MedStar Family Choice
Healthy DC Plan

2027 List of Covered Drugs

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

This list includes only medications that are filled and dispensed by a pharmacy. It does not include medications administered to you in a hospital, clinic, or other health care facility. For more information about Medical Drug Coverage please refer to the provider section on our website https://www.medstarfamilychoicehealthydc.com/providers or you can reach out to the Health Plan Pharmacist at 855-798-4244.

Members must use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

What is the MedStar Family Choice Healthy DC Plan Drug List?

A drug list is a list of covered drugs. MedStar Family Choice Healthy DC Plan works with a team of health care providers to choose drugs that provide quality treatment. MedStar Family Choice Healthy DC Plan covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a MedStar Family Choice Healthy DC Plan network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. The enclosed drug list is the most current drug list covered by MedStar Family Choice Healthy DC Plan. To get updated information about the drugs covered by MedStar Family Choice Healthy DC Plan, please visit https://www.medstarfamilychoicehealthydc.com or call the CVS Health Pharmacy/After Hours Prescription Line at 833-297-3186 or MedStar Family Choice Enrollee Services at 888-404-3549 24 hours 7 days a week.

How do I use the Drug List?

There are two ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page 7. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under Cardiovascular.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, see the page number where you can find coverage information
- Turn to the page listed in the Index and find the name of your drug in the first column of the list

For more information about your MedStar Family Choice Healthy DC Plan prescription drug coverage, please look at your plan document and other plan materials. If you have questions about the MedStar Family Choice Healthy DC Plan, or this drug list please call the CVS Health Pharmacy/After Hours Prescription Line at 833-297-3186 or MedStar Family Choice Enrollee Services at 888-404-3549 24 hours 7 days a week or visit https://www.medstarfamilychoicehealthydc.com.

MedStar Family Choice Healthy DC Plan Drug List

The drug list set forth below gives information about the drugs covered by the MedStar Family Choice Healthy DC Plan. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if the MedStar Family Choice Healthy DC Plan has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** MedStar Family Choice needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from before you fill your prescriptions. If you don't get approval, MedStar Family Choice may not cover the drug.

- **Quantity Limits:** For certain drugs, MedStar Family Choice limits the amount of the drug that it will cover. MedStar Family Choice also limits the amount of drugs you may receive within a class of drugs. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply. These classes are as follows:
- ANAPHYLAXIS TREATMENT AGENTS
- ANTIANXIETY
- ANTISEIZURE AGENTS
- ANTIVIRALS
- HYPNOTICS
- MIGRAINE
- NSAIDS

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- OPIOID ANALGESICS
- OPIOID PARTIAL AGONISTS
- PROTON PUMP INHIBITORS

- For opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.

- **Step Therapy:** MedStar Family Choice needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MedStar Family Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MedStar Family Choice will then cover Drug B.

What if my drug is not on the Drug List?

If your drug is not on this drug list, call Member Services and make sure that your drug is not covered. If you learn that MedStar Family Choice does not cover your drug, you have two choices:

- Ask Member Services for a list of similar drugs that are covered by MedStar Family Choice. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MedStar Family Choice. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.

- Ask MedStar Family Choice to make an exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

How do I ask for an exception to MedStar Family Choice Healthy DC Plan Drug List?

You can ask MedStar Family Choice to make an exception to our coverage rules. You can ask us to cover your drug even if it is not on our drug list.

Certain products are available at $0 cost share when utilized for preventive care. Additional products may be available at $0 cost share, through an exception process, when medically necessary for preventive care.

How likely is it that I will get an exception?

Generally, MedStar Family Choice will only approve your request for an exception if the preferred drugs included on the plan's drug list would:

- Not be as effective in treating your condition
- Cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list exception, please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.
Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

EXCH_CVSC 5T FERTILITY Effective 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib caps 50mg, 100mg, 200mg	1	
GOUT		
allopurinol tabs 100mg, 300mg	1	
colchicine tabs .6mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tabs 40mg, 80mg	1	ST; PA**
probenecid tabs 500mg	1	
NSAIDS		
diclofenac potassium tabs 50mg	1	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1	
diclofenac sodium (topical) gel 1%	1	QL (300g every 30 days), OTC
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1	
flurbiprofen tabs 50mg	1	
ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg	1	
ketorolac tromethamine soln 15mg/ml, 30mg/ml	1	
ketorolac tromethamine tabs 10mg	1	QL (20 tabs every 30 days)
meclofenamate sodium caps 50mg, 100mg	1	
mefenamic acid caps 250mg	1	
meloxicam tabs 7.5mg, 15mg	1	
nabumetone tabs 500mg, 750mg	1	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs 600mg	1	
piroxicam caps 10mg, 20mg	1	
sulindac tabs 150mg, 200mg	1	
voltaren arthritis pain gel 1%	1	QL (300g every 30 days), OTC
NSAIDS, COMBINATIONS		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
OPIOID ANALGESICS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-15 mg	1	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
butorphanol tartrate soln 1mg/ml, 2mg/ml	1	
butorphanol tartrate soln 10mg/ml	1	QL (2 bottles every 30 days)
codeine sulfate tabs 30mg	1	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
CODEINE SULFATE TABS 60MG	3	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
endocet tab 2.5-325	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
endocet tab 5-325mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
endocet tab 7.5-325	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
endocet tab 10-325mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr	1	ST, QL (10 patches every 30 days)
fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	ST, PA; High Strength Requires PA
hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg	1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate t24a 100mg, 120mg	1	ST, PA; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 2.5-325 mg	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	1	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl soln 2mg/ml	1	
hydromorphone hcl tabs 2mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tabs 4mg	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tabs 8mg	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tb24 8mg, 12mg, 16mg	1	ST, QL (30 tabs every 30 days)
hydromorphone hcl tb24 32mg	1	ST, PA; High Strength Requires PA
methadone hcl conc 10mg/ml	1	QL (30 mL every 30 days); (indicated for opioid addiction)
methadone hcl soln 5mg/5ml	1	ST, QL (450 mL every 30 days)
methadone hcl soln 10mg/5ml	1	ST, QL (225 mL every 30 days)
methadone hcl tabs 5mg	1	ST, QL (90 tabs every 30 days)
methadone hcl tabs 10mg	1	ST, QL (30 tabs every 30 days)
methadone hydrochloride i conc 10mg/ml	1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
methadose tbso 40mg	1	QL (9 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate soln 4mg/ml, 10mg/ml	1	
morphine sulfate soln 10mg/5ml	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
morphine sulfate soln 20mg/5ml	1	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
morphine sulfate soln 100mg/5ml	1	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
morphine sulfate tabs 15mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
morphine sulfate tabs 30mg	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
morphine sulfate tbcr 15mg, 30mg	1	ST, QL (90 tabs every 30 days)
morphine sulfate tbcr 60mg, 100mg, 200mg	1	ST, PA; High Strength Requires PA
morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg	1	ST, QL (30 caps every 30 days)
morphine sulfate beads cp24 120mg	1	ST, PA; High Strength Requires PA
nalbuphine hcl soln 10mg/ml, 20mg/ml	1	
NUCYNTA TABS 50MG	3	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TABS 75MG	3	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TABS 100MG	3	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA ER TB12 50MG, 100MG	3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TB12 150MG, 200MG, 250MG	3	ST, PA; High Strength Requires PA
oxycodone hcl caps 5mg	1	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
oxycodone hcl conc 100mg/5ml	1	ST, QL (90 mL every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl soln 5mg/5ml	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
oxycodone hcl tabs 5mg, 10mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tabs 15mg	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tabs 20mg	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tabs 30mg	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxymorphone hcl tabs 5mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxymorphone hcl tabs 10mg	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg	1	ST, QL (60 tabs every 30 days)
oxymorphone hcl tb12 20mg, 30mg, 40mg	1	ST, PA; High Strength Requires PA
tapentadol hcl tabs 50mg	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
tapentadol hcl tabs 75mg	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
tapentadol hcl tabs 100mg	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
tramadol hcl tabs 50mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
tramadol hcl tb24 100mg	1	ST, QL (30 tabs every 30 days)
tramadol hcl tb24 200mg, 300mg	1	ST, PA; High Strength Requires PA
tramadol-acetaminophen tab 37.5-325 mg	1	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG	2	ST, QL (60 caps every 30 days)
XTAMPZA ER C12A 36MG	2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG	2	ST, QL (60 films every 30 days)
BELBUCA FILM 600MCG, 750MCG, 900MCG	2	ST, PA; High Strength Requires Prior Auth
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr	1	ST, QL (4 patches every 30 days)
buprenorphine ptwk 15mcg/hr, 20mcg/hr	1	ST, PA; High Strength Requires Prior Auth
buprenorphine hcl soln .3mg/ml	1	
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	4	
SALICYLATES		
aspirin ec adult low dose tbec 81mg	0	QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered
diflunisal tabs 500mg	1	
goodsense aspirin chew 81mg	0	QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) soln .5%, 1%, 2%; sosy 100mg/5ml	1	
ANTI-INFECTIVES		
ANTHELMINTICS		
albendazole tabs 200mg	3	QL (336 tabs every 365 days)
EMVERM CHEW 100MG	3	QL (12 tabs every 365 days)
ivermectin tabs 3mg	1	
praziquantel tabs 600mg	1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate soln 1gm/4ml, 500mg/2ml	1	
fosfomycin tromethamine pack 3gm	1	
gentamicin sulfate soln 40mg/ml	1	
neomycin sulfate tabs 500mg	1	
sulfadiazine tabs 500mg	1	
tinidazole tabs 250mg, 500mg	1	
tobramycin sulfate soln 80mg/2ml; solr 1.2gm	1	
ANTIFUNGALS		
amphotericin b solr 50mg	1	
CRESEMBA CAPS 74.5MG, 186MG	3	
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	1	
griseofulvin ultramicrosize tabs 125mg, 250mg	1	
itraconazole caps 100mg; soln 10mg/ml	1	PA
nystatin tabs 500000unit	1	
posaconazole susp 40mg/ml	1	PA
posaconazole tbec 100mg	3	PA
terbinafine hcl tabs 250mg	1	
voriconazole susr 40mg/ml; tabs 50mg, 200mg	3	PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate tabs 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150MG	3	
mefloquine hcl tabs 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
primaquine phosphate tabs 26.3mg	1	
quinine sulfate caps 324mg	1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20mg/ml	1	QL (900 mL every 30 days)
abacavir sulfate tabs 300mg	1	QL (60 tabs every 30 days)
APRETUDE SUER 600MG/3ML	0	QL (2 vials every 90 days)
APTIVUS CAPS 250MG	2	QL (120 caps every 30 days)
atazanavir sulfate caps 150mg, 300mg	1	QL (30 caps every 30 days)
atazanavir sulfate caps 200mg	1	QL (60 caps every 30 days)
darunavir tabs 600mg	1	QL (60 tabs every 30 days)
darunavir tabs 800mg	1	QL (30 tabs every 30 days)
EDURANT PED TBSO 2.5MG	2	QL (180 tabs every 30 days)
efavirenz tabs 600mg	1	QL (30 tabs every 30 days)
emtricitabine caps 200mg	1	QL (30 caps every 30 days)
EMTRIVA SOLN 10MG/ML	2	QL (680 ml every 28 days)
etravirine tabs 100mg	1	QL (120 tabs every 30 days)
etravirine tabs 200mg	1	QL (60 tabs every 30 days)
fosamprenavir calcium tabs 700mg	1	QL (120 tabs every 30 days)
INTELENCE TABS 25MG	2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25MG, 100MG	2	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	2	QL (60 packets every 30 days)
ISENTRESS TABS 400MG	2	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600MG	2	QL (60 tabs every 30 days)
lamivudine soln 10mg/ml	1	QL (960 ml every 30 days)
lamivudine tabs 150mg	1	QL (60 tabs every 30 days)
lamivudine tabs 300mg	1	QL (30 tabs every 30 days)
maraviroc tabs 150mg	1	QL (60 tabs every 30 days)
maraviroc tabs 300mg	1	QL (120 tabs every 30 days)
nevirapine susp 50mg/5ml	1	QL (1200 mL every 30 days)
nevirapine tabs 200mg	1	QL (60 tabs every 30 days)
nevirapine tb24 400mg	1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
NORVIR PACK 100MG	2	QL (360 packets every 30 days)
PREZISTA SUSP 100MG/ML	2	QL (400 ml every 30 days)
PREZISTA TABS 75MG	2	QL (300 tabs every 30 days)
PREZISTA TABS 150MG	2	QL (180 tabs every 30 days)
RETROVIR IV INFUSION SOLN 10MG/ML	2	
REYATAZ PACK 50MG	2	QL (180 packets every 30 days)
rilpivirine hcl tabs 25mg	1	QL (60 tabs every 30 days)
ritonavir tabs 100mg	1	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	2	QL (1840 mL every 30 days)
tenofovir disoproxil fumarate tabs 300mg	1	QL (30 tabs every 30 days)
TIVICAY TABS 50MG	2	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5MG	2	QL (360 tabs every 30 days)
TROGARZO SOLN 200MG/1.33ML	4	
VIREAD POWD 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL (30 tabs every 30 days)
YEZTUGO SOLN 463.5MG/1.5ML	2	QL (4 vials every 168 days)
YEZTUGO TABS 300MG	2	QL (8 tabs every 4 days)
zidovudine caps 100mg	1	QL (180 caps every 30 days)
zidovudine syrp 50mg/5ml	1	QL (1920 ml every 30 days)
zidovudine tabs 300mg	1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	5	QL (1 kit every 30 days)
CABENUVA SUS 600-900	5	QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DELSTRIGO TAB	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	0	QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment

Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	0	QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	2	QL (30 tabs every 30 days)
KALETRA SOL	2	QL (480 ml every 30 days)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tabs every 30 days)
lopinavir-ritonavir tab 100-25 mg	1	QL (300 tabs every 30 days)
lopinavir-ritonavir tab 200-50 mg	1	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 675/150	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	3	QL (30 tabs every 30 days)
SYMTUZA TAB	3	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	3	QL (180 tabs every 30 days)
TRIUMEQ TAB	3	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
cycloserine caps 250mg	1	
ethambutol hcl tabs 100mg, 400mg	1	
isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg	1	
PRETOMANID TABS 200MG	3	
PRIFTIN TABS 150MG	2	
pyrazinamide tabs 500mg	1	
rifabutin caps 150mg	1	
rifampin caps 150mg, 300mg; solr 600mg	1	
SIRTURO TABS 20MG, 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	1	
cidofovir soln 75mg/ml	1	
famciclovir tabs 125mg, 250mg, 500mg	1	
oseltamivir phosphate caps 30mg	1	QL (40 caps every 90 days)
oseltamivir phosphate caps 45mg, 75mg	1	QL (20 caps every 90 days)
oseltamivir phosphate susr 6mg/ml	1	QL (360 mL every 90 days)
PAXLOVID PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (2 inhalers every 90 days)
rimantadine hydrochloride tabs 100mg	1	
valacyclovir hcl tabs 1gm, 500mg	1	
valganciclovir hcl solr 50mg/ml	4	PA, QL (1144 mL every 30 days)
valganciclovir hcl tabs 450mg	4	PA, QL (120 tabs every 30 days)
XERESE CRE 5-1%	3	PA
CEPHALOSPORINS		
cefaclor caps 250mg, 500mg; susr 250mg/5ml	1	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1	
cefazolin sodium solr 1gm	1	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefepime hcl solr 1gm, 2gm	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
ceftazidime solr 2gm	1	
ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil tabs 250mg, 500mg	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
tazicef solr 1gm	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS/MACROLIDES		
azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
DIFICID SUSR 40MG/ML	2	PA
e.e.s. 400 tabs 400mg	1	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml	1	
fidaxomicin tabs 200mg	1	PA
FLUOROQUINOLONES		
BAXDELA TABS 450MG	3	
CIPRO SUSR 500MG/5ML	3	
ciprofloxacin hcl tabs 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	1	
moxifloxacin hcl tabs 400mg	1	
ofloxacin tabs 300mg, 400mg	1	
HEPATITIS B		
adefovir dipivoxil tabs 10mg	4	
BARACLUDE SOLN .05MG/ML	4	PA, QL (630 mL every 30 days)
entecavir tabs .5mg, 1mg	4	PA, QL (30 tabs every 30 days)
lamivudine (hbv) tabs 100mg	1	
HEPATITIS C		
MAVYRET PAK 50-20MG	4	PA, QL (140 packets every 28 days)
MAVYRET TAB 100-40MG	4	PA, QL (84 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	4	PA
ribavirin (hepatitis c) caps 200mg; tabs 200mg	1	
SOVALDI PACK 150MG	5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PACK 200MG	5	ST, PA, QL (56 pellets every 28 days)
SOVALDI TABS 200MG	5	ST, PA, QL (56 tabs every 28 days)
SOVALDI TABS 400MG	5	ST, PA, QL (28 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
atovaquone susp 750mg/5ml	1	
aztreonam solr 1gm, 2gm	1	
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	1	
dapsone tabs 25mg, 100mg	1	
ertapenem sodium solr 1gm	1	
lincomycin hcl soln 300mg/ml	1	
linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg	1	
meropenem solr 1gm, 500mg	1	
methenamine hippurate tabs 1gm	1	
metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg	1	
nitazoxanide tabs 500mg	1	QL (20 tabs every 30 days)
nitrofurantoin susp 25mg/5ml	1	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	
nitrofurantoin monohyd macro caps 100mg	1	
pentamidine isethionate solr 300mg	1	
polymyxin b sulfate solr 500000unit	1	
pyrimethamine tabs 25mg	3	PA
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
trimethoprim tabs 100mg	1	
vancomycin hcl caps 125mg, 250mg	1	QL (80 caps every 10 days)
vancomycin hcl solr 1gm, 5gm, 10gm, 500mg, 750mg	1	
PENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin caps 500mg	1	
ampicillin sodium solr 1gm, 2gm	1	
dicloxacillin sodium caps 250mg, 500mg	1	
penicillin g potassium solr 5000000unit, 20000000unit	1	
penicillin g sodium solr 5000000unit	1	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
pfizerpen solr 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
avidoxy tabs 100mg	1	
demeclocycline hcl tabs 150mg, 300mg	1	
doxy 100 solr 100mg	1	
doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg	1	
doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg	1	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	1	
tetracycline hcl caps 250mg, 500mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
busulfan soln 6mg/ml	1	
carmustine solr 100mg	1	
cyclophosphamide caps 25mg, 50mg	1	
cyclophosphamide solr 1gm, 2gm, 500mg	4	
dacarbazine solr 100mg, 200mg	1	
GLIADEL WAF 7.7MG	2	
ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm	1	
LEUKERAN TABS 2MG	2	
lomustine caps 10mg, 40mg, 100mg	1	
MATULANE CAPS 50MG	2	

Drug Name	Drug Tier	Requirements/Limits
melphalan hcl solr 50mg	1	
TEMODAR SOLR 100MG	4	PA
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	PA
ANTIBIOTICS		
adriamycin solr 50mg	1	
bleomycin sulfate solr 15unit, 30unit	1	
daunorubicin hcl soln 20mg/4ml	1	
doxorubicin hcl soln 2mg/ml; solr 10mg	1	
doxorubicin hcl liposomal susp 2mg/ml	1	
idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml	1	
mitomycin solr 5mg, 20mg, 40mg	1	
mitoxantrone hcl conc 2mg/ml	4	
ANTIMETABOLITES		
azacitidine susr 100mg	4	PA
capecitabine tabs 150mg, 500mg	4	PA
cladribine soln 10mg/10ml	1	
clofarabine soln 1mg/ml	1	
cytarabine soln 20mg/ml, 100mg/ml	1	
decitabine solr 50mg	4	PA
fludarabine phosphate soln 50mg/2ml; solr 50mg	1	
fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	
gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg	4	
mercaptopurine tabs 50mg	1	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	1	
NIPENT SOLR 10MG	2	
pemetrexed disodium solr 100mg, 500mg	4	
TABLOID TABS 40MG	2	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG, 50MG	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	4	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	4	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100MG/50ML, 200MG/100ML	4	PA
ERIVEDGE CAPS 150MG	4	PA, QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
KADCYLA SOLR 100MG, 160MG	4	PA
KEYTRUDA SOLN 100MG/4ML	4	PA
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 caps every 28 days)
lenalidomide caps 20mg, 25mg	4	PA, QL (21 caps every 28 days)
PADCEV SOLR 20MG	5	PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	5	PA, QL (15 vials every 28 days)
pomalidomide caps 1mg, 2mg, 3mg, 4mg	4	PA, QL (21 caps every 28 days)
THALOMID CAPS 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAPS 100MG	5	PA, QL (112 caps every 28 days)
TICE BCG SUSR 50MG	2	
BIOSIMILARS		
GAZYVA SOLN 1000MG/40ML	4	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250mg	4	PA, QL (120 tabs every 30 days)
abiraterone acetate tabs 500mg	4	PA, QL (60 tabs every 30 days)
anastrozole tabs 1mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tabs 50mg	1	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	PA
ERLEADA TABS 60MG	4	PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	4	PA, QL (30 tabs every 30 days)
exemestane tabs 25mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
fulvestrant sosy 250mg/5ml	4	PA
letrozole tabs 2.5mg	1	
leuprolide acetate kit 1mg/0.2ml	4	PA
LYSODREN TABS 500MG	2	
megestrol acetate tabs 20mg, 40mg	1	
nilutamide tabs 150mg	1	

