

Imperial TX EXCH_CVSC 4T STND Effective 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

COX-2 INHIBITORS

<i>celecoxib</i>	1	
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GOUT

<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>colchicine w/ probenecid</i>	1	
<i>febuxostat</i>	1	ST; PA**
<i>probenecid</i>	1	

NSAIDS

<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium (topical)</i>	1	QL (300g every 30 days), OTC
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>ketorolac tromethamine soln</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL (20 tabs every 30 days)
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>voltaren arthritis pain</i>	1	QL (300g every 30 days), OTC

NSAIDS, COMBINATIONS

<i>diclofenac w/ misoprostol</i>	1	
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OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln</i>	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tabs</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tabs</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen</i>	1	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl soln</i>	1	
<i>hydromorphone hcl tabs 2mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 4mg</i>	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 8mg</i>	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tb24 32mg</i>	1	ST, PA; High Strength Requires PA
<i>methadone hcl conc</i>	1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	1	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1	ST, QL (225 mL every 30 days)
<i>methadone hcl tabs 5mg</i>	1	ST, QL (90 tabs every 30 days)
<i>methadone hcl tabs 10mg</i>	1	ST, QL (30 tabs every 30 days)
<i>methadone hydrochloride i</i>	1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	1	QL (9 tabs every 30 days)
<i>morphine sulfate soln 4mg/ml, 10mg/ml</i>	1	
<i>morphine sulfate soln 10mg/5ml</i>	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate soln 20mg/5ml</i>	1	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate soln 100mg/5ml</i>	1	ST, QL (135 mL every 30 days); Subject to initial 7-day limit

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 20mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tabs 30mg</i>	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen</i>	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 5mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 10mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	1	ST, PA; High Strength Requires PA
<i>tapentadol hcl 50mg</i>	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>tapentadol hcl 75mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>tapentadol hcl 100mg</i>	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tabs</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tb24 100mg</i>	1	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen</i>	1	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER 9MG, 13.5MG, 18MG, 27MG	2	ST, QL (60 caps every 30 days)
XTAMPZA ER 36MG	2	ST, PA; High Strength Requires Prior Auth

OPIOID PARTIAL AGONISTS

BELBUCA 75MCG, 150MCG, 300MCG, 450MCG	2	ST, QL (60 films every 30 days)
BELBUCA 600MCG, 750MCG, 900MCG	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>	1	ST, QL (4 patches every 30 days)
<i>buprenorphine 15mcg/hr, 20mcg/hr</i>	1	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl</i>	1	
SUBLOCADE	4	

SALICYLATES

<i>aspirin ec adult low dose</i>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal</i>	1	
<i>goodsense aspirin</i>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	1	
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ANTI-INFECTIVES

ANTHELMINTICS

<i>albendazole</i>	3	QL (336 tabs every 365 days)
EMVERM	3	QL (12 tabs every 365 days)
<i>ivermectin</i>	1	
<i>praziquantel</i>	1	QL (24 tabs every 365 days)

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i>	1	
<i>fosfomycin tromethamine</i>	1	
<i>gentamicin sulfate</i>	1	
<i>neomycin sulfate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfadiazine</i>	1	
<i>tinidazole</i>	1	
<i>tobramycin sulfate</i>	1	
ANTIFUNGALS		
<i>amphotericin b</i>	1	
CRESEMBA	3	
<i>fluconazole</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	PA
<i>nystatin</i>	1	
<i>posaconazole susp</i>	1	PA
<i>posaconazole tbec</i>	3	PA
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	3	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	3	
KRINTAFEL	3	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>quinine sulfate</i>	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln</i>	1	QL (900 mL every 30 days)
<i>abacavir sulfate tabs</i>	1	QL (60 tabs every 30 days)
APRETUDE	0	QL (2 vials every 90 days)
APTIVUS	2	QL (120 caps every 30 days)
<i>atazanavir sulfate 150mg, 300mg</i>	1	QL (30 caps every 30 days)
<i>atazanavir sulfate 200mg</i>	1	QL (60 caps every 30 days)
<i>darunavir 600mg</i>	1	QL (60 tabs every 30 days)
<i>darunavir 800mg</i>	1	QL (30 tabs every 30 days)
EDURANT PED	2	QL (180 tabs every 30 days)
<i>efavirenz</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine</i>	1	QL (30 caps every 30 days)
EMTRIVA	2	QL (680 ml every 28 days)
<i>etravirine 100mg</i>	1	QL (120 tabs every 30 days)
<i>etravirine 200mg</i>	1	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium</i>	1	QL (120 tabs every 30 days)
INTELENCE	2	QL (120 tabs every 30 days)
ISENTRESS CHEW	2	QL (180 tabs every 30 days)
ISENTRESS PACK	2	QL (60 packets every 30 days)
ISENTRESS TABS	2	QL (120 tabs every 30 days)
ISENTRESS HD	2	QL (60 tabs every 30 days)
<i>lamivudine soln</i>	1	QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	1	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1	QL (30 tabs every 30 days)
<i>maraviroc 150mg</i>	1	QL (60 tabs every 30 days)
<i>maraviroc 300mg</i>	1	QL (120 tabs every 30 days)
<i>nevirapine susp</i>	1	QL (1200 mL every 30 days)
<i>nevirapine tabs</i>	1	QL (60 tabs every 30 days)
<i>nevirapine tb24</i>	1	QL (30 tabs every 30 days)
NORVIR	2	QL (360 packets every 30 days)
PREZISTA SUSP	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	2	
REYATAZ	2	QL (180 packets every 30 days)
<i>rilpivirine hcl</i>	1	QL (60 tabs every 30 days)
<i>ritonavir</i>	1	QL (360 tabs every 30 days)
SELZENTRY	2	QL (1840 mL every 30 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (30 tabs every 30 days)
TIVICAY	2	QL (60 tabs every 30 days)
TIVICAY PD	2	QL (360 tabs every 30 days)
TROGARZO	4	
VIREAD POWD	2	QL (240 gm every 30 days)
VIREAD TABS	2	QL (30 tabs every 30 days)
YEZTUGO SOLN	2	QL (4 vials every 168 days)

Drug Name	Drug Tier	Requirements/Limits
YEZTUGO TABS	2	QL (8 tabs every 4 days)
<i>zidovudine caps</i>	1	QL (180 caps every 30 days)
<i>zidovudine syrp</i>	1	QL (1920 ml every 30 days)
<i>zidovudine tabs</i>	1	QL (60 tabs every 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i>	1	QL (30 tabs every 30 days)
BIKTARVY	2	QL (30 tabs every 30 days)
CABENUVA	4	QL (1 kit every 30 days)
CABENUVA	4	QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO	2	QL (30 tabs every 30 days)
DELSTRIGO	2	QL (30 tabs every 30 days)
DESCOVY	0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
DESCOVY	3	QL (30 tabs every 30 days)
DOVATO	2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL (30 tabs every 30 days)
GENVOYA	2	QL (30 tabs every 30 days)
KALETRA	2	QL (480 ml every 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir</i>	1	QL (120 tabs every 30 days)
<i>lopinavir-ritonavir</i>	1	QL (300 tabs every 30 days)
ODEFSEY	2	QL (30 tabs every 30 days)
PREZCOBIX	3	QL (30 tabs every 30 days)
SYMTUZA	3	QL (30 tabs every 30 days)
TRIUMEQ	3	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD	3	QL (180 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
PRETOMANID	3	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	3	
ANTIVIRALS		
<i>acyclovir</i>	1	
<i>cidofovir</i>	1	
<i>famciclovir</i>	1	
<i>oseltamivir phosphate caps 30mg</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr</i>	1	QL (360 mL every 90 days)
PAXLOVID	2	QL (22 tabs every 30 days)
PAXLOVID	2	QL (40 tabs every 30 days)
PAXLOVID	2	QL (60 tabs every 30 days)
RELENZA DISKHALER	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride</i>	1	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl solr</i>	4	PA, QL (1144 mL every 30 days)
<i>valganciclovir hcl tabs</i>	4	PA, QL (120 tabs every 30 days)
XERESE	3	PA
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
<i>tazicef</i>	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	2	PA
<i>e.e.s. 400</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>fidaxomicin</i>	1	PA
FLUOROQUINOLONES		
BAXDELA	3	
CIPRO	3	
<i>ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>ofloxacin</i>	1	
HEPATITIS B		
<i>adefovir dipivoxil</i>	4	
BARACLUDE	4	PA, QL (630 mL every 30 days)
<i>entecavir</i>	4	PA, QL (30 tabs every 30 days)
<i>lamivudine (hbv)</i>	1	
HEPATITIS C		
MAVYRET PACK	2	PA, QL (140 packets every 28 days)
MAVYRET TABS	2	PA, QL (84 tabs every 28 days)
PEGASYS	4	PA
<i>ribavirin (hepatitis c)</i>	1	
SOVALDI PACK 150MG	4	ST, PA, QL (28 pellets every 28 days)
SOVALDI PACK 200MG	4	ST, PA, QL (56 pellets every 28 days)
SOVALDI TABS 200MG	4	ST, PA, QL (56 tabs every 28 days)
SOVALDI TABS 400MG	4	ST, PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
<i>atovaquone</i>	1	
<i>aztreonam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>dapsone</i>	1	
<i>ertapenem sodium</i>	1	
<i>lincomycin hcl</i>	1	
<i>linezolid</i>	1	
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	
<i>nitazoxanide</i>	1	QL (20 tabs every 30 days)
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>pentamidine isethionate</i>	1	
<i>polymyxin b sulfate</i>	1	
<i>pyrimethamine</i>	3	PA
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl caps</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl solr</i>	1	

