifetime), AGE; Age limit 16yo or more
MINIMED 670G INSULIN PUMP	PA, QL (1 each in lifetime), AGE; Age limit 7yo or more
NOVOPEN 3 PENMATE	QL (200 units per 20 days), OTC
OMNIPOD 5 PACK	PA, QL (50 boxes / 30 days)
OMNIPOD DASH 5 PACK	PA, QL (50 boxes / 30 days)
OMNIPOD STARTER KIT	PA, QL (1 kit in lifetime)
PARADIGM INSULIN PUMP PRO	PA, QL (1 each in lifetime); Age limit of 7yo or more
PARADIGM REVEL INSULIN PU	PA, QL (1 each in lifetime), AGE; Age limit 7yo or more
PTS PANELS KETONE TEST	QL (200 strips per 20 days), OTC

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Drug Name	Requirements/Limits
T:SLIM INSULIN PUMP	PA, QL (1 box in lifetime), AGE; Age limit 12yo or more
T:SLIM X2	PA, QL (1 box in lifetime), AGE; Age limit 6yo or more
T:SLIM X2 INSULIN PUMP	PA; Age limit 6yo or more
T:SLIM X2 INSULIN PUMP/BA	PA, QL (1 box in lifetime), AGE; Age limit 6yo or more
URINE GLUCOSE MONITORING SUPPLIES	QL (200 units per 20 days), OTC
V-GO 20	PA, QL (1 kit / 30 days), AGE; Age limit 21yo or more
V-GO 30	PA, QL (1 kit / 30 days), AGE; Age limit 21yo or more
V-GO 40	PA, QL (1 kit / 30 days), AGE; Age limit 21yo or more

ANTIDOTES

VISTOGARD	QL (20 packets / 5 days)
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CALCIUM RECEPTOR ANTAGONISTS

SENSIPAR	PA; SP
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CALCIUM REGULATORS, BISPHOSPHONATES

alendronate sodium

<i>zoledronic acid</i>	PA; SP
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CALCIUM REGULATORS, CALCITONINS

calcitonin (salmon)

CALCIUM REGULATORS, RANK LIGAND INHIBITORS

PROLIA	PA, QL (1 injection / 24 days); SP
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XGEVA	PA; SP
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CONTRACEPTIVES, BIPHASIC

desogestrel-ethinyl estradiol (biphasic)

CONTRACEPTIVES, EMERGENCY CONTRACEPTION

ELLA	QL (6 tabs per 365 days)
<i>levonorgestrel tab 1.5 mg 1.5mg</i>	QL (6 tabs per 365 days)
<i>levonorgestrel tab 1.5 mg 1.5mg</i>	QL (6 tabs per 365 days), OTC

CONTRACEPTIVES, EXTENDED CYCLE

levonorgestrel-ethinyl estradiol (91-day)

Drug Name	Requirements/Limits
CONTRACEPTIVES, IMPLANT	
NEXPLANON	QL (1 unit per 3 years); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 18-65 YEARS OF AGE
CONTRACEPTIVES, INJECTABLE	
<i>medroxyprogesterone acetate</i> SUSP	QL (1 ml per 90 days)
CONTRACEPTIVES, MISCELLANEOUS	
CONDOMS - FEMALE	QL (108 units per 20 days), OTC
CONDOMS - MALE	QL (108 units per 20 days), OTC; OTC ONLY
DIAPHRAGM DPRH	QL (1 device per 365 days)
DIAPHRAGM KIT	QL (1 kit per 365 days)
NONOXYNOL-9	QL (108 gm per 30 days), OTC; OTC ONLY
PARAGARD INTRAUTERINE COP	QL (1 unit per 10 years); FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
CONTRACEPTIVES, MONOPHASIC	
<i>desogestrel & ethinyl estradiol</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>ethinodiol diacetate & ethinyl estradiol</i>	
<i>levonorgestrel & ethinyl estradiol</i>	
<i>norethindrone & ethinyl estradiol tab</i>	
<i>norethindrone & mestranol</i>	
<i>norethindrone ace & ethinyl estradiol</i>	
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestrel & ethinyl estradiol</i>	
CONTRACEPTIVES, PROGESTIN INTRAUTERINE DEVICE	
MIRENA	QL (1 unit per 5 years); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
SKYLA	QL (1 device per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
CONTRACEPTIVES, PROGESTIN ONLY	
<i>norethindrone</i>	
CONTRACEPTIVES, TRANSDERMAL	
<i>norelgestromin-ethinyl estradiol</i>	

Drug Name	Requirements/Limits
CONTRACEPTIVES, TRIPHASIC	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol tab (triphasic)</i>	
<i>norethindrone-ethinyl estradiol (triphasic)</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestimate-ethinyl estradiol tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
CONTRACEPTIVES, VAGINAL	
NUVARING	
ENDOMETRIOSIS	
<i>danazol</i>	
SYNAREL	
ESTROGEN/PROGESTIN, ORAL	
<i>estradiol & norethindrone acetate</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
ESTROGEN/PROGESTIN, TRANSDERMAL	
COMBIPATCH	
ESTROGENS, ORAL	
<i>estradiol</i> TABS 1mg	PA, QL (180 tabs per 30 days); HRM
<i>estradiol</i> TABS 2mg	PA, QL (90 tabs per 30 days); HRM
<i>estradiol</i> TABS .5mg	PA, QL (360 tabs per 30 days); HRM
<i>estropipate</i>	QL (30 tabs per 30 days)
PREMARIN	QL (30 tabs / 30 days)
ESTROGENS, TRANSDERMAL	
<i>estradiol</i> PTTW	PA; HRM
<i>estradiol</i> PTWK	PA; HRM
ESTROGENS, VAGINAL	
ESTRACE	
FEMRING	
VAGIFEM	
GLUCOCORTICOIDS	
<i>dexamethasone elixir</i>	
<i>dexamethasone soln</i>	
<i>dexamethasone tab</i>	
<i>fludrocortisone acetate</i>	
<i>hydrocortisone</i> TABS	
<i>methylprednisolone</i>	
<i>prednisolone</i>	
<i>prednisolone orally disintegrating tab</i>	
<i>prednisolone sodium phosphate</i>	

Drug Name	Requirements/Limits
<i>prednisone</i>	
HUMAN GROWTH HORMONES	
NORDITROPIN FLEXPRO	PA; SP
ZORBTIVE	PA; SP
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS	
<i>calcitriol</i>	
<i>doxercalciferol</i>	
INSULIN-LIKE GROWTH FACTOR	
INCRELEX	PA; SP
LYSOSOMAL STORAGE DISORDERS	
ALDURAZYME	PA; SP
CEREZYME	PA, QL (15 vials / 14 days); SP
ELAPRASE	PA; SP
FABRAZYME	PA; SP
LUMIZYME	PA; SP
NAGLAZYME	PA; SP
VPRIV	PA; SP
MISCELLANEOUS	
ACTHAR	PA; SP
<i>cabergoline</i>	
LUPRON DEPOT-PED (1-MONTH)	PA; SP
LUPRON DEPOT-PED (3-MONTH)	PA; SP
<i>methylergonovine maleate</i>	
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 500mcg/ml	PA, QL (90 vials / 30 days); SP
<i>octreotide acetate</i> 200mcg/ml	PA, QL (225 ml / 30 days); SP
<i>octreotide acetate</i> 1000mcg/ml	PA, QL (9 vials / 30 days); SP
SOMATULINE DEPOT 60mg/0.2ml, 90mg/0.3ml	PA, QL (300 syringes / 28 days); SP
SOMATULINE DEPOT 120mg/0.5ml	PA, QL (240 syringes / 28 days); SP
SOMAVERT	PA; SP
SUPPRELIN LA	PA; SP
THYROGEN	PA; SP
PHENYLKETONURIA TREATMENT AGENTS	
KUVAN	PA; SP
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder)</i>	
RENVELA PAK	ST
<i>sevelamer carbonate</i>	ST

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Drug Name	Requirements/Limits
PROGESTINS, INJECTABLE	
MAKENA OIL	PA, QL (21 mL / year); SP
MAKENA SOAJ	PA
PROGESTINS, ORAL	
<i>medroxyprogesterone acetate</i> TABS	
<i>norethindrone acetate</i>	
<i>progesterone micronized cap</i>	
THYROID AGENTS, ANTITHYROID AGENTS	
<i>methimazole</i>	
<i>propylthiouracil</i>	
THYROID SUPPLEMENTS	
ARMOUR THYROID	
<i>levothyroxine sodium</i>	
<i>liothyronine sodium</i>	
SYNTHROID	
<i>thyroid</i>	
VASOPRESSIN RECEPTOR ANTAGONISTS	
SAMSCA 15mg	PA, QL (30 tabs per 30 days); SP
SAMSCA 30mg	PA; SP
VASOPRESSINS	
<i>desmopressin acetate spray</i>	PA
<i>desmopressin acetate tab</i>	PA
<i>desmopressin sol</i>	PA
STIMATE	PA; SP
ENDOCRINE AND METABOLIC AGENTS - MISC.	
FERTILITY REGULATORS	
<i>clomiphene citrate</i>	PA, GNDR; FEMALE ONLY
HORMONE RECEPTOR MODULATORS	
OSPHENA	PA, GNDR; Females only
METABOLIC MODIFIERS	
NITYR	PA
<i>sodium phenylbutyrate</i> POWD	PA
<i>sodium phenylbutyrate</i> TABS	PA, QL (1200 tabs / 30 days)
GASTROINTESTINAL	
ANTIDIARRHEALS	
<i>diphenoxylate w/ atropine</i>	
ANTIEMETICS	
<i>aprepitant cap</i>	PA
<i>dronabinol</i>	PA, QL (60 caps per 30 days)
<i>granisetron hcl</i>	QL (6 tabs per 15 days)

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Drug Name	Requirements/Limits
<i>meclizine hcl</i> CHEW	Rx ONLY
<i>meclizine hcl</i> TABS	Rx ONLY
<i>metoclopramide hcl</i>	
<i>ondansetron hcl</i> SOLN	QL (100 ml per 15 days)
<i>ondansetron hcl</i> TABS 4mg, 8mg	QL (12 tabs per 15 days)
<i>ondansetron hcl</i> TABS 24mg	QL (1 tabs per 15 days)
<i>ondansetron orally disintegrating tab</i>	QL (12 tabs per 15 days)
<i>prochlorperazine</i>	QL (60 supp units per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>prochlorperazine maleate</i> 5mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>prochlorperazine maleate</i> 10mg	QL (120 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>promethazine hcl</i> SUPP	
<i>promethazine hcl</i> SYRP; TABS	PA; HRM
<i>trimethobenzamide hcl</i>	
ANTISPASMODICS	
<i>chlordiazepoxide hcl-clidinium bromide</i>	
CUVPOSA	PA
<i>dicyclomine hcl</i>	
DONNATAL	
<i>glycopyrrolate</i>	
<i>hyoscyamine sulfate</i>	
CHOLELITHOLYTICS	
<i>ursodiol</i>	
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine hcl soln 300 mg/5ml</i>	
<i>cimetidine tab 200 mg</i> 200mg	QL (200 tabs per 30 days)
<i>cimetidine tab 300 mg</i>	
<i>cimetidine tab 400 mg</i>	
<i>cimetidine tab 800mg</i>	
<i>famotidine</i> SUSR	QL (300 ml per 30 days)
<i>famotidine</i> TABS	QL (60 tabs per 30 days); Rx ONLY
<i>nizatidine</i>	
INFLAMMATORY BOWEL DISEASE, ORAL AGENTS	
APRISO	
<i>balsalazide disodium</i>	
<i>budesonide</i>	
<i>sulfasalazine</i>	

