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

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib cap 50 mg	2	
celecoxib cap 100 mg	2	
celecoxib cap 200 mg	2	
GOUT		
allopurinol tab 100 mg	2	
allopurinol tab 300 mg	2	
colchicine tab 0.6 mg	2	
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat tab 40 mg	2	ST; PA**
febuxostat tab 80 mg	2	ST; PA**
probenecid tab 500 mg	2	
NSAIDS		
diclofenac potassium tab 50 mg	2	
diclofenac sodium gel 1% (1.16% diethylamine equiv)	2	QL (300g every 30 days), OTC
diclofenac sodium tab delayed release 25 mg	2	
diclofenac sodium tab delayed release 50 mg	2	
diclofenac sodium tab delayed release 75 mg	2	
diclofenac sodium tab er 24hr 100 mg	2	
etodolac cap 200 mg	2	
etodolac cap 300 mg	2	
etodolac tab 400 mg	2	
etodolac tab 500 mg	2	
etodolac tab er 24hr 400 mg	2	
etodolac tab er 24hr 500 mg	2	
etodolac tab er 24hr 600 mg	2	
flurbiprofen tab 50 mg	2	
ibuprofen susp 100 mg/5ml	2	
ibuprofen tab 400 mg	2	
ibuprofen tab 600 mg	2	
ibuprofen tab 800 mg	2	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	2	
ketorolac tromethamine inj 15 mg/ml	2	
ketorolac tromethamine inj 30 mg/ml	2	
ketorolac tromethamine tab 10 mg	2	QL (20 tabs every 30 days)
meclofenamate sodium cap 50 mg	2	
meclofenamate sodium cap 100 mg	2	
mefenamic acid cap 250 mg	2	
meloxicam tab 7.5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
meloxicam tab 15 mg	2	
nabumetone tab 500 mg	2	
nabumetone tab 750 mg	2	
naproxen tab 250 mg	2	
naproxen tab 375 mg	2	
naproxen tab 500 mg	2	
oxaprozin tab 600 mg	2	
piroxicam cap 10 mg	2	
piroxicam cap 20 mg	2	
sulindac tab 150 mg	2	
sulindac tab 200 mg	2	
voltaren arthritis pain	2	QL (300g every 30 days), OTC
NSAIDS, COMBINATIONS		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	
OPIOID ANALGESICS		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	2	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	2	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
butorphanol tartrate inj 1 mg/ml	2	
butorphanol tartrate inj 2 mg/ml	2	
butorphanol tartrate nasal soln 10 mg/ml	2	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	4	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
codeine sulfate tab 30 mg	2	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
endocet tab 2.5-325	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
endocet tab 5-325mg	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
endocet tab 7.5-325	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
endocet tab 10-325mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
fentanyl td patch 72hr 12 mcg/hr	2	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 25 mcg/hr	2	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 37.5 mcg/hr	2	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 50 mcg/hr	2	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 62.5 mcg/hr	2	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 75 mcg/hr	2	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 87.5 mcg/hr	2	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 100 mcg/hr	2	ST, PA; High Strength Requires PA
hydrocodone bitartrate tab er 24hr deter 20 mg	2	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	2	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	2	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	2	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	2	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 100 mg	2	ST, PA; High Strength Requires PA
hydrocodone bitartrate tab er 24hr deter 120 mg	2	ST, PA; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 2.5-325 mg	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	2	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl inj 2 mg/ml	2	
hydromorphone hcl tab 2 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tab 4 mg	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tab 8 mg	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tab er 24hr 8 mg	2	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 12 mg	2	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 16 mg	2	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 32 mg	2	ST, PA; High Strength Requires PA
methadone hcl conc 10 mg/ml	2	QL (30 mL every 30 days); (indicated for opioid addiction)
methadone hcl soln 5 mg/5ml	2	ST, QL (450 mL every 30 days)
methadone hcl soln 10 mg/5ml	2	ST, QL (225 mL every 30 days)
methadone hcl tab 5 mg	2	ST, QL (90 tabs every 30 days)
methadone hcl tab 10 mg	2	ST, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
methadone hydrochloride i	2	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
methadose	2	QL (9 tabs every 30 days)
morphine sulfate beads cap er 24hr 30 mg	2	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 45 mg	2	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 60 mg	2	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 75 mg	2	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 90 mg	2	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 120 mg	2	ST, PA; High Strength Requires PA
morphine sulfate iv soln 4 mg/ml	2	
morphine sulfate iv soln 10 mg/ml	2	
morphine sulfate oral soln 10 mg/5ml	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
morphine sulfate oral soln 20 mg/5ml	2	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
morphine sulfate tab 15 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
morphine sulfate tab 30 mg	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
morphine sulfate tab er 15 mg	2	ST, QL (90 tabs every 30 days)
morphine sulfate tab er 30 mg	2	ST, QL (90 tabs every 30 days)
morphine sulfate tab er 60 mg	2	ST, PA; High Strength Requires PA
morphine sulfate tab er 100 mg	2	ST, PA; High Strength Requires PA
morphine sulfate tab er 200 mg	2	ST, PA; High Strength Requires PA
nalbuphine hcl inj 10 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
nalbuphine hcl inj 20 mg/ml	2	
NUCYNTA ER TAB 50MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	4	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	4	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG	4	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	4	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl cap 5 mg	2	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
oxycodone hcl soln 5 mg/5ml	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 5 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 10 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 15 mg	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 20 mg	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 30 mg	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 2.5-325 mg	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxymorphone hcl tab 5 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxymorphone hcl tab 10 mg	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
oxymorphone hcl tab er 12hr 5 mg	2	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 7.5 mg	2	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 10 mg	2	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 15 mg	2	ST, QL (60 tabs every 30 days)
oxymorphone hcl tab er 12hr 20 mg	2	ST, PA; High Strength Requires PA
oxymorphone hcl tab er 12hr 30 mg	2	ST, PA; High Strength Requires PA
oxymorphone hcl tab er 12hr 40 mg	2	ST, PA; High Strength Requires PA
tapentadol hcl tab 50 mg	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
tapentadol hcl tab 75 mg	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
tapentadol hcl tab 100 mg	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
tramadol hcl tab 50 mg	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl tab er 24hr 100 mg	2	ST, QL (30 tabs every 30 days)
tramadol hcl tab er 24hr 200 mg	2	ST, PA; High Strength Requires PA
tramadol hcl tab er 24hr 300 mg	2	ST, PA; High Strength Requires PA
tramadol-acetaminophen tab 37.5-325 mg	2	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER CAP 9MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	3	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 300MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	3	ST, PA; High Strength Requires Prior Auth
buprenorphine hcl inj 0.3 mg/ml (base equiv)	2	
buprenorphine td patch weekly 5 mcg/hr	2	ST, QL (4 patches every 30 days)
buprenorphine td patch weekly 7.5 mcg/hr	2	ST, QL (4 patches every 30 days)
buprenorphine td patch weekly 10 mcg/hr	2	ST, QL (4 patches every 30 days)
buprenorphine td patch weekly 15 mcg/hr	2	ST, PA; High Strength Requires Prior Auth
buprenorphine td patch weekly 20 mcg/hr	2	ST, PA; High Strength Requires Prior Auth

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE INJ 100/0.5	5	
SUBLOCADE INJ 300/1.5	5	
SALICYLATES		
aspirin ec adult low dose	1	QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered
diflunisal tab 500 mg	2	
goodsense aspirin	1	QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl local inj 0.5%	2	
lidocaine hcl local inj 1%	2	
lidocaine hcl local inj 2%	2	
lidocaine hcl local preservative free (pf) inj 0.5%	2	
lidocaine hcl local preservative free (pf) inj 1%	2	
lidocaine hcl local preservative free (pf) inj 2%	2	
lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%)	2	
ANTI-INFECTIVES		
ANTHELMINTICS		
albendazole tab 200 mg	4	QL (336 tabs every 365 days)
EMVERM CHW 100MG	4	QL (12 tabs every 365 days)
ivermectin tab 3 mg	2	
praziquantel tab 600 mg	2	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	2	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	2	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	2	
gentamicin sulfate inj 40 mg/ml	2	
neomycin sulfate tab 500 mg	2	
sulfadiazine tab 500 mg	2	
tinidazole tab 250 mg	2	
tinidazole tab 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate for inj 1.2 gm	2	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	2	
ANTIFUNGALS		
amphotericin b for iv soln 50 mg	2	
CRESEMBA CAP 74.5MG	4	
CRESEMBA CAP 186MG	4	
fluconazole for susp 10 mg/ml	2	
fluconazole for susp 40 mg/ml	2	
fluconazole tab 50 mg	2	
fluconazole tab 100 mg	2	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	2	
griseofulvin microsize susp 125 mg/5ml	2	
griseofulvin microsize tab 500 mg	2	
griseofulvin ultramicrosize tab 125 mg	2	
griseofulvin ultramicrosize tab 250 mg	2	
itraconazole cap 100 mg	2	PA
itraconazole oral soln 10 mg/ml	2	PA
nystatin tab 500000 unit	2	
posaconazole susp 40 mg/ml	2	PA
posaconazole tab delayed release 100 mg	4	PA
terbinafine hcl tab 250 mg	2	
voriconazole for susp 40 mg/ml	4	PA
voriconazole tab 50 mg	4	PA
voriconazole tab 200 mg	4	PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
chloroquine phosphate tab 250 mg	2	
chloroquine phosphate tab 500 mg	2	
COARTEM TAB 20-120MG	4	
KRINTAFEL TAB 150MG	4	
mefloquine hcl tab 250 mg	2	
primaquine phosphate tab 26.3 mg (15 mg base)	2	
quinine sulfate cap 324 mg	2	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20 mg/ml (base equiv)	2	QL (900 mL every 30 days)
abacavir sulfate tab 300 mg (base equiv)	2	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	1	QL (2 vials every 90 days)
APTIVUS CAP 250MG	3	QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate cap 150 mg (base equiv)	2	QL (30 caps every 30 days)
atazanavir sulfate cap 200 mg (base equiv)	2	QL (60 caps every 30 days)
atazanavir sulfate cap 300 mg (base equiv)	2	QL (30 caps every 30 days)
darunavir tab 600 mg	2	QL (60 tabs every 30 days)
darunavir tab 800 mg	2	QL (30 tabs every 30 days)
EDURANT PED TAB 2.5MG	3	QL (180 tabs every 30 days)
efavirenz tab 600 mg	2	QL (30 tabs every 30 days)
emtricitabine caps 200 mg	2	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	3	QL (680 ml every 28 days)
etravirine tab 100 mg	2	QL (120 tabs every 30 days)
etravirine tab 200 mg	2	QL (60 tabs every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	2	QL (120 tabs every 30 days)
INTELENCE TAB 25MG	3	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	3	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	3	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	3	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	3	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	3	QL (120 tabs every 30 days)
lamivudine oral soln 10 mg/ml	2	QL (960 ml every 30 days)
lamivudine tab 150 mg	2	QL (60 tabs every 30 days)
lamivudine tab 300 mg	2	QL (30 tabs every 30 days)
maraviroc tab 150 mg	2	QL (60 tabs every 30 days)
maraviroc tab 300 mg	2	QL (120 tabs every 30 days)
nevirapine susp 50 mg/5ml	2	QL (1200 mL every 30 days)
nevirapine tab 200 mg	2	QL (60 tabs every 30 days)
nevirapine tab er 24hr 400 mg	2	QL (30 tabs every 30 days)
NORVIR POW 100MG	3	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	3	QL (400 ml every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	3	QL (30 tabs every 30 days)
KALETRA SOL	3	QL (480 ml every 30 days)
lamivudine-zidovudine tab 150-300 mg	2	QL (60 tabs every 30 days)
lopinavir-ritonavir tab 100-25 mg	2	QL (300 tabs every 30 days)
lopinavir-ritonavir tab 200-50 mg	2	QL (120 tabs every 30 days)
ODEFSEY TAB	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 675/150	4	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	QL (30 tabs every 30 days)
SYMTUZA TAB	4	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
cycloserine cap 250 mg	2	
ethambutol hcl tab 100 mg	2	
ethambutol hcl tab 400 mg	2	
isoniazid inj 100 mg/ml	2	
isoniazid syrup 50 mg/5ml	2	
isoniazid tab 100 mg	2	
isoniazid tab 300 mg	2	
PRETOMANID TAB 200MG	4	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	2	
rifabutin cap 150 mg	2	

Drug Name	Drug Tier	Requirements/Limits
rifampin cap 150 mg	2	
rifampin cap 300 mg	2	
rifampin for inj 600 mg	2	
SIRTURO TAB 20MG	4	
SIRTURO TAB 100MG	4	
ANTIVIRALS		
acyclovir cap 200 mg	2	
acyclovir susp 200 mg/5ml	2	
acyclovir tab 400 mg	2	
acyclovir tab 800 mg	2	
cidofovir iv inj 75 mg/ml	2	
famciclovir tab 125 mg	2	
famciclovir tab 250 mg	2	
famciclovir tab 500 mg	2	
oseltamivir phosphate cap 30 mg (base equiv)	2	QL (40 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	2	QL (20 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	2	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	2	QL (360 mL every 90 days)
PAXLOVID PAK	3	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	3	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	3	QL (2 inhalers every 90 days)
rimantadine hydrochloride tab 100 mg	2	
valacyclovir hcl tab 1 gm	2	
valacyclovir hcl tab 500 mg	2	
valganciclovir hcl for soln 50 mg/ml (base equiv)	5	PA, QL (1144 mL every 30 days)
valganciclovir hcl tab 450 mg (base equivalent)	5	PA, QL (120 tabs every 30 days)
XERESE CRE 5-1%	4	PA
CEPHALOSPORINS		
cefaclor cap 250 mg	2	
cefaclor cap 500 mg	2	
cefaclor for susp 250 mg/5ml	2	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	2	
cefadroxil for susp 500 mg/5ml	2	
cefadroxil tab 1 gm	2	
cefazolin sodium for inj 1 gm	2	

Drug Name	Drug Tier	Requirements/Limits
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	2	
cefdinir for susp 250 mg/5ml	2	
cefepime hcl for inj 1 gm	2	
cefepime hcl for iv soln 2 gm	2	
cefixime cap 400 mg	2	
cefixime for susp 100 mg/5ml	2	
cefixime for susp 200 mg/5ml	2	
cefpodoxime proxetil for susp 50 mg/5ml	2	
cefpodoxime proxetil for susp 100 mg/5ml	2	
cefpodoxime proxetil tab 100 mg	2	
cefpodoxime proxetil tab 200 mg	2	
cefprozil for susp 125 mg/5ml	2	
cefprozil for susp 250 mg/5ml	2	
cefprozil tab 250 mg	2	
cefprozil tab 500 mg	2	
ceftazidime for iv soln 2 gm	2	
ceftriaxone sodium for inj 1 gm	2	
ceftriaxone sodium for inj 2 gm	2	
ceftriaxone sodium for inj 10 gm	2	
ceftriaxone sodium for inj 250 mg	2	
ceftriaxone sodium for inj 500 mg	2	
ceftriaxone sodium for iv soln 2 gm	2	
cefuroxime axetil tab 250 mg	2	
cefuroxime axetil tab 500 mg	2	
cephalexin cap 250 mg	2	
cephalexin cap 500 mg	2	
cephalexin cap 750 mg	2	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	
cephalexin tab 250 mg	2	
cephalexin tab 500 mg	2	
tazicef	2	
ERYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	2	
azithromycin tab 250 mg	2	
azithromycin tab 500 mg	2	
azithromycin tab 600 mg	2	
clarithromycin for susp 125 mg/5ml	2	
clarithromycin for susp 250 mg/5ml	2	
clarithromycin tab 250 mg	2	
clarithromycin tab 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
clarithromycin tab er 24hr 500 mg	2	
DIFICID SUS	3	PA
e.e.s. 400	2	
erythromycin ethylsuccinate for susp 200 mg/5ml	2	
erythromycin ethylsuccinate for susp 400 mg/5ml	2	
erythromycin tab 250 mg	2	
erythromycin tab 500 mg	2	
erythromycin tab delayed release 250 mg	2	
erythromycin tab delayed release 333 mg	2	
erythromycin tab delayed release 500 mg	2	
erythromycin w/ delayed release particles cap 250 mg	2	
fidaxomicin tab 200 mg	2	PA
FLUOROQUINOLONES		
BAXDELA TAB 450MG	4	
CIPRO (10%) SUS 500MG/5	4	
ciprofloxacin hcl tab 250 mg (base equiv)	2	
ciprofloxacin hcl tab 500 mg (base equiv)	2	
ciprofloxacin hcl tab 750 mg (base equiv)	2	
levofloxacin iv soln 25 mg/ml	2	
levofloxacin oral soln 25 mg/ml	2	
levofloxacin tab 250 mg	2	
levofloxacin tab 500 mg	2	
levofloxacin tab 750 mg	2	
moxifloxacin hcl tab 400 mg (base equiv)	2	
ofloxacin tab 300 mg	2	
ofloxacin tab 400 mg	2	
HEPATITIS B		
adefovir dipivoxil tab 10 mg	5	
BARACLUDE SOL	5	PA, QL (630 mL every 30 days)
entecavir tab 0.5 mg	5	PA, QL (30 tabs every 30 days)
entecavir tab 1 mg	5	PA, QL (30 tabs every 30 days)
lamivudine tab 100 mg (hbv)	2	
HEPATITIS C		
MAVYRET PAK 50-20MG	3	PA, QL (140 packets every 28 days)
MAVYRET TAB 100-40MG	3	PA, QL (84 tabs every 28 days)
PEGASYS INJ	5	PA

Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJ 180MCG/M	5	PA
ribavirin cap 200 mg	2	
ribavirin tab 200 mg	2	
SOVALDI PAK 150MG	5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	5	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	5	ST, PA, QL (56 tabs every 28 days)
SOVALDI TAB 400MG	5	ST, PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
atovaquone susp 750 mg/5ml	2	
aztreonam for inj 1 gm	2	
aztreonam for inj 2 gm	2	
clindamycin hcl cap 75 mg	2	
clindamycin hcl cap 150 mg	2	
clindamycin hcl cap 300 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	2	
dapsone tab 25 mg	2	
dapsone tab 100 mg	2	
ertapenem sodium for inj 1 gm (base equivalent)	2	
lincomycin hcl inj 300 mg/ml	2	
linezolid for susp 100 mg/5ml	2	
linezolid iv soln 600 mg/300ml (2 mg/ml)	2	
linezolid tab 600 mg	2	
meropenem iv for soln 1 gm	2	
meropenem iv for soln 500 mg	2	
methenamine hippurate tab 1 gm	2	
metronidazole cap 375 mg	2	
metronidazole iv soln 500 mg/100ml	2	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
nitazoxanide tab 500 mg	2	QL (20 tabs every 30 days)
nitrofurantoin macrocrystalline cap 25 mg	2	
nitrofurantoin macrocrystalline cap 50 mg	2	
nitrofurantoin macrocrystalline cap 100 mg	2	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	2	
nitrofurantoin susp 25 mg/5ml	2	
pentamidine isethionate for inj soln 300 mg	2	
pentamidine isethionate for nebulization soln 300 mg	2	