PENICILLINS

<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	

TETRACYCLINES

<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl</i>	1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan</i>	1	
<i>carmustine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide caps</i>	1	
<i>cyclophosphamide solr</i>	4	
<i>dacarbazine</i>	1	
GLIADEL WAFER	2	
<i>ifosfamide</i>	1	
LEUKERAN	2	
<i>lomustine</i>	1	
MATULANE	2	
<i>melphalan hcl</i>	1	
TEMODAR	4	PA
<i>temozolomide</i>	4	PA
ANTIBIOTICS		
<i>adriamycin</i>	1	
<i>bleomycin sulfate</i>	1	
<i>daunorubicin hcl</i>	1	
<i>doxorubicin hcl</i>	1	
<i>doxorubicin hcl liposomal</i>	1	
<i>idarubicin hcl</i>	1	
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	4	
ANTIMETABOLITES		
<i>azacitidine</i>	4	PA
<i>capecitabine</i>	4	PA
<i>cladribine</i>	1	
<i>clofarabine</i>	1	
<i>cytarabine</i>	1	
<i>decitabine</i>	4	PA
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
<i>gemcitabine hcl</i>	4	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
NIPENT	2	
<i>pemetrexed disodium</i>	4	
TABLOID	2	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA 10MG, 50MG	4	PA, QL (120 tabs every 30 days)
VENCLEXTA 100MG	4	PA, QL (180 tabs every 30 days)
VENCLEXTA STARTING PACK	4	PA, QL (1 pack every 28 days)

Drug Name	Drug Tier	Requirements/Limits
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX	4	PA
ERIVEDGE	4	PA, QL (30 caps every 30 days)
KADCYLA	4	PA
KEYTRUDA	4	PA
<i>lenalidomide 2.5mg, 5mg, 10mg, 15mg</i>	4	PA, QL (28 caps every 28 days)
<i>lenalidomide 20mg, 25mg</i>	4	PA, QL (21 caps every 28 days)
PADCEV 20MG	4	PA, QL (21 vials every 28 days)
PADCEV 30MG	4	PA, QL (15 vials every 28 days)
<i>pomalidomide</i>	4	PA, QL (21 caps every 28 days)
THALOMID 50MG	4	PA, QL (28 caps every 28 days)
THALOMID 100MG	4	PA, QL (112 caps every 28 days)
TICE BCG	2	
BIOSIMILARS		
GAZYVA	4	PA
RUXIENCE	3	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate 250mg</i>	4	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate 500mg</i>	4	PA, QL (60 tabs every 30 days)
<i>anastrozole</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide</i>	1	
ELIGARD	4	PA
ERLEADA 60MG	4	PA, QL (120 tabs every 30 days)
ERLEADA 240MG	4	PA, QL (30 tabs every 30 days)
<i>exemestane</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	4	PA
LYSODREN	2	
<i>megestrol acetate</i>	1	
<i>nilutamide</i>	1	
NUBEQA	4	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate</i>	1	
XTANDI CAPS	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	4	PA, QL (120 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA	4	PA, QL (240 caps every 30 days)
BRAFTOVI	4	PA, QL (180 caps every 30 days)
BRUKINSA CAPS	4	PA, QL (120 caps every 30 days)
BRUKINSA TABS	4	PA, QL (60 tabs every 30 days)
CABOMETYX	4	PA, QL (30 tabs every 30 days)
CALQUENCE	4	PA, QL (60 tabs every 30 days)
CAPRELSA 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA 300MG	4	PA, QL (30 tabs every 30 days)
COMETRIQ	4	PA, QL (1 kit every 28 days)
<i>dasatinib 20mg</i>	4	PA, QL (90 tabs every 30 days)
<i>dasatinib 50mg, 70mg, 80mg, 100mg, 140mg</i>	4	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl 25mg</i>	4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl 100mg, 150mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tabs</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	4	PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	4	PA, QL (90 tabs every 30 days)
IBTROZI	4	PA, QL (90 caps every 30 days)
<i>imatinib mesylate 100mg</i>	4	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate 400mg</i>	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70MG	4	PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140MG	4	PA, QL (90 caps every 30 days)
IMBRUVICA SUSP	4	PA, QL (216 ml every 36 days)
IMBRUVICA TABS	4	PA, QL (30 tabs every 30 days)
INLYTA 1MG	4	PA, QL (240 tabs every 30 days)
INLYTA 5MG	4	PA, QL (120 tabs every 30 days)
ITOVEBI 3MG	4	PA, QL (60 tabs every 30 days)
ITOVEBI 9MG	4	PA, QL (30 tabs every 30 days)
JAKAFI	4	PA, QL (60 tabs every 30 days)
KISQALI 200MG	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI 200MG	4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI 200MG	4	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate</i>	4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE	4	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE	4	PA, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE	4	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE	4	PA, QL (90 caps every 30 days)
LENVIMA 14 MG DAILY DOSE	4	PA, QL (60 caps every 30 days)
LENVIMA 18 MG DAILY DOSE	4	PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE	4	PA, QL (60 caps every 30 days)
LENVIMA 24 MG DAILY DOSE	4	PA, QL (90 caps every 30 days)
LORBRENA 25MG	4	PA, QL (90 tabs every 30 days)
LORBRENA 100MG	4	PA, QL (30 tabs every 30 days)
MEKINIST SOLR	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	4	PA, QL (180 tabs every 30 days)
<i>nilotinib hcl</i>	4	PA, QL (120 caps every 30 days)
<i>pazopanib hcl</i>	4	PA, QL (120 tabs every 30 days)
RYDAPT	4	PA, QL (224 caps every 28 days)
SCEMBLIX 20MG	4	PA, QL (60 tabs every 30 days)
SCEMBLIX 40MG	4	PA, QL (240 tabs every 30 days)
SCEMBLIX 100MG	4	PA, QL (120 tabs every 30 days)
<i>sorafenib tosylate</i>	4	PA, QL (120 tabs every 30 days)
STIVARGA	4	PA, QL (84 tabs every 28 days)
<i>sunitinib malate</i>	4	PA, QL (30 caps every 30 days)
TAFINLAR CAPS	4	PA, QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR TBSO	4	PA, QL (4 bottles every 28 days)
TAGRISSE	4	PA, QL (30 tabs every 30 days)
TRUQAP TABS	4	PA, QL (64 tabs every 28 days)
TRUQAP TBPB 160MG, 200MG	4	PA, QL (64 tabs every 28 days)
TRUQAP TBPB 200MG	4	PA, QL (32 tabs every 28 days)
TUKYSA	4	PA, QL (120 tabs every 30 days)
VERZENIO	4	PA, QL (56 tabs every 28 days)
VITRAKVI CAPS 25MG	4	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	4	PA, QL (60 caps every 30 days)
VITRAKVI SOLN	4	PA, QL (300 mL every 30 days)
XALKORI CAPS	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	4	PA, QL (60 tabs every 30 days)
ZYKADIA	4	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>arsenic trioxide</i>	1	
<i>bexarotene</i>	4	PA
<i>hydroxyurea</i>	1	
IDHIFA	4	PA, QL (30 tabs every 30 days)
LYNPARZA	4	PA, QL (120 tabs every 30 days)
ODOMZO	4	PA, QL (30 caps every 30 days)
ONCASPAR	4	PA
PHOTOFRIN	2	
POLIVY	4	PA
<i>tretinoin (chemotherapy)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD	4	QL (20 packets every 5 days)
ZEJULA	4	PA, QL (30 tabs every 30 days)
ZOLINZA	4	PA, QL (120 caps every 30 days)
MITOTIC INHIBITORS		
docetaxel	1	
paclitaxel	1	
vinblastine sulfate	1	
vincristine sulfate	1	
vinorelbine tartrate	1	
PLATINUM-BASED AGENTS		
carboplatin	1	
cisplatin	1	
oxaliplatin	4	
PROTECTIVE AGENTS		
dexrazoxane hcl	1	
leucovorin calcium	1	
mesna	1	
TOPOISOMERASE INHIBITORS		
etoposide	1	
irinotecan hcl 40mg/2ml, 100mg/5ml, 500mg/25ml	4	
irinotecan hcl 300mg/15ml	1	
topotecan hcl	1	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl	1	
benazepril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
trandolapril-verapamil hcl	1	
ACE INHIBITORS		
benazepril hcl	1	
captopril	1	
enalapril maleate	1	
fosinopril sodium	1	
lisinopril	1	
moexipril hcl	1	
perindopril erbumine	1	