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Drug Name	Requirements/Limits
INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS	
<i>hydrocortisone (intrarectal)</i>	
<i>mesalamine</i>	
<i>mesalamine w/ cleanser</i>	
LAXATIVES/STOOL SOFTENERS	
KRISTALOSE	
<i>lactulose</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
<i>polyethylene glycol 3350</i> PACK 17gm	QL (30 packets per 30 days)
<i>polyethylene glycol 3350</i> POWD 17gm/scoop	QL (527 gm per 30 days)
SUPREP BOWEL PREP KIT	
MISCELLANEOUS	
CARAFATE SUS 1GM/10ML	QL (1200 mL / 30 days)
KEPIVANCE	
<i>lactulose (encephalopathy)</i>	
<i>sucrafate tab 1 gm</i>	
PANCREATIC ENZYMES	
CREON	
ZENPEP	
PROSTAGLANDINS	
<i>misoprostol</i>	
PROTON PUMP INHIBITORS (PPI)	
NEXIUM GRANULES 2.5 MG, 5MG AND 10MG DELAYED RELEASE	QL (90 days per year); AGE (only covered in less than 1 years of age)
<i>omeprazole cap delayed release</i>	QL (30 caps per 30 days; 90 days per year)
SALIVA STIMULANTS	
<i>pilocarpine hcl (oral)</i>	
STEROIDS, RECTAL	
<i>hydrocortisone (rectal)</i>	
GASTROINTESTINAL AGENTS - MISC.	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	
LINZESS 72mcg, 290mcg	
LINZESS 145mcg	QL (60 caps / 30 days)
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin hcl</i>	
<i>finasteride</i>	MALE ONLY
<i>tamsulosin hcl</i>	

Drug Name	Requirements/Limits
MISCELLANEOUS	
<i>bethanechol chloride</i>	
CYSTAGON	PA; SP
<i>phenazopyridine hcl</i>	
<i>potassium citrate (alkalinizer)</i>	
URINARY ANTISPASMODICS	
<i>oxybutynin chloride</i>	
<i>oxybutynin chloride tab sustained-rel 24hr 5 mg</i>	QL (30 tabs per 30 days)
<i>oxybutynin chloride tab sustained-rel 24hr 10 mg</i>	
<i>oxybutynin chloride tab sustained-rel 24hr 15 mg</i>	
<i>trospium chloride</i>	
<i>trospium chloride cap sustained-rel 24hr 60 mg</i>	ST
VAGINAL ANTI-INFECTIVES	
<i>metronidazole vaginal</i>	
<i>miconazole nitrate vaginal SUPP 200mg</i>	QL (7 units per 30 days)
<i>terconazole vaginal</i>	
GLUCOCORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
SOLU-CORTEF	QL (4 units / year)
HEMATOLOGIC	
ANTICOAGULANTS, INJECTABLE	
<i>enoxaparin sodium</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium</i>	
<i>heparin sodium (porcine)</i>	
ANTICOAGULANTS, ORAL	
COUMADIN	
ELIQUIS	
<i>warfarin sodium</i>	
XARELTO TAB 2.5MG	
ANTIHEMOPHILIC AGENTS	
ANTIHEMOPHILIC FACTOR (HUMAN)	PA; SP
ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIIFC	PA; SP
ANTIHEMOPHILIC FACTOR (RECOMBINANT)	PA; SP
ANTIHEMOPHILIC FACTOR RAHF-PFM	PA; SP
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED	PA; SP
ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	PA; SP
ANTIHEMOPHILIC FACTOR/VWF (HUMAN)	PA; SP
ANTIINHIBITOR COAGULANT COMPLEX	PA; SP
COAGULATION FACTOR IX	PA; SP
COAGULATION FACTOR VIIA (RECOMB)	PA; SP
COAGULATION FACTOR X (HUMAN)	PA; SP
COAGULATION FACTOR XIII A-SUBUNIT	PA; SP

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Drug Name	Requirements/Limits
FACTOR IX COMPLEX	PA; SP
FIBRINOGEN CONC (HUMAN)	PA; SP
HEMLIBRA	PA; SP
PROTHROMBIN COMPLEX CONC HUMAN	PA; SP
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE	PA; SP
EPOGEN	PA; SP
PROCRIT	PA; SP
ZARXIO	PA; SP
HEREDITARY ANGIOEDEMA AGENTS	
CINRYZE	PA, QL (18 vials / 30 days); SP
IDIOPATHIC THROMBOCYTOPENIC PURPURA	
NPLATE	PA; SP
PROMACTA 12.5mg, 25mg	PA, QL (30 tabs / 30 days); SP
PROMACTA 50mg, 75mg	PA, QL (60 tabs / 30 days); SP
MISCELLANEOUS	
<i>cilostazol</i>	
DESFERAL	PA; SP
EXJADE	PA; SP
FERRIPROX	PA; SP
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
SOLIRIS	PA; SP
PLATELET AGGREGATION INHIBITORS	
BRILINTA	
<i>clopidogrel bisulfate</i>	
<i>dipyridamole</i>	
EFFIENT	
PLATELET SYNTHESIS INHIBITOR	
<i>anagrelide hcl</i>	
STEM CELL MOBILIZERS	
MOZOBIL	PA; SP
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
JIVI	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS	
<i>icatibant acetate</i>	PA, QL (45 syringes / 90 days)
HEMATOPOIETIC AGENTS	
AGENTS FOR SICKLE CELL ANEMIA	
ENDARI	PA

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS	
MULPLETA	PA, QL (7 tabs / 14 days)
RETACRIT 2000unit/ml, 10000unit/ml	PA
RETACRIT 3000unit/ml, 4000unit/ml, 40000unit/ml	PA
UDENYCA	PA, QL (2 syringes / 28 days)
IRON	
VENOFER	
HEMOSTATICS	
HEMOSTATICS - SYSTEMIC	
<i>tranexamic acid</i>	
HEPATITIS AGENTS	
HEPATITIS B AGENTS	
VEMLIDY	QL (30 tabs / 30 days)
IMMUNOLOGIC AGENTS	
BIOLOGIC DISEASE-MODIFYING AGENTS	
ENBREL	PA, QL (8 syringes / 28 days); SP
ENBREL MINI	PA, QL (8 injections / 28 days)
HUMIRA 10mg/0.1ml, 20mg/0.2ml	PA, QL (2 injections / 28 days)
HUMIRA 10mg/0.2ml, 20mg/0.4ml	PA, QL (2 injections / 28 days); SP
HUMIRA 40mg/0.4ml	PA, QL (4 injections / 28 days)
HUMIRA 40mg/0.8ml	PA, QL (4 injections / 28 days); SP
HUMIRA PEDIATRIC CROHNS D	PA, QL (2 injections / 28 days)
HUMIRA PEDIATRIC CROHNS D 80mg/0.8ml	PA, QL (3 injections / 28 days)
HUMIRA PEN 40mg/0.4ml	PA, QL (4 pens / 28 days)
HUMIRA PEN 40mg/0.8ml	PA, QL (4 pens / 28 days)
HUMIRA PEN-CD/UC/HS START 40mg/0.8ml	PA, QL (6 pens / 28 days)
HUMIRA PEN-CD/UC/HS START 80mg/0.8ml	PA, QL (3 pens / 28 days)
HUMIRA PEN-PS/UV STARTER	PA, QL (2 pens / 28 days)
HUMIRA PEN-PS/UV STARTER 40mg/0.8ml	PA, QL (4 pens / 28 days)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate</i>	
<i>leflunomide</i>	
IMMUNE GLOBULINS	
RHO D IMMUNE GLOBULIN	PA; SP

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Drug Name	Requirements/Limits
WINRHO SDF	PA; SP
IMMUNOMODULATORS, INTERFERONS	
ACTIMMUNE	PA; SP
ALFERON N	PA; SP
INTRON A	PA; SP
INTRON A W/DILUENT	PA; SP
PEG-INTRON	PA; SP
PEG-INTRON REDIPEN	PA; SP
PEG-INTRON REDIPEN PAK 4	PA; SP
PEGASYS 180mcg/0.5ml	PA, QL (8 syringes / 28 days); SP
PEGASYS 180mcg/ml	PA; SP
PEGASYS PROCLICK	PA, QL (8 syringes / 28 days); SP
SYLATRON	PA; SP
IMMUNOMODULATORS, MISCELLANEOUS	
ARCALYST	PA; SP
ILARIS	PA; SP
IMMUNOSUPPRESSANTS, ANTIMETABOLITES	
AZASAN	
<i>azathioprine</i>	
<i>mycophenolate mofetil</i>	
IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS	
<i>cyclosporine</i>	
<i>cyclosporine modified (for microemulsion)</i>	
NEORAL	
SANDIMMUNE	
<i>tacrolimus</i>	
IMMUNOSUPPRESSANTS, MISCELLANEOUS	
BENLYSTA	PA; SP
IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE	
RAPAMUNE	
<i>sirolimus</i>	
MONOCLONAL ANTIBODIES	
SYNAGIS	PA; SP
VACCINES	
ADACEL	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 and OVER
AFLURIA PF 2017-2018	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER

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Drug Name	Requirements/Limits
AFLURIA QUADRIVALENT 2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
BEXSERO	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
BOOSTRIX	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 and OVER
FLUARIX QUADRIVALENT 2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUBLOK 2017-2018	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUCELVAX QUADRIVALENT 20	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLULAVAL QUADRIVALENT 201	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUVIRIN 2017-2018	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUZONE HIGH-DOSE PF 2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUZONE INTRADERMAL QUADR	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUZONE QUADRIVALENT 2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER

Drug Name	Requirements/Limits
GARDASIL	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
MENACTRA	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
MENOMUNE-A/C/Y/W-135	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
PNEUMOVAX 23	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
PREVNAR 13	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
TETANUS/DIPHThERIA TOXOID	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 and OVER
ZOSTAVAX	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER

IODINE PRODUCTS

IODINE PRODUCTS

SSKI

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

DEXCOM G5 MOBILE RECEIVER	PA, QL (1 each / year)
DEXCOM G5 MOBILE TRANSMIT	PA, QL (4 boxes / year)
DEXCOM G5 MOBILE/G4 PLATI	PA, QL (4 boxes / 28 days)
DEXCOM G6 RECEIVER	PA, QL (1 each / year)
DEXCOM G6 SENSOR	PA, QL (3 boxes / 30 days)
DEXCOM G6 TRANSMITTER	PA, QL (4 boxes / year)
FREESTYLE LIBRE 2/SENSOR/	PA, QL (2 boxes / 28 days)
FREESTYLE LIBRE 14 DAY/RE	PA, QL (1 each / year)
FREESTYLE LIBRE 14 DAY/SE	PA, QL (2 boxes / 28 days)
FREESTYLE LIBRE/SENSOR/FL	PA, QL (3 boxes / 30 days)

PARENTERAL THERAPY SUPPLIES

BD INSULIN SYRINGE/U-500/	QL (200 units / 20 days)
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PA - Prior Authorization **QL** - Quantity Limits **DS**- Day Supply Limits **ST** - Step Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty Pharmacy **OTC** – Over the Counter

Drug Name	Requirements/Limits
MIGRAINE PRODUCTS	
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES	
AIMOVIG	ST
EMGALITY	ST

MISCELLANEOUS

BULK CHEMICALS AND COMPOUNDING SUPPLIES

ANHYDROUS BASE
BENZYL ALCOHOL
CHERRY SYRUP
COAL TAR 20%
FLAVOR BLEND
GELATIN CAPSULES
<i>megestrol acetate</i> POWD
POLYETHYLENE GLYCOL 400
RASPBERRY SYRUP

MEDICAL SUPPLIES

BD 1ML SYRINGE/NEEDLE/SLI	QL (200 units per 20 days), OTC
<i>bd 20ml syringe luer slip</i>	QL (200 units per 20 days), OTC
BD 30ML SYRINGE LUER-LOK	QL (200 units per 20 days)
BD 30ML SYRINGE LUER-LOK	QL (200 units per 20 days), OTC
BD ECLIPSE SYRINGE SLIP T	QL (200 units per 20 days), OTC
BD ECLIPSE SYRINGE/1ML/27	QL (200 units per 20 days), OTC
BD ECLIPSE SYRINGE/1ML/30	QL (200 units per 20 days), OTC
BD INTEGRA 1ML SYRINGE W/	QL (200 units per 20 days), OTC
BD LUER LOCK SYRINGE/1ML/	QL (200 units per 20 days), OTC
BD SAFETYGLIDE 27G X 5/8"	QL (200 units per 20 days), OTC
BLOOD PRESSURE MONITORING - DEVICE	QL (1 device per 999 days), OTC
BLOOD PRESSURE MONITORING - KIT	QL (1 kit per 999 days), OTC
MONOJECT SYRINGE/ECCENTRI	QL (200 units per 20 days)
MONOJECT SYRINGE/LUER LOC	QL (200 units per 20 days)
MONOJECT SYRINGE/LUER-LOC	QL (200 units per 20 days)
1ML TB SYRINGE/LUER SLIP	QL (200 units per 20 days)
TERUMO SURGUARD2 SYRINGE/	QL (200 units per 20 days)

Drug Name	Requirements/Limits
TOOMEY SYRINGE	QL (200 units per 20 days)
MULTIVITAMINS	
PRENATAL VITAMINS	
CITRANATAL BLOOM	QL (30 tabs / 30 days)
CITRANATAL MEDLEY	
NUTRITIONAL / SUPPLEMENTS	
AMINO ACIDS	
AMINOSYN	QL (3000 ml per 30 days)
CALORIC AGENTS	
WHEY PROTEIN DRINK MIX	PA
DIETARY MANAGEMENT PRODUCTS	
CAMINO PRO COMPLETE/GLYTA	PA
ELECTROLYTES, MISCELLANEOUS	
<i>potassium phosphate monobasic w/ sodium phosphate dibasic & monobasic tab</i>	
ELECTROLYTES, POTASSIUM	
<i>potassium bicarbonate</i>	
<i>potassium chloride</i>	
<i>potassium chloride tab controlled release</i>	
ELECTROLYTES, POTASSIUM-REMOVING AGENTS	
<i>sodium polystyrene sulfonate</i>	
INTRAVENOUS NUTRITION, CALORIC AGENTS	
<i>amino acid electrolyte infusion</i>	QL (3000 ml per 30 days)
<i>amino acid infusion</i>	QL (3000 ml per 30 days)
AMINOSYN 7%/ELECTROLYTES	QL (3000 ml per 30 days)
AMINOSYN II	QL (3000 ml per 30 days)
AMINOSYN M	QL (3000 ml per 30 days)
AMINOSYN-RF	QL (3000 ml per 30 days)
CLINIMIX 2.75%/DEXTROSE 5	QL (3000 ml per 30 days)
CLINIMIX 4.25%/DEXTROSE 1	QL (3000 ml per 30 days)
CLINIMIX 4.25%/DEXTROSE 2	QL (3000 ml per 30 days)
CLINIMIX 4.25%/DEXTROSE 5	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 15%	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 20%	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 25%	QL (3000 ml per 30 days)
<i>fat emulsion 30gm/100ml</i>	QL (3000 ml per 30 days)
FREAMINE HBC 6.9%	QL (3000 ml per 30 days)
FREAMINE III	QL (3000 ml per 30 days)
<i>intralipid</i>	QL (3000 ml per 30 days)
NEPHRAMINE	QL (3000 ml per 30 days)
PROCALAMINE	QL (3000 ml per 30 days)
PROSOL	QL (3000 ml per 30 days)
TROPHAMINE	QL (3000 ml per 30 days)

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Drug Name	Requirements/Limits
INTRAVENOUS NUTRITION, ELECTROLYTES	
<i>parenteral electrolytes</i>	QL (3000 ml per 30 days)
<i>tpn electrolytes</i>	QL (3000 ml per 30 days)
INTRAVENOUS NUTRITION, VITAMINS AND MINERALS	
TRACE MINERALS (CR-CU-MN-ZN) INJ 1-100-30-500 MCG/ML	QL (3000 ml per 30 days)
PHOSPHATE	
K-PHOS	
VITAMINS AND MINERALS, FOLIC ACID / COMBINATIONS	
<i>folic acid 1mg</i>	QL (200 tabs per 30 days)
<i>folic acid-vitamin b6-vitamin b12</i>	
VITAMINS AND MINERALS, MISCELLANEOUS	
<i>b-complex with/ c & folic acid cap 1 mg</i>	
<i>cyanocobalamin</i>	
INFED	
MEPHYTON	
<i>multiple vitamin LIQD</i>	QL (50 ml per 30 days)
<i>pediatric multivitamins w/fluoride</i>	AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>pediatric multivitamins w/fluoride & iron</i>	QL (50 ml per 30 days)
<i>pediatric vitamins acd w/ fluoride</i>	QL (50 ml per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>sodium fluoride</i>	QL (30 tabs per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>sodium fluoride solution</i>	QL (50 ml per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
VITAMINS AND MINERALS, PRENATAL VITAMINS	
CITRANATAL 90 DHA	QL (60 tabs per 30 days)
CITRANATAL ASSURE	QL (60 tabs per 30 days)
CITRANATAL B-CALM	QL (90 tabs per 30 days)
CITRANATAL BLOOM DHA	
CITRANATAL DHA	QL (60 tabs per 30 days)
CITRANATAL HARMONY	QL (30 caps per 30 days)
CITRANATAL RX	QL (30 tabs per 30 days)
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	QL (30 tabs per 30 days)
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	
OPHTHALMIC AGENTS	
OPHTHALMIC ANTI-INFECTIVES	
<i>moxifloxacin hcl (ophth)</i>	

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Drug Name **Requirements/Limits**
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO 6mg ST, PA, QL (60 tabs / 30 days)

AUSTEDO 9mg, 12mg ST, PA, QL (120 tabs / 30 days)

MULTIPLE SCLEROSIS AGENTS

MAYZENT PA, QL (112 tabs / 28 days)

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine (anaphylaxis) .3mg/0.3ml QL (8 pens / year)

epinephrine (anaphylaxis) .15mg/0.15ml QL (2 units per 30 days, 4 units per 365 days)

epinephrine inj 0.3mg QL (4 units per 30 days, 8 units per 365 days)

EPIPEN 2-PAK QL (4 units per 30 days, 8 units per 365 days)

EPIPEN-JR 2-PAK QL (2 units per 30 days, 4 units per 365 days)

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA QL (60 blisters / 30 days)

COMBIVENT RESPIMAT QL (8 gm per 30 days)

ipratropium-albuterol QL (540 ml per 30 days)

STIOLTO RESPIMAT QL (1 inhaler / 30 days)

ANTICHOLINERGICS

INCRUSE ELLIPTA QL (1 package / 30 days)

ipratropium bromide .02% QL (313 ml per 30 days)

SPIRIVA RESPIMAT QL (1 inhaler per 30 days)

TUDORZA PRESSAIR QL (1 inhalers per 30 days)

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

promethazine & phenylephrine

ANTI-HISTAMINES, LOW-SEDATING

cetirizine hcl SYRP QL (150 ml per 30 days)

ANTI-HISTAMINES, SEDATING

clemastine fumarate 2.68mg QL (60 tabs per 30 days)

cyproheptadine hcl

hydroxyzine hcl PA; HRM

hydroxyzine pamoate PA; HRM

ANTI-TUSSIVE COMBINATIONS, NON-OPIOID

promethazine/dextromethorphan

pseudoephedrine-brompheniramine-dextromethorphan SYRP

Drug Name	Requirements/Limits
ANTITUSSIVE COMBINATIONS, OPIOID	
<i>hydrocodone w/ homatropine</i>	
<i>phenylephrine-promethazine w/ codeine syrup 5-6.25-10 mg/5ml</i>	
<i>promethazine w/codeine</i>	
ANTITUSSIVES	
<i>benzonatate</i>	
BETA AGONISTS, INHALANTS, LONG ACTING	
STRIVERDI RESPIMAT	QL (1 package / 30 days); AGE: NOT COVERED UNDER 18 YEARS OLD
BETA AGONISTS, INHALANTS, SHORT ACTING	
<i>albuterol sulfate</i> AERS	QL (2 inhalers / 30 days)
<i>albuterol sulfate</i> NEBU 2.5mg/0.5ml	QL (60 ml per 30 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml	QL (375 ml per 30 days)
BETA AGONISTS, ORAL AGENTS	
<i>albuterol sulfate</i> SYRP	
<i>albuterol sulfate</i> TABS	
<i>albuterol tab 4mg ext-rel</i>	QL (240 tabs per 30 days)
<i>albuterol tab 8mg ext-rel</i>	QL (120 tabs per 30 days)
<i>terbutaline sulfate</i>	
CYSTIC FIBROSIS	
BETHKIS	QL (224 mL / 28 days)
PULMOZYME	PA, QL (150 mL / 30 days); SP
<i>tobramycin neb 300/5ml inhalation</i>	PA, QL (280 mL / 28 days); SP
DECONGESTANT/EXPECTORANT COMBINATIONS	
DECONGESTANTS	
EXPECTORANTS	
<i>guaifenesin tab ext-rel 12hr 600 mg</i>	QL (120 tabs per 30 days)
LEUKOTRIENE MODIFIERS	
<i>montelukast sodium</i>	
MAST CELL STABILIZERS	
<i>cromolyn sodium</i> NEBU	QL (240 ml per 30 days)
MEDICAL SUPPLIES	
MASKS	QL (1 unit per 180 days); AGE: NOT COVERED OVER 11 YEARS OF AGE
NEBULIZERS	QL (1 unit per 365 days)
PEAK FLOW METER	QL (1 device / 365 days)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	QL (1 unit per 365 days)