Drug Name	Drug Tier	Requirements/Limits
NUBEQA TABS 300MG	4	PA, QL (120 tabs every 30 days)
tamoxifen citrate tabs 10mg, 20mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tabs 60mg	1	
XTANDI CAPS 40MG	4	PA, QL (120 caps every 30 days)
XTANDI TABS 40MG	4	PA, QL (120 tabs every 30 days)
XTANDI TABS 80MG	4	PA, QL (60 tabs every 30 days)
YONSA TABS 125MG	4	PA, QL (120 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA CAPS 150MG	4	PA, QL (240 caps every 30 days)
BRAFTOVI CAPS 75MG	4	PA, QL (180 caps every 30 days)
BRUKINSA CAPS 80MG	4	PA, QL (120 caps every 30 days)
BRUKINSA TABS 160MG	4	PA, QL (60 tabs every 30 days)
CABOMETYX TABS 20MG, 40MG, 60MG	4	PA, QL (30 tabs every 30 days)
CALQUENCE TABS 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	4	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit every 28 days)
dasatinib tabs 20mg	4	PA, QL (90 tabs every 30 days)
dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg	4	PA, QL (30 tabs every 30 days)
erlotinib hcl tabs 25mg	4	PA, QL (60 tabs every 30 days)
erlotinib hcl tabs 100mg, 150mg	4	PA, QL (30 tabs every 30 days)
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg	4	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
everolimus tbso 2mg, 5mg	4	PA, QL (60 tabs every 30 days)
everolimus tbso 3mg	4	PA, QL (90 tabs every 30 days)
IBTROZI CAPS 200MG	5	PA, QL (90 caps every 30 days)
imatinib mesylate tabs 100mg	4	PA, QL (120 tabs every 30 days)
imatinib mesylate tabs 400mg	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70MG	5	PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140MG	5	PA, QL (90 caps every 30 days)
IMBRUVICA SUSP 70MG/ML	5	PA, QL (216 ml every 36 days)
IMBRUVICA TABS 140MG, 280MG, 420MG	5	PA, QL (30 tabs every 30 days)
INLYTA TABS 1MG	4	PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	4	PA, QL (120 tabs every 30 days)
ITOVEBI TABS 3MG	5	PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	5	PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	4	PA, QL (60 tabs every 30 days)
KISQALI TBPK 200MG	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPK 200MG	4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPK 200MG	4	PA, QL (63 tabs every 28 days); 600 mg dose
lapatinib ditosylate tabs 250mg	4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA, QL (90 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	5	PA, QL (90 tabs every 30 days)
LORBRENA TABS 100MG	5	PA, QL (30 tabs every 30 days)
MEKINIST SOLR .05MG/ML	4	PA, QL (12 bottles every 28 days)
MEKINIST TABS 2MG	4	PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	4	PA, QL (90 tabs every 30 days)
MEKTOVI TABS 15MG	4	PA, QL (180 tabs every 30 days)
nilotinib hcl caps 50mg, 150mg, 200mg	4	PA, QL (120 caps every 30 days)
pazopanib hcl tabs 200mg	4	PA, QL (120 tabs every 30 days)
RYDAPT CAPS 25MG	5	PA, QL (224 caps every 28 days)
SCEMBLIX TABS 20MG	4	PA, QL (60 tabs every 30 days)
SCEMBLIX TABS 40MG	4	PA, QL (240 tabs every 30 days)
SCEMBLIX TABS 100MG	4	PA, QL (120 tabs every 30 days)
sorafenib tosylate tabs 200mg	4	PA, QL (120 tabs every 30 days)
STIVARGA TABS 40MG	4	PA, QL (84 tabs every 28 days)
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	4	PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	4	PA, QL (120 caps every 30 days)
TAFINLAR TBSO 10MG	4	PA, QL (4 bottles every 28 days)
TAGRISSO TABS 40MG, 80MG	5	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRUQAP TABS 200MG; TBPK 160MG, 200MG	5	PA, QL (64 tabs every 28 days)
TRUQAP TBPK 200MG	5	PA, QL (32 tabs every 28 days)
TUKYSA TABS 50MG, 150MG	5	PA, QL (120 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	4	PA, QL (56 tabs every 28 days)
VITRAKVI CAPS 25MG	5	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	5	PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20MG/ML	5	PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	4	PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	4	PA, QL (120 pellets every 30 days)
XALKORI CPSP 150MG	4	PA, QL (180 pellets every 30 days)
ZYDELIG TABS 100MG, 150MG	4	PA, QL (60 tabs every 30 days)
ZYKADIA TABS 150MG	4	PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
arsenic trioxide soln 10mg/10ml, 12mg/6ml	1	
bexarotene caps 75mg	4	PA
hydroxyurea caps 500mg	1	
IDHIFA TABS 50MG, 100MG	4	PA, QL (30 tabs every 30 days)
LYNPARZA TABS 100MG, 150MG	4	PA, QL (120 tabs every 30 days)
ODOMZO CAPS 200MG	4	PA, QL (30 caps every 30 days)
ONCASPAR SOLN 750UNIT/ML	4	PA
PHOTOFRIN SOLR 75MG	2	
POLIVY SOLR 30MG, 140MG	5	PA
tretinoin (chemotherapy) caps 10mg	1	
VISTOGARD PACK 10GM	4	QL (20 packets every 5 days)
ZEJULA TABS 100MG, 200MG, 300MG	4	PA, QL (30 tabs every 30 days)
ZOLINZA CAPS 100MG	4	PA, QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml	1	
paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	
vinblastine sulfate soln 1mg/ml	1	
vincristine sulfate soln 1mg/ml	1	
vinorelbine tartrate soln 10mg/ml, 50mg/5ml	1	
PLATINUM-BASED AGENTS		
carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	
cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml	1	
oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg	4	
PROTECTIVE AGENTS		
dexrazoxane hcl solr 250mg, 500mg	1	
leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg	1	
mesna soln 100mg/ml; tabs 400mg	1	
TOPOISOMERASE INHIBITORS		
etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml	1	
irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml	4	
irinotecan hcl soln 300mg/15ml	1	
topotecan hcl solr 4mg	1	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium tabs 10mg, 20mg, 40mg	1	
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl tabs 7.5mg, 15mg	1	
perindopril erbumine tabs 2mg, 4mg, 8mg	1	
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril tabs 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tabs 25mg, 50mg	1	
KERENDIA TABS 10MG, 20MG, 40MG	3	PA
spironolactone tabs 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
prazosin hcl caps 1mg, 2mg, 5mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	1	
irbesartan tabs 75mg, 150mg, 300mg	1	
losartan potassium tabs 25mg, 50mg, 100mg	1	
olmesartan medoxomil tabs 5mg, 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
telmisartan tabs 20mg, 40mg, 80mg	1	
valsartan tabs 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
amiodarone hcl tabs 200mg, 400mg	1	
disopyramide phosphate caps 100mg, 150mg	1	
dofetilide caps 125mcg, 250mcg, 500mcg	1	
flecainide acetate tabs 50mg, 100mg, 150mg	1	
lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml	1	
MULTAQ TABS 400MG	2	PA
NORPACE CR CP12 100MG, 150MG	2	
pacerone tabs 100mg, 200mg	1	
procainamide hcl soln 100mg/ml	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TABS 180MG	3	PA
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine pack 4gm; powd 4gm/dose	1	
cholestyramine light pack 4gm; powd 4gm/dose	1	
colesevelam hcl pack 3.75gm; tabs 625mg	1	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	1	
prevalite powd 4gm/dose	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tabs 10mg	1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cpdr 45mg, 135mg	1	
fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	1	
gemfibrozil tabs 600mg	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	1	$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium tabs 40mg, 80mg	1	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
fluvastatin sodium caps 20mg, 40mg; tb24 80mg	1	$0 copay for members age 40 through 75
lovastatin tabs 10mg, 20mg, 40mg	1	$0 copay for members age 40 through 75
pitavastatin calcium tabs 1mg, 2mg, 4mg	1	$0 copay for members age 40 through 75
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tabs 5mg, 10mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tabs 20mg, 40mg	1	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
simvastatin tabs 5mg, 10mg, 20mg, 40mg	1	$0 copay for members age 40 through 75
simvastatin tabs 80mg	1	ST; PA**; Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
ANTILIPEMICS, MISCELLANEOUS		
niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
icosapent ethyl caps .5gm, 1gm	1	
omega-3-acid ethyl esters cap 1 gm	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA SOSY 140MG/ML	2	QL (3 syringes every 28 days)
REPATHA SURECLICK SOAJ 140MG/ML	2	QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl caps 200mg, 400mg	1	
atenolol tabs 25mg, 50mg, 100mg	1	
betaxolol hcl tabs 10mg, 20mg	1	
bisoprolol fumarate tabs 5mg, 10mg	1	
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg	1	
labetalol hcl tabs 100mg, 200mg, 300mg, 400mg	1	
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate tabs 25mg, 50mg, 100mg	1	
nadolol tabs 20mg, 40mg, 80mg	1	
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1	
pindolol tabs 5mg, 10mg	1	
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate tabs 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr cp24 120mg, 180mg, 240mg	1	
diltiazem hcl cp12 60mg, 90mg, 120mg; soln 25mg/5ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg	1	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine tb24 2.5mg, 5mg, 10mg	1	
isradipine caps 2.5mg, 5mg	1	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl caps 20mg, 30mg	1	
nifedipine tb24 30mg, 60mg, 90mg	1	
nimodipine caps 30mg	1	
nisoldipine tb24 8.5mg, 17mg, 34mg	1	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	1	
DIGITALIS GLYCOSIDES		
digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1	

Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tabs 150mg, 300mg	1	
DIURETICS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tabs 5mg	1	
bumetanide tabs .5mg, 1mg, 2mg	1	
chlorthalidone tabs 25mg, 50mg	1	
ethacrynic acid tabs 25mg	3	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	1	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg, 2.5mg	1	
mannitol soln 25%	1	
methazolamide tabs 25mg, 50mg	1	
metolazone tabs 2.5mg, 5mg, 10mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	
triamterene caps 50mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
HEART FAILURE		
CORLANOR SOLN 5MG/5ML	2	
dapagliflozin tabs 5mg, 10mg	1	ST; PA**
ENTRESTO CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
ivabradine hcl tabs 5mg, 7.5mg	1	
JARDIANCE TABS 10MG, 25MG	2	ST; PA**
sacubitril-valsartan tab 24-26 mg	1	
sacubitril-valsartan tab 49-51 mg	1	
sacubitril-valsartan tab 97-103 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl tabs .1mg, .2mg, .3mg	1	
guanfacine hcl tabs 1mg, 2mg	1	
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
methyldopa tabs 250mg, 500mg	1	
midodrine hcl tabs 2.5mg, 5mg, 10mg	1	
minoxidil tabs 2.5mg, 10mg	1	
phenoxybenzamine hcl caps 10mg	4	PA, QL (360 caps every 30 days)
ranolazine tb12 500mg, 1000mg	1	
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate tb24 30mg, 60mg, 120mg	1	
nitro-bid oint 2%	1	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	2	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	4	PA, QL (90 tabs every 30 days)
ambrisentan tabs 5mg, 10mg	4	PA, QL (30 tabs every 30 days)
bosentan tabs 62.5mg, 125mg	4	PA, QL (60 tabs every 30 days)
bosentan tbso 32mg	4	PA, QL (112 tabs every 28 days)
macitentan tabs 10mg	4	PA, QL (30 tabs every 30 days)
sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml	4	PA, QL (90 vials every 30 days)
sildenafil citrate (pulmonary hypertension) tabs 20mg	4	PA, QL (360 tabs every 30 days)
tadalafil (pulmonary hypertension) tabs 20mg	4	PA, QL (60 tabs every 30 days)
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	PA
UPTRAVI SOLR 1800MCG	4	PA, QL (60 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 200MCG	4	PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
YUTREPIA CAPS 26.5MCG, 53MCG, 79.5MCG, 106MCG	4	PA, QL (140 caps every 28 days)
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
acamprosate calcium tbec 333mg	1	
disulfiram tabs 250mg, 500mg	1	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)		
riluzole tabs 50mg	1	
ANTIANXIETY		
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (300 mL every 30 days)
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	QL (360 caps every 30 days)
clomipramine hcl caps 25mg, 50mg, 75mg	1	
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	1	
lorazepam conc 2mg/ml	1	QL (150 mL every 30 days)
lorazepam tabs .5mg, 1mg, 2mg	1	QL (150 tabs every 30 days)
meprobamate tabs 200mg, 400mg	1	
oxazepam caps 10mg, 15mg, 30mg	1	QL (120 caps every 30 days)
ANTIDEMENTIA		
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	1	
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	1	
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
amoxapine tabs 25mg, 50mg, 100mg, 150mg	1	
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg	1	
desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
desvenlafaxine succinate tb24 25mg, 50mg, 100mg	1	(generic of Pristiq)
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	1	
duloxetine hcl cpep 20mg, 30mg, 60mg	1	
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	3	PA
escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg	1	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	
FETZIMA CAP TITRATIO	3	
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml	1	
fluoxetine hcl tabs 10mg, 20mg	1	(generic Sarafem not covered)
imipramine hcl tabs 10mg, 25mg, 50mg	1	
imipramine pamoate caps 75mg, 100mg, 125mg, 150mg	1	
MARPLAN TABS 10MG	3	
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	1	
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	1	
paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	1	
phenelzine sulfate tabs 15mg	1	
protriptyline hcl tabs 5mg, 10mg	1	
sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg	1	
SPRAVATO 56MG DOSE SOPK 28MG/DEVICE	4	PA
SPRAVATO 84MG DOSE SOPK 28MG/DEVICE	4	PA
tranylcypromine sulfate tabs 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate caps 25mg, 50mg, 100mg	1	
TRINTELLIX TABS 5MG, 10MG, 20MG	3	
venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg	1	
vilazodone hcl tabs 10mg, 20mg, 40mg	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	
APOKYN SOCT 30MG/3ML	5	ST, PA, QL (20 cartridges every 30 days)
benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
bromocriptine mesylate caps 5mg; tabs 2.5mg	1	
carbidopa tabs 25mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone tabs 200mg	1	
INBRIJA CAPS 42MG	4	PA, QL (300 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
ONGENTYS CAPS 25MG, 50MG	3	PA
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate tabs .5mg, 1mg	1	
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl caps 5mg; tabs 5mg	1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
ANTIPSYCHOTICS		
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	1	
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	2	
ARISTADA INITIO PRSY 675MG/2.4ML	2	
asenapine maleate subl 2.5mg, 5mg, 10mg	1	
chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
COBENFY CAP 50-20MG	3	
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	
ERZOFRI SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 351MG/2.25ML	2	
fluphenazine decanoate soln 25mg/ml	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate soln 50mg/ml, 100mg/ml	1	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	1	
INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML	2	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	2	