Drug Name	Drug Tier	Requirements/Limits
quinapril hcl	1	
ramipril	1	
trandolapril	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	1	
KERENDIA	3	PA
spironolactone	1	
ALPHA BLOCKERS		
prazosin hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan	1	
candesartan cilexetil-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
losartan potassium & hydrochlorothiazide	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide	1	
telmisartan-hydrochlorothiazide	1	
valsartan-hydrochlorothiazide	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	1	
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil	1	
telmisartan	1	
valsartan	1	
ANTIARRHYTHMICS		
amiodarone hcl	1	
disopyramide phosphate	1	
dofetilide	1	
flecainide acetate	1	
lidocaine hcl (cardiac)	1	
MULTAQ	2	PA
NORPACE CR	2	
pacerone	1	
procainamide hcl	1	
propafenone hcl	1	
sotalol hcl	1	
sotalol hcl (afib/afl)	1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL	3	PA
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl</i>	1	
<i>prevalite</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe</i>	1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10mg, 20mg</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium 40mg, 80mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin</i>	1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium 5mg, 10mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium 20mg, 40mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin 5mg, 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin 80mg</i>	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		
<i>ezetimibe-simvastatin</i>	1	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA	2	QL (3 syringes every 28 days)
REPATHA SURECLICK	2	QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>timolol maleate</i>	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>verapamil hcl</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin</i>	1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate</i>	1	
DIURETICS		
<i>acetazolamide</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorthalidone</i>	1	
<i>ethacrynic acid</i>	3	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>torsemide</i>	1	
<i>triamterene</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
HEART FAILURE		
<i>CORLANOR</i>	2	
<i>dapagliflozin</i>	1	ST; PA**
<i>ENTRESTO</i>	3	
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>ivabradine hcl</i>	1	
<i>JARDIANCE</i>	2	ST; PA**
<i>sacubitril-valsartan</i>	1	
MISCELLANEOUS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
<i>phenoxybenzamine hcl</i>	4	PA, QL (360 caps every 30 days)
<i>ranolazine</i>	1	
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
NITRO-DUR	2	
<i>nitroglycerin</i>	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	4	PA, QL (90 tabs every 30 days)
<i>ambrisentan</i>	4	PA, QL (30 tabs every 30 days)
<i>bosentan tabs</i>	4	PA, QL (60 tabs every 30 days)
<i>bosentan tbso</i>	4	PA, QL (112 tabs every 28 days)
<i>macitentan</i>	4	PA, QL (30 tabs every 30 days)
<i>sildenafil citrate (pulmonary hypertension) soln</i>	4	PA, QL (90 vials every 30 days)
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	4	PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension)</i>	4	PA, QL (60 tabs every 30 days)
<i>treprostinil</i>	4	PA
UPTRAVI SOLR	4	PA, QL (60 vials every 30 days)
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 TITRATION PACK	4	PA, QL (1 pack every 28 days)
YUTREPIA	4	PA, QL (140 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)		
<i>riluzole</i>	1	
ANTI-ANXIETY		
<i>alprazolam</i>	1	QL (150 tabs every 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 mL every 30 days)
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	QL (360 caps every 30 days)
<i>clomipramine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>lorazepam conc</i>	1	QL (150 mL every 30 days)
<i>lorazepam tabs</i>	1	QL (150 tabs every 30 days)
<i>meprobamate</i>	1	
<i>oxazepam</i>	1	QL (120 caps every 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>memantine hcl</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>bupropion hcl</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>desipramine hcl</i>	1	
<i>desvenlafaxine succinate</i>	1	(generic of Pristiq)
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
EMSAM	3	PA
<i>escitalopram oxalate</i>	1	
FETZIMA	3	
FETZIMA TITRATION PACK	3	
<i>fluoxetine hcl caps; cpdr; soln</i>	1	
<i>fluoxetine hcl tabs</i>	1	(generic Sarafem not covered)

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
MARPLAN	3	
<i>mirtazapine</i>	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>paroxetine hcl</i>	1	
<i>phenelzine sulfate</i>	1	
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i>	1	
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i>	1	
TRINTELLIX	3	
<i>venlafaxine hcl</i>	1	
<i>vilazodone hcl</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	4	ST, PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA	4	PA, QL (300 caps every 30 days)
NEUPRO	2	
ONGENTYS	3	PA
<i>pramipexole dihydrochloride</i>	1	
<i>rasagiline mesylate</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTICS		
<i>aripiprazole</i>	1	
ARISTADA	2	
ARISTADA INITIO	2	
<i>asenapine maleate</i>	1	
<i>chlorpromazine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i>	1	
COBENFY	3	
COBENFY STARTER PACK	3	
ERZOFRI	2	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
INVEGA HAFYERA	2	
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	
<i>loxapine succinate</i>	1	
<i>lurasidone hcl</i>	1	
<i>olanzapine</i>	1	
<i>paliperidone</i>	1	
<i>perphenazine</i>	1	
<i>quetiapine fumarate</i>	1	
<i>risperidone</i>	1	
RYKINDO	2	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VRAYLAR	2	
<i>ziprasidone hcl</i>	1	

ANTISEIZURE AGENTS

<i>carbamazepine</i>	1	
<i>clobazam</i>	1	
<i>clonazepam</i>	1	
<i>clorazepate dipotassium</i>	1	QL (180 tabs every 30 days)
<i>diazepam soln 5mg/5ml</i>	1	QL (1200 mL every 30 days)
<i>diazepam soln 5mg/ml</i>	1	
<i>diazepam tabs</i>	1	QL (120 tabs every 30 days)
<i>diazepam intensol</i>	1	QL (240 mL every 30 days)
DILANTIN	3	
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>gabapentin</i>	1	
<i>lacosamide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>levetiracetam in sodium chloride</i>	1	
<i>methsuximide</i>	1	
NAYZILAM	2	QL (10 units every 30 days)
<i>oxcarbazepine</i>	1	
<i>perampanel</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>rufinamide</i>	1	
<i>tiagabine hcl</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>vigabatrin pack</i>	4	PA, QL (180 packets every 30 days)
<i>vigabatrin tabs</i>	4	PA, QL (180 tabs every 30 days)
XCOPRI	2	
<i>zonisamide</i>	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine 3.1mg, 6.3mg, 9.4mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine 12.5mg, 15.7mg, 18.8mg</i>	1	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cp24</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cp24</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine tabs</i>	1	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine tabs</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tabs</i>	1	QL (90 tabs every 30 days)
<i>atomoxetine hcl</i>	1	
AZSTARYS	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate soln</i>	1	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	1	QL (30 tabs every 30 days)
<i>guanfacine hcl (adhd)</i>	1	
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg</i>	1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg</i>	1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg</i>	1	QL (30 chew tabs every 30 days)
<i>methamphetamine hcl</i>	1	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew</i>	1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1	QL (900 mL every 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tabs 20mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tbcR 10mg, 20mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tbcR 18mg, 27mg, 36mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tbcR 54mg</i>	1	QL (30 tabs every 30 days)
<i>zenzedi</i>	1	QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA		
<i>milnacipran hcl</i>	1	ST; PA**
HYPNOTICS		
BELSOMRA	2	
<i>cvs sleep-aid nighttime</i>	1	OTC
DAYVIGO	2	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep)</i>	1	
<i>estazolam</i>	3	QL (15 tabs every 30 days)
<i>eszopiclone</i>	1	QL (15 tabs every 30 days)
<i>ramelteon</i>	1	QL (15 tabs every 30 days)
<i>tasimelteon</i>	4	PA, QL (30 caps every 30 days)
<i>temazepam</i>	1	QL (15 caps every 30 days)
<i>triazolam</i>	3	QL (10 tabs every 30 days)
<i>zaleplon</i>	1	QL (15 caps every 30 days)
<i>zolpidem tartrate</i>	1	QL (15 tabs every 30 days)
MIGRAINE - ERGOTAMINE DERIVATIVES		
<i>dihydroergotamine mesylate</i>	1	
ERGOMAR	3	
<i>ergotamine w/ caffeine</i>	3	
MIGRAINE - MISCELLANEOUS		
NURTEC	2	ST, QL (16 tabs every 30 days); PA**
QULIPTA	2	ST, QL (30 tabs every 30 days); PA**
UBRELVY	2	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG	2	ST, QL (1 injection every 30 days); PA**
EMGALITY SOAJ	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**
EMGALITY SOSY 120MG/ML	2	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
MIGRAINE - TRIPTANS AND COMBINATIONS		
<i>almotriptan malate</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide</i>	1	QL (12 tabs every 30 days)

AGE - Age Limit **GNDR** - Gender Edit **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy 30

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate</i>	1	QL (18 tabs every 30 days)
<i>sumatriptan 5mg/act</i>	1	QL (24 sprays every 30 days)
<i>sumatriptan 20mg/act</i>	1	QL (12 sprays every 30 days)
<i>sumatriptan succinate soaj</i>	1	QL (12 units every 30 days)
<i>sumatriptan succinate soln</i>	1	QL (12 vials every 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium</i>	3	ST, QL (9 tabs every 30 days); PA**
<i>zolmitriptan soln</i>	1	QL (12 sprays every 30 days)
<i>zolmitriptan tabs; tbdp</i>	1	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOLR	4	PA, QL (2 bottles every 24 days)
EVRYSDI TABS	4	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
<i>lithium</i>	1	
<i>lithium carbonate</i>	1	
MOVEMENT DISORDERS		
AUSTEDO 6MG	4	PA, QL (60 tabs every 30 days)
AUSTEDO 9MG, 12MG	4	PA, QL (120 tabs every 30 days)
INGREZZA CAPS; CPSP	4	PA, QL (30 caps every 30 days)
INGREZZA CPPK	4	PA, QL (28 caps every 28 days)
<i>tetrabenazine 12.5mg</i>	4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine 25mg</i>	4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON	4	PA, QL (14 injections every 28 days)
<i>dalfampridine</i>	4	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate cdpk</i>	4	PA, QL (1 kit every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps every 30 days)
<i>fingolimod hcl</i>	4	PA, QL (30 caps every 30 days)
<i>glatiramer acetate</i>	1	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	1	PA, QL (30 injections every 30 days)
KESIMPTA	4	PA, QL (1 pen every 28 days)
<i>teriflunomide</i>	4	PA, QL (30 tabs every 30 days)
TYRUKO	4	PA, QL (15 mL every 28 days)
TYSABRI	4	PA, QL (15 mL every 28 days)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>norgesic</i>	3	
<i>orphenadrine citrate</i>	1	
<i>tizanidine hcl</i>	1	