Drug Name	Requirements/Limits
MISCELLANEOUS	
ARALAST NP	PA; SP
<i>ipratropium bromide</i> .03%, .06%	QL (30 ml per 30 days)
<i>sodium chloride</i> NEBU 3%, 7%, 10%	
<i>sodium chloride</i> NEBU .9%	QL (1200 ml per 30 days)
XOLAIR SOLR	PA, QL (6 vials / 28 days); SP
XOLAIR SOSY 75mg/0.5ml	PA, QL (2 syringes / 28 days)
XOLAIR SOSY 150mg/ml	PA, QL (4 syringes / 28 days)
NASAL ANTIHISTAMINES	
<i>azelastine hcl</i> .1%	QL (60 ml per 30 days)
NASAL STEROIDS	
<i>flunisolide</i>	QL (2 bottles / 30 days)
PULMONARY FIBROSIS AGENTS	
OFEV	PA, QL (60 caps / 30 days); SP
STEROID INHALANTS	
ARNUITY ELLIPTA 50mcg/act	QL (1 inhaler / 30 days)
ARNUITY ELLIPTA 100mcg/act, 200mcg/act	QL (2 inhalers / 30 days)
<i>budesonide (inhalation)</i> 1mg/2ml	QL (60 ml per 30 days); AGE: NOT COVERED OVER 9 YEARS OF AGE
<i>budesonide (inhalation)</i> .5mg/2ml	QL (120 ml per 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml	QL (180 ml per 30 days)
FLOVENT DISKUS	QL (1 Inhaler / 30 days)
FLOVENT HFA	QL (2 inhaler per 30 days)
STEROID/BETA AGONIST COMBINATIONS	
ADVAIR DISKU AER 100/50	QL (60 doses per 30 days); AGE: COVERED BETWEEN 4 and 11 YEARS OF AGE
DULERA	QL (13 gm per 30 days); AGE: NOT COVERED UNDER 12 YEARS OLD
DULERA AER 50-5MCG	QL (1 inhaler / 30 days); AGE: COVERED FOR AGES 5-11 YEARS OLD
SYMBICORT	ST, QL (11 gm per 30 days); AGE: NOT COVERED UNDER 5 YEARS OLD
XANTHINES	
ELIXOPHYLLIN	
THEO-24	PA

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Drug Name	Requirements/Limits
<i>theophylline</i>	
RESPIRATORY AGENTS - MISC.	
ALPHA-PROTEINASE INHIBITOR (HUMAN)	
PROLASTIN-C	PA
CYSTIC FIBROSIS AGENTS	
ORKAMBI	PA, QL (56 packets / 28 days)
SYMDEKO	PA, QL (56 tabs / 28 days)
TOPICAL	
DERMATOLOGY, ACNE: ORAL	
<i>isotretinoin</i>	PA
DERMATOLOGY, ACNE: TOPICAL	
<i>benzoyl peroxide</i> GEL 10%	QL (90 gm per 30 days)
<i>benzoyl peroxide</i> LIQD 2.5%	QL (170.1 ml per 30 days)
<i>benzoyl peroxide</i> LIQD 5.25%	QL (175 ml per 30 days)
<i>benzoyl peroxide</i> LIQD 7%	
<i>benzoyl peroxide</i> LOTN 6%	QL (171 ml per 30 days)
<i>benzoyl peroxide</i> LOTN 9%	
<i>benzoyl peroxide-erythromycin</i>	QL (24 gm per 30 days)
<i>clindamycin phosphate (topical)</i> GEL	QL (30 gm per 30 days)
<i>clindamycin phosphate (topical)</i> SOLN	QL (30 ml per 30 days)
<i>erythromycin</i> GEL	QL (60 gm per 30 days)
<i>erythromycin</i> SOLN	QL (60 ml per 30 days)
<i>tazarotene cream 0.1%</i>	PA
TAZORAC	PA
DERMATOLOGY, ACTINIC KERATOSIS	
<i>fluorouracil (topical)</i>	AGE: NOT COVERED LESS 18 YEARS OF AGE
DERMATOLOGY, ANTIBIOTICS	
BACTROBAN NASAL	
<i>gentamicin sulfate</i> CREA	
<i>gentamicin sulfate</i> OINT .1%	
<i>mupirocin</i>	
<i>silver sulfadiazine</i>	
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox</i> GEL	QL (120 gm / 30 days)
<i>ciclopirox</i> SHAM	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA	QL (120 gm / 30 days)
<i>ciclopirox olamine</i> SUSP	QL (120 mL / 30 days)
<i>clotrimazole</i> SOLN	QL (120 mL / 30 days)
<i>clotrimazole (topical)</i> CREA	QL (120 gm / 30 days)
<i>iodoquinol-hc</i>	
<i>ketoconazole</i> CREA	QL (120 gm / 30 days)

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Drug Name	Requirements/Limits
<i>ketoconazole SHAM</i>	
<i>nystatin cream 100000 unit/gm</i>	QL (90 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	QL (90 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (120 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS, TOPICAL	
<i>calcipotrien sol 0.005%</i>	ST, QL (1 bottle / 30 days)
<i>calcipotriene oint 0.005%</i>	ST, QL (60 gm / 30 days)
DERMATOLOGY, ANTISEBORRHEICS	
<i>selenium sulfide lotion 2.5%</i>	
DERMATOLOGY, CORTICOSTEROID COMBINATIONS	
DERMATOLOGY, CORTICOSTEROIDS: HIGH POTENCY	
<i>betamethasone dipropionate CREA</i>	
<i>betamethasone dipropionate LOTN</i>	QL (120 mL / 25 days)
<i>betamethasone dipropionate OINT</i>	QL (120 gm / 25 days)
<i>betamethasone dipropionate augmented CREA</i>	QL (120 gm / 25 days)
<i>betamethasone dipropionate augmented LOTN</i>	QL (120 mL / 25 days)
<i>triamcinolone acetonide (topical) CREA .5%</i>	QL (120 gm / 30 days)
<i>triamcinolone acetonide (topical) OINT .5%</i>	QL (120 gm / 30 days)
DERMATOLOGY, CORTICOSTEROIDS: LOW POTENCY	
<i>alclometasone dipropionate CREA</i>	QL (120 gms / 25 days)
<i>alclometasone dipropionate OINT</i>	QL (120 gm / 25 days)
<i>hydrocortisone CREA 1%</i>	QL (150 gm per 30 days)
<i>hydrocortisone CREA 2.5%</i>	QL (120 gm / 30 days)
<i>hydrocortisone LOTN 2.5%</i>	QL (120 mL / 30 days)
<i>hydrocortisone OINT 1%</i>	QL (150 gm per 30 days)
<i>hydrocortisone OINT 2.5%</i>	QL (120 gm / 30 days)
DERMATOLOGY, CORTICOSTEROIDS: MEDIUM POTENCY	
<i>betamethasone valerate CREA; OINT</i>	QL (120 gm / 25 days)
<i>betamethasone valerate LOTN</i>	QL (120 mL / 25 days)
<i>fluticasone propionate CREA; OINT</i>	QL (120 gm / 25 days)
<i>hydrocortisone butyrate CREA; OINT</i>	QL (120 gm / 25 days)
<i>hydrocortisone butyrate SOLN</i>	QL (120 mL / 30 days)
<i>mometasone furoate CREA; OINT</i>	QL (120 gm / 25 days)
<i>mometasone furoate SOLN</i>	QL (60 mL / 30 days)
<i>triamcinolone acetonide (topical) CREA .025%, .1%</i>	QL (120 gm / 30 days)
<i>triamcinolone acetonide (topical) LOTN</i>	QL (120 mL / 30 days)
<i>triamcinolone acetonide (topical) OINT .05%</i>	QL (430 gm / 30 days)
<i>triamcinolone acetonide (topical) OINT .025%, .1%</i>	QL (120 gm / 30 days)
DERMATOLOGY, CORTICOSTEROIDS: VERY HIGH POTENCY	
<i>betamethasone dipropionate augmented GEL</i>	
<i>betamethasone dipropionate augmented OINT</i>	QL (120 gm / 25 days)

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
<i>halobetasol propionate</i>	QL (120 gm / 25 days)
DERMATOLOGY, EMOLLIENTS	
<i>lactic acid (ammonium lactate) CREA 12%</i>	QL (400 gm per 30 days)
<i>lactic acid (ammonium lactate) LOTN 12%</i>	QL (400 ml per 30 days)
<i>lactic acid w/ vitamin e</i>	
DERMATOLOGY, IMMUNOMODULATORS	
ELIDEL	ST, QL (60 gm / 30 days); AGE: NOT COVERED UNDER 2 YEARS OF AGE
<i>tacrolimus oint 0.1%</i>	ST, QL (60 gm / 30 days); AGE: NOT COVERED UNDER 16 YEARS OF AGE
<i>tacrolimus oint 0.03%</i>	ST, QL (60 gm / 30 days); AGE: NOT COVERED UNDER 2 YEARS OF AGE
DERMATOLOGY, LOCAL ANALGESIC	
<i>lidocaine patch 5%</i>	PA
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine-prilocaine CREA</i>	QL (90 gm / 30 days)
<i>lidocaine-prilocaine KIT</i>	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
DRYSOL	QL (60 mL per 30 days)
<i>imiquimod</i>	AGE: NOT COVERED LESS 11 YEARS OF AGE
<i>podofilox</i>	
SANTYL	PA
DERMATOLOGY, ROSACEA	
<i>metronidazole GEL 1%</i>	ST
<i>metronidazole GEL .75%</i>	
<i>metronidazole LOTN</i>	
<i>metronidazole cream 0.75%</i>	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>malathion</i>	ST
<i>permethrin cream</i>	
<i>spinosad</i>	QL (120 mL / 30 days)
MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>sodium fluoride (dental) CREA</i>	QL (60 gm per 30 days)
<i>sodium fluoride (dental) GEL</i>	QL (100 gm per 30 days)
<i>sodium fluoride (dental) PSTE</i>	QL (115 gm per 30 days)
<i>sodium fluoride (dental) SOLN .2%</i>	QL (473 ml per 30 days)
<i>triamcinolone acetonide (mouth)</i>	