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	2	
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg	1	
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
RYKINDO SRER 25MG, 37.5MG, 50MG	2	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	2	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1	
ANTISEIZURE AGENTS		
carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg	1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	1	QL (180 tabs every 30 days)
diazepam soln 5mg/5ml	1	QL (1200 mL every 30 days)
diazepam soln 5mg/ml	1	
diazepam tabs 2mg, 5mg, 10mg	1	QL (120 tabs every 30 days)
diazepam intensol conc 5mg/ml	1	QL (240 mL every 30 days)
DILANTIN CAPS 30MG	3	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
ethosuximide caps 250mg; soln 250mg/5ml	1	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	1	
fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml	1	
gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg	1	
lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg	1	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
methsuximide caps 300mg	1	
NAYZILAM SOLN 5MG/0.1ML	2	QL (10 units every 30 days)
oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg	1	
perampanel susp .5mg/ml; tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	
phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
phenytoin susp 125mg/5ml	1	
phenytoin infatabs chew 50mg	1	
phenytoin sodium soln 50mg/ml	1	
phenytoin sodium extended caps 100mg, 200mg, 300mg	1	
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml	1	
primidone tabs 50mg, 250mg	1	
rufinamide susp 40mg/ml; tabs 200mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	1	
topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg	1	
valproate sodium soln 100mg/ml, 250mg/5ml	1	
valproic acid caps 250mg	1	
vigabatrin pack 500mg	4	PA, QL (180 packets every 30 days)
vigabatrin tabs 500mg	4	PA, QL (180 tabs every 30 days)
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
zonisamide caps 25mg, 50mg, 100mg	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine tbed 3.1mg, 6.3mg, 9.4mg	1	QL (60 tabs every 30 days)
amphetamine tbed 12.5mg, 15.7mg, 18.8mg	1	QL (30 tabs every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs every 30 days)
atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1	
AZSTARYS CAP 26.1-5.2	2	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	2	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
AZSTARYS CAP 52.3-10.	2	QL (30 caps every 30 days)
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	1	QL (120 tabs every 30 days)
dexmethylphenidate hcl tabs 10mg	1	QL (60 tabs every 30 days)
dextroamphetamine sulfate cp24 5mg, 10mg	1	QL (120 caps every 30 days)
dextroamphetamine sulfate cp24 15mg	1	QL (60 caps every 30 days)
dextroamphetamine sulfate soln 5mg/5ml	1	QL (1,200 mL every 30 days)
dextroamphetamine sulfate tabs 5mg, 10mg	1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tabs 15mg, 20mg	1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tabs 30mg	1	QL (30 tabs every 30 days)
guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg	1	
lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg	1	QL (30 caps every 30 days)
lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg	1	QL (60 chew tabs every 30 days)
lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg	1	QL (30 chew tabs every 30 days)
methamphetamine hcl tabs 5mg	1	QL (150 tabs every 30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg	1	QL (180 chew tabs every 30 days)
methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg	1	QL (60 caps every 30 days)
methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg	1	QL (30 caps every 30 days)
methylphenidate hcl soln 5mg/5ml	1	QL (1800 mL every 30 days)
methylphenidate hcl soln 10mg/5ml	1	QL (900 mL every 30 days)
methylphenidate hcl tabs 5mg, 10mg	1	QL (180 tabs every 30 days)
methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg	1	QL (90 tabs every 30 days)
methylphenidate hcl tbcr 18mg, 27mg, 36mg	1	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tbcr 54mg	1	QL (30 tabs every 30 days)
zenzedi tabs 2.5mg, 7.5mg	1	QL (120 tabs every 30 days)
FIBROMYALGIA		
milnacipran hcl tabs 12.5mg, 25mg, 50mg, 100mg	1	ST; PA**
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	ST; PA**
HYPNOTICS		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	
cvs sleep-aid nighttime tabs 25mg	1	OTC
DAYVIGO TABS 5MG, 10MG	2	PA, QL (30 tabs every 30 days)
doxepin hcl (sleep) tabs 3mg, 6mg	1	
estazolam tabs 1mg, 2mg	3	QL (15 tabs every 30 days)
eszopiclone tabs 1mg, 2mg, 3mg	1	QL (15 tabs every 30 days)
ramelteon tabs 8mg	1	QL (15 tabs every 30 days)
tasimelteon caps 20mg	4	PA, QL (30 caps every 30 days)
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	1	QL (15 caps every 30 days)
triazolam tabs .125mg, .25mg	3	QL (10 tabs every 30 days)
zaleplon caps 5mg, 10mg	1	QL (15 caps every 30 days)
zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg	1	QL (15 tabs every 30 days)
MIGRAINE - ERGOTAMINE DERIVATIVES		
dihydroergotamine mesylate soln 1mg/ml	1	
ERGOMAR SUBL 2MG	3	
ergotamine w/ caffeine tab 1-100 mg	3	
MIGRAINE - MISCELLANEOUS		
NURTEC TBDP 75MG	2	ST, QL (16 tabs every 30 days); PA**
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, QL (30 tabs every 30 days); PA**
UBRELVY TABS 50MG, 100MG	2	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	ST, QL (1 injection every 30 days); PA**
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
EMGALITY SOSY 100MG/ML	2	ST, QL (3 injections every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE - TRIPTANS AND COMBINATIONS		
almotriptan malate tabs 6.25mg, 12.5mg	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tabs 20mg, 40mg	1	QL (12 tabs every 30 days)
naratriptan hcl tabs 1mg, 2.5mg	1	QL (12 tabs every 30 days)
rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg	1	QL (18 tabs every 30 days)
sumatriptan soln 5mg/act	1	QL (24 sprays every 30 days)
sumatriptan soln 20mg/act	1	QL (12 sprays every 30 days)
sumatriptan succinate soaj 6mg/0.5ml	1	QL (12 units every 30 days)
sumatriptan succinate soln 6mg/0.5ml	1	QL (12 vials every 30 days)
sumatriptan succinate tabs 25mg, 50mg, 100mg	1	QL (12 tabs every 30 days)
sumatriptan-naproxen sodium tab 85-500 mg	3	ST, QL (9 tabs every 30 days); PA**
zolmitriptan soln 5mg	1	QL (12 sprays every 30 days)
zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	1	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOLR .75MG/ML	5	PA, QL (2 bottles every 24 days)
EVRYSDI TABS 5MG	5	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
lithium soln 8meq/5ml	1	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	1	
MOVEMENT DISORDERS		
AUSTEDO TABS 6MG	4	PA, QL (60 tabs every 30 days)
AUSTEDO TABS 9MG, 12MG	4	PA, QL (120 tabs every 30 days)
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	4	PA, QL (30 caps every 30 days)
INGREZZA CAP 40-80MG	4	PA, QL (28 caps every 28 days)
tetrabenazine tabs 12.5mg	4	PA, QL (120 tabs every 30 days)
tetrabenazine tabs 25mg	4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3MG	4	PA, QL (14 injections every 28 days)
dalfampridine tb12 10mg	4	PA, QL (60 tabs every 30 days)
dimethyl fumarate cpdr 120mg	4	PA, QL (14 caps every 28 days)
dimethyl fumarate cpdr 240mg	4	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (1 kit every 30 days)
fingolimod hcl caps .5mg	4	PA, QL (30 caps every 30 days)
glatiramer acetate sosy 40mg/ml	1	PA, QL (12 syringes every 28 days)
glatopa sosy 20mg/ml	1	PA, QL (30 injections every 30 days)
KESIMPTA SOAJ 20MG/0.4ML	4	PA, QL (1 pen every 28 days)
teriflunomide tabs 7mg, 14mg	4	PA, QL (30 tabs every 30 days)
TYRUKO CONC 300MG/15ML	4	PA, QL (15 mL every 28 days)
TYSABRI CONC 300MG/15ML	4	PA, QL (15 mL every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tabs 5mg, 10mg, 20mg	1	
carisoprodol tabs 350mg	1	
chlorzoxazone tabs 500mg	1	
cyclobenzaprine hcl tabs 5mg, 10mg	1	
dantrolene sodium caps 25mg, 50mg, 100mg	1	
metaxalone tabs 800mg	1	
methocarbamol tabs 500mg, 750mg	1	
norgesic tab	3	
orphenadrine citrate soln 30mg/ml; tb12 100mg	1	
tizanidine hcl tabs 2mg, 4mg	1	
MYASTHENIA GRAVIS		
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	1	
VYVGART SOLN 400MG/20ML	4	PA, QL (12 vials every 28 days)
VYVGART INJ HYTRULO	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
VYVGART INJ HYTRULO	4	PA, QL (4 vials every 28 days)
NARCOLEPSY/CATAPLEXY		
armodafinil tabs 50mg	1	PA, QL (60 tabs every 30 days)
armodafinil tabs 150mg, 200mg, 250mg	1	PA, QL (30 tabs every 30 days)
modafinil tabs 100mg, 200mg	1	PA, QL (60 tabs every 30 days)
sodium oxybate soln 500mg/ml	1	PA, QL (540mL every 30 days); ANDA Generics
sodium oxybate soln 500mg/ml	4	PA, QL (540mL every 30 days); HIKMA AG
SUNOSI TABS 75MG, 150MG	2	PA, QL (30 tabs every 30 days)
XYWAV SOL 0.5GM/ML	4	PA, QL (540 ml every 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	$0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	$0 copay
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
OPIOID ANTAGONIST		
naloxone hcl liqd 4mg/0.1ml	1	OTC
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	1	
naltrexone hcl tabs 50mg	0	$0 copay
OPIOID PARTIAL AGONISTS		
buprenorphine hcl subl 2mg, 8mg	0	$0 copay

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	3	
chlordiazepoxide-amitriptyline tab 10-25 mg	3	
lofexidine hcl tabs .18mg	1	
NUEDEXTA CAP 20-10MG	2	PA
perphenazine-amitriptyline tab 2-10 mg	3	
perphenazine-amitriptyline tab 2-25 mg	3	
perphenazine-amitriptyline tab 4-10 mg	3	
perphenazine-amitriptyline tab 4-25 mg	3	
perphenazine-amitriptyline tab 4-50 mg	3	
pimozide tabs 1mg, 2mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	0	$0 limited to 2 treatment cycles/year
goodsense nicotine polacr gum 4mg; lozg 4mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine pt24 14mg/24hr, 21mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2mg, 4mg; lozg 2mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine step 3 pt24 7mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine transdermal syst pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10MG	0	QL (max 168 days every year); $0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); $0 limited to 2 treatment cycles/year
varenicline tartrate tabs .5mg, 1mg	0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	$0 limited to 2 treatment cycles/year
ENDOCRINE AND METABOLIC		
ACROMEGALY		
octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA, QL (90 ml every 30 days)
octreotide acetate soln 200mcg/ml	4	PA, QL (225 ml every 30 days)
octreotide acetate soln 1000mcg/ml	4	PA, QL (45 ml every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	4	PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	4	PA, QL (30 vials every 30 days)
ANDROGENS		
testosterone gel 25mg/2.5gm	1	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	PA
testosterone enanthate soln 200mg/ml	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	1	
miglitol tabs 25mg, 50mg, 100mg	1	
ANTIDIABETICS, BIGUANIDE		
metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg	1	
metformin hcl tabs 850mg	1	$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	1	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	1	ST; PA**
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	ST; PA**
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	1	ST; PA**
sitagliptin phosphate tabs 25mg, 50mg, 100mg	1	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide sopn 18mg/3ml	1	ST, QL (3 pens every 30 days); PA**
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	ST, QL (4 pens every 28 days); PA**
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	2	ST, QL (3 mL every 28 days); PA**
OZEMPIC TABS 1.5MG, 4MG, 9MG	2	ST, QL (30 tabs every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	ST, QL (4 pens every 28 days); PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN		
AWIQLI FLEXTOUCH SOPN 700UNIT/ML	2	
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	
FIASP SOLN 100UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
FIASP PUMPCART SOCT 100UNIT/ML	2	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N SUSP 100UNIT/ML	3	OTC
HUMULIN N KWIKPEN SUPN 100UNIT/ML	3	OTC
HUMULIN R SOLN 100UNIT/ML	3	OTC
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N SUSP 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN R SOLN 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	OTC; RELION not covered
NOVOLOG SOLN 100UNIT/ML	2	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML	2	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tabs 15mg, 30mg, 45mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, MEGLITINIDE		
nateglinide tabs 60mg, 120mg	1	
repaglinide tabs .5mg, 1mg, 2mg	1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapagliflozin-metformin hcl tab er 24hr 5-500 mg	1	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	1	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 10-500 mg	1	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	1	ST; PA**
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST; PA**
GLYXAMBI TAB 25-5 MG	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
dapagliflozin tabs 5mg, 10mg	1	ST; PA**
JARDIANCE TABS 10MG, 25MG	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tabs 1mg, 2mg, 4mg	1	
glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg	1	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tabs 30mg, 60mg	4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tabs 90mg	4	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
ibandronate sodium soln 3mg/3ml; tabs 150mg	1	