MYASTHENIA GRAVIS

<i>pyridostigmine bromide</i>	1	
VYVGART	4	PA, QL (12 vials every 28 days)
VYVGART HYTRULO SOLN	4	PA, QL (4 vials every 28 days)
VYVGART HYTRULO SOSY	4	PA, QL (4 syringes every 28 days)

NARCOLEPSY/CATAPLEXY

<i>armodafinil 50mg</i>	1	PA, QL (60 tabs every 30 days)
<i>armodafinil 150mg, 200mg, 250mg</i>	1	PA, QL (30 tabs every 30 days)
<i>modafinil</i>	1	PA, QL (60 tabs every 30 days)
<i>sodium oxybate 500mg/ml</i>	1	PA, QL (540mL every 30 days); ANDA Generics

Drug Name	Drug Tier	Requirements/Limits
sodium oxybate 500mg/ml	4	PA, QL (540mL every 30 days); HIKMA AG
SUNOSI	2	PA, QL (30 tabs every 30 days)
XYWAV	4	PA, QL (540 ml every 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl dihydrate film	1	
buprenorphine hcl-naloxone hcl dihydrate subl	0	\$0 copay
ZUBSOLV	2	
OPIOID ANTAGONIST		
naloxone hcl liqd	1	OTC
naloxone hcl soct; soln; sosy	1	
naltrexone hcl	0	\$0 copay
OPIOID PARTIAL AGONISTS		
buprenorphine hcl	0	\$0 copay
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline	3	
lofexidine hcl	1	
NUDEXTA	2	PA
perphenazine-amitriptyline	3	
pimozide	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent)	0	\$0 limited to 2 treatment cycles/year
goodsense nicotine polacr	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine polacrilex	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine step 3	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine transdermal syst	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
varenicline tartrate	0	\$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC		
ACROMEGALY		
octreotide acetate soln 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)
octreotide acetate sosy	4	PA, QL (90 ml every 30 days)
SOMATULINE DEPOT	4	PA, QL (1 injection every 28 days)
SOMAVERT	4	PA, QL (30 vials every 30 days)
ANDROGENS		
testosterone	1	PA
testosterone cypionate	1	PA
testosterone enanthate	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	
miglitol	1	
ANTIDIABETICS, BIGUANIDE		
metformin hcl tabs 500mg, 1000mg	1	
metformin hcl tabs 850mg	1	\$0 copay for members age 35-70 for prevention of diabetes
metformin hcl tb24	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl	1	ST; PA**
sitagliptin phosphate-metformin hcl	1	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate	1	ST; PA**
sitagliptin phosphate	1	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide	1	ST, QL (3 pens every 30 days); PA**
MOUNJARO	2	ST, QL (4 pens every 28 days); PA**
OZEMPIC SOPN	2	ST, QL (3 mL every 28 days); PA**

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC TABS	2	ST, QL (30 tabs every 30 days); PA**
TRULICITY	2	ST, QL (4 pens every 28 days); PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA 100/33	2	ST; PA**
XULTOPHY 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN		
AWIQLI FLEXTOUCH	2	
BASAGLAR KWIKPEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMULIN 70/30	3	OTC
HUMULIN 70/30 KWIKPEN	3	OTC
HUMULIN N	3	OTC
HUMULIN N KWIKPEN	3	OTC
HUMULIN R	3	OTC
HUMULIN R U-500 KWIKPEN	2	
INSULIN GLARGINE-YFGN	2	
NOVOLIN 70/30	2	OTC; RELION not covered
NOVOLIN 70/30 FLEXPEN	2	OTC; RELION not covered
NOVOLIN N	2	OTC; RELION not covered
NOVOLIN N FLEXPEN	2	OTC; RELION not covered
NOVOLIN R	2	OTC; RELION not covered
NOVOLIN R FLEXPEN	2	OTC; RELION not covered
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapagliflozin-metformin hcl	1	ST; PA**
SYNJARDY	2	ST; PA**
SYNJARDY XR	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
dapagliflozin	1	ST; PA**
JARDIANCE	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride	1	
glipizide	1	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl 30mg, 60mg	4	PA, QL (60 tabs every 30 days)
cinacalcet hcl 90mg	4	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
alendronate sodium	1	
FOSAMAX PLUS D	3	
ibandronate sodium	1	
pamidronate disodium	1	
risedronate sodium	1	
zoledronic acid	4	PA
CALCIUM REGULATORS, MISCELLANEOUS		
calcitonin (salmon)	1	
OSPOMYV	4	PA, QL (1 syringe (60 mg) every 180 days)
STOBOCLO	4	PA, QL (1 syringe (60 mg) every 180 days)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS	4	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPRON DEPOT-PED (1-MONTH)	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA
LUPRON DEPOT-PED (6-MONTH)	4	PA
SUPPRELIN LA	4	PA
TRIPTODUR	4	PA
CHELATING AGENTS		
CHEMET	3	

Drug Name	Drug Tier	Requirements/Limits
<i>deferiprone</i>	4	PA
FERRIPROX	4	PA
FERRIPROX TWICE-A-DAY	4	PA
<i>penicillamine</i>	4	
CONTRACEPTIVES		
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethyst</i>	0	
ANNOVERA	0	QL (1 every 300 days)
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
AVERI	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>camila</i>	0	
<i>camrese</i>	0	
CAYA	0	QL (1 every 300 days)
<i>chateal eq</i>	0	
CONDOMS	0	QL (12 condoms every 30 days), OTC
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>delyla</i>	0	
DEPO-SUBQ PROVERA 104	0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
DUREX REALFEEL NON-LATEX	0	QL (12 condoms every 30 days), OTC
<i>elinest</i>	0	
ELLA	0	
<i>enskyce</i>	0	
<i>errin</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL (13 every 300 days)
<i>falmina</i>	0	
FC2 FEMALE CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP	0	QL (1 every 300 days)
FEMLYV	0	
<i>galbriela</i>	0	
<i>gemmily</i>	0	
GWYN LO	0	

Drug Name	Drug Tier	Requirements/Limits
<i>heather</i>	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kurvelo</i>	0	
KYLEENA	0	QL (1 every 300 days)
<i>larin 1.5/30</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorgestrel & eth estradiol</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LILETTA	0	QL (1 every 300 days)
LO LOESTRIN FE	0	
<i>lojaimiess</i>	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>marlissa</i>	0	
<i>medroxyprogesterone acetate (contraceptive)</i>	0	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	0	
MIRENA	0	QL (1 every 300 days)
MIUDELLA	0	QL (1 unit every 300 days)
<i>mono-lynyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35-28</i>	0	
NEXPLANON	0	QL (1 every 300 days)
NEXTSTELLIS	0	
<i>nikki</i>	0	
<i>nora-be</i>	0	
<i>norethin acet & estrad-fe</i>	0	
<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone acet & eth estra</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	

Drug Name	Drug Tier	Requirements/Limits
OMNIFLEX DIAPHRAGM	0	QL (1 every 300 days)
OPILL	0	OTC
PARAGARD INTRAUTERINE COP	0	QL (1 unit every 300 days)
<i>portia-28</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SKYLA	0	QL (1 every 300 days)
SLYND	0	
<i>sprintec 28</i>	0	
<i>syeda</i>	0	
<i>take action</i>	0	OTC
<i>tilia fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
TRUSTEX WITH NONOXYNOL-9/	0	QL (12 condoms every 30 days), OTC
TRUSTEX/RIA NON-LUBRICATE	0	QL (12 condoms every 30 days), OTC
TWIRLA	0	
TYBLUME	0	
<i>valtya 1/50</i>	0	
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>vyfemla</i>	0	
<i>wera</i>	0	
WIDE-SEAL SILICONE DIAPHR	0	QL (1 every 300 days)
<i>xelria fe</i>	0	
<i>xulane</i>	0	
<i>zovia 1/35</i>	0	