Drug Name	Requirements/Limits
OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sod-prednisolone</i>	
<i>tobramycin-dexamethasone</i>	
OPHTHALMIC, ANTI-INFECTIVES	
<i>bacitracin OINT 500unit/gm</i>	
<i>bacitracin-polymyxin b</i>	
<i>ciprofloxacin hcl</i>	
<i>erythromycin OINT</i>	
<i>gentamicin sulfate OINT .3%</i>	
<i>gentamicin sulfate SOLN</i>	
<i>levofloxacin SOLN .5%</i>	
<i>neomycin-bacitracin zinc-polymyxin</i>	
<i>neomycin-polymyxin-gramicidin</i>	
<i>ofloxacin .3%</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium</i>	
<i>tobramycin</i>	
OPHTHALMIC, ANTI-INFLAMMATORY: NONSTEROIDAL	
<i>diclofenac sodium SOLN</i>	
<i>flurbiprofen sodium</i>	
<i>ketorolac tromethamine SOLN</i>	
OPHTHALMIC, ANTI-INFLAMMATORY: STEROIDAL	
<i>dexamethasone sodium phosphate</i>	
<i>fluorometholone</i>	
<i>prednisolone acetate</i>	
OPHTHALMIC, ANTIALLERGICS	
<i>azelastine hcl .05%</i>	
<i>cromolyn sodium SOLN</i>	
OPHTHALMIC, ANTIFUNGALS	
<i>NATACYN</i>	QL (15 ml per 30 days)
OPHTHALMIC, ANTIVIRAL	
<i>trifluridine</i>	
OPHTHALMIC, BETA-BLOCKERS: NONSELECTIVE	
<i>levobunolol hcl</i>	
<i>metipranolol</i>	
<i>timolol maleate SOLG; SOLN</i>	

Drug Name	Requirements/Limits
OPHTHALMIC, BETA-BLOCKERS: SELECTIVE	
<i>betaxolol hcl</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS	
<i>dorzolamide hcl-timolol maleate</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: ORAL	
<i>acetazolamide</i>	
<i>methazolamide</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: TOPICAL	
<i>dorzolamide hcl</i>	
OPHTHALMIC, MISCELLANEOUS	
LUCENTIS	PA; SP
MACUGEN	PA; SP
XIIDRA	PA, QL (60 ea / 30 days)
OPHTHALMIC, MYDRIATICS	
<i>atropine sulfate (ophthalmic)</i>	
<i>cyclopentolate hcl</i>	
OPHTHALMIC, PROSTAGLANDINS	
<i>latanoprost</i>	
OPHTHALMIC, SYMPATHOMIMETICS	
<i>brimonidine tartrate</i>	
OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS	
<i>CIPRODEX</i>	
<i>neomycin-polymyxin-hc</i>	
OTIC, ANTI-INFECTIVES	
<i>acetic acid</i>	
<i>acetic acid-aluminum acetate</i>	
<i>ofloxacin .3%</i>	
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
<i>tolterodine tartrate</i>	QL (60 tabs / 30 days)
VACCINES	
BACTERIAL VACCINES	
<i>VIVOTIF</i>	PA, QL (4 caps per 5 years)
VIRAL VACCINES	
<i>AFLURIA 2017-2018</i>	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 and OVER

Drug Name	Requirements/Limits
FLUAD 2017-2018	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUBLOK QUADRIVALENT 2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER

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<i>desogestrel-ethinyl estradiol</i> (biphasic)	38
<i>desogestrel-ethinyl estradiol</i> (triphasic)	40
<i>dexamethasone elixir</i>	40
<i>dexamethasone sodium phosphate</i>	60
<i>dexamethasone soln</i>	40
<i>dexamethasone tab</i>	40
DEXCOM G5 MOBILE RECEIVER..	50
DEXCOM G5 MOBILE TRANSMIT .	50
DEXCOM G5 MOBILE/G4 PLATI...	50
DEXCOM G6 RECEIVER.....	50
DEXCOM G6 SENSOR	50
DEXCOM G6 TRANSMITTER.....	50
<i>dexmethylphenidate hcl</i>	28, 29
<i>dextrazoxane</i>	13
<i>dextroamphetamine sulfate cap</i> <i>sustained-rel 24hr 10 mg</i>	29
<i>dextroamphetamine sulfate cap</i> <i>sustained-rel 24hr 15 mg</i>	29
<i>dextroamphetamine sulfate cap</i> <i>sustained-rel 24hr 5 mg</i>	29
<i>dextroamphetamine sulfate tab 10</i> <i>mg</i>	29
<i>dextroamphetamine sulfate tab 5</i> <i>mg</i>	29
DIAPHRAGM.....	39

<i>diazepam</i>	19
<i>diazepam rectal gel</i>	20
<i>diazepam tab 10 mg</i>	19
<i>diazepam tab 2mg</i>	19
<i>diazepam tab 5 mg</i>	19
<i>diclofenac gel 1%</i>	1
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1, 60
<i>dicloxacillin sodium</i>	4
<i>dicyclomine hcl</i>	43
<i>didanosine</i>	6
<i>diflunisal</i>	1
<i>digoxin</i>	17
DILANTIN	20
DILANTIN INFATABS.....	20
<i>diltiazem hcl</i>	17
<i>diltiazem hcl coated beads</i>	17
<i>diltiazem hcl extended release</i> <i>beads</i>	17
<i>diphenoxylate w/ atropine</i>	42
<i>dipyridamole</i>	46
<i>disopyramide phosphate</i>	16
<i>disulfiram</i>	32
<i>divalproex sodium</i>	20
<i>docefrez</i>	13
<i>docetaxel</i>	13
<i>donepezil hydrochloride</i>	20
DONNATAL	43
DORIBAX	3
<i>dorzolamide hcl</i>	61
<i>dorzolamide hcl-timolol maleate</i> ..	61
DOVATO.....	15
<i>doxazosin mesylate</i>	16
<i>doxepin hcl</i>	22
<i>doxercalciferol</i>	41
<i>doxorubicin hcl</i>	13
<i>doxorubicin hcl liposomal</i>	13
<i>doxycycline (monohydrate) susp</i> ...	4
<i>doxycycline hyclate cap 50 mg,</i> <i>100 mg</i>	4
<i>doxycycline hyclate for inj 100 mg</i> 4	
<i>doxycycline hyclate tab 20 mg,</i>	

PA - Prior Authorization **QL** - Quantity Limits **DS**- Day Supply Limits **ST** - Step
Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty
Pharmacy **OTC** – Over the Counter

100 mg	4
dronabinol	42
drospirenone-ethinyl estradiol	39
DRYSOL	59
DULERA.....	56
DULERA AER 50-5MCG	56
duloxetine hcl	21

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EDURANT	6
EFFIENT	46
ELAPRASE	41
ELIDEL	59
ELIGARD	10
ELIQUIS	45
ELITEK	13
ELIXOPHYLLIN	56
ELLA	38
EMCYT	9
EMGALITY.....	51
EMTRIVA CAP 200MG	6
EMTRIVA SOLN	6
EMVERM.....	2
enalapril maleate.....	15
enalapril maleate & hydrochlorothiazide	15
ENBREL.....	47
ENBREL MINI	47
ENDARI.....	46
enoxaparin sodium	45
entacapone	23
entecavir	7
ENTRESTO.....	18
epinephrine (anaphylaxis)	54
epinephrine inj 0.3mg	54
EPIPEN 2-PAK	54
EPIPEN-JR 2-PAK.....	54
epirubicin hcl	13
eplerenone	15
EPOGEN	46
epoprostenol sodium.....	18
ERBITUX	13
ERIVEDGE	13

ERYTHROCIN LACTOBIONATE	3
erythromycin	57, 60
erythromycin base.....	3
erythromycin base ext-rel	3
erythromycin stearate.....	3
erythromycin-sulfisoxazole	8
escitalopram oxalate.....	21
ESTRACE.....	40
estradiol.....	40
estradiol & norethindrone acetate	40
estropipate	40
ethambutol hcl.....	7
ethosuximide	20
ethynodiol diacetate & ethinyl estradiol.....	39
etodolac.....	1
ETOPOPHOS	13
etoposide	13
EUCRISA.....	34
EVOTAZ	5
exemestane.....	10
EXJADE	46
EXTAVIA	32
ezetimibe	16

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FABRAZYME.....	41
FACTOR IX COMPLEX	46
famciclovir.....	7
famotidine.....	43
FARESTON.....	10
FARYDAK	13
FASLODEX.....	10
fat emulsion	52
felodipine	17
FEMRING.....	40
fenofibrate	16
fenofibrate micronized	16
fentanyl	1
FERRIPROX	46
FIBRINOGEN CONC (HUMAN)	46
finasteride.....	44
FLAVOR BLEND	51

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 Pharmacy **OTC** – Over the Counter

<i>flecainide acetate</i>	16
FLOVENT DISKUS	56
FLOVENT HFA.....	56
<i>floxuridine</i>	10
FLUAD 2017-2018	62
FLUARIX QUADRIVALENT 2017 ..	49
FLUBLOK 2017-2018.....	49
FLUBLOK QUADRIVALENT 2017..	62
FLUCELVAX QUADRIVALENT 20 ..	49
<i>fluconazole</i>	5
<i>fludarabine phosphate</i>	10
<i>fludrocortisone acetate</i>	40
FLULAVAL QUADRIVALENT 201 ..	49
<i>flunisolide</i>	56
<i>fluorometholone</i>	60
<i>fluorouracil</i>	10
<i>fluorouracil (topical)</i>	57
<i>fluoxetine hcl</i>	21
<i>fluphenazine decanoate</i>	26
<i>fluphenazine hcl</i>	26
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	60
<i>flutamide</i>	10
<i>fluticasone propionate</i>	58
FLUVIRIN 2017-2018	49
<i>fluvoxamine maleate</i>	20
FLUZONE HIGH-DOSE PF 2017...	49
FLUZONE INTRADERMAL QUADR	49
FLUZONE QUADRIVALENT 2017 .	49
<i>folic acid</i>	53
<i>folic acid-vitamin b6-vitamin b12</i>	53
FOLOTYN.....	10
<i>fondaparinux sodium</i>	45
<i>foscarnet sodium</i>	7
<i>fosinopril sodium</i>	15
<i>fosinopril sodium &</i> <i>hydrochlorothiazide</i>	15
FREAMINE HBC 6.9%	52
FREAMINE III.....	52
FREESTYLE LIBRE 14 DAY/RE.....	50
FREESTYLE LIBRE 14 DAY/SE.....	50
FREESTYLE LIBRE 2/SENSOR/	50