Drug Name	Drug Tier	Requirements/Limits
pamidronate disodium soln 30mg/10ml	1	
risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg	1	
zoledronic acid conc 4mg/5ml; soln 5mg/100ml	4	PA
CALCIUM REGULATORS, MISCELLANEOUS		
calcitonin (salmon) soln 200unit/act	1	
OSPOMYV SOSY 60MG/ML	4	PA, QL (1 syringe (60 mg) every 180 days)
STOBOCLO SOSY 60MG/ML	4	PA, QL (1 syringe (60 mg) every 180 days)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	4	PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG	4	PA
SUPPRELIN LA KIT 50MG	4	PA
TRIPTODUR SRER 22.5MG	4	PA
CHELATING AGENTS		
CHEMET CAPS 100MG	3	
deferiprone tabs 500mg, 1000mg	4	PA
FERRIPROX SOLN 100MG/ML	4	PA
FERRIPROX TWICE-A-DAY TABS 1000MG	4	PA
penicillamine tabs 250mg	4	
CONTRACEPTIVES		
altavera tab	0	
alyacen tab 1/35	0	
alyacen tab 7/7/7	0	
amethyst tab 90-20mcg	0	
ANNOVERA MIS	0	QL (1 every 300 days)
apri tab	0	
aranelle tab	0	
ashlyna tab	0	
AVERI TAB	0	
aviane tab	0	
azurette tab	0	
camila tabs .35mg	0	
camrese tab	0	
CAYA DPR	0	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
chateal eq tab 0.15/30	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
dasetta tab 1/35	0	
dasetta tab 7/7/7	0	
delyla tab 0.1-0.02	0	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL (4 inj every 300 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
DUREX MIS REALFEEL	0	QL (12 condoms every 30 days), OTC
elinest tab	0	
ELLA TABS 30MG	0	
enskyce tab	0	
errin tabs .35mg	0	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 every 300 days)
falmina tab	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	0	
galbriela chw	0	
gemmily cap 1/20	0	
GWYN LO DIS 220-20	0	
heather tabs .35mg	0	
introvale tab	0	
jolessa tab	0	
junel 1.5/30 tab	0	
junel 1/20 tab	0	
junel fe 24 tab 1/20	0	
junel fe tab 1.5/30	0	
junel fe tab 1/20	0	
kariva tab 28 day	0	
kelnor tab 1/35	0	
kurvelo tab 0.15/30	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
larin tab 1.5/30	0	
lessina tab	0	
levonest tab	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	
LILETTA IUD 20.1MCG/DAY	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
lojaimiess tab	0	
loryna tab 3-0.02mg	0	
low-ogestrel tab	0	
marlissa tab 0.15/30	0	
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	0	QL (4 inj every 300 days)
microgestin tab 1.5/30	0	
MIRENA IUD 21MCG/DAY	0	QL (1 every 300 days)
MIUDELLA IUD	0	QL (1 unit every 300 days)
mono-linyah tab 0.25-35	0	
NATAZIA TAB	0	
necon tab 0.5/35	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
nikki tab 3-0.02mg	0	
nora-be tabs .35mg	0	
norethindrone (contraceptive) tabs .35mg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
nortrel tab 0.5/35	0	
nortrel tab 1/35	0	
nortrel tab 7/7/7	0	
nylia tab 1/35	0	

Drug Name	Drug Tier	Requirements/Limits
OMNIFLEX DPR	0	QL (1 every 300 days)
OPILL TABS .075MG	0	OTC
PARAGARD IUD T380A	0	QL (1 unit every 300 days)
portia-28 tab	0	
reclipsen tab	0	
rivelsa tab	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
sprintec 28 tab 28 day	0	
syeda tab 3-0.03mg	0	
take action tabs 1.5mg	0	OTC
tilia fe tab	0	
tri-linyah tab	0	
tri-sprintec tab	0	
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
valtya 1/50 tab	0	
velivet pak	0	
viorele tab	0	
vyfemla tab 0.4-35	0	
wera tab 0.5/35	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)
xelria fe chw 0.4mg-35	0	
xulane dis 150-35	0	
zovia 1/35 tab	0	
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK LIQ COMPACT	2	OTC
ACCU-CHEK LIQ GUIDE	2	OTC
ACCU-CHEK LIQ SMART	2	OTC
ACCU-CHEK SOL	2	OTC
ACCU-CHEK SOL COMPACT	2	OTC
ALCOHOL PREP PAD	2	OTC
CHEMSTRIP 2 TES GP	3	OTC
CHEMSTRIP 5 TES OB	3	OTC
CHEMSTRIP 7 TES	3	OTC
CHEMSTRIP 9 TES STRIPS	3	OTC
CHEMSTRIP 10 TES MD	3	OTC

Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP K TES	3	OTC
CHEMSTRIP TES -10 SG	3	OTC
CHEMSTRIP TES UGK	3	OTC
CVS KETONE TES CARE	3	OTC
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	2	
DEXCOM G7 MIS RECEIVER	2	
DEXCOM G7 MIS SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	2	QL (2 sensors every 30 days)
DIASCREEN 3 MIS	3	OTC
DIASCREEN 5 MIS	3	OTC
DIASCREEN 6 MIS	3	OTC
DIASCREEN 7 MIS	3	OTC
DIASCREEN 8 MIS	3	OTC
DIASCREEN 9 MIS	3	OTC
DIASCREEN 10 MIS	3	OTC
DIASCREEN MIS 1B	3	OTC
DIASCREEN MIS 1G	3	OTC
DIASCREEN MIS 1K	3	OTC
DIASCREEN MIS 2GK	3	OTC
DIASCREEN MIS 2GP	3	OTC
DIASCREEN MIS 4NL	3	OTC
DIASCREEN MIS 4OBL	3	OTC
DIASCREEN MIS 4PH	3	OTC
DIASCREEN MIS CONTROL	3	OTC
DIASTIX TES STRIPS	3	OTC
FASTCLIX MIS LANCETS	2	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE TES	3	OTC
KETONE TEST TES	3	OTC
NOVOFINE PEN NEEDLES	2	OTC
OMNIPOD 5 DX KIT INT G7G6	2	
OMNIPOD 5 DX MIS POD G7G6	2	
OMNIPOD 5 G7 KIT INTRO	2	
OMNIPOD 5 G7 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH KIT PDM	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD PDM KIT CLASSIC	2	
SHARPS CONTAINER	2	OTC
SOFTCLIX MIS LANCETS	2	OTC
TWIIST KIT REFILL	2	
TWIIST KIT STARTER	2	
TWIIST REFIL KIT INFUSION	2	
ENDOMETRIOSIS		
danazol caps 50mg, 100mg, 200mg	1	
ORILISSA TABS 150MG, 200MG	2	
SYNAREL SOLN 2MG/ML	5	PA
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN SOLR 10000UNIT	5	PA
clomid tabs 50mg	1	
GANIRELIX ACETATE SOSY 250MCG/0.5ML	4	PA
GONAL-F SOLR 450UNIT	4	PA, QL (10 vials every 28 days)
GONAL-F RFF REDIJECT SOPN 300UNT/0.48ML	4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF REDIJECT SOPN 450UNT/0.72ML	4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF REDIJECT SOPN 900UNT/1.44ML	4	PA, QL (7 cartridges every 28 days)
OVIDREL SOSY 250MCG/0.5ML	4	PA
GLUCOCORTICOIDS		
deflazacort susp 22.75mg/ml	4	PA, QL (52 mL every 30 days)
deflazacort tabs 6mg	4	PA, QL (60 tabs every 30 days)
deflazacort tabs 18mg, 30mg, 36mg	4	PA, QL (30 tabs every 30 days)
DEPO-MEDROL SUSP 20MG/ML	3	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	
dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy 4mg/ml	1	
fludrocortisone acetate tabs .1mg	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate solr 100mg	1	
MEDROL TABS 2MG	2	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone acetate susp 40mg/ml, 80mg/ml	1	
methylprednisolone sod succ solr 125mg, 1000mg	1	
prednisolone soln 15mg/5ml	1	
prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml	1	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5MG/ML	2	
SOLU-CORTEF SOLR 250MG, 500MG, 1000MG	3	
SOLU-MEDROL SOLR 2GM	3	
GLUCOSE ELEVATING AGENTS		
glucagon solr 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY 1MG/0.2ML	2	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
nitisinone caps 2mg, 5mg, 10mg, 20mg	4	PA
ORFADIN SUSP 4MG/ML	4	PA
HUMAN GROWTH HORMONES		
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	4	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAPS 84MG	4	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADIOL OIL 5MG/ML	3	
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL .06%	3	