DIABETIC SUPPLIES

ACCU-CHEK AVIVA	2	OTC
ACCU-CHEK AVIVA PLUS KIT	2	OTC
ACCU-CHEK AVIVA PLUS STRP	2	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK COMPACT BLUE CO	2	OTC
ACCU-CHEK COMPACT PLUS CL	2	OTC
ACCU-CHEK FASTCLIX LANCET	2	OTC
ACCU-CHEK GUIDE KIT	2	OTC
ACCU-CHEK GUIDE STRP	2	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK GUIDE CONTROL L	2	OTC
ACCU-CHEK GUIDE ME	2	OTC
ACCU-CHEK GUIDE TEST STRI	2	QL (150 Test Strips every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK NANO SMARTVIEW	2	OTC
ACCU-CHEK SMARTVIEW CONTR	2	OTC
ACCU-CHEK SMARTVIEW STRIP	2	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK SOFTCLIX LANCET	2	OTC
ALCOHOL PREP PADS	2	OTC
BD VEO INSULIN SYRINGE UL	2	OTC
CAREFINE PEN NEEDLES 32GX	2	OTC
CHEMSTRIP 2 GP STRIPS	3	OTC
CHEMSTRIP 5 OB	3	OTC
CHEMSTRIP 7	3	OTC
CHEMSTRIP 9 STRIPS	3	OTC
CHEMSTRIP 10 MD	3	OTC
CHEMSTRIP -10 WITH SG	3	OTC
CHEMSTRIP UGK	3	OTC
CHEMSTRIP-K	3	OTC
CVS KETONE CARE	3	OTC
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G6 TRANSMITTER	2	
DEXCOM G7 15 DAY SENSOR	2	QL (2 sensors every 30 days)
DEXCOM G7 RECEIVER	2	
DEXCOM G7 SENSOR	2	QL (3 sensors every 30 days)
DIASCREEN 1B	3	OTC
DIASCREEN 1G	3	OTC
DIASCREEN 1K	3	OTC
DIASCREEN 2GK	3	OTC
DIASCREEN 2GP	3	OTC
DIASCREEN 3	3	OTC
DIASCREEN 4NL	3	OTC
DIASCREEN 4OBL	3	OTC
DIASCREEN 4PH	3	OTC
DIASCREEN 5	3	OTC
DIASCREEN 6	3	OTC
DIASCREEN 7	3	OTC
DIASCREEN 8	3	OTC
DIASCREEN 9	3	OTC
DIASCREEN 10	3	OTC
DIASCREEN LIQUID URINE CO	3	OTC
DIASTIX	3	OTC
FREESTYLE KIT FREE LIT	2	OTC

Drug Name		Drug Tier	Requirements/Limits
FREESTYLE KIT LITE		2	OTC
FREESTYLE KIT PREC NEO		2	OTC
FREESTYLE LIQ CONTROL		2	OTC
FREESTYLE MIS LANCETS		2	OTC
FREESTYLE MIS UNISTICK		2	OTC
FREESTYLE TES		2	QL (150 strips every 30 days), OTC
FREESTYLE TES INSULINX		2	QL (150 strips every 30 days), OTC
FREESTYLE TES LITE		2	QL (150 strips every 30 days), OTC
FREESTYLE TES PREC NEO		2	QL (150 strips every 30 days), OTC
FREESTYLE LB KIT 2/SENSOR		2	QL (2 boxes every 30 days)
FREESTYLE LB KIT 2PLS/SEN		2	QL (2 boxes every 30 days)
FREESTYLE LB KIT 3/SENSOR		2	QL (2 boxes every 30 days)
FREESTYLE LB KIT 3PLS/SEN		2	QL (2 boxes every 30 days)
FREESTYLE LB KIT 14D/SEN		2	QL (2 boxes every 30 days)
FREESTYLE LB MIS 2/READER		2	
FREESTYLE LB MIS 3/READER		2	
FREESTYLE LB MIS 14D/RDR		2	
KETONE		3	OTC
KETONE TEST STRIPS		3	OTC
NOVOFINE PEN NEEDLE 32G X		2	OTC
OMNIPOD 5 DEXCOM G7G6 INT		2	
OMNIPOD 5 DEXCOM G7G6 POD		2	
OMNIPOD 5 G7 INTRO KIT (G		2	
OMNIPOD 5 G7 PODS (GEN 5)		2	
OMNIPOD CLASSIC PDM START		2	
OMNIPOD CLASSIC PODS (GEN		2	
OMNIPOD DASH INTRO KIT (G		2	
OMNIPOD DASH PDM KIT (GEN		2	
OMNIPOD DASH PODS (GEN 4)		2	
TWIIIST REFILL KIT		2	
TWIIIST REFILL KIT/INFUSIO		2	
TWIIIST STARTER KIT		2	
ULTILET SHARPS CONTAINER		2	OTC
ENDOMETRIOSIS			
danazol		1	
ORILISSA		2	
SYNAREL		4	PA
GLUCOCORTICOIDS			
deflazacort susp		4	PA, QL (52 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	3	
dexamethasone	1	
DEXAMETHASONE INTENSOL	2	
dexamethasone sodium phosphate	1	
fludrocortisone acetate	1	
hydrocortisone	1	
hydrocortisone sod succinate	1	
MEDROL	2	
methylprednisolone	1	
methylprednisolone acetate	1	
methylprednisolone sod succ	1	
prednisolone	1	
prednisolone sodium phosphate	1	
prednisone	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
GLUCOSE ELEVATING AGENTS		
glucagon	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
INSTA-GLUCOSE	2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
nitisinone	4	PA
ORFADIN	4	PA
HUMAN GROWTH HORMONES		
NORDIPEN 5 INJECTION DEVI	2	
NORDIPEN DELIVERY SYSTEM	2	OTC
NORDITROPIN FLEXPRO	4	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA	4	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA	3	
CLIMARA PRO	2	
DEPO-ESTRADIOL	3	
DUAVEE	2	
ELESTRIN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol</i>	1	
<i>estradiol & norethindrone acetate</i>	1	
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estrogens, conjugated</i>	1	
EVAMIST	3	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
PREMARIN	3	
<i>yuvaferm</i>	1	
MISCELLANEOUS		
<i>betaine</i>	4	PA
<i>cabergoline</i>	1	
CHORIONIC GONADOTROPIN	4	PA
CORTROPHIN GEL	4	PA, QL (35 mL every 21 days)
CORTROPHIN PRSY	4	PA, QL (28 syringes every 28 days)
CYSTAGON	4	PA
INCRELEX	4	PA
INTRAROSA	3	
MYALEPT	4	PA, QL (30 vials every 30 days)
OSPHENA	3	PA
<i>raloxifene hcl</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
REZDIFFRA	3	PA
<i>sapropterin dihydrochloride</i>	4	PA
SIGNIFOR	4	PA, QL (60 ampules every 30 days)
<i>tolvaptan (hyponatremia)</i>	4	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	1	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
VELPHORO	3	ST; PA**
POTASSIUM-REMOVING AGENTS		
<i>sps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
CRINONE	2	
medroxyprogesterone acetate	1	
megestrol acetate	1	
megestrol acetate (appetite)	1	
norethindrone acetate	1	
progesterone	1	
THYROID AGENTS		
levothyroxine sodium	1	
levoxyl	1	
liothyronine sodium	1	
methimazole	1	
propylthiouracil	1	
SYNTHROID	2	
unithroid	1	
UREA CYCLE DISORDER		
carglumic acid	4	PA
PHEBURANE	4	PA, QL (672g every 30 days)
sodium phenylbutyrate powd	4	PA, QL (798g every 30 days)
sodium phenylbutyrate tabs	4	PA, QL (1200 tabs every 30 days)
VASOPRESSINS		
desmopressin acetate	1	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
VITAMIN D ANALOGS		
calcitriol	1	
doxercalciferol	1	
paricalcitol	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate	1	
dicyclomine hcl	1	
glycopyrrolate	1	
methscopolamine bromide	1	
ANTIDIARRHEALS		
diphenoxylate w/ atropine	1	
loperamide hcl	1	
MOTOFEN	3	
ANTIEMETICS		
AKYNZEO	3	QL (2 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant caps 40mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	1	QL (4 caps every 28 days)
<i>aprepitant caps 125mg</i>	1	QL (2 caps every 28 days)
<i>aprepitant cppk</i>	1	QL (2 packs every 28 days)
<i>compro</i>	1	
<i>dronabinol</i>	1	QL (60 caps every 30 days)
<i>granisetron hcl</i>	1	
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	
SANCUSO	2	
scopolamine	1	
<i>trimethobenzamide hcl</i>	1	
VARUBI	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	
<i>famotidine</i>	1	
<i>famotidine in nacl</i>	1	
<i>nizatidine</i>	1	
<i>ranitidine hcl</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	1	
<i>budesonide</i>	1	
CORTIFOAM	2	
DIPENTUM	3	
<i>hydrocortisone (intrarectal)</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine w/ cleanser</i>	1	
<i>sulfasalazine</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS	2	
<i>lubiprostone</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl</i>	1	PA
VIBERZI	2	PA

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ	0	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>lactulose</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	0	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
PEG-PREP	0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU	0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350</i>	1	OTC
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE	0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB	0	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis)</i>	1	
IQIRVO	4	PA, QL (30 tabs every 30 days)
<i>misoprostol</i>	1	
MOVANTIK	2	
SUCRAID	3	PA, QL (354 mL every 30 days)
<i>sucralfate</i>	1	
<i>ursodiol</i>	1	
VOWST	4	PA, QL (12 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON	2	PA
VIOKACE	2	PA
ZENPEP	2	PA
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cpdr</i>	1	
<i>esomeprazole magnesium pack</i>	1	Covered for age less than 1 year only
<i>lansoprazole</i>	1	
<i>omeprazole</i>	1	
<i>omeprazole-sodium bicarbonate</i>	3	
<i>pantoprazole sodium</i>	1	
<i>rabeprazole sodium</i>	1	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (rectal)</i>	1	
<i>proctozone-hc</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	1	
CARDURA XL	3	
<i>doxazosin mesylate</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	
<i>silodosin</i>	1	
<i>tadalafil</i>	1	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
CONTRACEPTIVES		
ENCARE	0	OTC
OPTIONS GYNOL II VAGINAL	0	OTC
PHEXX	0	
PHEXXI	0	
TODAY SPONGE	0	OTC
VCF VAGINAL CONTRACEPTIVE	0	OTC
ERECTILE DYSFUNCTION		
<i>avanafil</i>	1	QL (6 tabs every 30 days)
MISCELLANEOUS		
<i>bethanechol chloride</i>	1	
ELMIRON	3	