Drug Name	Drug Tier	Requirements/Limits
polymyxin b sulfate for inj 500000 unit	2	
pyrimethamine tab 25 mg	4	PA
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800-160 mg	2	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	2	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	2	QL (80 caps every 10 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	2	
vancomycin hcl for iv soln 5 gm (base equivalent)	2	
vancomycin hcl for iv soln 10 gm (base equivalent)	2	
vancomycin hcl for iv soln 500 mg (base equivalent)	2	
vancomycin hcl for iv soln 750 mg (base equivalent)	2	
PENICILLINS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
amoxicillin (trihydrate) cap 250 mg	2	
amoxicillin (trihydrate) cap 500 mg	2	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml	2	
amoxicillin (trihydrate) for susp 200 mg/5ml	2	
amoxicillin (trihydrate) for susp 250 mg/5ml	2	
amoxicillin (trihydrate) for susp 400 mg/5ml	2	
amoxicillin (trihydrate) tab 500 mg	2	
amoxicillin (trihydrate) tab 875 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ampicillin cap 500 mg	2	
ampicillin sodium for inj 1 gm	2	
ampicillin sodium for inj 2 gm	2	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	2	
penicillin g potassium for inj 5000000 unit	2	
penicillin g potassium for inj 20000000 unit	2	
penicillin g sodium for inj 5000000 unit	2	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	2	
penicillin v potassium tab 500 mg	2	
pfizerpen	2	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	2	
TETRACYCLINES		
avidoxy	2	
demeclocycline hcl tab 150 mg	2	
demeclocycline hcl tab 300 mg	2	
doxy 100	2	
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate for inj 100 mg	2	
doxycycline hyclate tab 20 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate for susp 25 mg/5ml	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 150 mg	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
minocycline hcl tab 50 mg	2	
minocycline hcl tab 75 mg	2	
minocycline hcl tab 100 mg	2	
tetracycline hcl cap 250 mg	2	
tetracycline hcl cap 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
busulfan inj 6 mg/ml	2	
carmustine for inj 100 mg	2	
cyclophosphamide cap 25 mg	2	
cyclophosphamide cap 50 mg	2	
cyclophosphamide for inj 1 gm	5	
cyclophosphamide for inj 2 gm	5	
cyclophosphamide for inj 500 mg	5	
dacarbazine for inj 100 mg	2	
dacarbazine for inj 200 mg	2	
GLIADEL WAF 7.7MG	3	
ifosfamide for inj 1 gm	2	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	2	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	2	
LEUKERAN TAB 2MG	3	
lomustine cap 10 mg	2	
lomustine cap 40 mg	2	
lomustine cap 100 mg	2	
MATULANE CAP 50MG	3	
melphalan hcl for iv soln 50 mg (base equiv)	2	
TEMODAR INJ 100MG	5	PA
temozolomide cap 5 mg	5	PA
temozolomide cap 20 mg	5	PA
temozolomide cap 100 mg	5	PA
temozolomide cap 140 mg	5	PA
temozolomide cap 180 mg	5	PA
temozolomide cap 250 mg	5	PA
ANTIBIOTICS		
adriamycin	2	
bleomycin sulfate for inj 15 unit	2	
bleomycin sulfate for inj 30 unit	2	
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	2	
doxorubicin hcl for inj 10 mg	2	
doxorubicin hcl inj 2 mg/ml	2	
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	2	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	2	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	2	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	2	
mitomycin for iv soln 5 mg	2	
mitomycin for iv soln 20 mg	2	
mitomycin for iv soln 40 mg	2	

Drug Name	Drug Tier	Requirements/Limits
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	5	
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	5	
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	5	
ANTIMETABOLITES		
azacitidine for inj 100 mg	5	PA
capecitabine tab 150 mg	5	PA
capecitabine tab 500 mg	5	PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	2	
clofarabine iv soln 1 mg/ml	2	
cytarabine inj 20 mg/ml	2	
cytarabine inj pf 20 mg/ml	2	
cytarabine inj pf 100 mg/ml	2	
decitabine for inj 50 mg	5	PA
fludarabine phosphate for inj 50 mg	2	
fludarabine phosphate inj 25 mg/ml	2	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	2	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	2	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	2	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	2	
gemcitabine hcl for inj 1 gm	5	
gemcitabine hcl for inj 2 gm	5	
gemcitabine hcl for inj 200 mg	5	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	5	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	5	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	5	
mercaptopurine tab 50 mg	2	
methotrexate sodium for inj 1 gm	2	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	
NIPENT INJ 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
pemetrexed disodium for iv soln 100 mg (base equiv)	5	
pemetrexed disodium for iv soln 500 mg (base equiv)	5	
TABLOID TAB 40MG	3	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps every 30 days)
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
lenalidomide cap 5 mg	5	PA, QL (28 caps every 28 days)
lenalidomide cap 10 mg	5	PA, QL (28 caps every 28 days)
lenalidomide cap 15 mg	5	PA, QL (28 caps every 28 days)
lenalidomide cap 20 mg	5	PA, QL (21 caps every 28 days)
lenalidomide cap 25 mg	5	PA, QL (21 caps every 28 days)
lenalidomide caps 2.5 mg	5	PA, QL (28 caps every 28 days)
PADCEV INJ 20MG	5	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	5	PA, QL (15 vials every 28 days)
pomalidomide cap 1 mg	5	PA, QL (21 caps every 28 days)
pomalidomide cap 2 mg	5	PA, QL (21 caps every 28 days)
pomalidomide cap 3 mg	5	PA, QL (21 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
pomalidomide cap 4 mg	5	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	5	PA, QL (112 caps every 28 days)
TICE BCG INJ	3	
BIOSIMILARS		
GAZYVA INJ 25MG/ML	5	PA
RUXIENCE INJ 100/10ML	4	PA
RUXIENCE INJ 500/50ML	4	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	5	PA, QL (120 tabs every 30 days)
abiraterone acetate tab 500 mg	5	PA, QL (60 tabs every 30 days)
anastrozole tab 1 mg	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tab 50 mg	2	
ELIGARD INJ 7.5MG	5	PA
ELIGARD INJ 22.5MG	5	PA
ELIGARD INJ 30MG	5	PA
ELIGARD INJ 45MG	5	PA
ERLEADA TAB 60MG	5	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	5	PA, QL (30 tabs every 30 days)
exemestane tab 25 mg	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
fulvestrant inj soln pref syr 250 mg/5ml	5	PA
letrozole tab 2.5 mg	2	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5	PA
LYSODREN TAB 500MG	3	
megestrol acetate tab 20 mg	2	
megestrol acetate tab 40 mg	2	
nilutamide tab 150 mg	2	
NUBEQA TAB 300MG	5	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tamoxifen citrate tab 10 mg (base equivalent)	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	2	
XTANDI CAP 40MG	5	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	5	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	5	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	5	PA, QL (120 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA CAP 150MG	5	PA, QL (240 caps every 30 days)
BRAFTOVI CAP 75MG	5	PA, QL (180 caps every 30 days)
BRUKINSA CAP 80MG	5	PA, QL (120 caps every 30 days)
BRUKINSA TAB 160MG	5	PA, QL (60 tabs every 30 days)
CABOMETYX TAB 20MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	5	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	5	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	5	PA, QL (1 kit every 28 days)
dasatinib tab 20 mg	5	PA, QL (90 tabs every 30 days)
dasatinib tab 50 mg	5	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
dasatinib tab 70 mg	5	PA, QL (30 tabs every 30 days)
dasatinib tab 80 mg	5	PA, QL (30 tabs every 30 days)
dasatinib tab 100 mg	5	PA, QL (30 tabs every 30 days)
dasatinib tab 140 mg	5	PA, QL (30 tabs every 30 days)
erlotinib hcl tab 25 mg (base equivalent)	5	PA, QL (60 tabs every 30 days)
erlotinib hcl tab 100 mg (base equivalent)	5	PA, QL (30 tabs every 30 days)
erlotinib hcl tab 150 mg (base equivalent)	5	PA, QL (30 tabs every 30 days)
everolimus tab 2.5 mg	5	PA, QL (30 tabs every 30 days)
everolimus tab 5 mg	5	PA, QL (30 tabs every 30 days)
everolimus tab 7.5 mg	5	PA, QL (30 tabs every 30 days)
everolimus tab 10 mg	5	PA, QL (30 tabs every 30 days)
everolimus tab for oral susp 2 mg	5	PA, QL (60 tabs every 30 days)
everolimus tab for oral susp 3 mg	5	PA, QL (90 tabs every 30 days)
everolimus tab for oral susp 5 mg	5	PA, QL (60 tabs every 30 days)
IBTROZI CAP 200MG	5	PA, QL (90 caps every 30 days)
imatinib mesylate tab 100 mg (base equivalent)	5	PA, QL (120 tabs every 30 days)
imatinib mesylate tab 400 mg (base equivalent)	5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	5	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	5	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	5	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	5	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 420MG	5	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	5	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	5	PA, QL (120 tabs every 30 days)
ITOVEBI TAB 3MG	5	PA, QL (60 tabs every 30 days)
ITOVEBI TAB 9MG	5	PA, QL (30 tabs every 30 days)
JAKAFI TAB 5MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	5	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	5	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	5	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	5	PA, QL (63 tabs every 28 days); 600 mg dose
lapatinib ditosylate tab 250 mg (base equiv)	5	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TAB 25MG	5	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	5	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	5	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	5	PA, QL (30 tabs every 30 days)
MEKTOVI TAB 15MG	5	PA, QL (180 tabs every 30 days)
nilotinib hcl cap 50 mg (base equivalent)	5	PA, QL (120 caps every 30 days)
nilotinib hcl cap 150 mg (base equivalent)	5	PA, QL (120 caps every 30 days)
nilotinib hcl cap 200 mg (base equivalent)	5	PA, QL (120 caps every 30 days)
pazopanib hcl tab 200 mg (base equiv)	5	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	5	PA, QL (224 caps every 28 days)
SCEMBLIX TAB 20MG	5	PA, QL (60 tabs every 30 days)
SCEMBLIX TAB 40MG	5	PA, QL (240 tabs every 30 days)
SCEMBLIX TAB 100MG	5	PA, QL (120 tabs every 30 days)
sorafenib tosylate tab 200 mg (base equivalent)	5	PA, QL (120 tabs every 30 days)
STIVARGA TAB 40MG	5	PA, QL (84 tabs every 28 days)
sunitinib malate cap 12.5 mg (base equivalent)	5	PA, QL (30 caps every 30 days)
sunitinib malate cap 25 mg (base equivalent)	5	PA, QL (30 caps every 30 days)
sunitinib malate cap 37.5 mg (base equivalent)	5	PA, QL (30 caps every 30 days)
sunitinib malate cap 50 mg (base equivalent)	5	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	5	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	5	PA, QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR TAB 10MG	5	PA, QL (4 bottles every 28 days)
TAGRISSO TAB 40MG	5	PA, QL (30 tabs every 30 days)
TAGRISSO TAB 80MG	5	PA, QL (30 tabs every 30 days)
TRUQAP PAK 160MG	5	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	5	PA, QL (32 tabs every 28 days)
TRUQAP PAK 200MG	5	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	5	PA, QL (64 tabs every 28 days)
TUKYSA TAB 50MG	5	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	5	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	5	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	5	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	5	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	5	PA, QL (300 mL every 30 days)
XALKORI CAP 20MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	5	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	5	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	5	PA, QL (120 caps every 30 days)
ZYDELIG TAB 100MG	5	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TAB 150MG	5	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	5	PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	2	
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	2	
bexarotene cap 75 mg	5	PA
hydroxyurea cap 500 mg	2	
IDHIFA TAB 50MG	5	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	5	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	5	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	5	PA, QL (120 tabs every 30 days)
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	5	PA
PHOTOFRIN INJ 75MG	3	
POLIVY INJ 30MG	5	PA
POLIVY INJ 140MG	5	PA
tretinoin cap 10 mg	2	
VISTOGARD PAK 10GM	5	QL (20 packets every 5 days)
ZEJULA TAB 100MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	5	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	5	PA, QL (120 caps every 30 days)
MITOTIC INHIBITORS		
docetaxel for inj conc 20 mg/ml	2	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	2	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	2	
docetaxel soln for iv infusion 20 mg/2ml	2	
docetaxel soln for iv infusion 80 mg/8ml	2	
docetaxel soln for iv infusion 160 mg/16ml	2	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	2	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	2	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	2	

Drug Name	Drug Tier	Requirements/Limits
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	2	
vinblastine sulfate inj 1 mg/ml	2	
vincristine sulfate iv soln 1 mg/ml	2	
vinorelbine tartrate inj 10 mg/ml (base equiv)	2	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	2	
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	2	
carboplatin iv soln 150 mg/15ml	2	
carboplatin iv soln 450 mg/45ml	2	
carboplatin iv soln 600 mg/60ml	2	
cisplatin inj 50 mg/50ml (1 mg/ml)	2	
cisplatin inj 100 mg/100ml (1 mg/ml)	2	
cisplatin inj 200 mg/200ml (1 mg/ml)	2	
oxaliplatin for iv inj 50 mg	5	
oxaliplatin for iv inj 100 mg	5	
oxaliplatin iv soln 50 mg/10ml	5	
oxaliplatin iv soln 100 mg/20ml	5	
PROTECTIVE AGENTS		
dexrazoxane hcl for inj 250 mg (base equivalent)	2	
dexrazoxane hcl for inj 500 mg (base equivalent)	2	
leucovorin calcium for inj 50 mg	2	
leucovorin calcium for inj 100 mg	2	
leucovorin calcium for inj 200 mg	2	
leucovorin calcium for inj 350 mg	2	
leucovorin calcium for inj 500 mg	2	
leucovorin calcium tab 5 mg	2	
leucovorin calcium tab 10 mg	2	
leucovorin calcium tab 15 mg	2	
leucovorin calcium tab 25 mg	2	
mesna inj 100 mg/ml	2	
mesna tab 400 mg	2	
TOPOISOMERASE INHIBITORS		
etoposide cap 50 mg	2	
etoposide inj 1 gm/50ml (20 mg/ml)	2	
etoposide inj 100 mg/5ml (20 mg/ml)	2	
etoposide inj 500 mg/25ml (20 mg/ml)	2	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	5	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	5	
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	2	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	5	

Drug Name	Drug Tier	Requirements/Limits
topotecan hcl for inj 4 mg (base equiv)	2	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	2	
amlodipine besylate-benazepril hcl cap 5-10 mg	2	
amlodipine besylate-benazepril hcl cap 5-20 mg	2	
amlodipine besylate-benazepril hcl cap 5-40 mg	2	
amlodipine besylate-benazepril hcl cap 10-20 mg	2	
amlodipine besylate-benazepril hcl cap 10-40 mg	2	
benazepril & hydrochlorothiazide tab 5-6.25 mg	2	
benazepril & hydrochlorothiazide tab 10-12.5 mg	2	
benazepril & hydrochlorothiazide tab 20-12.5 mg	2	
benazepril & hydrochlorothiazide tab 20-25 mg	2	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	2	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	2	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	2	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	2	
lisinopril & hydrochlorothiazide tab 20-25 mg	2	
quinapril-hydrochlorothiazide tab 10-12.5 mg	2	
trandolapril-verapamil hcl tab er 1-240 mg	2	
trandolapril-verapamil hcl tab er 2-180 mg	2	
trandolapril-verapamil hcl tab er 2-240 mg	2	
trandolapril-verapamil hcl tab er 4-240 mg	2	
ACE INHIBITORS		
benazepril hcl tab 5 mg	2	
benazepril hcl tab 10 mg	2	
benazepril hcl tab 20 mg	2	
benazepril hcl tab 40 mg	2	
captopril tab 12.5 mg	2	
captopril tab 25 mg	2	
captopril tab 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
captopril tab 100 mg	2	
enalapril maleate tab 2.5 mg	2	
enalapril maleate tab 5 mg	2	
enalapril maleate tab 10 mg	2	
enalapril maleate tab 20 mg	2	
fosinopril sodium tab 10 mg	2	
fosinopril sodium tab 20 mg	2	
fosinopril sodium tab 40 mg	2	
lisinopril tab 2.5 mg	2	
lisinopril tab 5 mg	2	
lisinopril tab 10 mg	2	
lisinopril tab 20 mg	2	
lisinopril tab 30 mg	2	
lisinopril tab 40 mg	2	
moexipril hcl tab 7.5 mg	2	
moexipril hcl tab 15 mg	2	
perindopril erbumine tab 2 mg	2	
perindopril erbumine tab 4 mg	2	
perindopril erbumine tab 8 mg	2	
quinapril hcl tab 5 mg	2	
quinapril hcl tab 10 mg	2	
quinapril hcl tab 20 mg	2	
quinapril hcl tab 40 mg	2	
ramipril cap 1.25 mg	2	
ramipril cap 2.5 mg	2	
ramipril cap 5 mg	2	
ramipril cap 10 mg	2	
trandolapril tab 1 mg	2	
trandolapril tab 2 mg	2	
trandolapril tab 4 mg	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tab 25 mg	2	
eplerenone tab 50 mg	2	
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
KERENDIA TAB 40MG	4	PA
spironolactone tab 25 mg	2	
spironolactone tab 50 mg	2	
spironolactone tab 100 mg	2	
ALPHA BLOCKERS		
prazosin hcl cap 1 mg	2	
prazosin hcl cap 2 mg	2	
prazosin hcl cap 5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan tab 5-160 mg	2	
amlodipine besylate-valsartan tab 5-320 mg	2	
amlodipine besylate-valsartan tab 10-160 mg	2	
amlodipine besylate-valsartan tab 10-320 mg	2	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	2	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	2	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	2	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	2	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	2	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	2	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	2	
losartan potassium & hydrochlorothiazide tab 100-25 mg	2	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	2	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	2	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	2	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	2	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	2	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	2	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	2	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	2	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	2	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	2	
telmisartan-hydrochlorothiazide tab 80-25 mg	2	
valsartan-hydrochlorothiazide tab 80-12.5 mg	2	
valsartan-hydrochlorothiazide tab 160-12.5 mg	2	
valsartan-hydrochlorothiazide tab 160-25 mg	2	
valsartan-hydrochlorothiazide tab 320-12.5 mg	2	
valsartan-hydrochlorothiazide tab 320-25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	2	
candesartan cilexetil tab 8 mg	2	
candesartan cilexetil tab 16 mg	2	
candesartan cilexetil tab 32 mg	2	
irbesartan tab 75 mg	2	
irbesartan tab 150 mg	2	
irbesartan tab 300 mg	2	
losartan potassium tab 25 mg	2	
losartan potassium tab 50 mg	2	
losartan potassium tab 100 mg	2	
olmesartan medoxomil tab 5 mg	2	
olmesartan medoxomil tab 20 mg	2	
olmesartan medoxomil tab 40 mg	2	
telmisartan tab 20 mg	2	
telmisartan tab 40 mg	2	
telmisartan tab 80 mg	2	
valsartan tab 40 mg	2	
valsartan tab 80 mg	2	
valsartan tab 160 mg	2	
valsartan tab 320 mg	2	
ANTIARRHYTHMICS		
amiodarone hcl tab 200 mg	2	
amiodarone hcl tab 400 mg	2	
disopyramide phosphate cap 100 mg	2	
disopyramide phosphate cap 150 mg	2	
dofetilide cap 125 mcg (0.125 mg)	2	
dofetilide cap 250 mcg (0.25 mg)	2	
dofetilide cap 500 mcg (0.5 mg)	2	
flecainide acetate tab 50 mg	2	
flecainide acetate tab 100 mg	2	
flecainide acetate tab 150 mg	2	
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	2	
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	2	
MULTAQ TAB 400MG	3	PA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
pacerone	2	
procainamide hcl inj 100 mg/ml	2	
propafenone hcl cap er 12hr 225 mg	2	
propafenone hcl cap er 12hr 325 mg	2	