Drug Name	Drug Tier	Requirements/Limits
estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal crea .1mg/gm	1	
estradiol valerate oil 20mg/ml, 40mg/ml	1	
estrogens, conjugated tabs .3mg, .45mg, .625mg, .9mg, 1.25mg	1	
EVAMIST SOLN 1.53MG/SPRAY	3	
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	2	
IMVEXXY STARTER PACK INST 4MCG, 10MCG	2	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
PREMARIN CREA .625MG/GM	3	
yuvafem tabs 10mcg	1	
MISCELLANEOUS		
betaine anhy pow	4	PA
cabergoline tabs .5mg	1	
CORTROPHIN GEL 80UNIT/ML	4	PA, QL (35 mL every 21 days)
CORTROPHIN PRSY 40UNIT/0.5ML, 80UNIT/ML	4	PA, QL (28 syringes every 28 days)
CYSTAGON CAPS 50MG, 150MG	4	PA
INCRELEX SOLN 40MG/4ML	4	PA
INTRAROSA INST 6.5MG	3	
MYALEPT SOLR 11.3MG	4	PA, QL (30 vials every 30 days)
OSPHENA TABS 60MG	3	PA
raloxifene hcl tabs 60mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
REZDIFFRA TABS 60MG, 80MG, 100MG	3	PA
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	5	PA, QL (60 ampules every 30 days)
tolvaptan (hyponatremia) tabs 15mg, 30mg	4	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	
lanthanum carbonate chew 500mg, 750mg, 1000mg	1	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	1	
VELPHORO CHEW 500MG	3	ST; PA**
POTASSIUM-REMOVING AGENTS		
sps susp 15gm/60ml	1	
PROGESTINS		
CRINONE GEL 4%, 8%	2	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	1	
megestrol acetate susp 40mg/ml	1	
megestrol acetate (appetite) susp 625mg/5ml	1	
norethindrone acetate tabs 5mg	1	
progesterone caps 100mg, 200mg	1	
THYROID AGENTS		
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	1	
methimazole tabs 5mg, 10mg	1	
propylthiouracil tabs 50mg	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	1	
UREA CYCLE DISORDER		
carglumic acid tbso 200mg	4	PA
PHEBURANE PLLT 483MG/GM	4	PA, QL (672g every 30 days)
sodium phenylbutyrate powd 3gm/tsp	4	PA, QL (798g every 30 days)
sodium phenylbutyrate tabs 500mg	4	PA, QL (1200 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSINS		
desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg	1	
desmopressin acetate spray soln .01%	1	
desmopressin acetate spray refrigerated soln .01%	1	
VITAMIN D ANALOGS		
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	
paricalcitol caps 1mcg, 2mcg, 4mcg	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate sosy 1mg/10ml	1	
dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg	1	
glycopyrrolate soln 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg	1	
methscopolamine bromide tabs 2.5mg, 5mg	1	
ANTIDIARRHEALS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl caps 2mg	1	
MOTOFEN TAB 1-0.025	3	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 28 days)
aprepitant caps 40mg	1	QL (3 caps every 180 days)
aprepitant caps 80mg	1	QL (4 caps every 28 days)
aprepitant caps 125mg	1	QL (2 caps every 28 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (2 packs every 28 days)
compro supp 25mg	1	
dronabinol caps 2.5mg, 5mg, 10mg	1	QL (60 caps every 30 days)
granisetron hcl soln 1mg/ml; tabs 1mg	1	
meclizine hcl tabs 12.5mg, 25mg	1	
metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg	1	
ondansetron tbdp 4mg, 8mg	1	
ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg	1	
prochlorperazine supp 25mg	1	
prochlorperazine maleate tabs 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg	1	
promethegan supp 12.5mg, 25mg, 50mg	1	
SANCUSO PTCH 3.1MG/24HR	2	
scopolamine pt72 1mg/3days	1	
trimethobenzamide hcl caps 300mg	1	
VARUBI TBPK 90MG	2	
H2-RECEPTOR ANTAGONISTS		
cimetidine tabs 200mg, 300mg, 400mg, 800mg	1	
famotidine soln 20mg/2ml; susr 40mg/5ml; tabs 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine caps 150mg, 300mg	1	
ranitidine hcl tabs 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium caps 750mg	1	
budesonide cpep 3mg; tb24 9mg	1	
CORTIFOAM FOAM 10%	2	
DIPENTUM CAPS 250MG	3	
hydrocortisone (intrarectal) enem 100mg/60ml	1	
mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg	1	
mesalamine w/ cleanser kit 4gm	1	
sulfasalazine tabs 500mg; tbec 500mg	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	
lubiprostone caps 8mcg, 24mcg	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tabs .5mg, 1mg	1	PA
VIBERZI TABS 75MG, 100MG	2	PA
LAXATIVES		
CLENPIQ SOL	0	$0 copay for members age 45 through 75, Tier 2 for all others
enulose soln 10gm/15ml	1	
gavilyte-c sol	1	
gavilyte-g sol	1	
lactulose soln 10gm/15ml	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	0	$0 copay for members age 45 through 75, otherwise not covered
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	0	$0 copay for members age 45 through 75, otherwise not covered
polyethylene glycol 3350 powd 17gm/scoop	1	OTC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	0	$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	0	$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	1	
IQIRVO TABS 80MG	4	PA, QL (30 tabs every 30 days)
misoprostol tabs 100mcg, 200mcg	1	
MOVANTIK TABS 12.5MG, 25MG	2	
SUCRAID SOLN 8500UNIT/ML	3	PA, QL (354 mL every 30 days)
sucralfate tabs 1gm	1	
ursodiol caps 300mg; tabs 250mg, 500mg	1	
VOWST CAP	5	PA, QL (12 caps every 30 days)
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA
PROTON PUMP INHIBITORS		
esomeprazole magnesium cpdr 20mg, 40mg	1	
esomeprazole magnesium pack 2.5mg, 5mg, 10mg	1	Covered for age less than 1 year only
lansoprazole cpdr 15mg, 30mg	1	
omeprazole cpdr 10mg, 20mg, 40mg	1	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	3	
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	3	
pantoprazole sodium tbec 20mg, 40mg	1	
rabeprazole sodium tbec 20mg	1	
RECTAL, CORTICOSTEROIDS		
hydrocortisone (rectal) crea 1%, 2.5%	1	
proctozone-hc crea 2.5%	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tb24 10mg	1	
CARDURA XL TB24 4MG, 8MG	3	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1	
dutasteride caps .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tabs 5mg	1	
silodosin caps 4mg, 8mg	1	
tadalafil tabs 2.5mg, 5mg	1	PA, QL (30 tabs every 30 days)
tamsulosin hcl caps .4mg	1	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	
CONTRACEPTIVES		
ENCARE SUPP 100MG	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
PHEXX GEL	0	
PHEXXI GEL	0	
TODAY SPONGE MISC 1000MG	0	OTC

Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC
ERECTILE DYSFUNCTION		
avanafil tabs 50mg, 100mg, 200mg	1	QL (6 tabs every 30 days)
MISCELLANEOUS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100MG	3	
eq urinary pain relief tabs 95mg	1	OTC
potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg	1	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tb24 7.5mg, 15mg	1	
fesoterodine fumarate tb24 4mg, 8mg	1	
mirabegron srer 8mg/ml; tb24 25mg, 50mg	1	
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	1	
solifenacin succinate tabs 5mg, 10mg	1	
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	1	
trospium chloride cp24 60mg; tabs 20mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	2	
clindamycin phosphate vaginal crea 2%	1	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal gel .75%	1	
miconazole 3 supp 200mg	1	
terconazole vaginal crea .4%, .8%; supp 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	1	
ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG	2	
ELIQUIS STARTER PACK TBPK 5MG	2	
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML	3	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
rivaroxaban susr 1mg/ml; tabs 2.5mg	1	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 10MG, 15MG, 20MG	2	
XARELTO STAR TAB 15/20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	PA
FYLNETRA SOSY 6MG/0.6ML	4	PA, QL (2 syringes every 28 days)
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	4	PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA
NYVEPRIA SOSY 6MG/0.6ML	4	PA, QL (2 syringes every 28 days)
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	5	PA
MISCELLANEOUS		
anagrelide hcl caps .5mg, 1mg	1	
cilostazol tabs 50mg, 100mg	1	
pentoxifylline tbcr 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
tranexamic acid soln 1000mg/10ml; tabs 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
clopidogrel bisulfate tabs 75mg, 300mg	1	
dipyridamole tabs 25mg, 50mg, 75mg	1	
prasugrel hcl tabs 5mg, 10mg	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	2	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TABS 9MG, 54MG	4	PA, QL (60 tabs every 30 days)
ALVAIZ TABS 18MG, 36MG	4	PA, QL (90 tabs every 30 days)
DOPTELET SPRINKLE CPSP 10MG	4	PA, QL (60 caps every 30 days)
DOPTELET TAB 20MG (10 TABLETS) TABS 20MG	4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS) TABS 20MG	4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS) TABS 20MG	4	PA, QL (2 cartons every 30 days)
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA SOLN 80MG/4ML	5	ST, PA, QL (20 vials every 28 days)
ACTEMRA SOLN 200MG/10ML	5	ST, PA, QL (8 vials every 28 days)
ACTEMRA SOLN 400MG/20ML	5	ST, PA, QL (4 vials every 28 days)
COSENTYX SOLN 125MG/5ML	4	PA, QL (15 mL every 28 days)
ENTYVIO SOLR 300MG	5	PA, QL (1 vial every 56 days)
INFLIXIMAB SOLR 100MG	4	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOLN 50MG/4ML	5	PA, QL (200 mg every 8 weeks)
SKYRIZI SOLN 600MG/10ML	4	PA, QL (6 vials every 56 days)
TREMFYA SOLN 200MG/20ML	4	PA, QL (One time use only)

Drug Name	Drug Tier	Requirements/Limits
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA SOSY 162MG/0.9ML	5	ST, PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN SOAJ 162MG/0.9ML	5	ST, PA, QL (4 injections every 28 days)
ENTYVIO PEN SOAJ 108MG/0.68ML	5	PA, QL (2 pens every 28 days)
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	5	ST, PA, QL (1 injection every 28 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALOPECIA AREATA		
LITFULO CAPS 50MG	4	PA, QL (28 caps every 28 days)
OLUMIANT TABS 1MG, 2MG, 4MG	4	PA, QL (30 tabs every 30 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days)
COSENTYX SOSY 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days)
ENBREL SOLN 25MG/0.5ML	4	PA, QL (8 vials every 28 days)
ENBREL SOSY 25MG/0.5ML	4	PA, QL (8 syringes every 28 days)
ENBREL SOSY 50MG/ML	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT 50MG/ML	4	PA, QL (4 cartridges every 28 days)
ENBREL SURECLICK SOAJ 50MG/ML	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days)
tofacitinib citrate tabs 5mg	4	PA, QL (60 tabs every 30 days)
tofacitinib citrate tb24 11mg	4	PA, QL (30 tabs every 30 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
PYZCHIVA SOAJ 45MG/0.5ML	4	PA, QL (1 pen every 84 days)
PYZCHIVA SOAJ 90MG/ML	4	PA, QL (1 pen every 56 days)
PYZCHIVA SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days)
PYZCHIVA SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days)
PYZCHIVA SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days)
RINVOQ TB24 15MG, 30MG	4	PA, QL (30 tabs every 30 days)
RINVOQ TB24 45MG	4	PA, QL (One time use only (for CD/UC diagnosis))
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	PA, QL (1 cartridge every 56 days)
TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML	4	PA, QL (1 injection every 28 days)
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days)
TREMFYA PEN SOAJ 100MG/ML	4	PA, QL (1 injection every 56 days)
YESINTEK SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days)
YESINTEK SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days)
YESINTEK SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
BIMZELX SOAJ 160MG/ML	4	PA, QL (2 auto-injectors every 28 days)
BIMZELX SOAJ 320MG/2ML	4	PA, QL (1 auto-injector every 28 days)
BIMZELX SOSY 160MG/ML	4	PA, QL (2 syringes every 28 days)
BIMZELX SOSY 320MG/2ML	4	PA, QL (1 syringe every 28 days)
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days)
COSENTYX SOSY 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS		
CIMZIA (1 SYRINGE) PSKT 200MG/ML	4	PA, QL (4 syringes every 28 days)
CIMZIA STARTER KIT PSKT 200MG/ML	4	PA, QL (One time use only)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days)
COSENTYX SOSY 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days)
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PLAQUE PSORIASIS		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS		
OTEZLA TABS 20MG, 30MG	4	PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days)
OTEZLA XR TB24 75MG	4	PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	4	PA, QL (41 tabs every 28 days)
PYZCHIVA SOAJ 45MG/0.5ML	4	PA, QL (1 pen every 84 days)
PYZCHIVA SOAJ 90MG/ML	4	PA, QL (1 pen every 56 days)
PYZCHIVA SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days)
PYZCHIVA SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days)
PYZCHIVA SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days)
SKYRIZI SOSY 55MG/0.37ML	4	PA, QL (1 syringe every 84 days)
SKYRIZI SOSY 150MG/ML	4	PA, QL (1 syringe every 12 weeks)
SKYRIZI PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks)
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	4	PA, QL (1 injection every 28 days)
TALTZ SOSY 20MG/0.25ML, 40MG/0.5ML	4	PA, QL (1 syringe every 28 days)
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days)
TREMFYA PEN SOAJ 100MG/ML	4	PA, QL (1 injection every 56 days)
YESINTEK SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days)
YESINTEK SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days)
YESINTEK SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days)
COSENTYX SOSY 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days)
ENBREL SOLN 25MG/0.5ML	4	PA, QL (8 vials every 28 days)
ENBREL SOSY 25MG/0.5ML	4	PA, QL (8 syringes every 28 days)
ENBREL SOSY 50MG/ML	4	PA, QL (4 syringes every 28 days)
ENBREL MINI SOCT 50MG/ML	4	PA, QL (4 cartridges every 28 days)
ENBREL SURECLICK SOAJ 50MG/ML	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
OTEZLA TABS 20MG, 30MG	4	PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA XR TB24 75MG	4	PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	4	PA, QL (41 tabs every 28 days)
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days)
RINVOQ LQ SOLN 1MG/ML	4	PA, QL (360 mL every 30 days)
SKYRIZI SOSY 55MG/0.37ML	4	PA, QL (1 syringe every 84 days)
SKYRIZI SOSY 150MG/ML	4	PA, QL (1 syringe every 12 weeks)
SKYRIZI PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks)
tofacitinib citrate soln 1mg/ml	4	PA, QL (240 mL every 24 days)
tofacitinib citrate tabs 5mg	4	PA, QL (60 tabs every 30 days)
tofacitinib citrate tb24 11mg	4	PA, QL (30 tabs every 30 days)
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days)
TREMFYA PEN SOAJ 100MG/ML	4	PA, QL (1 injection every 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
ENBREL SOLN 25MG/0.5ML	4	PA, QL (8 vials every 28 days)
ENBREL SOSY 25MG/0.5ML	4	PA, QL (8 syringes every 28 days)
ENBREL SOSY 50MG/ML	4	PA, QL (4 syringes every 28 days)
ENBREL MINI SOCT 50MG/ML	4	PA, QL (4 cartridges every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50MG/ML	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 pens every 28 days)
KEVZARA SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 4 weeks)
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days)
tofacitinib citrate tabs 5mg	4	PA, QL (60 tabs every 30 days)
tofacitinib citrate tb24 11mg	4	PA, QL (30 tabs every 30 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
PYZCHIVA SOAJ 45MG/0.5ML	4	PA, QL (1 pen every 84 days)
PYZCHIVA SOAJ 90MG/ML	4	PA, QL (1 pen every 56 days)
PYZCHIVA SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days)
PYZCHIVA SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days)
PYZCHIVA SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days)
RINVOQ TB24 15MG, 30MG	4	PA, QL (30 tabs every 30 days)
RINVOQ TB24 45MG	4	PA, QL (One time use only (for CD/UC diagnosis))
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	PA, QL (1 cartridge every 56 days)
tofacitinib citrate tabs 5mg, 10mg	4	PA, QL (60 tabs every 30 days)
tofacitinib citrate tb24 11mg, 22mg	4	PA, QL (30 tabs every 30 days)
TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML	4	PA, QL (1 injection every 28 days)
TREMFYA SOLN 200MG/20ML	4	PA, QL (One time use only)
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days)
TREMFYA PEN SOAJ 100MG/ML	4	PA, QL (1 injection every 56 days)
VELSIPITY TABS 2MG	4	PA, QL (30 tabs every 30 days)
YESINTEK SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days)
YESINTEK SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days)