Drug Name	Drug Tier	Requirements/Limits
<i>eq urinary pain relief</i>	1	OTC
<i>potassium citrate (alkalinizer)</i>	1	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	1	
<i>fesoterodine fumarate</i>	1	
<i>mirabegron</i>	1	
<i>oxybutynin chloride</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>trospium chloride</i>	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN	2	
<i>clindamycin phosphate vaginal</i>	1	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole 3</i>	1	
<i>terconazole vaginal</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i>	1	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	1	
FRAGMIN	3	
<i>heparin sodium (porcine)</i>	1	
<i>rivaroxaban</i>	1	
<i>warfarin sodium</i>	1	
XARELTO	2	
XARELTO STARTER PACK	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	4	PA
FYLNETRA	4	PA, QL (2 syringes every 28 days)
MIRCERA	4	PA
NIVESTYM	4	PA
NYVEPRIA	4	PA, QL (2 syringes every 28 days)
RETACRIT	4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA	4	PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol</i>	1	
<i>pentoxifylline</i>	1	
<i>tranexamic acid</i>	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	
<i>prasugrel hcl</i>	1	
YOSPRALA	3	

SICKLE CELL DISEASE

DROXIA	2	
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THROMBOCYTOPENIA AGENTS

ALVAIZ 9MG, 54MG	4	PA, QL (60 tabs every 30 days)
ALVAIZ 18MG, 36MG	4	PA, QL (90 tabs every 30 days)
DOPTELET SPRINKLE	4	PA, QL (60 caps every 30 days)
DOPTELET TAB 20MG (10 TABLETS)	4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	4	PA, QL (2 cartons every 30 days)

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

ACTEMRA 80MG/4ML	4	ST, PA, QL (20 vials every 28 days)
ACTEMRA 200MG/10ML	4	ST, PA, QL (8 vials every 28 days)
ACTEMRA 400MG/20ML	4	ST, PA, QL (4 vials every 28 days)
COSENTYX	4	PA, QL (15 mL every 28 days)
ENTYVIO	4	PA, QL (1 vial every 56 days)
INFLIXIMAB	4	PA, QL (5 vials every 42 days)
SIMPONI ARIA	4	PA, QL (200 mg every 8 weeks)
SKYRIZI	4	PA, QL (6 vials every 56 days)
TREMFYA	4	PA, QL (One time use only)

Drug Name	Drug Tier	Requirements/Limits
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA	4	ST, PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN	4	ST, PA, QL (4 injections every 28 days)
ENTYVIO PEN	4	PA, QL (2 pens every 28 days)
SIMPONI	4	ST, PA, QL (1 injection every 28 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALOPECIA AREATA		
LITFULO	4	PA, QL (28 caps every 28 days)
OLUMIANT	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	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT	4	PA, QL (4 syringes every 28 days)
COSENTYX 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days)
COSENTYX 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX SENSOREADY PEN 150MG/ML	4	PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX UNOREADY	4	PA, QL (1 pen every 28 days)
ENBREL SOLN	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	4	PA, QL (4 cartridges every 28 days)
ENBREL SURECLICK	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ PLAQUE PSORIASIS	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
RINVOQ	4	PA, QL (30 tabs every 30 days)
<i>tofacitinib citrate tabs</i>	4	PA, QL (60 tabs every 30 days)
<i>tofacitinib citrate tb24</i>	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	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ PLAQUE PSORIASIS	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS	4	PA, QL (2 auto-injectors every 28 days); 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	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 15MG, 30MG	4	PA, QL (30 tabs every 30 days)
RINVOQ 45MG	4	PA, QL (One time use only (for CD/UC diagnosis))
SKYRIZI	4	PA, QL (1 cartridge every 56 days)
TREMFYA SOAJ	4	PA, QL (1 injection every 28 days)
TREMFYA SOPN	4	PA, QL (1 injection every 56 days)
TREMFYA SOSY 100MG/ML	4	PA, QL (1 injection every 56 days)
TREMFYA SOSY 200MG/2ML	4	PA, QL (1 injection every 28 days)
TREMFYA PEN	4	PA, QL (1 injection every 56 days)
YESINTEK SOLN	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)

Drug Name	Drug Tier	Requirements/Limits
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	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT	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 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days)
COSENTYX 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX SENSOREADY PEN 150MG/ML	4	PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX UNOREADY	4	PA, QL (1 pen every 28 days)
HYRIMOZ SOAJ	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ PLAQUE PSORIASIS	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS		
CIMZIA (1 SYRINGE)	4	PA, QL (4 syringes every 28 days)
CIMZIA STARTER KIT	4	PA, QL (One time use only)
COSENTYX 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days)
COSENTYX 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX SENSOREADY PEN 150MG/ML	4	PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX UNOREADY	4	PA, QL (1 pen every 28 days)
RINVOQ	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	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ PLAQUE PSORIASIS	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENSOREADY PENS	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS		
OTEZLA TABS	4	PA, QL (60 tabs every 30 days)
OTEZLA TBPB	4	PA, QL (55 tabs every 28 days)
OTEZLA XR	4	PA, QL (30 tabs every 30 days)
OTEZLA/OTEZLA XR 28 DAY T	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	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 55MG/0.37ML	4	PA, QL (1 syringe every 84 days)
SKYRIZI 150MG/ML	4	PA, QL (1 syringe every 12 weeks)
SKYRIZI PEN	4	PA, QL (1 syringe every 12 weeks)
TALTZ SOAJ	4	PA, QL (1 injection every 28 days)
TALTZ SOSY 20MG/0.25ML, 40MG/0.5ML	4	PA, QL (1 syringe every 28 days)
TALTZ SOSY 80MG/ML	4	PA, QL (1 injection every 28 days)
TREMFYA	4	PA, QL (1 injection every 56 days)
TREMFYA PEN	4	PA, QL (1 injection every 56 days)
YESINTEK SOLN	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)

Drug Name	Drug Tier	Requirements/Limits
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)
ADALIMUMAB-FKJP AJKT	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT	4	PA, QL (4 syringes every 28 days)
COSENTYX 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days)
COSENTYX 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX SENSOREADY PEN 150MG/ML	4	PA, QL (1 pen every 28 days)
COSENTYX SENSOREADY PEN 150MG/ML	4	PA, QL (300 mg every 28 days)
COSENTYX UNOREADY	4	PA, QL (1 pen every 28 days)
ENBREL SOLN	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	4	PA, QL (4 cartridges every 28 days)
ENBREL SURECLICK	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ PLAQUE PSORIASIS	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENSOREADY PENS	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
OTEZLA TABS	4	PA, QL (60 tabs every 30 days)
OTEZLA TBPk	4	PA, QL (55 tabs every 28 days)
OTEZLA XR	4	PA, QL (30 tabs every 30 days)
OTEZLA/OTEZLA XR 28 DAY T	4	PA, QL (41 tabs every 28 days)
RINVOQ	4	PA, QL (30 tabs every 30 days)
RINVOQ LQ	4	PA, QL (360 mL every 30 days)
SKYRIZI 55MG/0.37ML	4	PA, QL (1 syringe every 84 days)
SKYRIZI 150MG/ML	4	PA, QL (1 syringe every 12 weeks)
SKYRIZI PEN	4	PA, QL (1 syringe every 12 weeks)
<i>tofacitinib citrate soln</i>	4	PA, QL (240 mL every 24 days)
<i>tofacitinib citrate tabs</i>	4	PA, QL (60 tabs every 30 days)
<i>tofacitinib citrate tb24</i>	4	PA, QL (30 tabs every 30 days)
TREMFYA	4	PA, QL (1 injection every 56 days)
TREMFYA PEN	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	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN	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	4	PA, QL (4 cartridges every 28 days)
ENBREL SURECLICK	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ PLAQUE PSORIASIS	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
KEVZARA SOAJ	4	PA, QL (2 pens every 28 days)
KEVZARA SOSY	4	PA, QL (2 syringes every 4 weeks)
RINVOQ	4	PA, QL (30 tabs every 30 days)
<i>tofacitinib citrate tabs</i>	4	PA, QL (60 tabs every 30 days)
<i>tofacitinib citrate tb24</i>	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)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-FKJP AJKT	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT	4	PA, QL (4 syringes every 28 days)
HYRIMOZ SOAJ	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ PLAQUE PSORIASIS	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS	4	PA, QL (2 auto-injectors every 28 days); 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	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 15MG, 30MG	4	PA, QL (30 tabs every 30 days)
RINVOQ 45MG	4	PA, QL (One time use only (for CD/UC diagnosis))
SKYRIZI	4	PA, QL (1 cartridge every 56 days)
<i>tofacitinib citrate tabs</i>	4	PA, QL (60 tabs every 30 days)
<i>tofacitinib citrate tb24</i>	4	PA, QL (30 tabs every 30 days)
TREMFYA SOAJ	4	PA, QL (1 injection every 28 days)
TREMFYA SOLN	4	PA, QL (One time use only)
TREMFYA SOPN	4	PA, QL (1 injection every 56 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOSY 100MG/ML	4	PA, QL (1 injection every 56 days)
TREMFYA SOSY 200MG/2ML	4	PA, QL (1 injection every 28 days)
TREMFYA PEN	4	PA, QL (1 injection every 56 days)
VELSIPITY	4	PA, QL (30 tabs every 30 days)
YESINTEK SOLN	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)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i>	1	
<i>methotrexate sodium</i>	1	