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl cap er 12hr 425 mg	2	
propafenone hcl tab 150 mg	2	
propafenone hcl tab 225 mg	2	
propafenone hcl tab 300 mg	2	
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TAB 180MG	4	PA
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine light powder 4 gm/dose	2	
cholestyramine light powder packets 4 gm	2	
cholestyramine powder 4 gm/dose	2	
cholestyramine powder packets 4 gm	2	
colesevelam hcl packet for susp 3.75 gm	2	
colesevelam hcl tab 625 mg	2	
colestipol hcl granule packets 5 gm	2	
colestipol hcl granules 5 gm	2	
colestipol hcl tab 1 gm	2	
prevalite	2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tab 10 mg	2	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	2	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	2	
fenofibrate cap 150 mg	2	
fenofibrate micronized cap 43 mg	2	
fenofibrate micronized cap 67 mg	2	
fenofibrate micronized cap 134 mg	2	
fenofibrate micronized cap 200 mg	2	
fenofibrate tab 48 mg	2	
fenofibrate tab 54 mg	2	
fenofibrate tab 145 mg	2	
fenofibrate tab 160 mg	2	
gemfibrozil tab 600 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	2	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	2	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	2	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
atorvastatin calcium tab 80 mg (base equivalent)	2	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
fluvastatin sodium cap 20 mg (base equivalent)	2	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	2	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	2	$0 copay for members age 40 through 75
lovastatin tab 10 mg	2	$0 copay for members age 40 through 75
lovastatin tab 20 mg	2	$0 copay for members age 40 through 75
lovastatin tab 40 mg	2	$0 copay for members age 40 through 75
pitavastatin calcium tab 1 mg	2	$0 copay for members age 40 through 75
pitavastatin calcium tab 2 mg	2	$0 copay for members age 40 through 75
pitavastatin calcium tab 4 mg	2	$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	2	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	2	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	2	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	2	$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium tab 5 mg	2	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	2	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	2	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
rosuvastatin calcium tab 40 mg	2	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
simvastatin tab 5 mg	2	$0 copay for members age 40 through 75
simvastatin tab 10 mg	2	$0 copay for members age 40 through 75
simvastatin tab 20 mg	2	$0 copay for members age 40 through 75
simvastatin tab 40 mg	2	$0 copay for members age 40 through 75
simvastatin tab 80 mg	2	ST; PA**; Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	2	
ezetimibe-simvastatin tab 10-20 mg	2	
ezetimibe-simvastatin tab 10-40 mg	2	
ezetimibe-simvastatin tab 10-80 mg	2	
ANTILIPEMICS, MISCELLANEOUS		
niacin tab er 500 mg (antihyperlipidemic)	2	
niacin tab er 750 mg (antihyperlipidemic)	2	
niacin tab er 1000 mg (antihyperlipidemic)	2	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
icosapent ethyl cap 0.5 gm	2	

Drug Name	Drug Tier	Requirements/Limits
icosapent ethyl cap 1 gm	2	
omega-3-acid ethyl esters cap 1 gm	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	3	QL (3 syringes every 28 days)
REPATHA SURE INJ 140MG/ML	3	QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
atenolol tab 25 mg	2	
atenolol tab 50 mg	2	
atenolol tab 100 mg	2	
betaxolol hcl tab 10 mg	2	
betaxolol hcl tab 20 mg	2	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	2	
carvedilol phosphate cap er 24hr 10 mg	2	
carvedilol phosphate cap er 24hr 20 mg	2	
carvedilol phosphate cap er 24hr 40 mg	2	
carvedilol phosphate cap er 24hr 80 mg	2	
carvedilol tab 3.125 mg	2	
carvedilol tab 6.25 mg	2	
carvedilol tab 12.5 mg	2	
carvedilol tab 25 mg	2	
labetalol hcl tab 100 mg	2	
labetalol hcl tab 200 mg	2	
labetalol hcl tab 300 mg	2	
labetalol hcl tab 400 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	2	

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	2	
metoprolol tartrate tab 25 mg	2	
metoprolol tartrate tab 50 mg	2	
metoprolol tartrate tab 100 mg	2	
nadolol tab 20 mg	2	
nadolol tab 40 mg	2	
nadolol tab 80 mg	2	
nebivolol hcl tab 2.5 mg (base equivalent)	2	
nebivolol hcl tab 5 mg (base equivalent)	2	
nebivolol hcl tab 10 mg (base equivalent)	2	
nebivolol hcl tab 20 mg (base equivalent)	2	
pindolol tab 5 mg	2	
pindolol tab 10 mg	2	
propranolol hcl cap er 24hr 60 mg	2	
propranolol hcl cap er 24hr 80 mg	2	
propranolol hcl cap er 24hr 120 mg	2	
propranolol hcl cap er 24hr 160 mg	2	
propranolol hcl oral soln 20 mg/5ml	2	
propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl tab 10 mg	2	
propranolol hcl tab 20 mg	2	
propranolol hcl tab 40 mg	2	
propranolol hcl tab 60 mg	2	
propranolol hcl tab 80 mg	2	
timolol maleate tab 5 mg	2	
timolol maleate tab 10 mg	2	
timolol maleate tab 20 mg	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	2	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	2	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	2	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	2	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	2	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 5-40 mg	2	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	2	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	2	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	2	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	2	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	2	
amlodipine besylate tab 5 mg (base equivalent)	2	
amlodipine besylate tab 10 mg (base equivalent)	2	
cartia xt	2	
dilt-xr	2	
diltiazem hcl cap er 12hr 60 mg	2	
diltiazem hcl cap er 12hr 90 mg	2	
diltiazem hcl cap er 12hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	2	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	2	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab 120 mg	2	
diltiazem hcl tab er 24hr 120 mg	2	
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
isradipine cap 2.5 mg	2	
isradipine cap 5 mg	2	
matzim la	2	
nicardipine hcl cap 20 mg	2	
nicardipine hcl cap 30 mg	2	
nifedipine tab er 24hr 30 mg	2	
nifedipine tab er 24hr 60 mg	2	
nifedipine tab er 24hr 90 mg	2	
nifedipine tab er 24hr osmotic release 30 mg	2	
nifedipine tab er 24hr osmotic release 60 mg	2	
nifedipine tab er 24hr osmotic release 90 mg	2	
nimodipine cap 30 mg	2	
nisoldipine tab er 24hr 8.5 mg	2	
nisoldipine tab er 24hr 17 mg	2	
nisoldipine tab er 24hr 34 mg	2	
verapamil hcl cap er 24hr 100 mg	2	
verapamil hcl cap er 24hr 120 mg	2	
verapamil hcl cap er 24hr 180 mg	2	
verapamil hcl cap er 24hr 200 mg	2	
verapamil hcl cap er 24hr 240 mg	2	
verapamil hcl cap er 24hr 300 mg	2	
verapamil hcl cap er 24hr 360 mg	2	
verapamil hcl tab 40 mg	2	
verapamil hcl tab 80 mg	2	
verapamil hcl tab 120 mg	2	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
DIGITALIS GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	2	
digoxin tab 62.5 mcg (0.0625 mg)	2	
digoxin tab 125 mcg (0.125 mg)	2	
digoxin tab 250 mcg (0.25 mg)	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tab 150 mg (base equivalent)	2	
aliskiren fumarate tab 300 mg (base equivalent)	2	

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg	2	
acetazolamide tab 250 mg	2	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
bumetanide tab 0.5 mg	2	
bumetanide tab 1 mg	2	
bumetanide tab 2 mg	2	
chlorthalidone tab 25 mg	2	
chlorthalidone tab 50 mg	2	
ethacrynic acid tab 25 mg	4	
furosemide inj 10 mg/ml	2	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg	2	
furosemide tab 40 mg	2	
furosemide tab 80 mg	2	
hydrochlorothiazide cap 12.5 mg	2	
hydrochlorothiazide tab 12.5 mg	2	
hydrochlorothiazide tab 25 mg	2	
hydrochlorothiazide tab 50 mg	2	
indapamide tab 1.25 mg	2	
indapamide tab 2.5 mg	2	
mannitol iv soln 25%	2	
methazolamide tab 25 mg	2	
methazolamide tab 50 mg	2	
metolazone tab 2.5 mg	2	
metolazone tab 5 mg	2	
metolazone tab 10 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide tab 5 mg	2	
torsemide tab 10 mg	2	
torsemide tab 20 mg	2	
torsemide tab 100 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 75-50 mg	2	
triamterene cap 50 mg	2	
triamterene cap 100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
HEART FAILURE		
CORLANOR SOL 5MG/5ML	3	
dapagliflozin tab 5 mg	2	ST; PA**
dapagliflozin tab 10 mg	2	ST; PA**
ENTRESTO CAP 6-6MG	4	
ENTRESTO CAP 15-16MG	4	
ENTRESTO TAB 24-26MG	4	
ENTRESTO TAB 49-51MG	4	
ENTRESTO TAB 97-103MG	4	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	2	
ivabradine hcl tab 5 mg (base equiv)	2	
ivabradine hcl tab 7.5 mg (base equiv)	2	
JARDIANCE TAB 10MG	3	ST; PA**
JARDIANCE TAB 25MG	3	ST; PA**
sacubitril-valsartan tab 24-26 mg	2	
sacubitril-valsartan tab 49-51 mg	2	
sacubitril-valsartan tab 97-103 mg	2	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	2	
clonidine hcl tab 0.2 mg	2	
clonidine hcl tab 0.3 mg	2	
clonidine td patch weekly 0.1 mg/24hr	2	
clonidine td patch weekly 0.2 mg/24hr	2	
clonidine td patch weekly 0.3 mg/24hr	2	
guanfacine hcl tab 1 mg	2	
guanfacine hcl tab 2 mg	2	
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
methyldopa tab 250 mg	2	
methyldopa tab 500 mg	2	
midodrine hcl tab 2.5 mg	2	
midodrine hcl tab 5 mg	2	
midodrine hcl tab 10 mg	2	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
phenoxybenzamine hcl cap 10 mg	5	PA, QL (360 caps every 30 days)
ranolazine tab er 12hr 500 mg	2	
ranolazine tab er 12hr 1000 mg	2	

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate tab 5 mg	2	
isosorbide dinitrate tab 10 mg	2	
isosorbide dinitrate tab 20 mg	2	
isosorbide dinitrate tab 30 mg	2	
isosorbide mononitrate tab er 24hr 30 mg	2	
isosorbide mononitrate tab er 24hr 60 mg	2	
isosorbide mononitrate tab er 24hr 120 mg	2	
nitro-bid	2	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
nitroglycerin sl tab 0.3 mg	2	
nitroglycerin sl tab 0.4 mg	2	
nitroglycerin sl tab 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr	2	
nitroglycerin td patch 24hr 0.2 mg/hr	2	
nitroglycerin td patch 24hr 0.4 mg/hr	2	
nitroglycerin td patch 24hr 0.6 mg/hr	2	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	5	PA, QL (90 tabs every 30 days)
ambrisentan tab 5 mg	5	PA, QL (30 tabs every 30 days)
ambrisentan tab 10 mg	5	PA, QL (30 tabs every 30 days)
bosentan tab 62.5 mg	5	PA, QL (60 tabs every 30 days)
bosentan tab 125 mg	5	PA, QL (60 tabs every 30 days)
bosentan tab for oral susp 32 mg	5	PA, QL (112 tabs every 28 days)
macitentan tab 10 mg	5	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	5	PA, QL (90 vials every 30 days)
sildenafil citrate tab 20 mg	5	PA, QL (360 tabs every 30 days)
tadalafil tab 20 mg (pah)	5	PA, QL (60 tabs every 30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml)	5	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	5	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	5	PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	5	PA
UPTRAVI INJ 1800MCG	5	PA, QL (60 vials every 30 days)
UPTRAVI PACK TAB 200/800	5	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	5	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	5	PA, QL (60 tabs every 30 days)
YUTREPIA CAP 26.5MCG	5	PA, QL (140 caps every 28 days)
YUTREPIA CAP 53MCG	5	PA, QL (140 caps every 28 days)
YUTREPIA CAP 79.5MCG	5	PA, QL (140 caps every 28 days)
YUTREPIA CAP 106MCG	5	PA, QL (140 caps every 28 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

acamprosate calcium tab delayed release 333 mg	2	
disulfiram tab 250 mg	2	
disulfiram tab 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
AMYOTROPHIC LATERAL SCLEROSIS (ALS)		
riluzole tab 50 mg	2	
ANTIANXIETY		
ALPRAZOLAM CON 1 MG/ML	3	QL (300 mL every 30 days)
alprazolam orally disintegrating tab 0.5 mg	2	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 0.25 mg	2	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 1 mg	2	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 2 mg	2	QL (150 tabs every 30 days)
alprazolam tab 0.5 mg	2	QL (150 tabs every 30 days)
alprazolam tab 0.25 mg	2	QL (150 tabs every 30 days)
alprazolam tab 1 mg	2	QL (150 tabs every 30 days)
alprazolam tab 2 mg	2	QL (150 tabs every 30 days)
buspirone hcl tab 5 mg	2	
buspirone hcl tab 7.5 mg	2	
buspirone hcl tab 10 mg	2	
buspirone hcl tab 15 mg	2	
buspirone hcl tab 30 mg	2	
chlordiazepoxide hcl cap 5 mg	2	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 10 mg	2	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 25 mg	2	QL (360 caps every 30 days)
clomipramine hcl cap 25 mg	2	
clomipramine hcl cap 50 mg	2	
clomipramine hcl cap 75 mg	2	
fluvoxamine maleate cap er 24hr 100 mg	2	
fluvoxamine maleate cap er 24hr 150 mg	2	
fluvoxamine maleate tab 25 mg	2	
fluvoxamine maleate tab 50 mg	2	
fluvoxamine maleate tab 100 mg	2	
lorazepam conc 2 mg/ml	2	QL (150 mL every 30 days)
lorazepam tab 0.5 mg	2	QL (150 tabs every 30 days)
lorazepam tab 1 mg	2	QL (150 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
lorazepam tab 2 mg	2	QL (150 tabs every 30 days)
meprobamate tab 200 mg	2	
meprobamate tab 400 mg	2	
oxazepam cap 10 mg	2	QL (120 caps every 30 days)
oxazepam cap 15 mg	2	QL (120 caps every 30 days)
oxazepam cap 30 mg	2	QL (120 caps every 30 days)
ANTIDEMENTIA		
donepezil hydrochloride orally disintegrating tab 5 mg	2	
donepezil hydrochloride orally disintegrating tab 10 mg	2	
donepezil hydrochloride tab 5 mg	2	
donepezil hydrochloride tab 10 mg	2	
donepezil hydrochloride tab 23 mg	2	
galantamine hydrobromide cap er 24hr 8 mg	2	
galantamine hydrobromide cap er 24hr 16 mg	2	
galantamine hydrobromide cap er 24hr 24 mg	2	
galantamine hydrobromide oral soln 4 mg/ml	2	
galantamine hydrobromide tab 4 mg	2	
galantamine hydrobromide tab 8 mg	2	
galantamine hydrobromide tab 12 mg	2	
memantine hcl cap er 24hr 7 mg	2	
memantine hcl cap er 24hr 14 mg	2	
memantine hcl cap er 24hr 21 mg	2	
memantine hcl cap er 24hr 28 mg	2	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl tab 5 mg	2	
memantine hcl tab 10 mg	2	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	
rivastigmine tartrate cap 1.5 mg (base equivalent)	2	
rivastigmine tartrate cap 3 mg (base equivalent)	2	
rivastigmine tartrate cap 4.5 mg (base equivalent)	2	
rivastigmine tartrate cap 6 mg (base equivalent)	2	
rivastigmine td patch 24hr 4.6 mg/24hr	2	
rivastigmine td patch 24hr 9.5 mg/24hr	2	
rivastigmine td patch 24hr 13.3 mg/24hr	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
amitriptyline hcl tab 10 mg	2	
amitriptyline hcl tab 25 mg	2	
amitriptyline hcl tab 50 mg	2	
amitriptyline hcl tab 75 mg	2	
amitriptyline hcl tab 100 mg	2	
amitriptyline hcl tab 150 mg	2	
amoxapine tab 25 mg	2	
amoxapine tab 50 mg	2	
amoxapine tab 100 mg	2	
amoxapine tab 150 mg	2	
bupropion hcl tab 75 mg	2	
bupropion hcl tab 100 mg	2	
bupropion hcl tab er 12hr 100 mg	2	
bupropion hcl tab er 12hr 150 mg	2	
bupropion hcl tab er 12hr 200 mg	2	
bupropion hcl tab er 24hr 150 mg	2	
bupropion hcl tab er 24hr 300 mg	2	
citalopram hydrobromide oral soln 10 mg/5ml	2	
citalopram hydrobromide tab 10 mg (base equiv)	2	
citalopram hydrobromide tab 20 mg (base equiv)	2	
citalopram hydrobromide tab 40 mg (base equiv)	2	
desipramine hcl tab 10 mg	2	
desipramine hcl tab 25 mg	2	
desipramine hcl tab 50 mg	2	
desipramine hcl tab 75 mg	2	
desipramine hcl tab 100 mg	2	
desipramine hcl tab 150 mg	2	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	2	(generic of Pristiq)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	2	(generic of Pristiq)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	2	(generic of Pristiq)
doxepin hcl cap 10 mg	2	
doxepin hcl cap 25 mg	2	
doxepin hcl cap 50 mg	2	
doxepin hcl cap 75 mg	2	
doxepin hcl cap 100 mg	2	
doxepin hcl cap 150 mg	2	
doxepin hcl conc 10 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	2	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	2	
EMSAM DIS 6MG/24HR	4	PA
EMSAM DIS 9MG/24HR	4	PA
EMSAM DIS 12MG/24H	4	PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	2	
escitalopram oxalate tab 5 mg (base equiv)	2	
escitalopram oxalate tab 10 mg (base equiv)	2	
escitalopram oxalate tab 20 mg (base equiv)	2	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
fluoxetine hcl cap 10 mg	2	
fluoxetine hcl cap 20 mg	2	
fluoxetine hcl cap 40 mg	2	
fluoxetine hcl cap delayed release 90 mg	2	
fluoxetine hcl solution 20 mg/5ml	2	
fluoxetine hcl tab 10 mg	2	(generic Sarafem not covered)
fluoxetine hcl tab 20 mg	2	(generic Sarafem not covered)
imipramine hcl tab 10 mg	2	
imipramine hcl tab 25 mg	2	
imipramine hcl tab 50 mg	2	
imipramine pamoate cap 75 mg	2	
imipramine pamoate cap 100 mg	2	
imipramine pamoate cap 125 mg	2	
imipramine pamoate cap 150 mg	2	
MARPLAN TAB 10MG	4	
mirtazapine orally disintegrating tab 15 mg	2	
mirtazapine orally disintegrating tab 30 mg	2	
mirtazapine orally disintegrating tab 45 mg	2	
mirtazapine tab 7.5 mg	2	
mirtazapine tab 15 mg	2	
mirtazapine tab 30 mg	2	
mirtazapine tab 45 mg	2	
nefazodone hcl tab 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
nefazodone hcl tab 100 mg	2	
nefazodone hcl tab 150 mg	2	
nefazodone hcl tab 200 mg	2	
nefazodone hcl tab 250 mg	2	
nortriptyline hcl cap 10 mg	2	
nortriptyline hcl cap 25 mg	2	
nortriptyline hcl cap 50 mg	2	
nortriptyline hcl cap 75 mg	2	
nortriptyline hcl soln 10 mg/5ml	2	
paroxetine hcl tab 10 mg	2	
paroxetine hcl tab 20 mg	2	
paroxetine hcl tab 30 mg	2	
paroxetine hcl tab 40 mg	2	
paroxetine hcl tab er 24hr 12.5 mg	2	
paroxetine hcl tab er 24hr 25 mg	2	
paroxetine hcl tab er 24hr 37.5 mg	2	
phenelzine sulfate tab 15 mg	2	
protriptyline hcl tab 5 mg	2	
protriptyline hcl tab 10 mg	2	
sertraline hcl oral concentrate for solution 20 mg/ml	2	
sertraline hcl tab 25 mg	2	
sertraline hcl tab 50 mg	2	
sertraline hcl tab 100 mg	2	
SPRAVATO SOL 56MG DOS	5	PA
SPRAVATO SOL 84MG DOS	5	PA
tranylcypromine sulfate tab 10 mg	2	
trazodone hcl tab 50 mg	2	
trazodone hcl tab 100 mg	2	
trazodone hcl tab 150 mg	2	
trazodone hcl tab 300 mg	2	
trimipramine maleate cap 25 mg	2	
trimipramine maleate cap 50 mg	2	
trimipramine maleate cap 100 mg	2	
TRINTELLIX TAB 5MG	4	
TRINTELLIX TAB 10MG	4	
TRINTELLIX TAB 20MG	4	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	2	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	
venlafaxine hcl tab 25 mg (base equivalent)	2	