FREESTYLE LIBRE/SENSOR/FL	50
<i>furosemide</i>	18

G

<i>gabapentin</i>	20
<i>gabapentin oral solution 250</i> <i>mg/5ml</i>	20
<i>galantamine hydrobromide</i>	20
GARDASIL.....	50
GELATIN CAPSULES.....	51
<i>gemcitabine hcl</i>	10
<i>gemfibrozil</i>	16
<i>gentamicin sulfate</i>	57, 60
<i>gentamicin sulfate inj</i>	2
GENVOYA	15
GILENYA	32
GILOTRIF	11
<i>glatopa inj 20mg/ml</i>	32
GLEOSTINE	9
GLIADEL WAFER	9
<i>glimepiride</i>	36
<i>glipizide</i>	36
<i>glipizide ext-rel tab 10mg</i>	36
<i>glipizide ext-rel tab 2.5mg</i>	36
<i>glipizide ext-rel tab 5mg</i>	36
<i>glipizide-metformin hcl tab 2.5-250</i> <i>mg</i>	34
<i>glipizide-metformin hcl tab 2.5-500</i> <i>mg</i>	34
<i>glipizide-metformin hcl tab 5-500</i> <i>mg</i>	34
<i>glyburide</i>	36
<i>glyburide micronized</i>	36
<i>glyburide-metformin tab 1.25-250</i> <i>mg</i>	34
<i>glyburide-metformin tab 2.5-500</i> <i>mg</i>	34
<i>glyburide-metformin tab 5-500 mg</i>	34
<i>glycopyrrolate</i>	43
<i>granisetron hcl</i>	42
<i>griseofulvin microsize</i>	5
<i>griseofulvin microsize susp 125</i>	

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Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty
Pharmacy **OTC** – Over the Counter

mg/5ml 5
 griseofulvin ultramicrosize 5
 guaifenesin tab ext-rel 12hr 600 mg
 55
 guanfacine hcl 15
 guanfacine hcl (adhd) 29

H

HALAVEN 13
 halobetasol propionate 59
 haloperidol 26
 haloperidol decanoate 26
 haloperidol lactate 26
 HEMLIBRA 46
 heparin sodium 45
 heparin sodium (porcine) 45
 HERCEPTIN 13
 HEXALEN 9
 HUMALOG MIX 50/50 35
 HUMALOG MIX 50/50 KWIKPEN.. 35
 HUMALOG MIX 75/25 35
 HUMALOG MIX 75/25 KWIKPEN.. 35
 HUMIRA 47
 HUMIRA PEDIATRIC CROHNS D.. 47
 HUMIRA PEN 47
 HUMIRA PEN-CD/UC/HS START .. 47
 HUMIRA PEN-PS/UV STARTER 47
 HUMULIN 70/30 35
 HUMULIN 70/30 KWIKPEN 35
 HUMULIN N..... 35
 HUMULIN N KWIKPEN 35
 HUMULIN R..... 35
 HUMULIN R INJ U-500 VIAL 35
 HYCAMTIN 14
 hydralazine hcl 18
 hydrochlorothiazide 18
 hydrocodone w/ homatropine 55
 hydrocodone-acetaminophen 1
 hydrocortisone 40, 58
 hydrocortisone (intrarectal) 44
 hydrocortisone (rectal) 44
 hydrocortisone butyrate 58
 hydromorphone hcl 1

hydroxychloroquine sulfate 47
 hydroxyurea 13
 hydroxyzine hcl 54
 hydroxyzine pamoate 54
 hyoscyamine sulfate 43

I

IBRANCE 11
 ibuprofen 1
 icatibant acetate 46
 idarubicin hcl 13
 IDHIFA..... 14
 IFEX 9
 ifosfamide 9
 ILARIS 48
 imatinib mesylate 11
 IMBRUVICA 11
 imipenem-cilastatin 3
 imipramine hcl 22
 imiquimod 59
 INCRELEX 41
 INCRUSE ELLIPTA 54
 indapamide 18
 indomethacin 2
 INFED 53
 INLYTA 11
 INSULIN INFUSION PUMP -
 ACCESSORIES 37
 INSULIN INFUSION PUMP SUPPLIES
 37
 INTELENCE 6
 intralipid 52
 INTRON A..... 48
 INTRON A W/DILUENT 48
 INVANZ..... 3
 INVEGA SUSTENNA 24
 INVEGA TRINZA 24
 INVIRASE CAP 200MG..... 5
 INVIRASE TAB 500MG..... 5
 INVOKAMET..... 35
 INVOKAMET XR..... 35
 INVOKANA 36
 iodoquinol-hc 57

PA - Prior Authorization **QL** - Quantity Limits **DS**- Day Supply Limits **ST** - Step 71
 Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty
 Pharmacy **OTC** – Over the Counter

<i>ipratropium bromide</i>	54, 56
<i>ipratropium-albuterol</i>	54
<i>irbesartan</i>	16
<i>irbesartan-hydrochlorothiazide</i> ...	16
<i>irinotecan hcl</i>	14
ISENTRESS	5
ISENTRESS HD.....	5
ISENTRESS POW 100MG	5
ISENTRESS TAB 400MG	5
<i>isoniazid</i>	7
<i>isosorbide dinitrate</i>	18
<i>isosorbide mononitrate</i>	18
<i>isotretinoin</i>	57
ISTODAX	13
<i>itraconazole cap</i>	5
<i>ivermectin</i>	8
IXEMPRA KIT	13
J	
JAKAFI	11
JANUVIA.....	34
JARDIANCE	9
JEVTANA	13
JIVI	46
JULUCA	15
K	
KALETRA SOL.....	6
KALETRA TAB 100-25MG	6
KALETRA TAB 200-50MG	6
KEPIVANCE	44
<i>ketoconazole</i>	57, 58
KETO-DIASTIX	37
<i>ketorolac tromethamine</i>	1, 60
KEVZARA.....	2
K-PHOS.....	53
KRISTALOSE	44
KRYSTEXXA	1
KUVAN	41
L	
<i>labetalol hcl</i>	17
<i>lactic acid (ammonium lactate)</i> ..	59
<i>lactic acid w/ vitamin e</i>	59
<i>lactulose</i>	44

<i>lactulose (encephalopathy)</i>	44
<i>lamivudine (hbv)</i>	7
<i>lamotrigine</i>	20
LANCET DEVICES	37
<i>lancets</i>	37
LANCETS KIT	37
LANCETS MISC.	37
LANOXIN.....	17
<i>latanoprost</i>	61
<i>leflunomide</i>	47
LENVIMA	12
LENVIMA 12MG DAILY DOSE	12
LENVIMA 4 MG DAILY DOSE	12
<i>letrozole</i>	10
<i>leucovorin calcium</i>	13
LEUCOVORIN CALCIUM	13
<i>leucovorin calcium for inj</i>	13
LEUCOVORIN CALCIUM FOR INJ..	13
LEUKERAN.....	9
<i>leuprolide acetate</i>	10
<i>levetiracetam</i>	20
<i>levobunolol hcl</i>	60
<i>levofloxacin</i>	4, 60
<i>levofloxacin in d5w</i>	4
<i>levoleucovorin calcium</i>	13
<i>levonorgestrel & ethinyl estradiol</i>	39
<i>levonorgestrel tab 1.5 mg</i>	38
<i>levonorgestrel-ethinyl estradiol (91-</i>	
<i>day)</i>	38
<i>levonorgestrel-ethinyl estradiol tab</i>	
<i>(triphasic)</i>	40
<i>levothyroxine sodium</i>	42
LEXIVA SUS 50MG/ML	6
LEXIVA TAB 700MG	6
<i>lidocaine hcl soln 4%</i>	59
<i>lidocaine patch 5%</i>	59
<i>lidocaine-prilocaine</i>	59
<i>linezolid</i>	8
LINZESS	44
<i>liothyronine sodium</i>	42
<i>lisinopril</i>	15
<i>lisinopril & hydrochlorothiazide</i>	15

PA - Prior Authorization **QL** - Quantity Limits **DS**- Day Supply Limits **ST** - Step 72
 Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty
 Pharmacy **OTC** – Over the Counter

<i>lithium carbonate</i>	31
LITHIUM ORAL SOLUTION 8 MEQ/5ML.....	31
LOMUSTINE CAP 5 MG	9
<i>lorazepam</i>	19
<i>lorazepam 2mg/ml</i>	19
LORBRENA.....	14, 15
<i>losartan potassium</i>	16
<i>losartan potassium & hydrochlorothiazide</i>	16
<i>lovastatin</i>	16
LUCENTIS.....	61
LUMIZYME	41
LUPRON DEPOT (1-MONTH)	10
LUPRON DEPOT (3-MONTH)	10
LUPRON DEPOT (4-MONTH)	10
LUPRON DEPOT (6-MONTH)	11
LUPRON DEPOT-PED (1-MONTH .	41
LUPRON DEPOT-PED (3-MONTH .	41
LYNPARZA	13
LYRICA.....	30
LYRICA SOLUTION 20MG/ML.....	30
LYSODREN.....	13

M

MACUGEN.....	61
MAKENA	42
<i>malathion</i>	59
MARPLAN	21
MASKS	55
MATULANE.....	13
MAVYRET.....	7
MAYZENT	54
<i>meclizine hcl</i>	43
<i>medroxyprogesterone acetate</i> ...	39, 42
<i>mefloquine hcl</i>	5
<i>megestrol acetate</i>	11, 51
MEKINIST.....	12
<i>meloxicam</i>	1
<i>melfalan hcl</i>	9
<i>memantine hcl tab 10 mg</i>	21
<i>memantine hcl tab 5 mg</i>	20

MENACTRA	50
MENOMUNE-A/C/Y/W-135	50
MEPHYTON	53
<i>mercaptopurine</i>	10
<i>meropenem</i>	3
<i>mesalamine</i>	44
<i>mesalamine w/ cleanser</i>	44
<i>mesna</i>	13
MESNEX.....	13
METASTRON	13
<i>metformin hcl</i>	34
<i>metformin tab 500mg ext-rel</i>	34
<i>metformin tab 750mg ext-rel</i>	34
<i>methadone hcl</i>	1
<i>methazolamide</i>	61
<i>methimazole</i>	42
<i>methocarbamol</i>	32
<i>methotrexate sodium</i>	10
<i>methyl dopa</i>	18
<i>methylergonovine maleate</i>	41
<i>methylphenidate hcl</i>	29
<i>methylphenidate hcl cap controlled release 10 mg</i>	29
<i>methylphenidate hcl cap controlled release 20 mg</i>	29
<i>methylphenidate hcl cap controlled release 30 mg</i>	29
<i>methylphenidate hcl cap controlled release 40 mg</i>	29
<i>methylphenidate hcl cap controlled release 50 mg</i>	29
<i>methylphenidate hcl cap controlled release 60 mg</i>	29
<i>methylphenidate hcl cap sustained- rel 24hr 20 mg</i>	29
<i>methylphenidate hcl cap sustained- rel 24hr 30 mg</i>	30
<i>methylphenidate hcl cap sustained- rel 24hr 40 mg</i>	30
<i>methylphenidate hcl solution 10 mg/5ml</i>	30
<i>methylphenidate hcl solution 5</i>	