HEREDITARY ANGIOEDEMA

<i>icatibant acetate</i>	4	PA, QL (45 syringes every 90 days)
TAKHZYRO	4	PA, QL (2 syringes every 28 days)

IMMUNOGLOBULIN

CUTAQUIG	4	PA
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IMMUNOMODULATORS

ACTIMMUNE	4	PA
ARCALYST	4	PA, QL (8 vials every 28 days)

IMMUNOSUPPRESSANTS

<i>azathioprine</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified (for microemulsion)</i>	1	
ENVARUSUS XR	3	
<i>everolimus (immunosuppressant)</i>	1	
<i>gengraf</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate mofetil hcl</i>	1	
<i>mycophenolate sodium</i>	1	
NULOJIX	3	
PROGRAF	3	
SANDIMMUNE	3	
<i>sirolimus</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus</i>	1	
MISCELLANEOUS		
BEYFORTUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ENFLONIA	0	\$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
ABRYSVO	0	
ACTHIB	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL	0	
AREXVY	0	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO	0	
BOOSTRIX	0	
CAPVAXIVE	0	
COMIRNATY 2026-27	0	
COMIRNATY/5-11Y/2026-27	0	
DAPTACEL	0	\$0 copay for members age 18 and younger, otherwise not covered
DENGIVAXIA	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B	0	
FLUAD 2026-2027	0	
FLUMIST NASAL VACCINE 202	0	
GARDASIL 9	0	
HAVRIX	0	
HEPLISAV-B	0	
HIBERIX	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INACTIVATED IPV	0	
JYNNEOS	0	

Drug Name	Drug Tier	Requirements/Limits
KINRIX	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II	0	
MENQUADFI	0	
MENVEO	0	
MNEXSPIKE COVID-19 VACCIN	0	
MRESVIA	0	\$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID COVID-19 VACCIN	0	
PEDIARIX	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAXHIB	0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA	0	
PENMENVY	0	
PENTACEL	0	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23	0	
PREVNAR 20	0	
PRIORIX	0	
PROQUAD	0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB	0	
ROTARIX	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX	0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE	0	
TENIVAC	0	\$0 copay for members age 19 and older, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA	0	
TWINRIX	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA	0	
VARIVAX	0	
VAXELIS	0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE	0	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

EFFER-K	1	
<i>klor-con m15</i>	1	
<i>magnesium sulfate</i>	1	
<i>magnesium sulfate in dextrose</i>	1	
MONOJECT SODIUM CHLORIDE	1	
<i>potassium chloride</i>	1	
<i>potassium chloride microencapsulated crystals</i>	1	
<i>er</i>		
<i>sodium chloride</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride soln</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tabs 1mg</i>	1	
<i>sodium fluoride tabs .5mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered

PRENATAL VITAMINS

<i>elite-ob</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-select</i>	1	

VITAMINS

<i>cholecalciferol</i>	1	OTC
<i>cyanocobalamin</i>	1	
<i>ergocalciferol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid caps</i>	0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tabs 1mg</i>	1	
<i>folic acid tabs 400mcg, 800mcg</i>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vitamin/fluoride dr</i>	1	
<i>multi-vitamin/fluoride/ir</i>	1	
<i>multivitamin/fluoride</i>	1	
<i>pediatric multivitamins w/fl</i>	1	
<i>phytonadione</i>	1	
<i>pyridoxine hcl</i>	1	OTC
<i>tri-vite/fluoride</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	1	
<i>loteprednol etabonate-tobramycin</i>	1	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	

ANTI-INFECTIVES

AZASITE	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
trifluridine	1	
ZIRGAN	3	
ANTI-INFLAMMATORIES		
ACUVAIL	2	
bromfenac sodium (ophth)	1	
dexamethasone sodium phosphate (ophth)	1	
diclofenac sodium (ophth)	1	
difluprednate	1	
flurbiprofen sodium	1	
ILEVRO	2	
ketorolac tromethamine (ophth)	1	
loteprednol etabonate	1	
NEVANAC	2	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSP	2	
ANTIALLERGICS		
ALOCRIAL	3	
azelastine hcl (ophth)	1	
bepotastine besilate	1	
cromolyn sodium (ophth)	1	
epinastine hcl (ophth)	1	
olopatadine hcl	1	
ZERVIAE	3	
ANTIGLAUCOMA BETA-BLOCKERS		
betaxolol hcl (ophth)	1	
BETOPTIC-S	2	
carteolol hcl (ophth)	1	
levobunolol hcl	1	
timolol maleate (ophth)	1	
ANTIGLAUCOMA COMBINATION AGENTS		
brimonidine tartrate-timolol maleate	1	
dorzolamide hcl-timolol maleate	1	
SIMBRINZA	2	
CARBONIC ANHYDRASE INHIBITORS		
brinzolamide	1	
dorzolamide hcl	1	
DRY EYE DISEASE		
cyclosporine (ophth)	1	
RESTASIS MULTIDOSE	2	
TRYPTYR	2	
VEVYE	2	
MISCELLANEOUS		
atropine sulfate (ophthalmic)	1	

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN	4	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl (mydriatic)</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl</i>	1	
<i>proparacaine hcl</i>	1	
<i>tropicamide</i>	1	
PROSTAGLANDINS		
<i>bimatoprost</i>	1	
<i>latanoprost</i>	1	
<i>tafluprost</i>	1	
<i>travoprost</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml</i>	1	QL (4 auto-injectors every 30 days)
<i>epinephrine (anaphylaxis) .15mg/0.15ml</i>	1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK	2	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BEVESPI AEROSPHERE	2	QL (1 package every 30 days)
<i>ipratropium-albuterol</i>	1	QL (6 boxes every 30 days)
STIOLTO RESPIMAT	2	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AEROSPHERE	2	QL (1 package every 30 days)
TRELEGY ELLIPTA	2	QL (1 package every 30 days)
ANTICHOLINERGICS		
<i>ipratropium bromide</i>	1	QL (5 boxes every 30 days)
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA RESPIMAT	2	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide</i>	1	QL (1 package every 30 days)
ANTI HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone propionate</i>	1	QL (1 package every 30 days)
ANTI HISTAMINES		
<i>azelastine hcl</i>	1	QL (2 bottles every 30 days)
<i>carbinoxamine maleate</i>	1	
<i>clemastine fumarate</i>	1	
<i>ciproheptadine hcl</i>	1	
<i>desloratadine</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine dihydrochloride</i>	1	
<i>olopatadine hcl (nasal)</i>	1	QL (1 container every 30 days)
BETA AGONISTS		
<i>albuterol sulfate aers</i>	1	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (120 vials every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (5 boxes every 30 days)
<i>albuterol sulfate syrp</i>	1	
<i>albuterol sulfate tabs</i>	1	
<i>arformoterol tartrate</i>	1	QL (60 vials every 30 days)
<i>formoterol fumarate</i>	1	QL (60 vials every 30 days)
<i>levalbuterol hcl 1.25mg/0.5ml</i>	1	QL (45 mL every 30 days)
<i>levalbuterol hcl .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (300 mL every 30 days)
<i>levalbuterol tartrate</i>	1	QL (2 inhalers every 30 days)
SEREVENT DISKUS	2	QL (1 package every 30 days)
STRIVERDI RESPIMAT	2	QL (1 package every 30 days)
<i>terbutaline sulfate</i>	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)

Drug Name	Drug Tier	Requirements/Limits
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	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)
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
NUCALA SOAJ	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

<i>benzonatate</i>	1	
<i>guaifenesin-codeine</i>	1	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocodone bitartrate-homatropine methylbromide soln</i>	1	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitartrate-homatropine methylbromide tabs</i>	1	QL (6 tabs every day); Subject to initial 7-day limit
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	1	QL (10 mL every day); Subject to initial 7-day limit
<i>promethazine & phenylephrine</i>	1	
<i>promethazine w/codeine</i>	1	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine-dm</i>	1	
<i>pseudoephed-bromphen-dm</i>	1	
TUXARIN ER	3	QL (2 tabs every day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
CYSTIC FIBROSIS		
CAYSTON	4	PA, QL (84 vials every 28 days)
KALYDECO PACK	4	PA, QL (56 packets every 28 days)
KALYDECO TABS	4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI PACK	4	PA, QL (56 packets every 28 days)
ORKAMBI TABS	4	PA, QL (112 tabs every 28 days)
SYMDEKO	4	PA, QL (56 tabs every 28 days)
<i>tobramycin 300mg/4ml</i>	4	PA, QL (224 mL every 28 days)
<i>tobramycin 300mg/5ml</i>	4	PA, QL (280 mL every 28 days)
TRIKAFTA TBPk	4	PA, QL (84 tabs every 28 days)
TRIKAFTA THPK	4	PA, QL (56 packets 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		
<i>zileuton</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine</i>	1	
<i>roflumilast</i>	1	PA
<i>sodium chloride (inhalant)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	1	QL (3 containers every 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 container every 30 days)
<i>mometasone furoate (nasal)</i>	1	QL (2 packages every 30 days)
OMNARIS	3	QL (1 package every 30 days)
<i>triamcinolone acetonide (nasal)</i>	1	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
<i>nintedanib esylate</i>	4	PA, QL (60 caps every 30 days)
<i>pirfenidone caps</i>	4	PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 801mg</i>	4	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER PLUS FLOW VU	2	
CLEVER CHOICE ANTI-STATIC	2	OTC
FLEXICHAMBER CHILD MASK/S	2	
PEDIATRIC PANDA 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	4	PA, QL (1 auto-injector every 28 days)
NUCALA SOAJ	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)