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl tab 37.5 mg (base equivalent)	2	
venlafaxine hcl tab 50 mg (base equivalent)	2	
venlafaxine hcl tab 75 mg (base equivalent)	2	
venlafaxine hcl tab 100 mg (base equivalent)	2	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	2	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	2	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	2	
vilazodone hcl tab 10 mg	2	
vilazodone hcl tab 20 mg	2	
vilazodone hcl tab 40 mg	2	
ANTIPARKINSONIAN AGENTS		
amantadine hcl cap 100 mg	2	
amantadine hcl soln 50 mg/5ml	2	
amantadine hcl tab 100 mg	2	
APOKYN INJ 10MG/ML	5	ST, PA, QL (20 cartridges every 30 days)
benztropine mesylate inj 1 mg/ml	2	
benztropine mesylate tab 0.5 mg	2	
benztropine mesylate tab 1 mg	2	
benztropine mesylate tab 2 mg	2	
bromocriptine mesylate cap 5 mg (base equivalent)	2	
bromocriptine mesylate tab 2.5 mg (base equivalent)	2	
carbidopa & levodopa orally disintegrating tab 10-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-250 mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa tab 25 mg	2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	
entacapone tab 200 mg	2	
INBRIJA CAP 42MG	5	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
ONGENTYS CAP 25MG	4	PA
ONGENTYS CAP 50MG	4	PA
pramipexole dihydrochloride tab 0.5 mg	2	
pramipexole dihydrochloride tab 0.25 mg	2	
pramipexole dihydrochloride tab 0.75 mg	2	
pramipexole dihydrochloride tab 0.125 mg	2	
pramipexole dihydrochloride tab 1 mg	2	
pramipexole dihydrochloride tab 1.5 mg	2	
pramipexole dihydrochloride tab er 24hr 0.75 mg	2	
pramipexole dihydrochloride tab er 24hr 0.375 mg	2	
pramipexole dihydrochloride tab er 24hr 1.5 mg	2	
pramipexole dihydrochloride tab er 24hr 2.25 mg	2	
pramipexole dihydrochloride tab er 24hr 3 mg	2	
pramipexole dihydrochloride tab er 24hr 3.75 mg	2	
pramipexole dihydrochloride tab er 24hr 4.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv)	2	
rasagiline mesylate tab 1 mg (base equiv)	2	
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 0.25 mg	2	
ropinirole hydrochloride tab 1 mg	2	
ropinirole hydrochloride tab 2 mg	2	
ropinirole hydrochloride tab 3 mg	2	
ropinirole hydrochloride tab 4 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tab 5 mg	2	
selegiline hcl cap 5 mg	2	
selegiline hcl tab 5 mg	2	
trihexyphenidyl hcl oral soln 0.4 mg/ml	2	
trihexyphenidyl hcl tab 2 mg	2	
trihexyphenidyl hcl tab 5 mg	2	
ANTIPSYCHOTICS		
aripiprazole oral solution 1 mg/ml	2	
aripiprazole orally disintegrating tab 10 mg	2	
aripiprazole orally disintegrating tab 15 mg	2	
aripiprazole tab 2 mg	2	
aripiprazole tab 5 mg	2	
aripiprazole tab 10 mg	2	
aripiprazole tab 15 mg	2	
aripiprazole tab 20 mg	2	
aripiprazole tab 30 mg	2	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
asenapine maleate sl tab 2.5 mg (base equiv)	2	
asenapine maleate sl tab 5 mg (base equiv)	2	
asenapine maleate sl tab 10 mg (base equiv)	2	
chlorpromazine hcl inj 25 mg/ml	2	
chlorpromazine hcl inj 50 mg/2ml	2	
chlorpromazine hcl tab 10 mg	2	
chlorpromazine hcl tab 25 mg	2	
chlorpromazine hcl tab 50 mg	2	
chlorpromazine hcl tab 100 mg	2	
chlorpromazine hcl tab 200 mg	2	
clozapine orally disintegrating tab 12.5 mg	2	
clozapine orally disintegrating tab 25 mg	2	
clozapine orally disintegrating tab 100 mg	2	
clozapine orally disintegrating tab 150 mg	2	
clozapine orally disintegrating tab 200 mg	2	
clozapine tab 25 mg	2	
clozapine tab 50 mg	2	
clozapine tab 100 mg	2	
clozapine tab 200 mg	2	
COBENFY CAP 50-20MG	4	
COBENFY CAP 100-20MG	4	
COBENFY CAP 125-30MG	4	

Drug Name	Drug Tier	Requirements/Limits
COBENFY STRT CAP PACK	4	
ERZOFRI INJ 39/0.25	3	
ERZOFRI INJ 78/0.5ML	3	
ERZOFRI INJ 117/0.75	3	
ERZOFRI INJ 156MG/ML	3	
ERZOFRI INJ 234/1.5	3	
ERZOFRI INJ 351/2.25	3	
fluphenazine decanoate inj 25 mg/ml	2	
fluphenazine hcl elixir 2.5 mg/5ml	2	
fluphenazine hcl inj 2.5 mg/ml	2	
fluphenazine hcl oral conc 5 mg/ml	2	
fluphenazine hcl tab 1 mg	2	
fluphenazine hcl tab 2.5 mg	2	
fluphenazine hcl tab 5 mg	2	
fluphenazine hcl tab 10 mg	2	
haloperidol decanoate im soln 50 mg/ml	2	
haloperidol decanoate im soln 100 mg/ml	2	
haloperidol lactate inj 5 mg/ml	2	
haloperidol lactate oral conc 2 mg/ml	2	
haloperidol tab 0.5 mg	2	
haloperidol tab 1 mg	2	
haloperidol tab 2 mg	2	
haloperidol tab 5 mg	2	
haloperidol tab 10 mg	2	
haloperidol tab 20 mg	2	
INVEGA HAFYE INJ 1092MG	3	
INVEGA HAFYE INJ 1560MG	3	
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TRINZ INJ 273MG	3	
INVEGA TRINZ INJ 410MG	3	
INVEGA TRINZ INJ 546MG	3	
INVEGA TRINZ INJ 819MG	3	
loxapine succinate cap 5 mg	2	
loxapine succinate cap 10 mg	2	
loxapine succinate cap 25 mg	2	
loxapine succinate cap 50 mg	2	
lurasidone hcl tab 20 mg	2	
lurasidone hcl tab 40 mg	2	
lurasidone hcl tab 60 mg	2	
lurasidone hcl tab 80 mg	2	

Drug Name	Drug Tier	Requirements/Limits
lurasidone hcl tab 120 mg	2	
olanzapine for im inj 10 mg	2	
olanzapine orally disintegrating tab 5 mg	2	
olanzapine orally disintegrating tab 10 mg	2	
olanzapine orally disintegrating tab 15 mg	2	
olanzapine orally disintegrating tab 20 mg	2	
olanzapine tab 2.5 mg	2	
olanzapine tab 5 mg	2	
olanzapine tab 7.5 mg	2	
olanzapine tab 10 mg	2	
olanzapine tab 15 mg	2	
olanzapine tab 20 mg	2	
paliperidone tab er 24hr 1.5 mg	2	
paliperidone tab er 24hr 3 mg	2	
paliperidone tab er 24hr 6 mg	2	
paliperidone tab er 24hr 9 mg	2	
perphenazine tab 2 mg	2	
perphenazine tab 4 mg	2	
perphenazine tab 8 mg	2	
perphenazine tab 16 mg	2	
quetiapine fumarate tab 25 mg	2	
quetiapine fumarate tab 50 mg	2	
quetiapine fumarate tab 100 mg	2	
quetiapine fumarate tab 200 mg	2	
quetiapine fumarate tab 300 mg	2	
quetiapine fumarate tab 400 mg	2	
quetiapine fumarate tab er 24hr 50 mg	2	
quetiapine fumarate tab er 24hr 150 mg	2	
quetiapine fumarate tab er 24hr 200 mg	2	
quetiapine fumarate tab er 24hr 300 mg	2	
quetiapine fumarate tab er 24hr 400 mg	2	
risperidone orally disintegrating tab 0.5 mg	2	
risperidone orally disintegrating tab 0.25 mg	2	
risperidone orally disintegrating tab 1 mg	2	
risperidone orally disintegrating tab 2 mg	2	
risperidone orally disintegrating tab 3 mg	2	
risperidone orally disintegrating tab 4 mg	2	
risperidone soln 1 mg/ml	2	
risperidone tab 0.5 mg	2	
risperidone tab 0.25 mg	2	
risperidone tab 1 mg	2	
risperidone tab 2 mg	2	
risperidone tab 3 mg	2	
risperidone tab 4 mg	2	

Drug Name	Drug Tier	Requirements/Limits
RYKINDO INJ 25MG	3	
RYKINDO INJ 37.5MG	3	
RYKINDO INJ 50MG	3	
thioridazine hcl tab 10 mg	2	
thioridazine hcl tab 25 mg	2	
thioridazine hcl tab 50 mg	2	
thioridazine hcl tab 100 mg	2	
thiothixene cap 1 mg	2	
thiothixene cap 2 mg	2	
thiothixene cap 5 mg	2	
thiothixene cap 10 mg	2	
trifluoperazine hcl tab 1 mg (base equivalent)	2	
trifluoperazine hcl tab 2 mg (base equivalent)	2	
trifluoperazine hcl tab 5 mg (base equivalent)	2	
trifluoperazine hcl tab 10 mg (base equivalent)	2	
VRAYLAR CAP 0.5MG	3	
VRAYLAR CAP 0.75MG	3	
VRAYLAR CAP 1.5MG	3	
VRAYLAR CAP 3MG	3	
VRAYLAR CAP 4.5MG	3	
VRAYLAR CAP 6MG	3	
ziprasidone hcl cap 20 mg	2	
ziprasidone hcl cap 40 mg	2	
ziprasidone hcl cap 60 mg	2	
ziprasidone hcl cap 80 mg	2	
ANTISEIZURE AGENTS		
carbamazepine cap er 12hr 100 mg	2	
carbamazepine cap er 12hr 200 mg	2	
carbamazepine cap er 12hr 300 mg	2	
carbamazepine chew tab 100 mg	2	
carbamazepine chew tab 200 mg	2	
carbamazepine susp 100 mg/5ml	2	
carbamazepine tab 200 mg	2	
carbamazepine tab er 12hr 100 mg	2	
carbamazepine tab er 12hr 200 mg	2	
carbamazepine tab er 12hr 400 mg	2	
clobazam suspension 2.5 mg/ml	2	
clobazam tab 10 mg	2	
clobazam tab 20 mg	2	
clonazepam tab 0.5 mg	2	
clonazepam tab 1 mg	2	
clonazepam tab 2 mg	2	
clorazepate dipotassium tab 3.75 mg	2	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium tab 7.5 mg	2	QL (180 tabs every 30 days)
clorazepate dipotassium tab 15 mg	2	QL (180 tabs every 30 days)
diazepam inj 5 mg/ml	2	
diazepam intensol	2	QL (240 mL every 30 days)
diazepam oral soln 1 mg/ml	2	QL (1200 mL every 30 days)
diazepam tab 2 mg	2	QL (120 tabs every 30 days)
diazepam tab 5 mg	2	QL (120 tabs every 30 days)
diazepam tab 10 mg	2	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	4	
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	2	
divalproex sodium tab er 24 hr 500 mg	2	
ethosuximide cap 250 mg	2	
ethosuximide soln 250 mg/5ml	2	
felbamate susp 600 mg/5ml	2	
felbamate tab 400 mg	2	
felbamate tab 600 mg	2	
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	2	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	2	
gabapentin cap 100 mg	2	
gabapentin cap 300 mg	2	
gabapentin cap 400 mg	2	
gabapentin oral soln 250 mg/5ml	2	
gabapentin tab 600 mg	2	
gabapentin tab 800 mg	2	
lacosamide iv inj 200 mg/20ml (10 mg/ml)	2	
lacosamide oral solution 10 mg/ml	2	
lacosamide tab 50 mg	2	
lacosamide tab 100 mg	2	
lacosamide tab 150 mg	2	
lacosamide tab 200 mg	2	
lamotrigine orally disintegrating tab 25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine orally disintegrating tab 50 mg	2	
lamotrigine orally disintegrating tab 100 mg	2	
lamotrigine orally disintegrating tab 200 mg	2	
lamotrigine tab 25 mg	2	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	2	
lamotrigine tab 35 x 25 mg starter kit	2	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	2	
lamotrigine tab 100 mg	2	
lamotrigine tab 150 mg	2	
lamotrigine tab 200 mg	2	
lamotrigine tab chewable dispersible 5 mg	2	
lamotrigine tab chewable dispersible 25 mg	2	
lamotrigine tab er 24hr 25 mg	2	
lamotrigine tab er 24hr 50 mg	2	
lamotrigine tab er 24hr 100 mg	2	
lamotrigine tab er 24hr 200 mg	2	
lamotrigine tab er 24hr 250 mg	2	
lamotrigine tab er 24hr 300 mg	2	
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
levetiracetam inj 500 mg/5ml (100 mg/ml)	2	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab 250 mg	2	
levetiracetam tab 500 mg	2	
levetiracetam tab 750 mg	2	
levetiracetam tab 1000 mg	2	
levetiracetam tab er 24hr 500 mg	2	
levetiracetam tab er 24hr 750 mg	2	
methsuximide cap 300 mg	2	
NAYZILAM SPR 5MG	3	QL (10 units every 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	2	
oxcarbazepine tab 150 mg	2	
oxcarbazepine tab 300 mg	2	
oxcarbazepine tab 600 mg	2	
perampanel susp 0.5 mg/ml	2	
perampanel tab 2 mg	2	
perampanel tab 4 mg	2	
perampanel tab 6 mg	2	