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tabs 200mg	1	
leflunomide tabs 10mg, 20mg	1	
methotrexate sodium tabs 2.5mg	1	
HEREDITARY ANGIOEDEMA		
icatibant acetate sosy 30mg/3ml	4	PA, QL (45 syringes every 90 days)
TAKHZYRO SOSY 150MG/ML, 300MG/2ML	5	PA, QL (2 syringes every 28 days)
IMMUNOGLOBULIN		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100MCG/0.5ML	5	PA
ARCALYST SOLR 220MG	4	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
azathioprine tabs 50mg, 75mg, 100mg	1	
cyclosporine caps 25mg, 100mg	1	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	
ENVARSUS XR TB24 .75MG, 1MG, 4MG	3	
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	1	
gengraf caps 25mg, 100mg	1	
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	
mycophenolate mofetil hcl solr 500mg	1	
mycophenolate sodium tbec 180mg, 360mg	1	
NULOJIX SOLR 250MG	3	
PROGRAF PACK .2MG, 1MG	3	
SANDIMMUNE SOLN 50MG/ML	3	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
tacrolimus caps .5mg, 1mg, 5mg; cp24 .5mg, 1mg, 5mg; soln 5mg/ml	1	
MISCELLANEOUS		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
ENFLONSIA SOSY 105MG/0.7ML	0	$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	0	
ACTHIB INJ	0	$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AREXVY SUSR 120MCG/0.5ML	0	$0 copay for members age 19 and older, otherwise not covered
BEXSERO SUSY .5ML	0	
BOOSTRIX INJ	0	
CAPVAXIVE SOSY .5ML	0	
COMIRNATY SUSP 10MCG/0.3ML; SUSY 30MCG/0.3ML	0	
DAPTACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	0	$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	0	
FLUMIST	0	
GARDASIL 9 SUSP .5ML; SUSY .5ML	0	
HAVRIX SUSY 720ELU/0.5ML, 1440UNIT/ML	0	
HEPLISAV-B SOSY 20MCG/0.5ML	0	
HIBERIX SOLR 10MCG	0	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	0	
IPOL INJ INACTIVE	0	
JYNNEOS SUSP .5ML	0	
KINRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENQUADFI SOLN .5ML	0	
MENVEO INJ	0	

Drug Name	Drug Tier	Requirements/Limits
MENVEO SOL	0	
MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML	0	
MRESVIA SUSY 50MCG/0.5ML	0	$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID COVID-19 VACCIN SUSY 5MCG/0.5ML	0	
PEDIARIX INJ 0.5ML	0	$0 copay for members age 18 and younger, otherwise not covered
PEDVAXHIB SUSP 7.5MCG/0.5ML	0	$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENMENVY INJ	0	
PENTACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 SOSY 25MCG/0.5ML	0	
PREVNAR 20 INJ	0	
PRIORIX INJ	0	
PROQUAD INJ	0	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	
ROTARIX SUS	0	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50MCG/0.5ML; SUSY 50MCG/0.5ML	0	$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSY 25MCG/0.25ML, 50MCG/0.5ML	0	
TENIVAC INJ 5-2LF	0	$0 copay for members age 19 and older, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA SUSY .5ML	0	
TWINRIX INJ	0	$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML; SUSY 25UNIT/0.5ML, 50UNIT/ML	0	
VARIVAX SUSR 1350PFU/0.5ML	0	
VAXELIS INJ	0	$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	0	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

EFFER-K TBEF 25MEQ	1	
klor-con m15 tbcr 15meq	1	
magnesium sulfate soln 2gm/50ml, 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
MONOJECT SODIUM CHLORIDE SOLN .9%	1	
potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er tbcr 10meq, 20meq	1	
sodium chloride soln .45%, .9%, 2.5meq/ml, 3%, 5%	1	
sodium fluoride chew 1mg; tabs 1mg	1	
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	0	$0 applies for ages 5 and under, otherwise not covered

PRENATAL VITAMINS

elite-ob tab	1	
pnv-dha cap	1	
pnv-select tab	1	

VITAMINS

cholecalciferol caps 50000unit	1	OTC
cyanocobalamin soln 1000mcg/ml	1	
ergocalciferol caps 50000unit	1	
folic acid caps 800mcg	0	QL (100 caps every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tabs 1mg	1	

Drug Name	Drug Tier	Requirements/Limits
folic acid tabs 400mcg, 800mcg	0	QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml	1	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	1	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	1	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg	1	
pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml	1	
phytonadione tabs 5mg	1	
pyridoxine hcl tabs 25mg, 50mg	1	OTC
tri-vit/fluo dro 0.5mg	1	
tri-vit/fluo dro 0.25mg	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ANTI-INFECTIVES		
AZASITE SOLN 1%	2	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	3	
ciprofloxacin hcl (ophth) soln .3%	1	
erythromycin (ophth) oint 5mg/gm	1	

Drug Name	Drug Tier	Requirements/Limits
gatifloxacin (ophth) soln .5%	1	
gentamicin sulfate (ophth) soln .3%	1	
moxifloxacin hcl (ophth) soln .5%	1	
NATACYN SUSP 5%	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) soln .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) soln 10%	1	
tobramycin (ophth) soln .3%	1	
trifluridine soln 1%	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	2	
bromfenac sodium (ophth) soln .09%	1	
dexamethasone sodium phosphate (ophth) soln .1%	1	
diclofenac sodium (ophth) soln .1%	1	
difluprednate emul .05%	1	
flurbiprofen sodium soln .03%	1	
ILEVRO SUSP .3%	2	
ketorolac tromethamine (ophth) soln .4%, .5%	1	
loteprednol etabonate susp .5%	1	
NEVANAC SUSP .1%	2	
prednisolone acetate (ophth) susp 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIL SOLN 2%	3	
azelastine hcl (ophth) soln .05%	1	
bepotastine besilate soln 1.5%	1	
cromolyn sodium (ophth) soln 4%	1	
epinastine hcl (ophth) soln .05%	1	
olopatadine hcl soln .2%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA BETA-BLOCKERS		
betaxolol hcl (ophth) soln .5%	1	
BETOPTIC-S SUSP .25%	2	
carteolol hcl (ophth) soln 1%	1	
levobunolol hcl soln .5%	1	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	1	
ANTIGLAUCOMA COMBINATION AGENTS		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
SIMBRINZA SUS 1-0.2%	2	
CARBONIC ANHYDRASE INHIBITORS		
brinzolamide susp 1%	1	
dorzolamide hcl soln 2%	1	
DRY EYE DISEASE		
cyclosporine (ophth) emul .05%	1	
RESTASIS MULTIDOSE EMUL .05%	2	
TRYPTYR SOLN .003%	2	
VEVYE SOLN .1%	2	
MISCELLANEOUS		
atropine sulfate (ophthalmic) soln 1%	1	
CYSTARAN SOLN .44%	5	PA, QL (4 bottles every 28 days)
phenylephrine hcl (mydriatic) soln 2.5%, 10%	1	
PHOSPHOLINE IODIDE SOLR .125%	3	
pilocarpine hcl soln 1%	1	
proparacaine hcl soln .5%	1	
tropicamide soln .5%, 1%	1	
PROSTAGLANDINS		
bimatoprost soln .01%	1	
latanoprost soln .005%	1	
tafluprost soln .015mg/ml	1	
travoprost soln .004%	1	
SYMPATHOMIMETICS		
apraclonidine hcl soln .5%	1	
brimonidine tartrate soln .1%, .15%, .2%	1	
IOPIDINE SOLN 1%	3	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml	1	QL (4 auto-injectors every 30 days)
epinephrine (anaphylaxis) soaj .15mg/0.15ml	1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)

Drug Name	Drug Tier	Requirements/Limits
EPIPEN 2-PAK SOAJ .3MG/0.3ML	2	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BEVESPI AER 9-4.8MCG	2	QL (1 package every 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER 9MCG	2	QL (1 package every 30 days)
BREZTRI AERO AER 18MCG	2	QL (1 package every 30 days)
TRELEGY AER 100MCG	2	QL (1 package every 30 days)
TRELEGY AER 200MCG	2	QL (1 package every 30 days)
ANTICHOLINERGICS		
ipratropium bromide soln .02%	1	QL (5 boxes every 30 days)
ipratropium bromide (nasal) soln .03%, .06%	1	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL (1 package every 30 days)
tiotropium bromide caps 18mcg	1	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 30 days)
ANTIHISTAMINES		
azelastine hcl soln .1%	1	QL (2 bottles every 30 days)
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	1	
clemastine fumarate tabs 2.68mg	1	
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	1	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	1	
diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml	1	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	1	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
olopatadine hcl (nasal) soln .6%	1	QL (1 container every 30 days)
BETA AGONISTS		
albuterol sulfate aers 108mcg/act	1	QL (2 inhalers every 30 days)
albuterol sulfate nebu 2.5mg/0.5ml	1	QL (120 vials every 30 days)
albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml	1	QL (5 boxes every 30 days)
albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg	1	
arformoterol tartrate nebu 15mcg/2ml	1	QL (60 vials every 30 days)
formoterol fumarate nebu 20mcg/2ml	1	QL (60 vials every 30 days)
levalbuterol hcl nebu 1.25mg/0.5ml	1	QL (45 mL every 30 days)
levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (300 mL every 30 days)
levalbuterol tartrate aero 45mcg/act	1	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL (1 package every 30 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL (1 package every 30 days)
terbutaline sulfate tabs 2.5mg, 5mg	1	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
DUPIXENT SOAJ 200MG/1.14ML	4	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
NUCALA SOAJ 100MG/ML	4	PA, QL (3 autoinjectors every 28 days)
NUCALA SOSY 40MG/0.4ML	4	PA, QL (1 syringe every 28 days)
NUCALA SOSY 100MG/ML	4	PA, QL (3 syringes every 28 days)
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS		
DUPIXENT SOAJ 200MG/1.14ML	4	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
NUCALA SOAJ 100MG/ML	4	PA, QL (3 autoinjectors every 28 days)
NUCALA SOSY 40MG/0.4ML	4	PA, QL (1 syringe every 28 days)
NUCALA SOSY 100MG/ML	4	PA, QL (3 syringes every 28 days)
COLD/COUGH		
benzonatate caps 100mg, 200mg	1	
guaifenesin-codeine soln 100-10 mg/5ml	1	QL (60 mL every day), OTC; Subject to initial 7-day limit
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL every day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (30 mL every day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (6 tabs every day); Subject to initial 7-day limit
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL every day); Subject to initial 7-day limit
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUXARIN ER TAB 54.3-8MG	3	QL (2 tabs every day); Subject to initial 7-day limit
CYSTIC FIBROSIS		
CAYSTON SOLR 75MG	4	PA, QL (84 vials every 28 days)
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	4	PA, QL (56 packets every 28 days)
KALYDECO TABS 150MG	4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	4	PA, QL (112 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 200-125	4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs every 28 days)
tobramycin nebu 300mg/4ml	4	PA, QL (224 mL every 28 days)
tobramycin nebu 300mg/5ml	4	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	4	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	4	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs every 28 days)
EOSINOPHILIC ESOPHAGITIS		
DUPIXENT SOAJ 200MG/1.14ML	4	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
LEUKOTRIENE MODIFIERS		
zileuton tb12 600mg	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	1	
zafirlukast tabs 10mg, 20mg	1	
MAST CELL STABILIZERS		
cromolyn sodium nebu 20mg/2ml	1	QL (2 boxes every 30 days)
MISCELLANEOUS		
acetylcysteine soln 10%, 20%	1	
roflumilast tabs 250mcg, 500mcg	1	PA
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	1	
NASAL STEROIDS		
flunisolide (nasal) soln .025%	1	QL (3 containers every 30 days)
fluticasone propionate (nasal) susp 50mcg/act	1	QL (1 container every 30 days)