Drug Name	Drug Tier	Requirements/Limits
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	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 80MCG/ACT	3	QL (3 packages every 30 days)
ALVESCO 160MCG/ACT	3	QL (2 packages every 30 days)
ASMANEX HFA	2	QL (1 package every 30 days)
<i>budesonide (inhalation) 1mg/2ml</i>	1	QL (1 box every 30 days)
<i>budesonide (inhalation) .5mg/2ml</i>	1	QL (2 boxes every 30 days)
<i>budesonide (inhalation) .25mg/2ml</i>	1	QL (3 boxes every 30 days)
<i>fluticasone furoate (inhalation)</i>	1	QL (1 package every 30 days)

STEROID/BETA-AGONIST COMBINATIONS

AIRSUPRA	2	QL (3 packages every 30 days)
BREO ELLIPTA	2	QL (1 package every 30 days)
<i>breyna</i>	1	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihydrate</i>	1	QL (3 packages every 30 days)
<i>fluticasone-salmeterol</i>	1	QL (1 package every 30 days)

XANTHINES

<i>theophylline</i>	1	
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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)

Drug Name	Drug Tier	Requirements/Limits
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	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

<i>adapalene</i>	1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	QL (47g every 30 days)
<i>clindamycin phosphate (topical) foam; swab</i>	1	
<i>clindamycin phosphate (topical) gel</i>	1	QL (75g every 30 days)
<i>clindamycin phosphate (topical) lotn; soln</i>	1	QL (60 mL every 30 days)
<i>clindamycin phosphate-benzoyl peroxide</i>	1	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	QL (45g every 30 days)
<i>ery</i>	1	
<i>erythromycin (acne aid) gel</i>	1	QL (60g every 30 days)
<i>erythromycin (acne aid) soln</i>	1	QL (60 mL every 30 days)
<i>isotretinoin</i>	1	PA
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere</i>	1	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>diclofenac sodium (actinic keratoses)</i>	3	
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>antiseptic products, misc.</i>	1	OTC
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i>	1	QL (30g every 30 days)
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel</i>	1	QL (120g every 30 days)
<i>ciclopirox sham</i>	1	QL (120 mL every 30 days)
<i>ciclopirox soln</i>	1	
<i>ciclopirox olamine crea</i>	1	QL (120g every 30 days)
<i>ciclopirox olamine susp</i>	1	QL (120 mL every 30 days)
<i>clotrimazole (topical) crea</i>	1	QL (120g every 30 days)
<i>clotrimazole (topical) soln</i>	1	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone crea</i>	1	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL (60 mL every 30 days)
<i>econazole nitrate</i>	1	QL (60g every 30 days)
ERTACZO	3	QL (60g every 30 days)
JUBLIA	3	PA, QL (4 mL every 28 days)
<i>ketoconazole (topical)</i>	1	QL (120g every 30 days)
<i>luliconazole</i>	3	QL (60g every 30 days)
<i>naftifine hcl</i>	1	QL (60g every 30 days)
<i>nystatin (topical)</i>	1	QL (120g every 30 days)
<i>nystatin-triamcinolone</i>	1	QL (60g every 30 days)
<i>nystop</i>	1	QL (120g every 30 days)
<i>oxiconazole nitrate</i>	1	QL (60g every 30 days)
<i>sulconazole nitrate crea</i>	1	QL (60g every 30 days)
<i>sulconazole nitrate soln</i>	1	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic)</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate</i>	3	ST, QL (60g every 30 days); PA**
<i>calcitriol (topical)</i>	3	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid</i>	1	
<i>tazarotene</i>	1	PA
ZORYVE	2	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i>	1	QL (120 mL every 30 days)
<i>selenium sulfide</i>	1	
ZORYVE	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	4	PA, QL (2 pens every 28 days)
EBGLYSS SOSY	4	PA, QL (2 syringes every 28 days)
EUCRISA	2	ST, QL (60g every 30 days); PA**
NEMLUVIO	4	PA, QL (2 pens every 28 days)
<i>pimecrolimus</i>	3	ST; PA**
RINVOQ	4	PA, QL (30 tabs every 30 days)
<i>tacrolimus (topical)</i>	3	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	QL (120g every 30 days)
<i>alclometasone dipropionate</i>	1	QL (120g every 30 days)
<i>amcinonide</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate (topical) crea</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate (topical) lotn</i>	1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented crea; gel; oint</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotn</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate crea; foam; oint</i>	1	QL (120g every 30 days)
<i>betamethasone valerate lotn</i>	1	QL (120 mL every 30 days)
BRYHALI	2	QL (120 mL every 30 days)
<i>clobetasol propionate crea; foam; gel; oint</i>	1	QL (120g every 30 days)
<i>clobetasol propionate liqd; lotn; sham; soln</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate emollient base</i>	1	QL (120g every 30 days)
<i>clocortolone pivalate</i>	3	QL (120g every 30 days)
<i>desonide crea; oint</i>	1	QL (120g every 30 days)
<i>desonide lotn</i>	1	QL (120 mL every 30 days)
<i>desoximetasone crea; gel; oint</i>	1	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone liqd</i>	3	QL (120 mL every 30 days)
<i>diflorasone diacetate</i>	3	QL (120g every 30 days)
<i>fluocinolone acetonide crea; oint</i>	1	QL (120g every 30 days)
<i>fluocinolone acetonide oil; soln</i>	1	QL (120 mL every 30 days)
<i>fluocinonide crea; gel; oint</i>	1	QL (120g every 30 days)
<i>fluocinonide soln</i>	1	QL (120 mL every 30 days)
<i>fluticasone propionate crea; oint</i>	1	QL (120g every 30 days)
<i>fluticasone propionate lotn</i>	1	QL (120 mL every 30 days)
<i>halobetasol propionate</i>	1	QL (120g every 30 days)
<i>hydrocortisone (topical) crea; oint</i>	1	QL (120g every 30 days)
<i>hydrocortisone (topical) lotn</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone butyrate crea; oint</i>	1	QL (120g every 30 days)
<i>hydrocortisone butyrate soln</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone valerate</i>	1	QL (120g every 30 days)
<i>mometasone furoate crea; oint</i>	1	QL (120g every 30 days)
<i>mometasone furoate soln</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide (topical) crea; oint</i>	1	QL (120g every 30 days)
<i>triamcinolone acetonide (topical) lotn</i>	1	QL (120 mL every 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine oint</i>	1	QL (50g every 30 days)
<i>lidocaine ptch</i>	1	PA, QL (90 patches every 30 days)
<i>lidocaine hcl prsy</i>	1	QL (60 mL every 30 days)
<i>lidocaine hcl soln</i>	1	QL (50 mL every 30 days)
<i>lidocaine pain relief pat</i>	1	QL (30 patches every 30 days), OTC
<i>lidocaine-prilocaine</i>	1	QL (30g every 30 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir topical</i>	3	
<i>bexarotene (topical)</i>	4	PA
<i>lactic acid (ammonium lactate)</i>	1	
<i>nitroglycerin (intra-anal)</i>	1	
<i>penciclovir</i>	1	
<i>podofilox</i>	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)

Drug Name	Drug Tier	Requirements/Limits
NEMLUVIO	4	PA, QL (2 pens every 28 days)
DERMATOLOGY, ROSACEA		
azelaic acid	1	
brimonidine tartrate (topical)	1	PA
FINACEA	2	
ivermectin (rosacea)	1	PA
metronidazole (topical)	1	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
crotan	1	
cvs ivermectin lice treat	1	OTC
malathion	1	
permethrin	1	
sb lice treatment	1	OTC
spinosad	1	
DERMATOLOGY, WOUND CARE AGENTS		
sodium chloride (gu irrigant)	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl	1	
chlorhexidine gluconate (mouth-throat)	1	
clotrimazole	1	
lidocaine hcl (mouth-throat)	1	
nystatin (mouth-throat)	1	
oralone dental paste	1	
ORAVIG	3	QL (14 tabs every 30 days)
periogard	1	
pilocarpine hcl (oral)	1	
triamcinolone acetonide (mouth)	1	
OTIC		
acetic acid (otic)	1	
ciprofloxacin hcl (otic)	1	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-fluocinolone acetonide	3	
CORTISPORIN-TC	3	
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	1	
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