Drug Name	Drug Tier	Requirements/Limits
perampanel tab 8 mg	2	
perampanel tab 10 mg	2	
perampanel tab 12 mg	2	
phenobarbital elixir 20 mg/5ml	2	
phenobarbital tab 15 mg	2	
phenobarbital tab 16.2 mg	2	
phenobarbital tab 30 mg	2	
phenobarbital tab 32.4 mg	2	
phenobarbital tab 60 mg	2	
phenobarbital tab 64.8 mg	2	
phenobarbital tab 97.2 mg	2	
phenobarbital tab 100 mg	2	
phenytoin infatabs	2	
phenytoin sodium extended cap 100 mg	2	
phenytoin sodium extended cap 200 mg	2	
phenytoin sodium extended cap 300 mg	2	
phenytoin sodium inj 50 mg/ml	2	
phenytoin susp 125 mg/5ml	2	
pregabalin cap 25 mg	2	
pregabalin cap 50 mg	2	
pregabalin cap 75 mg	2	
pregabalin cap 100 mg	2	
pregabalin cap 150 mg	2	
pregabalin cap 200 mg	2	
pregabalin cap 225 mg	2	
pregabalin cap 300 mg	2	
pregabalin soln 20 mg/ml	2	
primidone tab 50 mg	2	
primidone tab 250 mg	2	
rufinamide susp 40 mg/ml	2	
rufinamide tab 200 mg	2	
rufinamide tab 400 mg	2	
tiagabine hcl tab 2 mg	2	
tiagabine hcl tab 4 mg	2	
tiagabine hcl tab 12 mg	2	
tiagabine hcl tab 16 mg	2	
topiramate sprinkle cap 15 mg	2	
topiramate sprinkle cap 25 mg	2	
topiramate sprinkle cap 50 mg	2	
topiramate tab 25 mg	2	
topiramate tab 50 mg	2	
topiramate tab 100 mg	2	
topiramate tab 200 mg	2	
valproate sodium inj 100 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	2	
vigabatrin powd pack 500 mg	5	PA, QL (180 packets every 30 days)
vigabatrin tab 500 mg	5	PA, QL (180 tabs every 30 days)
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200	3	
XCOPRI TAB 25MG	3	
XCOPRI TAB 50MG	3	
XCOPRI TAB 100MG	3	
XCOPRI TAB 150MG	3	
XCOPRI TAB 200MG	3	
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine tab extended release disintegrating 3.1 mg	2	QL (60 tabs every 30 days)
amphetamine tab extended release disintegrating 6.3 mg	2	QL (60 tabs every 30 days)
amphetamine tab extended release disintegrating 9.4 mg	2	QL (60 tabs every 30 days)
amphetamine tab extended release disintegrating 12.5 mg	2	QL (30 tabs every 30 days)
amphetamine tab extended release disintegrating 15.7 mg	2	QL (30 tabs every 30 days)
amphetamine tab extended release disintegrating 18.8 mg	2	QL (30 tabs every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 5 mg	2	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	2	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	2	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	2	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	2	QL (30 tabs every 30 days)
atomoxetine hcl cap 10 mg (base equiv)	2	
atomoxetine hcl cap 18 mg (base equiv)	2	
atomoxetine hcl cap 25 mg (base equiv)	2	
atomoxetine hcl cap 40 mg (base equiv)	2	
atomoxetine hcl cap 60 mg (base equiv)	2	
atomoxetine hcl cap 80 mg (base equiv)	2	
atomoxetine hcl cap 100 mg (base equiv)	2	
AZSTARYS CAP 26.1-5.2	3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	3	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg	2	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	2	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	2	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	2	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	2	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	2	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 35 mg	2	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	2	QL (30 caps every 30 days)
dexmethylphenidate hcl tab 2.5 mg	2	QL (120 tabs every 30 days)
dexmethylphenidate hcl tab 5 mg	2	QL (120 tabs every 30 days)
dexmethylphenidate hcl tab 10 mg	2	QL (60 tabs every 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	2	QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate cap er 24hr 10 mg	2	QL (120 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	2	QL (60 caps every 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	2	QL (1,200 mL every 30 days)
dextroamphetamine sulfate tab 5 mg	2	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 10 mg	2	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 15 mg	2	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 20 mg	2	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 30 mg	2	QL (30 tabs every 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	2	
guanfacine hcl tab er 24hr 2 mg (base equiv)	2	
guanfacine hcl tab er 24hr 3 mg (base equiv)	2	
guanfacine hcl tab er 24hr 4 mg (base equiv)	2	
lisdexamfetamine dimesylate cap 10 mg	2	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 20 mg	2	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 30 mg	2	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 40 mg	2	QL (30 caps every 30 days)
lisdexamfetamine dimesylate cap 50 mg	2	QL (30 caps every 30 days)
lisdexamfetamine dimesylate cap 60 mg	2	QL (30 caps every 30 days)
lisdexamfetamine dimesylate cap 70 mg	2	QL (30 caps every 30 days)
lisdexamfetamine dimesylate chew tab 10 mg	2	QL (60 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 20 mg	2	QL (60 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 30 mg	2	QL (60 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 40 mg	2	QL (30 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 50 mg	2	QL (30 chew tabs every 30 days)
lisdexamfetamine dimesylate chew tab 60 mg	2	QL (30 chew tabs every 30 days)
methamphetamine hcl tab 5 mg	2	QL (150 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 10 mg (cd)	2	QL (60 caps every 30 days)
methylphenidate hcl cap er 20 mg (cd)	2	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	2	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 30 mg (la)	2	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 40 mg (la)	2	QL (30 caps every 30 days)
methylphenidate hcl cap er 24hr 60 mg (la)	2	QL (30 caps every 30 days)
methylphenidate hcl cap er 30 mg (cd)	2	QL (60 caps every 30 days)
methylphenidate hcl cap er 40 mg (cd)	2	QL (30 caps every 30 days)
methylphenidate hcl cap er 50 mg (cd)	2	QL (30 caps every 30 days)
methylphenidate hcl cap er 60 mg (cd)	2	QL (30 caps every 30 days)
methylphenidate hcl chew tab 2.5 mg	2	QL (180 chew tabs every 30 days)
methylphenidate hcl chew tab 5 mg	2	QL (180 chew tabs every 30 days)
methylphenidate hcl chew tab 10 mg	2	QL (180 chew tabs every 30 days)
methylphenidate hcl soln 5 mg/5ml	2	QL (1800 mL every 30 days)
methylphenidate hcl soln 10 mg/5ml	2	QL (900 mL every 30 days)
methylphenidate hcl tab 5 mg	2	QL (180 tabs every 30 days)
methylphenidate hcl tab 10 mg	2	QL (180 tabs every 30 days)
methylphenidate hcl tab 20 mg	2	QL (90 tabs every 30 days)
methylphenidate hcl tab er 10 mg	2	QL (90 tabs every 30 days)
methylphenidate hcl tab er 20 mg	2	QL (90 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	2	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	2	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	2	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	2	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
zenzedi	2	QL (120 tabs every 30 days)
FIBROMYALGIA		
milnacipran hcl tab 12.5 mg	2	ST; PA**
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	2	ST; PA**
milnacipran hcl tab 25 mg	2	ST; PA**
milnacipran hcl tab 50 mg	2	ST; PA**
milnacipran hcl tab 100 mg	2	ST; PA**
HYPNOTICS		
BELSOMRA TAB 5MG	3	
BELSOMRA TAB 10MG	3	
BELSOMRA TAB 15MG	3	
BELSOMRA TAB 20MG	3	
cvs sleep-aid nighttime	2	OTC
DAYVIGO TAB 5MG	3	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	3	PA, QL (30 tabs every 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	2	
doxepin hcl (sleep) tab 6 mg (base equiv)	2	
estazolam tab 1 mg	4	QL (15 tabs every 30 days)
estazolam tab 2 mg	4	QL (15 tabs every 30 days)
eszopiclone tab 1 mg	2	QL (15 tabs every 30 days)
eszopiclone tab 2 mg	2	QL (15 tabs every 30 days)
eszopiclone tab 3 mg	2	QL (15 tabs every 30 days)
ramelteon tab 8 mg	2	QL (15 tabs every 30 days)
tasimelteon capsule 20 mg	5	PA, QL (30 caps every 30 days)
temazepam cap 7.5 mg	2	QL (15 caps every 30 days)
temazepam cap 15 mg	2	QL (15 caps every 30 days)
temazepam cap 22.5 mg	2	QL (15 caps every 30 days)
temazepam cap 30 mg	2	QL (15 caps every 30 days)
triazolam tab 0.25 mg	4	QL (10 tabs every 30 days)
triazolam tab 0.125 mg	4	QL (10 tabs every 30 days)
zaleplon cap 5 mg	2	QL (15 caps every 30 days)
zaleplon cap 10 mg	2	QL (15 caps every 30 days)
zolpidem tartrate tab 5 mg	2	QL (15 tabs every 30 days)
zolpidem tartrate tab 10 mg	2	QL (15 tabs every 30 days)
zolpidem tartrate tab er 6.25 mg	2	QL (15 tabs every 30 days)
zolpidem tartrate tab er 12.5 mg	2	QL (15 tabs every 30 days)
MIGRAINE - ERGOTAMINE DERIVATIVES		
dihydroergotamine mesylate inj 1 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
ERGOMAR SUB 2MG	4	
ergotamine w/ caffeine tab 1-100 mg	4	
MIGRAINE - MISCELLANEOUS		
NURTEC TAB 75MG ODT	3	ST, QL (16 tabs every 30 days); PA**
QULIPTA TAB 10MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	3	ST, QL (30 tabs every 30 days); PA**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	3	ST, QL (1 injection every 30 days); PA**
AIMOVIG INJ 140MG/ML	3	ST, QL (1 injection every 30 days); PA**
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	3	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
MIGRAINE - TRIPTANS AND COMBINATIONS		
almotriptan malate tab 6.25 mg	2	QL (12 tabs every 30 days)
almotriptan malate tab 12.5 mg	2	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	2	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	2	QL (12 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	2	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	2	QL (12 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	2	QL (18 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	2	QL (18 tabs every 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	2	QL (18 tabs every 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	2	QL (18 tabs every 30 days)
sumatriptan nasal spray 5 mg/act	2	QL (24 sprays every 30 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan nasal spray 20 mg/act	2	QL (12 sprays every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	2	QL (12 vials every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	2	QL (12 units every 30 days)
sumatriptan succinate tab 25 mg	2	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	2	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	2	QL (12 tabs every 30 days)
sumatriptan-naproxen sodium tab 85-500 mg	4	ST, QL (9 tabs every 30 days); PA**
zolmitriptan nasal spray 5 mg/spray unit	2	QL (12 sprays every 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	2	QL (12 tabs every 30 days)
zolmitriptan orally disintegrating tab 5 mg	2	QL (12 tabs every 30 days)
zolmitriptan tab 2.5 mg	2	QL (12 tabs every 30 days)
zolmitriptan tab 5 mg	2	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	5	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
lithium carbonate cap 150 mg	2	
lithium carbonate cap 300 mg	2	
lithium carbonate cap 600 mg	2	
lithium carbonate tab 300 mg	2	
lithium carbonate tab er 300 mg	2	
lithium carbonate tab er 450 mg	2	
lithium oral solution 8 meq/5ml	2	
MOVEMENT DISORDERS		
AUSTEDO TAB 6MG	5	PA, QL (60 tabs every 30 days)
AUSTEDO TAB 9MG	5	PA, QL (120 tabs every 30 days)
AUSTEDO TAB 12MG	5	PA, QL (120 tabs every 30 days)
INGREZZA CAP 40-80MG	5	PA, QL (28 caps every 28 days)
INGREZZA CAP 40MG	5	PA, QL (30 caps every 30 days)
INGREZZA CAP 60MG	5	PA, QL (30 caps every 30 days)
INGREZZA CAP 80MG	5	PA, QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tab 12.5 mg	5	PA, QL (120 tabs every 30 days)
tetrabenazine tab 25 mg	5	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	5	PA, QL (14 injections every 28 days)
dalfampridine tab er 12hr 10 mg	5	PA, QL (60 tabs every 30 days)
dimethyl fumarate capsule delayed release 120 mg	5	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	5	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (1 kit every 30 days)
fingolimod hcl cap 0.5 mg (base equiv)	5	PA, QL (30 caps every 30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	2	PA, QL (12 syringes every 28 days)
glatopa	2	PA, QL (30 injections every 30 days)
KESIMPTA INJ 20/.4ML	5	PA, QL (1 pen every 28 days)
teriflunomide tab 7 mg	5	PA, QL (30 tabs every 30 days)
teriflunomide tab 14 mg	5	PA, QL (30 tabs every 30 days)
TYRUKO CON 300/15ML	5	PA, QL (15 mL every 28 days)
TYSABRI INJ 300/15ML	5	PA, QL (15 mL every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 5 mg	2	
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	
carisoprodol tab 350 mg	2	
chlorzoxazone tab 500 mg	2	
cyclobenzaprine hcl tab 5 mg	2	
cyclobenzaprine hcl tab 10 mg	2	
dantrolene sodium cap 25 mg	2	
dantrolene sodium cap 50 mg	2	
dantrolene sodium cap 100 mg	2	
metaxalone tab 800 mg	2	
methocarbamol tab 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
methocarbamol tab 750 mg	2	
norgesic	4	
orphenadrine citrate inj 30 mg/ml	2	
orphenadrine citrate tab er 12hr 100 mg	2	
tizanidine hcl tab 2 mg (base equivalent)	2	
tizanidine hcl tab 4 mg (base equivalent)	2	
MYASTHENIA GRAVIS		
pyridostigmine bromide oral soln 60 mg/5ml	2	
pyridostigmine bromide tab 60 mg	2	
pyridostigmine bromide tab er 180 mg	2	
VYVGART INJ 400/20ML	5	PA, QL (12 vials every 28 days)
VYVGART INJ HYTRULO	5	PA, QL (4 syringes every 28 days)
VYVGART INJ HYTRULO	5	PA, QL (4 vials every 28 days)
NARCOLEPSY/CATAPLEXY		
armodafinil tab 50 mg	2	PA, QL (60 tabs every 30 days)
armodafinil tab 150 mg	2	PA, QL (30 tabs every 30 days)
armodafinil tab 200 mg	2	PA, QL (30 tabs every 30 days)
armodafinil tab 250 mg	2	PA, QL (30 tabs every 30 days)
modafinil tab 100 mg	2	PA, QL (60 tabs every 30 days)
modafinil tab 200 mg	2	PA, QL (60 tabs every 30 days)
sodium oxybate oral solution 500 mg/ml	2	PA, QL (540mL every 30 days); ANDA Generics
sodium oxybate oral solution 500 mg/ml	5	PA, QL (540mL every 30 days); HIKMA AG
SUNOSI TAB 75MG	3	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	3	PA, QL (30 tabs every 30 days)
XYWAV SOL 0.5GM/ML	5	PA, QL (540 ml every 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	$0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	$0 copay
ZUBSOLV SUB 0.7-0.18	3	
ZUBSOLV SUB 1.4-0.36	3	
ZUBSOLV SUB 2.9-0.71	3	
ZUBSOLV SUB 5.7-1.4	3	
ZUBSOLV SUB 8.6-2.1	3	
ZUBSOLV SUB 11.4-2.9	3	
OPIOID ANTAGONIST		
naloxone hcl inj 0.4 mg/ml	2	
naloxone hcl inj 4 mg/10ml	2	
naloxone hcl nasal spray 4 mg/0.1ml	2	OTC
naloxone hcl soln cartridge 0.4 mg/ml	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
naltrexone hcl tab 50 mg	1	$0 copay
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sl tab 2 mg (base equiv)	1	$0 copay
buprenorphine hcl sl tab 8 mg (base equiv)	1	$0 copay
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	4	
chlordiazepoxide-amitriptyline tab 10-25 mg	4	
lofexidine hcl tab 0.18 mg (base equivalent)	2	
NUEDEXTA CAP 20-10MG	3	PA
perphenazine-amitriptyline tab 2-10 mg	4	
perphenazine-amitriptyline tab 2-25 mg	4	
perphenazine-amitriptyline tab 4-10 mg	4	
perphenazine-amitriptyline tab 4-25 mg	4	
perphenazine-amitriptyline tab 4-50 mg	4	
pimozide tab 1 mg	2	
pimozide tab 2 mg	2	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	$0 limited to 2 treatment cycles/year
goodsense nicotine polacr	1	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	1	OTC; $0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex gum 4 mg	1	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	1	OTC; $0 limited to 2 treatment cycles/year
nicotine step 3	1	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	1	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	1	OTC; $0 limited to 2 treatment cycles/year
nicotine transdermal syst	1	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INH	1	QL (max 168 days every year); $0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days every year); $0 limited to 2 treatment cycles/year
varenicline tartrate tab 0.5 mg (base equiv)	1	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 1 mg (base equiv)	1	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	$0 limited to 2 treatment cycles/year
ENDOCRINE AND METABOLIC		
ACROMEGALY		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	5	PA, QL (90 ml every 30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	5	PA, QL (90 ml every 30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	5	PA, QL (225 ml every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5	PA, QL (90 ml every 30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5	PA, QL (45 ml every 30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	5	PA, QL (90 ml every 30 days)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	5	PA, QL (90 ml every 30 days)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	5	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	5	PA, QL (1 injection every 28 days)

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE INJ 90/0.3ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	5	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	5	PA, QL (30 vials every 30 days)
ANDROGENS		
testosterone cypionate im inj in oil 100 mg/ml	2	PA
testosterone cypionate im inj in oil 200 mg/ml	2	PA
testosterone enanthate im inj in oil 200 mg/ml	2	PA
testosterone td gel 25 mg/2.5gm (1%)	2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	2	
acarbose tab 50 mg	2	
acarbose tab 100 mg	2	
miglitol tab 25 mg	2	
miglitol tab 50 mg	2	
miglitol tab 100 mg	2	
ANTIDIABETICS, BIGUANIDE		
metformin hcl tab 500 mg	2	
metformin hcl tab 850 mg	2	$0 copay for members age 35-70 for prevention of diabetes
metformin hcl tab 1000 mg	2	
metformin hcl tab er 24hr 500 mg	2	
metformin hcl tab er 24hr 750 mg	2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	2	
glipizide-metformin hcl tab 2.5-500 mg	2	
glipizide-metformin hcl tab 5-500 mg	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	2	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	2	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
sitagliptin phosphate-metformin hcl tab 50-500 mg	2	ST; PA**
sitagliptin phosphate-metformin hcl tab 50-1000 mg	2	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	2	ST; PA**
alogliptin benzoate tab 12.5 mg (base equiv)	2	ST; PA**
alogliptin benzoate tab 25 mg (base equiv)	2	ST; PA**
sitagliptin phosphate tab 25 mg (base equiv)	2	ST; PA**
sitagliptin phosphate tab 50 mg (base equiv)	2	ST; PA**
sitagliptin phosphate tab 100 mg (base equiv)	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2	ST, QL (3 pens every 30 days); PA**
MOUNJARO INJ 2.5/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 5MG/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 7.5/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 10MG/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 12.5/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 15MG/0.5	3	ST, QL (4 pens every 28 days); PA**
OZEMPIC INJ 2MG/3ML	3	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 4MG/3ML	3	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 8MG/3ML	3	ST, QL (3 mL every 28 days); PA**
OZEMPIC TAB 1.5MG	3	ST, QL (30 tabs every 30 days); PA**
OZEMPIC TAB 4MG	3	ST, QL (30 tabs every 30 days); PA**
OZEMPIC TAB 9MG	3	ST, QL (30 tabs every 30 days); PA**
TRULICITY INJ 0.75/0.5	3	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 1.5/0.5	3	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 3/0.5	3	ST, QL (4 pens every 28 days); PA**

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 4.5/0.5	3	ST, QL (4 pens every 28 days); PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	3	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**
ANTIDIABETICS, INSULIN		
AWIQLI FLEX INJ 700UNIT	3	
BASAGLAR KWP INJ 100/ML	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
FIASP PMPCRT INJ U-100	3	
GLARGIN YFGN INJ 100U/ML	3	
GLARGIN YFGN SOL 100U/ML	3	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N INJ U-100	4	OTC
HUMULIN N INJ U-100KWP	4	OTC
HUMULIN R INJ U-100	4	OTC
HUMULIN R INJ U-500KWP	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN N INJ U-100	3	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN R INJ U-100	3	OTC; RELION not covered
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv)	2	
pioglitazone hcl tab 30 mg (base equiv)	2	
pioglitazone hcl tab 45 mg (base equiv)	2	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	2	
pioglitazone hcl-metformin hcl tab 15-850 mg	2	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	2	