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Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty
Pharmacy **OTC** – Over the Counter

<i>mg/5ml</i>	30
<i>methylphenidate hcl tab controlled-release</i>	30
<i>methylphenidate tab 20mg ext-rel</i>	30
<i>methylprednisolone</i>	40
<i>metipranolol</i>	60
<i>metoclopramide hcl</i>	43
<i>metolazone</i>	18
<i>metoprolol & hydrochlorothiazide</i>	17
<i>metoprolol succinate</i>	17
<i>metoprolol tartrate</i>	17
<i>metronidazole</i>	8, 59
<i>metronidazole cream 0.75%</i>	59
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	8
<i>metronidazole inj</i>	8
<i>metronidazole vaginal</i>	45
<i>miconazole nitrate vaginal</i>	45
<i>midodrine hcl</i>	18
MINIMED 530G INSULIN PUMP...	37
MINIMED 670G INSULIN PUMP...	37
MIRENA.....	39
<i>mirtazapine</i>	21
<i>misoprostol</i>	44
<i>mitomycin</i>	13
<i>mitoxantrone hcl</i>	13
<i>modafinil</i>	32
<i>mometasone furoate</i>	58
MONOJECT SYRINGE/ECCENTRI .	51
MONOJECT SYRINGE/LUER LOC..	51
MONOJECT SYRINGE/LUER-LOC .	51
<i>montelukast sodium</i>	55
<i>morphine sulfate controlled-release</i>	1, 2
<i>morphine sulfate sol 100/5ml</i>	2
<i>morphine sulfate solution</i>	2
<i>morphine sulfate suppositories</i>	2
<i>morphine sulfate tab</i>	2
<i>moxifloxacin hcl (ophth)</i>	53
MOZOBIL.....	46
MULPLETA	47

<i>multiple vitamin</i>	53
<i>mupirocin</i>	57
MUSTARGEN.....	9
<i>mycophenolate mofetil</i>	48
MYLERAN	9
N	
<i>nabumetone</i>	1
<i>nadolol</i>	17
<i>nafcillin sodium inj</i>	4
NAGLAZYME	41
<i>naloxone hcl inj 0.4 mg/ml</i>	32
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	32
<i>naltrexone hcl</i>	33
NAMENDA SOL 10MG/5ML.....	21
NAMENDA TITRATION PAK	21
<i>naproxen</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	31
<i>narcan</i>	33
NATACYN	60
<i>nateglinide</i>	35
NEBULIZERS.....	55
<i>neomycin sulfate</i>	3
<i>neomycin-bacitracin zinc-polymyxin</i>	60
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	60
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	60
<i>neomycin-polymyxin-gramicidin</i> ..	60
<i>neomycin-polymyxin-hc</i>	61
<i>neomycin-polymyxin-hc ophth susp</i>	60
NEORAL	48
NEPHRAMINE.....	52
NEUTREXIN	8
<i>nevirapine</i>	6
<i>nevirapine tab 100 mg ext-rel</i>	6
<i>nevirapine tab 400mg ext-rel</i>	6
NEXAVAR	12
NEXIUM GRANULES 2.5 MG, 5MG	

PA - Prior Authorization **QL** - Quantity Limits **DS**- Day Supply Limits **ST** - Step Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty Pharmacy **OTC** – Over the Counter 74

AND 10MG DELAYED RELEASE ...	44
NEXPLANON.....	39
<i>niacin (antihyperlipidemic)</i>	16
NICOTROL INHALER.....	33
NICOTROL NS	33
<i>nifedipine</i>	17
<i>nifedipine ext-rel</i>	17
<i>nilutamide</i>	10
NIPENT	13
<i>nitrofurantoin</i>	8
<i>nitrofurantoin macrocrystal</i>	8
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	8
<i>nitroglycerin</i>	18
NITROSTAT.....	18
NITYR	42
<i>nizatidine</i>	43
NONOXYNOL-9.....	39
NORDITROPIN FLEXPRO	41
<i>norelgestromin-ethinyl estradiol</i> .	39
<i>norethindrone</i>	39
<i>norethindrone & ethinyl estradiol tab</i>	39
<i>norethindrone & mestranol</i>	39
<i>norethindrone ace & ethinyl estradiol</i>	39
<i>norethindrone ace & ethinyl estradiol-fe</i>	39
<i>norethindrone acetate</i>	42
<i>norethindrone acetate-ethinyl estradiol</i>	40
<i>norethindrone-ethinyl estradiol (triphasic)</i>	40
<i>norgestimate-ethinyl estradiol</i>	39
<i>norgestimate-ethinyl estradiol (triphasic)</i>	40
<i>norgestimate-ethinyl estradiol tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	40
<i>norgestrel & ethinyl estradiol</i>	39
NORPACE CR.....	16
<i>nortriptyline hcl</i>	22

NORVIR CAP 100MG	6
NORVIR SOL 80MG/ML.....	6
NORVIR TAB 100MG	6
NOVOLIN 70/30	35
NOVOLIN N	35
NOVOLIN R.....	35
NOVOLOG MIX 70/30.....	35
NOVOLOG MIX 70/30 PREFILL	35
NOVOPEN 3 PENMATE.....	37
NPLATE	46
NUEDEXTA	33
NUVARING	40
<i>nystatin</i>	5
<i>nystatin (mouth-throat)</i>	5
<i>nystatin cream 100000 unit/gm</i> ..	58
<i>nystatin oint 100000 unit/gm</i>	58
<i>nystatin topical powder 100000 unit/gm</i>	58
○	
<i>octreotide acetate</i>	41
ODEFSEY.....	15
OFEV	56
<i>ofloxacin</i>	60, 61
<i>olanzapine</i>	24
<i>olanzapine orally disintegrating tab</i>	24
<i>omeprazole cap delayed release</i> ..	44
OMNIPOD 5 PACK.....	37
OMNIPOD DASH 5 PACK.....	37
OMNIPOD STARTER KIT	37
ONCASPAR	13
<i>ondansetron hcl</i>	43
<i>ondansetron orally disintegrating tab</i>	43
OPSUMIT.....	19
ORENITRAM.....	19
ORKAMBI	57
<i>orphenadrine citrate</i>	32
<i>orphenadrine w/ aspirin & caffeine tab</i>	32
<i>oseltamivir phosphate</i>	7
OSPHENA	42

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<i>oxacillin sodium inj</i>	4
<i>oxaliplatin</i>	9
<i>oxaprozin</i>	1
<i>oxazepam</i>	19
<i>oxcarbazepine</i>	20
<i>oxybutynin chloride</i>	45
<i>oxybutynin chloride tab sustained-rel 24hr 10 mg</i>	45
<i>oxybutynin chloride tab sustained-rel 24hr 15 mg</i>	45
<i>oxybutynin chloride tab sustained-rel 24hr 5 mg</i>	45
<i>oxycodone hcl</i>	2
<i>oxycodone w/ acetaminophen</i>	2
<i>oxycodone-aspirin</i>	2
OZEMPIC	9

P

<i>paclitaxel</i>	14
<i>paliperidone</i>	24
PARADIGM INSULIN PUMP PRO ..	37
PARADIGM REVEL INSULIN PU ...	37
PARAGARD INTRAUTERINE COP .	39
<i>parenteral electrolytes</i>	53
<i>paroxetine hcl</i>	21
PEAK FLOW METER	55
<i>pediatric multivitamins w/fluoride</i>	53
<i>pediatric multivitamins w/fluoride & iron</i>	53
<i>pediatric vitamins acd w/ fluoride</i>	53
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	44
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	44
PEGASYS	48
PEGASYS PROCLICK.....	48
PEG-INTRON	48
PEG-INTRON REDIPEN	48
PEG-INTRON REDIPEN PAK 4	48
<i>penicillin g potassium</i>	4
<i>penicillin g procaine</i>	4
<i>penicillin v potassium</i>	4
PENTAM 300	8

<i>permethrin cream</i>	59
<i>perphenazine</i>	26, 27
PERSERIS.....	24
<i>phenazopyridine hcl</i>	45
<i>phenelzine sulfate</i>	21
<i>phenobarbital</i>	20
<i>phenylephrine-promethazine w/ codeine syrup 5-6.25-10 mg/5ml</i>	55
<i>phenytoin</i>	20
<i>phenytoin sodium extended</i>	20
PHOTOFRIN	14
<i>pilocarpine hcl (oral)</i>	44
<i>pindolol</i>	17
<i>pioglitazone hcl</i>	35
<i>pioglitazone hcl-glimepiride</i>	34
<i>pioglitazone hcl-metformin hcl</i>	34
<i>piperacillin sodium-tazobactam sodium</i>	4
PNEUMOVAX 23	50
<i>podofilox</i>	59
<i>polyethylene glycol 3350</i>	44
POLYETHYLENE GLYCOL 400.....	51
<i>polymyxin b sulfate</i>	8
<i>polymyxin b-trimethoprim</i>	60
<i>potassium bicarbonate</i>	52
<i>potassium chloride</i>	52
<i>potassium chloride tab controlled release</i>	52
<i>potassium citrate (alkalinizer)</i>	45
<i>potassium phosphate monobasic w/ sodium phosphate dibasic & monobasic tab</i>	52
<i>pramipexole dihydrochloride</i>	23
<i>pravastatin sodium</i>	16
<i>prazosin hcl</i>	8
<i>prednisolone</i>	40
<i>prednisolone acetate</i>	60
<i>prednisolone orally disintegrating tab</i>	40
<i>prednisolone sodium phosphate</i> ..	40
<i>prednisone</i>	41
PREMARIN	40

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<i>prenatal vit w/ ferrous fumarate-folic acid</i>	53
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	53
<i>prenatal vit w/ iron carbonyl-folic acid</i>	53
PREVNAR 13.....	50
PREZCOBIX.....	5
PREZISTA.....	6
<i>primidone</i>	20
<i>probenecid</i>	1
PROCALAMINE.....	52
<i>prochlorperazine</i>	43
<i>prochlorperazine maleate</i>	43
PROCRIT.....	46
<i>progesterone micronized cap</i>	42
PROLASTIN-C.....	57
PROLIA.....	38
PROMACTA.....	46
<i>promethazine & phenylephrine</i> ...	54
<i>promethazine hcl</i>	43
<i>promethazine w/codeine</i>	55
<i>promethazine/dextromethorphan</i>	54
<i>propafenone hcl</i>	16
<i>propranolol hcl</i>	17
<i>propylthiouracil</i>	42
PROSOL.....	52
PROTHROMBIN COMPLEX CONC HUMAN.....	46
<i>pseudoephedrine-brompheniramine-dextromethorphan</i>	54
PTS PANELS KETONE TEST.....	37
PULMOZYME.....	55
<i>pyrazinamide</i>	7
<i>pyridostigmine bromide</i>	32