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate (nasal) susp 50mcg/act	1	QL (2 packages every 30 days)
OMNARIS SUSP 50MCG/ACT	3	QL (1 package every 30 days)
triamcinolone acetonide (nasal) aero 55mcg/act	1	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
nintedanib esylate caps 100mg, 150mg	4	PA, QL (60 caps every 30 days)
pirfenidone caps 267mg	4	PA, QL (270 caps every 30 days)
pirfenidone tabs 267mg	4	PA, QL (270 tabs every 30 days)
pirfenidone tabs 801mg	4	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
ADULT RESPIRATORY MASK	2	
HOLD CHAMBER MIS MEDIUM	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML	4	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
FASENRA PEN SOAJ 30MG/ML	4	PA, QL (1 auto-injector every 28 days)
NUCALA SOAJ 100MG/ML	4	PA, QL (3 autoinjectors every 28 days)
NUCALA SOSY 40MG/0.4ML	4	PA, QL (1 syringe every 28 days)
NUCALA SOSY 100MG/ML	4	PA, QL (3 syringes every 28 days)
XOLAIR SOAJ 75MG/0.5ML	4	PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOLR 150MG	4	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
STEROID INHALANTS		
ALVESCO AERS 80MCG/ACT	3	QL (3 packages every 30 days)
ALVESCO AERS 160MCG/ACT	3	QL (2 packages every 30 days)
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL (1 package every 30 days)
budesonide (inhalation) susp 1mg/2ml	1	QL (1 box every 30 days)
budesonide (inhalation) susp .5mg/2ml	1	QL (2 boxes every 30 days)
budesonide (inhalation) susp .25mg/2ml	1	QL (3 boxes every 30 days)
fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act	1	QL (1 package every 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	2	QL (1 package every 30 days)
breyna aer 80/4.5	1	QL (3 packages every 30 days)
breyna aer 160/4.5	1	QL (3 packages every 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 packages every 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 packages every 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (1 package every 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (1 package every 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
XANTHINES		
theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg	1	
TOPICAL		
CHRONIC SPONTANEOUS URTICARIA		
DUPIXENT SOAJ 200MG/1.14ML	4	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
XOLAIR SOAJ 75MG/0.5ML	4	PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR SOLR 150MG	4	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
DERMATOLOGY, ACNE		
adapalene crea .1%; gel .1%, .3%	1	PA, QL (45g every 28 days); PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47g every 30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (45g every 30 days)
clindamycin phosphate (topical) foam 1%; swab 1%	1	
clindamycin phosphate (topical) gel 1%	1	QL (75g every 30 days)
clindamycin phosphate (topical) lotn 1%; soln 1%	1	QL (60 mL every 30 days)
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (50g every 30 days)
ery pads 2%	1	
erythromycin (acne aid) gel 2%	1	QL (60g every 30 days)
erythromycin (acne aid) soln 2%	1	QL (60 mL every 30 days)
isotretinoin caps 10mg, 20mg, 30mg, 40mg	1	PA
sulfacetamide sodium (acne) lotn 10%	1	
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%	1	PA; PA applies for members age 35 and older
tretinoin microsphere gel .04%, .1%	1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
diclofenac sodium (actinic keratoses) gel 3%	3	
fluorouracil (topical) crea 5%; soln 2%, 5%	1	
imiquimod crea 5%	1	
DERMATOLOGY, ANTIBIOTICS		
antiseptic products misc - pads	1	OTC
gentamicin sulfate (topical) crea .1%; oint .1%	1	
mupirocin oint 2%	1	QL (30g every 30 days)
silver sulfadiazine crea 1%	1	
ssd crea 1%	1	
SULFAMYLON CREA 85MG/GM	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel .77%	1	QL (120g every 30 days)
ciclopirox sham 1%	1	QL (120 mL every 30 days)
ciclopirox soln 8%	1	
ciclopirox olamine crea .77%	1	QL (120g every 30 days)
ciclopirox olamine susp .77%	1	QL (120 mL every 30 days)
clotrimazole (topical) crea 1%	1	QL (120g every 30 days)
clotrimazole (topical) soln 1%	1	QL (120 mL every 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (60g every 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (60 mL every 30 days)
econazole nitrate crea 1%	1	QL (60g every 30 days)
ERTACZO CREA 2%	3	QL (60g every 30 days)
JUBLIA SOLN 10%	3	PA, QL (4 mL every 28 days)
ketoconazole (topical) crea 2%	1	QL (120g every 30 days)
luliconazole crea 1%	3	QL (60g every 30 days)
naftifine hcl crea 1%, 2%	1	QL (60g every 30 days)
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	1	QL (120g every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (60g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (60g every 30 days)
nystop powd 100000unit/gm	1	QL (120g every 30 days)
oxiconazole nitrate crea 1%	1	QL (60g every 30 days)
sulconazole nitrate crea 1%	1	QL (60g every 30 days)
sulconazole nitrate soln 1%	1	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl (antipruritic) crea 5%	3	
DERMATOLOGY, ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	1	
calcipotriene soln .005%	1	ST, QL (60 mL every 30 days); PA**
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	3	ST, QL (60g every 30 days); PA**
calcitriol (topical) oint 3mcg/gm	3	ST, QL (100g every 30 days); PA**
methoxsalen rapid caps 10mg	1	
tazarotene crea .05%, .1%; gel .05%, .1%	1	PA
ZORYVE CREA .3%	2	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) sham 2%	1	QL (120 mL every 30 days)
selenium sulfide lotn 2.5%	1	
ZORYVE FOAM .3%	2	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SOAJ 200MG/1.14ML	4	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
EBGLYSS SOAJ 250MG/2ML	4	PA, QL (2 pens every 28 days)
EBGLYSS SOSY 250MG/2ML	4	PA, QL (2 syringes every 28 days)
EUCRISA OINT 2%	2	ST, QL (60g every 30 days); PA**
NEMLUVIO AUIJ 30MG	4	PA, QL (2 pens every 28 days)
pimecrolimus crea 1%	3	ST; PA**
RINVOQ TB24 15MG, 30MG	4	PA, QL (30 tabs every 30 days)
tacrolimus (topical) oint .03%, .1%	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort crea 1%	1	QL (120g every 30 days)
alclometasone dipropionate crea .05%; oint .05%	1	QL (120g every 30 days)
amcinonide oint .1%	1	QL (120g every 30 days)
betamethasone dipropionate (topical) crea .05%	1	QL (120g every 30 days)
betamethasone dipropionate (topical) lotn .05%	1	QL (120 mL every 30 days)
betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%	1	QL (120g every 30 days)
betamethasone dipropionate augmented lotn .05%	1	QL (120 mL every 30 days)
betamethasone valerate crea .1%; foam .12%; oint .1%	1	QL (120g every 30 days)
betamethasone valerate lotn .1%	1	QL (120 mL every 30 days)
BRYHALI LOTN .01%	2	QL (120 mL every 30 days)
clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%	1	QL (120g every 30 days)
clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%	1	QL (120 mL every 30 days)
clobetasol propionate emollient base crea .05%	1	QL (120g every 30 days)
clocortolone pivalate crea .1%	3	QL (120g every 30 days)
desonide crea .05%; oint .05%	1	QL (120g every 30 days)
desonide lotn .05%	1	QL (120 mL every 30 days)
desoximetasone crea .05%, .25%; gel .05%; oint .25%	1	QL (120g every 30 days)
desoximetasone liqd .25%	3	QL (120 mL every 30 days)
diflorasone diacetate crea .05%; oint .05%	3	QL (120g every 30 days)
fluocinolone acetonide crea .01%, .025%; oint .025%	1	QL (120g every 30 days)
fluocinolone acetonide oil .01%; soln .01%	1	QL (120 mL every 30 days)
fluocinonide crea .05%; gel .05%; oint .05%	1	QL (120g every 30 days)
fluocinonide soln .05%	1	QL (120 mL every 30 days)
fluticasone propionate crea .05%; oint .005%	1	QL (120g every 30 days)
fluticasone propionate lotn .05%	1	QL (120 mL every 30 days)
halobetasol propionate crea .05%; oint .05%	1	QL (120g every 30 days)
hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%	1	QL (120g every 30 days)
hydrocortisone (topical) lotn 2.5%	1	QL (120 mL every 30 days)
hydrocortisone butyrate crea .1%; oint .1%	1	QL (120g every 30 days)
hydrocortisone butyrate soln .1%	1	QL (120 mL every 30 days)
hydrocortisone valerate crea .2%; oint .2%	1	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate crea .1%; oint .1%	1	QL (120g every 30 days)
mometasone furoate soln .1%	1	QL (120 mL every 30 days)
triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%	1	QL (120g every 30 days)
triamcinolone acetonide (topical) lotn .025%, .1%	1	QL (120 mL every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine oint 5%	1	QL (50g every 30 days)
lidocaine ptch 5%	1	PA, QL (90 patches every 30 days)
lidocaine hcl prsy 2%	1	QL (60 mL every 30 days)
lidocaine hcl soln 4%	1	QL (50 mL every 30 days)
lidocaine pain relief pat ptch 4%	1	QL (30 patches every 30 days), OTC
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30g every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical crea 5%	3	
bexarotene (topical) gel 1%	4	PA
lactic acid (ammonium lactate) crea 12%; lotn 12%	1	
nitroglycerin (intra-anal) oint .4%	1	
penciclovir crea 1%	1	
podofilox gel .5%; soln .5%	1	
DERMATOLOGY, PRURIGO NODULARIS		
DUPIXENT SOAJ 200MG/1.14ML	4	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
NEMLUVIO AUIJ 30MG	4	PA, QL (2 pens every 28 days)
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
brimonidine tartrate (topical) gel .33%	1	PA
FINACEA FOAM 15%	2	
ivermectin (rosacea) crea 1%	1	PA
metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%	1	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
crotan lotn 10%	1	
cvs ivermectin lice treat lotn .5%	1	OTC

Drug Name	Drug Tier	Requirements/Limits
malathion lotn .5%	1	
permethrin crea 5%	1	
sb lice treatment liqd 1%	1	OTC
spinosad susp .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
sodium chloride (gu irrigant) soln .9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl caps 30mg	1	
chlorhexidine gluconate (mouth-throat) soln .12%	1	
clotrimazole troc 10mg	1	
lidocaine hcl (mouth-throat) soln 2%, 4%	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
oralone dental paste pste .1%	1	
ORAVIG TABS 50MG	3	QL (14 tabs every 30 days)
periogard soln .12%	1	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) pste .1%	1	
OTIC		
acetic acid (otic) soln 2%	1	
ciprofloxacin hcl (otic) soln .2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3	
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hydrocortisone w/ acetic acid otic soln 1-2%	1	
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