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl-glimepiride tab 30-4 mg	2	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tab 60 mg	2	
nateglinide tab 120 mg	2	
repaglinide tab 0.5 mg	2	
repaglinide tab 1 mg	2	
repaglinide tab 2 mg	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapagliflozin-metformin hcl tab er 24hr 5-500 mg	2	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	2	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 10-500 mg	2	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	2	ST; PA**
SYNJARDY TAB	3	ST; PA**
SYNJARDY TAB 5-500MG	3	ST; PA**
SYNJARDY TAB 5-1000MG	3	ST; PA**
SYNJARDY TAB 12.5-500	3	ST; PA**
SYNJARDY XR TAB	3	ST; PA**
SYNJARDY XR TAB 5-1000MG	3	ST; PA**
SYNJARDY XR TAB 10-1000	3	ST; PA**
SYNJARDY XR TAB 25-1000	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	3	ST; PA**
GLYXAMBI TAB 25-5 MG	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
dapagliflozin tab 5 mg	2	ST; PA**
dapagliflozin tab 10 mg	2	ST; PA**
JARDIANCE TAB 10MG	3	ST; PA**
JARDIANCE TAB 25MG	3	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tab 1 mg	2	
glimepiride tab 2 mg	2	
glimepiride tab 4 mg	2	
glipizide tab 5 mg	2	
glipizide tab 10 mg	2	
glipizide tab er 24hr 2.5 mg	2	
glipizide tab er 24hr 5 mg	2	
glipizide tab er 24hr 10 mg	2	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	5	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 60 mg (base equiv)	5	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 90 mg (base equiv)	5	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
alendronate sodium oral soln 70 mg/75ml	2	
alendronate sodium tab 10 mg	2	
alendronate sodium tab 35 mg	2	
alendronate sodium tab 70 mg	2	
FOSAMAX + D TAB 70-2800	4	
FOSAMAX + D TAB 70-5600	4	
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	2	
ibandronate sodium tab 150 mg (base equivalent)	2	
pamidronate disodium iv soln 3 mg/ml	2	
risedronate sodium tab 5 mg	2	
risedronate sodium tab 30 mg	2	
risedronate sodium tab 35 mg	2	
risedronate sodium tab 150 mg	2	
risedronate sodium tab delayed release 35 mg	2	
zoledronic acid inj conc for iv infusion 4 mg/5ml	5	PA
zoledronic acid iv soln 5 mg/100ml	5	PA
CALCIUM REGULATORS, MISCELLANEOUS		
calcitonin (salmon) nasal soln 200 unit/act	2	
OSPOMYV INJ 60MG/ML	5	PA, QL (1 syringe (60 mg) every 180 days)
STOBOCLO INJ 60MG/ML	5	PA, QL (1 syringe (60 mg) every 180 days)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS INJ	5	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPR DEP-PED INJ 3M 30MG	5	PA
LUPR DEP-PED INJ 7.5MG	5	PA
LUPR DEP-PED INJ 11.25MG	5	PA
LUPR DEP-PED INJ 15MG	5	PA
LUPRON DEPOT INJ 45MG	5	PA
SUPPRELIN LA KIT 50MG	5	PA
TRIPTODUR SUS 22.5MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET CAP 100MG	4	
deferiprone tab 500 mg	5	PA
deferiprone tab 1000 mg	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX SOL 100MG/ML	5	PA
penicillamine tab 250 mg	5	
CONTRACEPTIVES		
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA MIS	1	QL (1 every 300 days)
apri	1	
aranelle	1	
ashlyna	1	
AVERI TAB	1	
aviane	1	
azurette	1	
camila	1	
camrese	1	
CAYA DPR	1	QL (1 every 300 days)
chateal eq	1	
CONDOMS MIS	1	QL (12 condoms every 30 days), OTC
dasetta 1/35	1	
dasetta 7/7/7	1	
delyla	1	
DEPO-SQ PROV INJ 104	1	QL (4 inj every 300 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
DUREX MIS REALFEEL	1	QL (12 condoms every 30 days), OTC
elinest	1	
ELLA TAB 30MG	1	
enskyce	1	
errin	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	QL (13 every 300 days)
falmina	1	

Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE MIS CONDOM	1	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	1	QL (1 every 300 days)
FEMCAP MIS 26MM	1	QL (1 every 300 days)
FEMCAP MIS 30MM	1	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	1	
galbriela	1	
gemmily	1	
GWYN LO DIS 220-20	1	
heather	1	
introvale	1	
jolessa	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
KYLEENA IUD 19.5MG	1	QL (1 every 300 days)
larin 1.5/30	1	
lessina	1	
levonest	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	
LILETTA IUD 52MG	1	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
marlissa	1	
medroxyprogesterone acetate im susp 150 mg/ml	1	QL (4 inj every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	1	QL (4 inj every 300 days)
microgestin 1.5/30	1	
MIRENA IUD SYSTEM	1	QL (1 every 300 days)
MIUDELLA IUD	1	QL (1 unit every 300 days)
mono-linyah	1	

Drug Name	Drug Tier	Requirements/Limits
NATAZIA TAB	1	
necon 0.5/35-28	1	
NEXPLANON IMP 68MG	1	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	1	
nikki	1	
nora-be	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	
norethindrone tab 0.35 mg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35	1	
nortrel 7/7/7	1	
nylia 1/35	1	
OMNIFLEX DPR	1	QL (1 every 300 days)
OPILL TAB 0.075MG	1	OTC
PARAGARD IUD T380A	1	QL (1 unit every 300 days)
portia-28	1	
reclipsen	1	
rivelsa	1	
SKYLA IUD 13.5MG	1	QL (1 every 300 days)
SLYND TAB 4MG	1	
sprintec 28	1	
syeda	1	
take action	1	OTC
tilia fe	1	
tri-linyah	1	
tri-sprintec	1	
TRUSTEX/RIA MIS NON-LUB	1	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	1	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	1	
TYBLUME CHW 0.1-0.02	1	
valtya 1/50	1	

Drug Name	Drug Tier	Requirements/Limits
velivet	1	
viorele	1	
vyfemla	1	
wera	1	
WIDE-SEAL DPR KIT 60	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	1	QL (1 every 300 days)
xelria fe	1	
xulane	1	
zovia 1/35	1	
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	3	OTC
ACCU-CHEK KIT FASTCLIX	3	OTC
ACCU-CHEK KIT GUIDE	3	OTC
ACCU-CHEK KIT GUIDE ME	3	OTC
ACCU-CHEK KIT NANO	3	OTC
ACCU-CHEK KIT SOFTCLIX	3	OTC
ACCU-CHEK LIQ COMPACT	3	OTC
ACCU-CHEK LIQ GUIDE	3	OTC
ACCU-CHEK LIQ SMART	3	OTC
ACCU-CHEK SOL	3	OTC
ACCU-CHEK SOL COMPACT	3	OTC
ACCU-CHEK TES AVIVA PL	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	3	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	3	OTC
CAREFINE MIS 32GX6MM	3	OTC
CHEMSTRIP 2 TES GP	4	OTC
CHEMSTRIP 5 TES OB	4	OTC
CHEMSTRIP 7 TES	4	OTC
CHEMSTRIP 9 TES STRIPS	4	OTC
CHEMSTRIP 10 TES MD	4	OTC
CHEMSTRIP K TES	4	OTC
CHEMSTRIP TES -10 SG	4	OTC
CHEMSTRIP TES UGK	4	OTC
CVS KETONE TES CARE	4	OTC

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS RECEIVER	3	
DEXCOM G6 MIS SENSOR	3	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	3	
DEXCOM G7 MIS RECEIVER	3	
DEXCOM G7 MIS SENSOR	3	QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	3	QL (2 sensors every 30 days)
DIASCREEN 3 MIS	4	OTC
DIASCREEN 5 MIS	4	OTC
DIASCREEN 6 MIS	4	OTC
DIASCREEN 7 MIS	4	OTC
DIASCREEN 8 MIS	4	OTC
DIASCREEN 9 MIS	4	OTC
DIASCREEN 10 MIS	4	OTC
DIASCREEN MIS 1B	4	OTC
DIASCREEN MIS 1G	4	OTC
DIASCREEN MIS 1K	4	OTC
DIASCREEN MIS 2GK	4	OTC
DIASCREEN MIS 2GP	4	OTC
DIASCREEN MIS 4NL	4	OTC
DIASCREEN MIS 4OBL	4	OTC
DIASCREEN MIS 4PH	4	OTC
DIASCREEN MIS CONTROL	4	OTC
DIASTIX TES STRIPS	4	OTC
FASTCLIX MIS LANCETS	3	OTC
FREESTYLE KIT FREE LIT	3	OTC
FREESTYLE KIT LITE	3	OTC
FREESTYLE KIT PREC NEO	3	OTC
FREESTYLE LB KIT 2/SENSOR	3	QL (2 boxes every 30 days)
FREESTYLE LB KIT 2PLS/SEN	3	QL (2 boxes every 30 days)
FREESTYLE LB KIT 3/SENSOR	3	QL (2 boxes every 30 days)
FREESTYLE LB KIT 3PLS/SEN	3	QL (2 boxes every 30 days)
FREESTYLE LB KIT 14D/SEN	3	QL (2 boxes every 30 days)
FREESTYLE LB MIS 2/READER	3	
FREESTYLE LB MIS 3/READER	3	
FREESTYLE LB MIS 14D/RDR	3	
FREESTYLE LIQ CONTROL	3	OTC
FREESTYLE MIS LANCETS	3	OTC
FREESTYLE MIS UNISTICK	3	OTC
FREESTYLE TES	3	QL (150 strips every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE TES INSULINX	3	QL (150 strips every 30 days), OTC
FREESTYLE TES LITE	3	QL (150 strips every 30 days), OTC
FREESTYLE TES PREC NEO	3	QL (150 strips every 30 days), OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
KETONE TES	4	OTC
KETONE TEST TES	4	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD 5 DX KIT INT G7G6	3	
OMNIPOD 5 DX MIS POD G7G6	3	
OMNIPOD 5 G7 KIT INTRO	3	
OMNIPOD 5 G7 MIS PODS	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH KIT PDM	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD MIS CLASSIC	3	
OMNIPOD PDM KIT CLASSIC	3	
SHARPS CONT MIS 2QUART	3	OTC
SOFTCLIX MIS LANCETS	3	OTC
TWIIST KIT REFILL	3	
TWIIST KIT STARTER	3	
TWIIST REFIL KIT INFUSION	3	
ENDOMETRIOSIS		
danazol cap 50 mg	2	
danazol cap 100 mg	2	
danazol cap 200 mg	2	
ORILISSA TAB 150MG	3	
ORILISSA TAB 200MG	3	
SYNAREL SOL 2MG/ML	5	PA
GLUCOCORTICOIDS		
deflazacort susp 22.75 mg/ml	5	PA, QL (52 mL every 30 days)
deflazacort tab 6 mg	5	PA, QL (60 tabs every 30 days)
deflazacort tab 18 mg	5	PA, QL (30 tabs every 30 days)
deflazacort tab 30 mg	5	PA, QL (30 tabs every 30 days)
deflazacort tab 36 mg	5	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	4	
DEXAMETHASON CON 1MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone elixir 0.5 mg/5ml	2	
dexamethasone sod phosphate preservative free inj 10 mg/ml	2	
dexamethasone sodium phosphate inj 4 mg/ml	2	
dexamethasone sodium phosphate inj 10 mg/ml	2	
dexamethasone sodium phosphate inj 20 mg/5ml	2	
dexamethasone sodium phosphate inj 100 mg/10ml	2	
dexamethasone sodium phosphate inj 120 mg/30ml	2	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	2	
dexamethasone soln 0.5 mg/5ml	2	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 1.5 mg	2	
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone sodium succinate pf for inj 100 mg	2	
hydrocortisone tab 5 mg	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
MEDROL TAB 2MG	3	
methylprednisolone acetate inj susp 40 mg/ml	2	
methylprednisolone acetate inj susp 80 mg/ml	2	
methylprednisolone sod succ for inj 125 mg (base equiv)	2	
methylprednisolone sod succ for inj 1000 mg (base equiv)	2	
methylprednisolone tab 4 mg	2	
methylprednisolone tab 8 mg	2	
methylprednisolone tab 16 mg	2	
methylprednisolone tab 32 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	2	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	2	

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	
prednisolone soln 15 mg/5ml	2	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	2	
prednisone tab 1 mg	2	
prednisone tab 2.5 mg	2	
prednisone tab 5 mg	2	
prednisone tab 10 mg	2	
prednisone tab 20 mg	2	
prednisone tab 50 mg	2	
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	
GLUCOSE ELEVATING AGENTS		
glucagon for inj 1 mg	2	
GVOKE HYPO 1 INJ 0.5/.1ML	3	
GVOKE HYPO 1 INJ 1/0.2ML	3	
GVOKE KIT SOL 1/0.2ML	3	
GVOKE PFS INJ 1/0.2ML	3	
INSTA-GLUCOS GEL 77.4%	3	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
nitisinone cap 2 mg	5	PA
nitisinone cap 5 mg	5	PA
nitisinone cap 10 mg	5	PA
nitisinone cap 20 mg	5	PA
ORFADIN SUS 4MG/ML	5	PA
HUMAN GROWTH HORMONES		
NORDIPEN 5 MIS DEVICE	3	
NORDIPEN DEL MIS SYSTEM	3	OTC
NORDITROPIN INJ 5/1.5ML	5	PA
NORDITROPIN INJ 10/1.5ML	5	PA
NORDITROPIN INJ 15/1.5ML	5	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	4	

Drug Name	Drug Tier	Requirements/Limits
BIJUVA CAP 1-100MG	4	
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL 0.06%	4	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2	
estradiol tab 0.5 mg	2	
estradiol tab 1 mg	2	
estradiol tab 2 mg	2	
estradiol td gel 0.5 mg/0.5gm (0.1%)	2	
estradiol td gel 0.25 mg/0.25gm (0.1%)	2	
estradiol td gel 0.75 mg/0.75gm (0.1%)	2	
estradiol td gel 1 mg/gm (0.1%)	2	
estradiol td gel 1.25 mg/1.25gm (0.1%)	2	
estradiol td patch twice weekly 0.1 mg/24hr	2	
estradiol td patch twice weekly 0.05 mg/24hr	2	
estradiol td patch twice weekly 0.025 mg/24hr	2	
estradiol td patch twice weekly 0.075 mg/24hr	2	
estradiol td patch twice weekly 0.0375 mg/24hr	2	
estradiol td patch weekly 0.1 mg/24hr	2	
estradiol td patch weekly 0.05 mg/24hr	2	
estradiol td patch weekly 0.06 mg/24hr	2	
estradiol td patch weekly 0.025 mg/24hr	2	
estradiol td patch weekly 0.075 mg/24hr	2	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	2	
estradiol vaginal cream 0.01%	2	
estradiol valerate im in oil 20 mg/ml	2	
estradiol valerate im in oil 40 mg/ml	2	
estrogens, conjugated tab 0.3 mg	2	
estrogens, conjugated tab 0.9 mg	2	
estrogens, conjugated tab 0.45 mg	2	
estrogens, conjugated tab 0.625 mg	2	
estrogens, conjugated tab 1.25 mg	2	
EVAMIST SPR 1.53MG	4	
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
jinteli	2	

Drug Name	Drug Tier	Requirements/Limits
mimvey	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
PREMARIN VAG CRE 0.625MG	4	
yuvafem	2	
MISCELLANEOUS		
betaine powder for oral solution	5	PA
cabergoline tab 0.5 mg	2	
CHOR GONADOT INJ 10000UNT	5	PA
CORTROPHIN INJ 40/0.5ML	5	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (35 mL every 21 days)
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
MYALEPT INJ 11.3MG	5	PA, QL (30 vials every 30 days)
OSPHENA TAB 60MG	4	PA
raloxifene hcl tab 60 mg	2	$0 copay for women ages 35 and older for the primary prevention of breast cancer
REZDIFFRA TAB 60MG	4	PA
REZDIFFRA TAB 80MG	4	PA
REZDIFFRA TAB 100MG	4	PA
sapropterin dihydrochloride powder packet 100 mg	5	PA
sapropterin dihydrochloride powder packet 500 mg	5	PA
sapropterin dihydrochloride tab 100 mg	5	PA
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 ampules every 30 days)
tolvaptan (hyponatremia) tab 15 mg	5	PA
tolvaptan (hyponatremia) tab 30 mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2	
calcium acetate (phosphate binder) tab 667 mg	2	
lanthanum carbonate chew tab 500 mg (elemental)	2	
lanthanum carbonate chew tab 750 mg (elemental)	2	
lanthanum carbonate chew tab 1000 mg (elemental)	2	
sevelamer carbonate packet 0.8 gm	2	
sevelamer carbonate packet 2.4 gm	2	
sevelamer carbonate tab 800 mg	2	
VELPHORO CHW 500MG	4	ST; PA**
POTASSIUM-REMOVING AGENTS		
sps	2	
PROGESTINS		
CRINONE GEL 4% VAG	3	
CRINONE GEL 8% VAG	3	
medroxyprogesterone acetate tab 2.5 mg	2	
medroxyprogesterone acetate tab 5 mg	2	
medroxyprogesterone acetate tab 10 mg	2	
megestrol acetate susp 40 mg/ml	2	
megestrol acetate susp 625 mg/5ml	2	
norethindrone acetate tab 5 mg	2	
progesterone cap 100 mg	2	
progesterone cap 200 mg	2	
THYROID AGENTS		
levothyroxine sodium tab 25 mcg	2	
levothyroxine sodium tab 50 mcg	2	
levothyroxine sodium tab 75 mcg	2	
levothyroxine sodium tab 88 mcg	2	
levothyroxine sodium tab 100 mcg	2	
levothyroxine sodium tab 112 mcg	2	
levothyroxine sodium tab 125 mcg	2	
levothyroxine sodium tab 137 mcg	2	
levothyroxine sodium tab 150 mcg	2	
levothyroxine sodium tab 175 mcg	2	
levothyroxine sodium tab 200 mcg	2	
levothyroxine sodium tab 300 mcg	2	
levoxyl	2	
liothyronine sodium tab 5 mcg	2	
liothyronine sodium tab 25 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium tab 50 mcg	2	
methimazole tab 5 mg	2	
methimazole tab 10 mg	2	
propylthiouracil tab 50 mg	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
unithroid	2	
UREA CYCLE DISORDER		
carglumic acid soluble tab 200 mg	5	PA
PHEBURANE MIS 483/GM	5	PA, QL (672g every 30 days)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA, QL (798g every 30 days)
sodium phenylbutyrate tab 500 mg	5	PA, QL (1200 tabs every 30 days)
VASOPRESSINS		
desmopressin acetate inj 4 mcg/ml	2	
desmopressin acetate nasal spray soln 0.01%	2	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	2	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	2	
desmopressin acetate tab 0.1 mg	2	
desmopressin acetate tab 0.2 mg	2	
VITAMIN D ANALOGS		
calcitriol cap 0.5 mcg	2	
calcitriol cap 0.25 mcg	2	
calcitriol oral soln 1 mcg/ml	2	
doxercalciferol cap 0.5 mcg	2	
doxercalciferol cap 1 mcg	2	
doxercalciferol cap 2.5 mcg	2	
paricalcitol cap 1 mcg	2	
paricalcitol cap 2 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
paricalcitol cap 4 mcg	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	2	
dicyclomine hcl cap 10 mg	2	
dicyclomine hcl inj 10 mg/ml	2	
dicyclomine hcl oral soln 10 mg/5ml	2	
dicyclomine hcl tab 20 mg	2	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	2	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	2	
glycopyrrolate oral soln 1 mg/5ml	2	
glycopyrrolate tab 1 mg	2	
glycopyrrolate tab 2 mg	2	
methscopolamine bromide tab 2.5 mg	2	
methscopolamine bromide tab 5 mg	2	
ANTIDIARRHEALS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
loperamide hcl cap 2 mg	2	
MOTOFEN TAB 1-0.025	4	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	4	QL (2 caps every 28 days)
aprepitant capsule 40 mg	2	QL (3 caps every 180 days)
aprepitant capsule 80 mg	2	QL (4 caps every 28 days)
aprepitant capsule 125 mg	2	QL (2 caps every 28 days)
aprepitant capsule therapy pack 80 & 125 mg	2	QL (2 packs every 28 days)
compro	2	
dronabinol cap 2.5 mg	2	QL (60 caps every 30 days)
dronabinol cap 5 mg	2	QL (60 caps every 30 days)
dronabinol cap 10 mg	2	QL (60 caps every 30 days)
granisetron hcl inj 1 mg/ml	2	
granisetron hcl tab 1 mg	2	
meclizine hcl tab 12.5 mg	2	
meclizine hcl tab 25 mg	2	
metoclopramide hcl inj 5 mg/ml (base equivalent)	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent)	2	

Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl tab 10 mg (base equivalent)	2	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	2	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	2	
ondansetron hcl inj soln pref syr 4 mg/2ml	2	
ondansetron hcl oral soln 4 mg/5ml	2	
ondansetron hcl tab 4 mg	2	
ondansetron hcl tab 8 mg	2	
ondansetron hcl tab 24 mg	2	
ondansetron orally disintegrating tab 4 mg	2	
ondansetron orally disintegrating tab 8 mg	2	
prochlorperazine maleate tab 5 mg (base equivalent)	2	
prochlorperazine maleate tab 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	2	
promethazine hcl inj 25 mg/ml	2	
promethazine hcl inj 50 mg/ml	2	
promethazine hcl oral soln 6.25 mg/5ml	2	
promethazine hcl suppos 12.5 mg	2	
promethazine hcl suppos 25 mg	2	
promethazine hcl tab 12.5 mg	2	
promethazine hcl tab 25 mg	2	
promethazine hcl tab 50 mg	2	
promethegan	2	
SANCUSO DIS 3.1MG	3	
scopolamine td patch 72hr 1 mg/3days	2	
trimethobenzamide hcl cap 300 mg	2	
VARUBI TAB 90MG	3	
H2-RECEPTOR ANTAGONISTS		
cimetidine tab 200 mg	2	
cimetidine tab 300 mg	2	
cimetidine tab 400 mg	2	
cimetidine tab 800 mg	2	
famotidine for susp 40 mg/5ml	2	
famotidine in nacl 0.9% iv soln 20 mg/50ml	2	
famotidine preservative free inj 20 mg/2ml	2	
famotidine tab 20 mg	2	
famotidine tab 40 mg	2	
nizatidine cap 150 mg	2	
nizatidine cap 300 mg	2	
ranitidine hcl tab 150 mg	2	
ranitidine hcl tab 300 mg	2	

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	2	
budesonide delayed release particles cap 3 mg	2	
budesonide tab er 24hr 9 mg	2	
CORTIFOAM AER 90MG	3	
DIPENTUM CAP 250MG	4	
hydrocortisone enema 100 mg/60ml	2	
mesalamine cap dr 400 mg	2	
mesalamine cap er 24hr 0.375 gm	2	
mesalamine enema 4 gm	2	
mesalamine rectal enema 4 gm & cleanser wipe kit	2	
mesalamine suppos 1000 mg	2	
mesalamine tab delayed release 1.2 gm	2	
mesalamine tab delayed release 800 mg	2	
sulfasalazine tab 500 mg	2	
sulfasalazine tab delayed release 500 mg	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAP 72MCG	3	
LINZESS CAP 145MCG	3	
LINZESS CAP 290MCG	3	
lubiprostone cap 8 mcg	2	
lubiprostone cap 24 mcg	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tab 0.5 mg (base equiv)	2	PA
alosetron hcl tab 1 mg (base equiv)	2	PA
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA
LAXATIVES		
CLENPIQ SOL	1	$0 copay for members age 45 through 75, Tier 3 for all others
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
lactulose solution 10 gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	1	$0 copay for members age 45 through 75, otherwise not covered
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 5000UNIT	3	PA
ZENPEP CAP 10000UNT	3	PA
ZENPEP CAP 15000UNT	3	PA
ZENPEP CAP 20000UNT	3	PA
ZENPEP CAP 25000UNT	3	PA
ZENPEP CAP 40000UNT	3	PA
ZENPEP CAP 60000UNT	3	PA
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	2	
esomeprazole magnesium cap delayed release 40 mg (base eq)	2	
esomeprazole magnesium for delayed release susp pack 2.5 mg	2	Covered for age less than 1 year only
esomeprazole magnesium for delayed release susp packet 5 mg	2	Covered for age less than 1 year only
esomeprazole magnesium for delayed release susp packet 10 mg	2	Covered for age less than 1 year only
lansoprazole cap delayed release 15 mg	2	
lansoprazole cap delayed release 30 mg	2	
omeprazole cap delayed release 10 mg	2	
omeprazole cap delayed release 20 mg	2	
omeprazole cap delayed release 40 mg	2	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	4	
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	4	
pantoprazole sodium ec tab 20 mg (base equiv)	2	
pantoprazole sodium ec tab 40 mg (base equiv)	2	
rabeprazole sodium ec tab 20 mg	2	
RECTAL, CORTICOSTEROIDS		
hydrocortisone perianal cream 1%	2	
hydrocortisone perianal cream 2.5%	2	
proctozone-hc	2	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	2	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tab er 24hr 10 mg	2	
CARDURA XL TAB 4MG	4	
CARDURA XL TAB 8MG	4	
doxazosin mesylate tab 1 mg	2	

Drug Name	Drug Tier	Requirements/Limits
doxazosin mesylate tab 2 mg	2	
doxazosin mesylate tab 4 mg	2	
doxazosin mesylate tab 8 mg	2	
dutasteride cap 0.5 mg	2	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	
finasteride tab 5 mg	2	
silodosin cap 4 mg	2	
silodosin cap 8 mg	2	
tadalafil tab 2.5 mg	2	PA, QL (30 tabs every 30 days)
tadalafil tab 5 mg	2	PA, QL (30 tabs every 30 days)
tamsulosin hcl cap 0.4 mg	2	
terazosin hcl cap 1 mg (base equivalent)	2	
terazosin hcl cap 2 mg (base equivalent)	2	
terazosin hcl cap 5 mg (base equivalent)	2	
terazosin hcl cap 10 mg (base equivalent)	2	
CONTRACEPTIVES		
ENCARE SUP 100MG	1	OTC
GYNOL II GEL 3%	1	OTC
PHEXX GEL	1	
PHEXXI GEL	1	
TODAY SPONGE MIS	1	OTC
VCF VAGINAL GEL CONTRACE	1	OTC
VCF VAGINAL MIS CONTRACP	1	OTC
ERECTILE DYSFUNCTION		
avanafil tab 50 mg	2	QL (6 tabs every 30 days)
avanafil tab 100 mg	2	QL (6 tabs every 30 days)
avanafil tab 200 mg	2	QL (6 tabs every 30 days)
MISCELLANEOUS		
bethanechol chloride tab 5 mg	2	
bethanechol chloride tab 10 mg	2	
bethanechol chloride tab 25 mg	2	
bethanechol chloride tab 50 mg	2	
ELMIRON CAP 100MG	4	
eq urinary pain relief	2	OTC
potassium citrate tab er 5 meq (540 mg)	2	
potassium citrate tab er 10 meq (1080 mg)	2	
potassium citrate tab er 15 meq (1620 mg)	2	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	2	

Drug Name	Drug Tier	Requirements/Limits
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	2	
fesoterodine fumarate tab er 24hr 4 mg	2	
fesoterodine fumarate tab er 24hr 8 mg	2	
mirabegron granules for oral extended release susp 8 mg/ml	2	
mirabegron tab er 24 hr 25 mg	2	
mirabegron tab er 24 hr 50 mg	2	
oxybutynin chloride solution 5 mg/5ml	2	
oxybutynin chloride tab 5 mg	2	
oxybutynin chloride tab er 24hr 5 mg	2	
oxybutynin chloride tab er 24hr 10 mg	2	
oxybutynin chloride tab er 24hr 15 mg	2	
solifenacin succinate tab 5 mg	2	
solifenacin succinate tab 10 mg	2	
tolterodine tartrate cap er 24hr 2 mg	2	
tolterodine tartrate cap er 24hr 4 mg	2	
tolterodine tartrate tab 1 mg	2	
tolterodine tartrate tab 2 mg	2	
trospium chloride cap er 24hr 60 mg	2	
trospium chloride tab 20 mg	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	2	
GYNAZOLE-1 CRE 2%	4	
metronidazole vaginal gel 0.75%	2	
miconazole 3	2	
terconazole vaginal cream 0.4%	2	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	2	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	2	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	2	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	2	
ELIQUIS CAP 0.15MG	3	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 0.5MG	3	
ELIQUIS TAB 1.5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TAB 5MG	3	
enoxaparin sodium inj 300 mg/3ml	2	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	2	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	2	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	2	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	2	
enoxaparin sodium inj soln pref syr 100 mg/ml	2	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	2	
enoxaparin sodium inj soln pref syr 150 mg/ml	2	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	2	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	2	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	2	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	2	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 2500/ML	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 5000 unit/ml	2	
heparin sodium (porcine) inj 10000 unit/ml	2	
heparin sodium (porcine) inj 20000 unit/ml	2	
heparin sodium (porcine) pf inj 1000 unit/ml	2	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2	
rivaroxaban for susp 1 mg/ml	2	
rivaroxaban tab 2.5 mg	2	
warfarin sodium tab 1 mg	2	
warfarin sodium tab 2 mg	2	
warfarin sodium tab 2.5 mg	2	
warfarin sodium tab 3 mg	2	
warfarin sodium tab 4 mg	2	

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 5 mg	2	
warfarin sodium tab 6 mg	2	
warfarin sodium tab 7.5 mg	2	
warfarin sodium tab 10 mg	2	
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	5	PA
ARANESP INJ 25MCG	5	PA
ARANESP INJ 40MCG	5	PA
ARANESP INJ 60MCG	5	PA
ARANESP INJ 100MCG	5	PA
ARANESP INJ 150MCG	5	PA
ARANESP INJ 200MCG	5	PA
ARANESP INJ 300MCG	5	PA
ARANESP INJ 500MCG	5	PA
FYLNETRA INJ 6MG/0.6	5	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	5	PA
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 120MCG	5	PA
MIRCERA INJ 150MCG	5	PA
MIRCERA INJ 200MCG	5	PA
NIVESTYM INJ 300/0.5	5	PA
NIVESTYM INJ 300MCG	5	PA
NIVESTYM INJ 480/0.8	5	PA
NIVESTYM INJ 480MCG	5	PA
NYVEPRIA INJ 6/0.6ML	5	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	5	PA
RETACRIT INJ 3000UNIT	5	PA
RETACRIT INJ 4000UNIT	5	PA
RETACRIT INJ 10000UNT	5	PA
RETACRIT INJ 20000UNI	5	PA
RETACRIT INJ 40000UNT	5	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA

Drug Name	Drug Tier	Requirements/Limits
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA
HEMLIBRA SOL 12/0.4ML	5	PA
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	2	
anagrelide hcl cap 1 mg	2	
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
pentoxifylline tab er 400 mg	2	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	2	
tranexamic acid tab 650 mg	2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
clopidogrel bisulfate tab 75 mg (base equiv)	2	
clopidogrel bisulfate tab 300 mg (base equiv)	2	
dipyridamole tab 25 mg	2	
dipyridamole tab 50 mg	2	
dipyridamole tab 75 mg	2	
prasugrel hcl tab 5 mg (base equiv)	2	
prasugrel hcl tab 10 mg (base equiv)	2	
YOSPRALA TAB 81-40MG	4	
YOSPRALA TAB 325-40MG	4	
SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TAB 9MG	5	PA, QL (60 tabs every 30 days)
ALVAIZ TAB 18MG	5	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 36MG	5	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 54MG	5	PA, QL (60 tabs every 30 days)
DOPTELET SPR CAP 10MG	5	PA, QL (60 caps every 30 days)
DOPTELET TAB 20MG (10 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	5	PA, QL (2 cartons every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INJ 80MG/4ML	5	ST, PA, QL (20 vials every 28 days)
ACTEMRA INJ 200/10ML	5	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	5	ST, PA, QL (4 vials every 28 days)
COSENTYX INJ 125/5ML	5	PA, QL (15 mL every 28 days)
ENTYVIO INJ 300MG	5	PA, QL (1 vial every 56 days)
INFLIXIMAB INJ 100MG	5	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	5	PA, QL (200 mg every 8 weeks)
SKYRIZI SOL 60MG/ML	5	PA, QL (6 vials every 56 days)
TREMFYA INJ 200/20ML	5	PA, QL (One time use only)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	5	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	5	ST, PA, QL (4 injections every 28 days)
ENTYVIO PEN INJ 108/0.68	5	PA, QL (2 pens every 28 days)
SIMPONI INJ 50/0.5ML	5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	5	ST, PA, QL (1 injection every 28 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALOPECIA AREATA		
LITFULO CAP 50MG	5	PA, QL (28 caps every 28 days)
OLUMIANT TAB 1MG	5	PA, QL (30 tabs every 30 days)
OLUMIANT TAB 2MG	5	PA, QL (30 tabs every 30 days)
OLUMIANT TAB 4MG	5	PA, QL (30 tabs every 30 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS		
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days)
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days)
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days)
ENBREL INJ 25/0.5ML	5	PA, QL (8 syringes every 28 days)
ENBREL INJ 25MG	5	PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes every 28 days)
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges every 28 days)
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days)
tofacitinib citrate tab 5 mg (base equivalent)	5	PA, QL (60 tabs every 30 days)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	PA, QL (30 tabs every 30 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE		
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 pen every 84 days)
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 vial every 84 days)
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 pen every 56 days)
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days)
RINVOQ TAB 30MG ER	5	PA, QL (30 tabs every 30 days)
RINVOQ TAB 45MG ER	5	PA, QL (One time use only (for CD/UC diagnosis))
SKYRIZI INJ 180/1.2	5	PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4	5	PA, QL (1 cartridge every 56 days)
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days)
TREMFYA INJ 200/2ML	5	PA, QL (1 injection every 28 days)
YESINTEK INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
YESINTEK INJ 45/0.5ML	5	PA, QL (1 vial every 84 days)
YESINTEK INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA		
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
BIMZELX INJ 160MG/ML	5	PA, QL (2 auto-injectors every 28 days)
BIMZELX INJ 160MG/ML	5	PA, QL (2 syringes every 28 days)
BIMZELX INJ 320MG/2	5	PA, QL (1 auto-injector every 28 days)
BIMZELX INJ 320MG/2	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days)
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days)
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS		
CIMZIA 1-SYR INJ 200MG/ML	5	PA, QL (4 syringes every 28 days)
CIMZIA START KIT 200MG/ML	5	PA, QL (One time use only)
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days)
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days)
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days)
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PLAQUE PSORIASIS		
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS		
OTEZLA TAB 10/20	5	PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days)
OTEZLA TAB 20MG	5	PA, QL (60 tabs every 30 days)
OTEZLA TAB 30MG	5	PA, QL (60 tabs every 30 days)
OTEZLA XR TAB 75MG	5	PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	5	PA, QL (41 tabs every 28 days)
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 pen every 84 days)
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 vial every 84 days)
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 pen every 56 days)
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
SKYRIZI INJ 55/0.37	5	PA, QL (1 syringe every 84 days)
SKYRIZI INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks)
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks)

Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 20/0.25	5	PA, QL (1 syringe every 28 days)
TALTZ INJ 40/0.5ML	5	PA, QL (1 syringe every 28 days)
TALTZ INJ 80MG/ML	5	PA, QL (1 injection every 28 days)
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days)
YESINTEK INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
YESINTEK INJ 45/0.5ML	5	PA, QL (1 vial every 84 days)
YESINTEK INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS		
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days)
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days)
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days)
ENBREL INJ 25/0.5ML	5	PA, QL (8 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25MG	5	PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes every 28 days)
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges every 28 days)
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
OTEZLA TAB 10/20	5	PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days)
OTEZLA TAB 20MG	5	PA, QL (60 tabs every 30 days)
OTEZLA TAB 30MG	5	PA, QL (60 tabs every 30 days)
OTEZLA XR TAB 75MG	5	PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	5	PA, QL (41 tabs every 28 days)
RINVOQ LQ SOL 1MG/ML	5	PA, QL (360 mL every 30 days)
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days)
SKYRIZI INJ 55/0.37	5	PA, QL (1 syringe every 84 days)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks)
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks)
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	5	PA, QL (240 mL every 24 days)
tofacitinib citrate tab 5 mg (base equivalent)	5	PA, QL (60 tabs every 30 days)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	PA, QL (30 tabs every 30 days)
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS		
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
ENBREL INJ 25/0.5ML	5	PA, QL (8 syringes every 28 days)
ENBREL INJ 25MG	5	PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes every 28 days)
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges every 28 days)
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
KEVZARA INJ 150/1.14	5	PA, QL (2 pens every 28 days)
KEVZARA INJ 200/1.14	5	PA, QL (2 pens every 28 days)
KEVZARA INJ 200/1.14	5	PA, QL (2 syringes every 4 weeks)
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days)
tofacitinib citrate tab 5 mg (base equivalent)	5	PA, QL (60 tabs every 30 days)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	PA, QL (30 tabs every 30 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS		
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 pen every 84 days)
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 vial every 84 days)
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 pen every 56 days)
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days)
RINVOQ TAB 30MG ER	5	PA, QL (30 tabs every 30 days)
RINVOQ TAB 45MG ER	5	PA, QL (One time use only (for CD/UC diagnosis))
SKYRIZI INJ 180/1.2	5	PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4	5	PA, QL (1 cartridge every 56 days)
tofacitinib citrate tab 5 mg (base equivalent)	5	PA, QL (60 tabs every 30 days)
tofacitinib citrate tab 10 mg (base equivalent)	5	PA, QL (60 tabs every 30 days)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	PA, QL (30 tabs every 30 days)
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	5	PA, QL (30 tabs every 30 days)
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 200/2ML	5	PA, QL (1 injection every 28 days)
TREMFYA INJ 200/20ML	5	PA, QL (One time use only)
VELSIPITY TAB 2MG	5	PA, QL (30 tabs every 30 days)
YESINTEK INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days)
YESINTEK INJ 45/0.5ML	5	PA, QL (1 vial every 84 days)
YESINTEK INJ 90MG/ML	5	PA, QL (1 syringe every 56 days)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tab 200 mg	2	
leflunomide tab 10 mg	2	
leflunomide tab 20 mg	2	
methotrexate sodium tab 2.5 mg (base equiv)	2	
HEREDITARY ANGIOEDEMA		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	5	PA, QL (2 syringes every 28 days)
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	5	PA
CUTAQUIG SOL 1GM	5	PA
CUTAQUIG SOL 2GM	5	PA
CUTAQUIG SOL 3.3GM	5	PA
CUTAQUIG SOL 4GM	5	PA
CUTAQUIG SOL 8GM	5	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	PA
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	2	
azathioprine tab 75 mg	2	
azathioprine tab 100 mg	2	
cyclosporine cap 25 mg	2	
cyclosporine cap 100 mg	2	
cyclosporine modified cap 25 mg	2	
cyclosporine modified cap 50 mg	2	
cyclosporine modified cap 100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified oral soln 100 mg/ml	2	
ENVARSUS XR TAB 0.75MG	4	
ENVARSUS XR TAB 1MG	4	
ENVARSUS XR TAB 4MG	4	
everolimus tab 0.5 mg	2	
everolimus tab 0.25 mg	2	
everolimus tab 0.75 mg	2	
everolimus tab 1 mg	2	
gengraf	2	
mycophenolate mofetil cap 250 mg	2	
mycophenolate mofetil for oral susp 200 mg/ml	2	
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	2	
mycophenolate mofetil tab 500 mg	2	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	2	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	2	
NULOJIX INJ 250MG	4	
PROGRAF GRA 0.2MG	4	
PROGRAF GRA 1MG	4	
SANDIMMUNE INJ 50MG/ML	4	
sirolimus oral soln 1 mg/ml	2	
sirolimus tab 0.5 mg	2	
sirolimus tab 1 mg	2	
sirolimus tab 2 mg	2	
tacrolimus cap 0.5 mg	2	
tacrolimus cap 1 mg	2	
tacrolimus cap 5 mg	2	
tacrolimus cap er 24hr 0.5 mg	2	
tacrolimus cap er 24hr 1 mg	2	
tacrolimus cap er 24hr 5 mg	2	
tacrolimus inj 5 mg/ml	2	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	1	$0 copay for members age 18 and younger, otherwise not covered
BEYFORTUS INJ 100MG/ML	1	$0 copay for members age 18 and younger, otherwise not covered
ENFLONSIA INJ 105MG	1	$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ABRYSVO INJ 120MCG	1	
ACTHIB INJ	1	$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	1	
AREXVY INJ 120MCG	1	$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	1	
BOOSTRIX INJ	1	
CAPVAXIVE INJ 0.5ML	1	
COMIRNATY 5- INJ 11/26-27	1	
COMIRNATY INJ 30/0.3ML	1	
DAPTACEL INJ	1	$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	1	$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	1	
ENGERIX-B INJ 20MCG/ML	1	
FLUAD INJ 2026-27	1	
FLUMIST NASA LIQ 2026-27	1	
GARDASIL 9 INJ	1	
HAVRIX INJ 720UNIT	1	
HAVRIX INJ 1440UNIT	1	
HEPLISAV-B INJ 20/0.5ML	1	
HIBERIX SOL 10MCG	1	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	1	$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	1	
JYNNEOS INJ	1	
KINRIX INJ	1	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MNEXSPIKE INJ 2026-27	1	