Q

QUADRAMET.....	14
<i>quetiapine fumarate</i>	24
<i>quinapril hcl</i>	15
<i>quinapril-hydrochlorothiazide</i>	15
QVAR REDIHALER.....	8

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R

<i>ramipril</i>	15
RAPAMUNE.....	48
RASPBERRY SYRUP.....	51
REBIF.....	32
REBIF REBIDOSE TITRATION.....	32
REBIF TITRATION PACK.....	32
REMODULIN.....	18
REVELA PAK.....	41
<i>repaglinide</i>	35
<i>repaglinide 0.5 mg</i>	35
REPATHA.....	17
REPATHA PUSHTRONEX SYSTEM.....	17
REPATHA SURECLICK.....	17
RESCRIPTOR.....	6
RETACRIT.....	47
RETROVIR IV INFUSION.....	6
REVLIMID.....	11
REYATAZ.....	6
RHO D IMMUNE GLOBULIN.....	47
<i>ribavirin</i>	7
<i>rifabutin cap 150 mg</i>	8
<i>rifampin</i>	7
<i>riluzole</i>	31
RISPERDAL CONSTA.....	24
<i>risperidone</i>	24, 25
<i>rivastigmine</i>	21
<i>rivastigmine tartrate</i>	21
<i>rizatriptan benzoate</i>	31
<i>ropinirole hydrochloride</i>	23
<i>rosuvastatin calcium tab 10 mg</i>	9
<i>rosuvastatin calcium tab 20 mg</i>	9
<i>rosuvastatin calcium tab 40 mg</i>	9
<i>rosuvastatin calcium tab 5 mg</i>	9
RUBRACA.....	14
RUCONEST.....	33
RYDAPT.....	14

S

SABRIL.....	20
SAMSCA.....	42
SANDIMMUNE.....	48
SANTYL.....	59

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<i>selegiline hcl</i>	23
<i>selenium sulfide lotion 2.5%</i>	58
SELZENTRY.....	5
SENSIPAR.....	38
<i>sertraline hcl</i>	21
<i>sevelamer carbonate</i>	41
<i>sildenafil citrate (pulmonary hypertension)</i>	18
SILIQ.....	33
<i>silver sulfadiazine</i>	57
<i>simvastatin</i>	16
<i>sirolimus</i>	48
SKYLA	39
<i>sodium chloride</i>	56
<i>sodium fluoride</i>	53
<i>sodium fluoride (dental)</i>	59
<i>sodium fluoride solution</i>	53
<i>sodium phenylbutyrate</i>	42
<i>sodium polystyrene sulfonate</i>	52
SOLIQUA 100/33.....	8
SOLIRIS	46
SOLTAMOX	10
SOLU-CORTEF.....	45
SOMATULINE DEPOT.....	41
SOMAVERT	41
<i>sotalol hcl</i>	16
<i>sotalol hcl (afib/afl)</i>	16
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	55
<i>spinosad</i>	59
SPIRIVA RESPIMAT	54
<i>spironolactone</i>	15
<i>spironolactone & hydrochlorothiazide</i>	18
SSKI	50
<i>stavudine cap</i>	6
<i>stavudine soln</i>	6
STIMATE	42
STIOLTO RESPIMAT	54
STIVARGA	12
<i>streptomycin sulfate</i>	3
STRIBILD	5

STRIVERDI RESPIMAT.....	55
SUBLOCADE	2
SUBOXONE MIS 12-3MG	33
SUBOXONE MIS 2-0.5MG	33
SUBOXONE MIS 4-1MG	33
SUBOXONE MIS 8-2MG	33
<i>sucralfate tab 1 gm</i>	44
<i>sulfacetamide sodium</i>	60
<i>sulfacetamide sod-prednisolone</i> ..	60
<i>sulfamethoxazole-trimethoprim</i>	4
<i>sulfamethoxazole-trimethoprim ds</i> 4	
<i>sulfasalazine</i>	43
<i>sulindac</i>	1
<i>sumatriptan spray</i>	31
<i>sumatriptan succinate</i>	31
SUPPRELIN LA	41
SUPREP BOWEL PREP KIT.....	44
SUSTIVA	6
SUTENT	12
SYLATRON.....	48
SYMBICORT.....	56
SYMDEKO.....	57
SYMFI.....	15
SYMFI LO	15
SYNAGIS.....	48
SYNAREL.....	40
SYNERCID	8
SYNTHROID.....	42

T

T:SLIM INSULIN PUMP	38
T:SLIM X2	38
T:SLIM X2 INSULIN PUMP	38
T:SLIM X2 INSULIN PUMP/BA	38
TABLOID	10
<i>tacrolimus</i>	48
<i>tacrolimus oint 0.03%</i>	59
<i>tacrolimus oint 0.1%</i>	59
TAFINLAR.....	12
TAMIFLU	7
TAMIFLU SUS 6MG/ML	7
<i>tamoxifen citrate</i>	10
<i>tamsulosin hcl</i>	44

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TARCEVA.....	12
<i>tazarotene cream 0.1%</i>	57
TAZORAC	57
TECFIDERA	32
TECFIDERA STARTER PACK.....	32
TEFLARO	3
TEGRETOL	20
TEGRETOL-XR	20
<i>temazepam</i>	30
<i>temozolomide</i>	9
TENIPOSIDE	14
<i>terazosin hcl</i>	16
<i>terbinafine hcl tab</i>	5
<i>terbutaline sulfate</i>	55
<i>terconazole vaginal</i>	45
TERUMO SURGUARD2 SYRINGE/	51
<i>testosterone</i>	34
<i>testosterone cypionate</i>	34
<i>testosterone enanthate</i>	34
<i>testosterone gel</i>	34
TETANUS/DIPHThERIA TOXOID..	50
<i>tetrabenazine</i>	30
<i>tetracycline hcl</i>	4
THEO-24	56
<i>theophylline</i>	57
THERACYS.....	14
<i>thioridazine hcl</i>	27
<i>thiothixene</i>	27
THYROGEN	41
<i>thyroid</i>	42
<i>tiagabine hcl</i>	20
TICE BCG	14
<i>timolol maleate</i>	17, 60
TIVICAY	5
<i>tizanidine hcl</i>	32
<i>tobramycin</i>	60
<i>tobramycin inj</i>	3
<i>tobramycin neb 300/5ml inhalation</i>	55
<i>tobramycin-dexamethasone</i>	60
TOLAK.....	33
<i>tolterodine tartrate</i>	61

TOOMEY SYRINGE	52
<i>topiramate</i>	20
<i>topotecan hcl</i>	14
TORISEL	12
<i>torseamide</i>	18
TOTECT.....	14
<i>tpn electrolytes</i>	53
TRACE MINERALS (CR-CU-MN-ZN) INJ 1-100-30-500 MCG/ML.....	53
<i>tramadol hcl</i>	2
<i>tramadol hcl ext-rel</i>	2
TRAMADOL HCL EXT-REL.....	2
<i>tramadol-acetaminophen</i>	2
<i>trandolapril</i>	15
<i>tranexamic acid</i>	47
<i>tranylcyromine sulfate</i>	21
<i>trazodone hcl</i>	21
TREANDA	9
TRELSTAR	11
TRELSTAR MIXJECT	11
TRESIBA	35
TRESIBA FLEXTOUCH.....	35
<i>tretinoin (chemotherapy)</i>	14
TREXALL	10
<i>triamcinolone acetonide (mouth)</i> .59	
<i>triamcinolone acetonide (topical)</i> .58	
<i>triamterene & hydrochlorothiazide</i>	18
<i>trifluoperazine hcl</i>	27
<i>trifluridine</i>	60
<i>trihexyphenidyl hcl</i>	23
<i>trimethobenzamide hcl</i>	43
<i>trimethoprim</i>	8
TRISENOX.....	14
TRIUMEQ	5
TROGARZO.....	15
TROPHAMINE.....	52
<i>tropium chloride</i>	45
<i>tropium chloride cap sustained-rel</i> <i>24hr 60 mg</i>	45
TRULICITY.....	34
TRUVADA	5

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TUDORZA PRESSAIR.....	54
TYBOST.....	5
TYGACIL.....	8
TYKERB.....	12
TYSABRI.....	32
TYVASO STARTER.....	18

U

UDENYCA	47
UPTRAVI.....	18
URINE GLUCOSE MONITORING SUPPLIES	38
<i>ursodiol</i>	43
UVADEX	14

V

VAGIFEM	40
<i>valacyclovir hcl</i>	7
<i>valganciclovir hcl</i>	7
<i>valganciclovir hcl tab 450 mg</i>	7
<i>valproate sodium</i>	20
<i>valproic acid</i>	20
<i>valsartan</i>	16
<i>valsartan-hydrochlorothiazide</i>	16
VALSTAR	14
<i>vancomycin hcl</i>	8
<i>vancomycin hcl in dextrose inj</i>	8
<i>vancomycin inj</i>	8
VANTAS	11
VASCEPA.....	9
VECTIBIX	14
VELCADE.....	14
VEMLIDY	47
VENCLEXTA	14
VENCLEXTA STARTING PACK	14
<i>venlafaxine hcl</i>	21
<i>venlafaxine hcl ext-rel</i>	21
VENOFER.....	47
VENTAVIS.....	19
<i>verapamil ext-rel hcl</i>	17
V-GO 20.....	38
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VICTOZA.....	34
VIDEX PEDIATRIC SOLN.....	6
<i>vinblastine sulfate</i>	14
<i>vincristine sulfate</i>	14
<i>vinorelbine tartrate</i>	14
VIREAD	6
VISTOGARD.....	38
VITRAKVI	15
VIVITROL	32
VIVOTIF	61
<i>voriconazole</i>	5
VOTRIENT	12
VPRIV	41

W

<i>warfarin sodium</i>	45
WHEY PROTEIN DRINK MIX	52
WINRHO SDF.....	48

X

XALKORI.....	12
XARELTO TAB 2.5MG	45
XELJANZ	2
XELJANZ XR	2
XGEVA.....	38
XIIDRA	61
XOLAIR	56

Y

YERVOY	14
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Z

ZANOSAR.....	9
ZARONTIN.....	20
ZARXIO.....	46
ZEJULA	14
ZELBORAF.....	12
ZENPEP.....	44
ZERBAXA	3
ZEVALIN Y-90.....	14
<i>zidovudine tab 300 mg</i>	6
<i>ziprasidone hcl</i>	25
<i>zoledronic acid</i>	38
ZOLINZA.....	14
<i>zolmitriptan</i>	31
<i>zolpidem tartrate</i>	30

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<i>zolpidem tartrate ext-rel</i>	30	ZYDELIG	12
<i>zonisamide</i>	20	ZYKADIA	12
ZORBTIVE	41	ZYPREXA RELPREVV	25
ZOSTAVAX.....	50	ZYTIGA	10
ZOSYN	4	ZYVOX SUS 100MG/5M	8

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