Drug Name	Drug Tier	Requirements/Limits
MRESVIA INJ 50MCG	1	$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID INJ 2026-27	1	
PEDIARIX INJ 0.5ML	1	$0 copay for members age 18 and younger, otherwise not covered
PEDVAXHIB INJ 7.5MCG	1	$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 INJ 25/0.5	1	
PREVNAR 20 INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	1	$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	1	
RECOMBIVA HB INJ 10MCG/ML	1	
RECOMBIVA-HB INJ 40MCG/ML	1	
ROTARIX SUS	1	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	1	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML	1	$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 2026-27	1	
TENIVAC INJ 5-2LF	1	$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	1	
TWINRIX INJ	1	$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	1	

Drug Name	Drug Tier	Requirements/Limits
VAQTA INJ 50UNT/ML	1	
VARIVAX INJ	1	
VAXELIS INJ	1	$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
EFFER-K TAB 25MEQ EF	2	
klor-con m15	2	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	2	
magnesium sulfate inj 50%	2	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	2	
potassium chloride cap er 8 meq	2	
potassium chloride cap er 10 meq	2	
potassium chloride inj 2 meq/ml	2	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml)	2	
potassium chloride oral soln 20% (40 meq/15ml)	2	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 15 meq	2	
potassium chloride tab er 20 meq (1500 mg)	2	
SOD CHLORIDE INJ 0.9%	2	
sodium chloride inj 2.5 meq/ml (14.6%)	2	
sodium chloride iv soln 0.9%	2	
sodium chloride iv soln 0.45%	2	
sodium chloride iv soln 3%	2	
sodium chloride iv soln 5%	2	
sodium chloride preservative free (pf) inj 0.9%	2	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	$0 applies for ages 5 and under, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	2	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	2	
PRENATAL VITAMINS		
elite-ob	2	
pnv-dha	2	
pnv-select	2	
VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	2	OTC
cyanocobalamin inj 1000 mcg/ml	2	
ergocalciferol cap 1.25 mg (50000 unit)	2	
folic acid cap 0.8 mg	1	QL (100 caps every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tab 1 mg	2	
folic acid tab 400 mcg	1	QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tab 800 mcg	1	QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered
multi-vitamin/fluoride dr	2	
multi-vitamin/fluoride/ir	2	
multivitamin/fluoride	2	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	2	
phytonadione tab 5 mg	2	
pyridoxine hcl tab 25 mg	2	OTC
pyridoxine hcl tab 50 mg	2	OTC
tri-vite/fluoride	2	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
ANTI-INFECTIVES		
AZASITE SOL 1%	3	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUS 0.6%	4	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2	
erythromycin ophth oint 5 mg/gm	2	
gatifloxacin ophth soln 0.5%	2	
gentamicin sulfate ophth soln 0.3%	2	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	2	
NATACYN SUS 5% OP	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin ophth soln 0.3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
sulfacetamide sodium ophth soln 10%	2	
tobramycin ophth soln 0.3%	2	
trifluridine ophth soln 1%	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45% OP	3	

Drug Name	Drug Tier	Requirements/Limits
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	2	
dexamethasone sodium phosphate ophth soln 0.1%	2	
diclofenac sodium ophth soln 0.1%	2	
difluprednate ophth emulsion 0.05%	2	
flurbiprofen sodium ophth soln 0.03%	2	
ILEVRO DRO 0.3% OP	3	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	2	
loteprednol etabonate ophth susp 0.5%	2	
NEVANAC SUS 0.1% OP	3	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	2	
ANTIALLERGICS		
ALOCRIL SOL 2%	4	
azelastine hcl ophth soln 0.05%	2	
bepotastine besilate ophth soln 1.5%	2	
cromolyn sodium ophth soln 4%	2	
epinastine hcl ophth soln 0.05%	2	
olopatadine hcl ophth soln 0.2% (base equivalent)	2	
ZERVIATE DRO 0.24%	4	
ANTIGLAUCOMA BETA-BLOCKERS		
betaxolol hcl ophth soln 0.5%	2	
BETOPTIC-S SUS 0.25% OP	3	
carteolol hcl ophth soln 1%	2	
levobunolol hcl ophth soln 0.5%	2	
timolol maleate ophth gel forming soln 0.5%	2	
timolol maleate ophth gel forming soln 0.25%	2	
timolol maleate ophth soln 0.5%	2	
timolol maleate ophth soln 0.5% (once-daily)	2	
timolol maleate ophth soln 0.25%	2	
ANTIGLAUCOMA COMBINATION AGENTS		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
SIMBRINZA SUS 1-0.2%	3	
CARBONIC ANHYDRASE INHIBITORS		
brinzolamide ophth susp 1%	2	
dorzolamide hcl ophth soln 2%	2	

Drug Name	Drug Tier	Requirements/Limits
DRY EYE DISEASE		
cyclosporine (ophth) emulsion 0.05% (pf)	2	
RESTASIS MUL EMU 0.05% OP	3	
TRYPTYR SOL 0.003%	3	
VEVYE DRO 0.1%	3	
MISCELLANEOUS		
atropine sulfate ophth soln 1%	2	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
phenylephrine hcl ophth soln 2.5%	2	
phenylephrine hcl ophth soln 10%	2	
PHOSPHOLINE SOL 0.125%OP	4	
pilocarpine hcl ophth soln 1%	2	
proparacaine hcl ophth soln 0.5%	2	
tropicamide ophth soln 0.5%	2	
tropicamide ophth soln 1%	2	
PROSTAGLANDINS		
bimatoprost ophth soln 0.01%	2	
latanoprost ophth soln 0.005%	2	
tafluprost preservative free (pf) ophth soln 0.0015%	2	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	2	
SYMPATHOMIMETICS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	2	
brimonidine tartrate ophth soln 0.1%	2	
brimonidine tartrate ophth soln 0.2%	2	
brimonidine tartrate ophth soln 0.15%	2	
IOPIDINE SOL 1% OP	4	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	5	PA
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2	QL (4 auto-injectors every 30 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	2	QL (4 auto-injectors every 30 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	2	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	3	QL (4 auto-injectors every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BEVESPI AER 9-4.8MCG	3	QL (1 package every 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	3	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER 9MCG	3	QL (1 package every 30 days)
BREZTRI AERO AER 18MCG	3	QL (1 package every 30 days)
TRELEGY AER 100MCG	3	QL (1 package every 30 days)
TRELEGY AER 200MCG	3	QL (1 package every 30 days)
ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	2	QL (5 boxes every 30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	
SPIRIVA RESP AER 1.25MCG	3	QL (1 package every 30 days)
SPIRIVA RESP AER 2.5MCG	3	QL (1 package every 30 days)
tiotropium bromide inhal cap 18 mcg (base equiv)	2	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	2	QL (1 package every 30 days)
ANTIHISTAMINES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	QL (2 bottles every 30 days)
carbinoxamine maleate soln 4 mg/5ml	2	
carbinoxamine maleate tab 4 mg	2	
clemastine fumarate tab 2.68 mg	2	
cyproheptadine hcl syrup 2 mg/5ml	2	
cyproheptadine hcl tab 4 mg	2	
desloratadine tab 5 mg	2	
desloratadine tab orally disintegrating 2.5 mg	2	
desloratadine tab orally disintegrating 5 mg	2	
diphenhydramine hcl elixir 12.5 mg/5ml	2	
diphenhydramine hcl inj 50 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl im soln 25 mg/ml	2	
hydroxyzine hcl im soln 50 mg/ml	2	
hydroxyzine hcl syrup 10 mg/5ml	2	
hydroxyzine hcl tab 10 mg	2	
hydroxyzine hcl tab 25 mg	2	
hydroxyzine hcl tab 50 mg	2	
hydroxyzine pamoate cap 25 mg	2	
hydroxyzine pamoate cap 50 mg	2	
hydroxyzine pamoate cap 100 mg	2	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	2	
levocetirizine dihydrochloride tab 5 mg	2	
olopatadine hcl nasal soln 0.6%	2	QL (1 container every 30 days)
BETA AGONISTS		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers every 30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	QL (120 vials every 30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2	QL (5 boxes every 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	QL (5 boxes every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2	QL (5 boxes every 30 days)
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg	2	
albuterol sulfate tab 4 mg	2	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	2	QL (60 vials every 30 days)
formoterol fumarate soln nebu 20 mcg/2ml	2	QL (60 vials every 30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	2	QL (300 mL every 30 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	2	QL (300 mL every 30 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	2	QL (300 mL every 30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	2	QL (45 mL every 30 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	2	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	3	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI AER 2.5MCG	3	QL (1 package every 30 days)
terbutaline sulfate tab 2.5 mg	2	
terbutaline sulfate tab 5 mg	2	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
NUCALA INJ 40MG/0.4	5	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 syringes every 28 days)
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
NUCALA INJ 40MG/0.4	5	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 syringes every 28 days)
COLD/COUGH		
benzonatate cap 100 mg	2	
benzonatate cap 200 mg	2	
guaifenesin-codeine soln 100-10 mg/5ml	2	QL (60 mL every day), OTC; Subject to initial 7-day limit
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2	QL (10 mL every day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	2	QL (30 mL every day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	2	QL (6 tabs every day); Subject to initial 7-day limit
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	
promethazine w/ codeine syrup 6.25-10 mg/5ml	2	QL (30 mL every day); Subject to initial 7-day limit
promethazine-dm syrup 6.25-15 mg/5ml	2	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
TUXARIN ER TAB 54.3-8MG	4	QL (2 tabs every day); Subject to initial 7-day limit
CYSTIC FIBROSIS		
CAYSTON INH 75MG	5	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	5	PA, QL (56 packets every 28 days)
KALYDECO GRA 13.4MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	5	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	5	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	5	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	5	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	5	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	5	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	5	PA, QL (56 tabs every 28 days)
tobramycin nebu soln 300 mg/4ml	5	PA, QL (224 mL every 28 days)
tobramycin nebu soln 300 mg/5ml	5	PA, QL (280 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	5	PA, QL (84 tabs every 28 days)
EOSINOPHILIC ESOPHAGITIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
LEUKOTRIENE MODIFIERS		
zileuton tab er 12hr 600 mg	4	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew tab 4 mg (base equiv)	2	
montelukast sodium chew tab 5 mg (base equiv)	2	
montelukast sodium oral granules packet 4 mg (base equiv)	2	
montelukast sodium tab 10 mg (base equiv)	2	
zafirlukast tab 10 mg	2	
zafirlukast tab 20 mg	2	
MAST CELL STABILIZERS		
cromolyn sodium soln nebu 20 mg/2ml	2	QL (2 boxes every 30 days)
MISCELLANEOUS		
acetylcysteine inhal soln 10%	2	
acetylcysteine inhal soln 20%	2	
roflumilast tab 250 mcg	2	PA
roflumilast tab 500 mcg	2	PA
sodium chloride soln nebu 0.9%	2	
sodium chloride soln nebu 3%	2	
sodium chloride soln nebu 7%	2	
sodium chloride soln nebu 10%	2	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	2	QL (3 containers every 30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 container every 30 days)

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate nasal susp 50 mcg/act	2	QL (2 packages every 30 days)
OMNARIS SPR	4	QL (1 package every 30 days)
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	2	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
nintedanib esylate cap 100 mg (base equivalent)	5	PA, QL (60 caps every 30 days)
nintedanib esylate cap 150 mg (base equivalent)	5	PA, QL (60 caps every 30 days)
pirfenidone cap 267 mg	5	PA, QL (270 caps every 30 days)
pirfenidone tab 267 mg	5	PA, QL (270 tabs every 30 days)
pirfenidone tab 801 mg	5	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
FASENRA PEN INJ 30MG/ML	5	PA, QL (1 auto-injector every 28 days)
NUCALA INJ 40MG/0.4	5	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 syringes every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 150MG/ML	5	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	5	PA, QL (8 vials every 28 days)
STEROID INHALANTS		
ALVESCO AER 80MCG	4	QL (3 packages every 30 days)
ALVESCO AER 160MCG	4	QL (2 packages every 30 days)
ASMANEX HFA AER 50MCG	3	QL (1 package every 30 days)
ASMANEX HFA AER 100 MCG	3	QL (1 package every 30 days)
ASMANEX HFA AER 200 MCG	3	QL (1 package every 30 days)
budesonide inhalation susp 0.5 mg/2ml	2	QL (2 boxes every 30 days)
budesonide inhalation susp 0.25 mg/2ml	2	QL (3 boxes every 30 days)
budesonide inhalation susp 1 mg/2ml	2	QL (1 box every 30 days)
fluticasone furoate aerosol powder breath activ 50 mcg/act	2	QL (1 package every 30 days)
fluticasone furoate aerosol powder breath activ 100 mcg/act	2	QL (1 package every 30 days)
fluticasone furoate aerosol powder breath activ 200 mcg/act	2	QL (1 package every 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	3	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	3	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	3	QL (1 package every 30 days)
breyna	2	QL (3 packages every 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2	QL (3 packages every 30 days)

Drug Name	Drug Tier	Requirements/Limits
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2	QL (3 packages every 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (1 package every 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (1 package every 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (1 package every 30 days)
XANTHINES		
theophylline elixir 80 mg/15ml	2	
theophylline soln 80 mg/15ml	2	
theophylline tab er 12hr 300 mg	2	
theophylline tab er 12hr 450 mg	2	
theophylline tab er 24hr 400 mg	2	
theophylline tab er 24hr 600 mg	2	
TOPICAL		
CHRONIC SPONTANEOUS URTICARIA		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	5	PA, QL (8 vials every 28 days)
DERMATOLOGY, ACNE		
adapalene cream 0.1%	2	PA, QL (45g every 28 days); PA applies for members age 35 and older

Drug Name	Drug Tier	Requirements/Limits
adapalene gel 0.1%	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
adapalene gel 0.3%	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	2	
adapalene-benzoyl peroxide gel 0.3-2.5%	2	
benzoyl peroxide-erythromycin gel 5-3%	2	QL (47g every 30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2	QL (45g every 30 days)
clindamycin phosphate foam 1%	2	
clindamycin phosphate gel 1% (twice-daily)	2	QL (75g every 30 days)
clindamycin phosphate lotion 1%	2	QL (60 mL every 30 days)
clindamycin phosphate soln 1%	2	QL (60 mL every 30 days)
clindamycin phosphate swab 1%	2	
clindamycin phosphate-benzoyl peroxide gel 1-5%	2	QL (50g every 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	2	QL (50g every 30 days)
ery	2	
erythromycin gel 2%	2	QL (60g every 30 days)
erythromycin soln 2%	2	QL (60 mL every 30 days)
isotretinoin cap 10 mg	2	PA
isotretinoin cap 20 mg	2	PA
isotretinoin cap 30 mg	2	PA
isotretinoin cap 40 mg	2	PA
sulfacetamide sodium lotion 10% (acne)	2	
tretinoin cream 0.1%	2	PA; PA applies for members age 35 and older
tretinoin cream 0.05%	2	PA; PA applies for members age 35 and older
tretinoin cream 0.025%	2	PA; PA applies for members age 35 and older
tretinoin gel 0.01%	2	PA; PA applies for members age 35 and older
tretinoin gel 0.05%	2	PA; PA applies for members age 35 and older
tretinoin gel 0.025%	2	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.1%	2	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.04%	2	PA; PA applies for members age 35 and older

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ACTINIC KERATOSIS		
diclofenac sodium (actinic keratoses) gel 3%	4	
fluorouracil cream 5%	2	
fluorouracil soln 2%	2	
fluorouracil soln 5%	2	
imiquimod cream 5%	2	
DERMATOLOGY, ANTIBIOTICS		
antiseptic products misc - pads	2	OTC
gentamicin sulfate cream 0.1%	2	
gentamicin sulfate oint 0.1%	2	
mupirocin oint 2%	2	QL (30g every 30 days)
silver sulfadiazine cream 1%	2	
ssd	2	
SULFAMYLON CRE 85MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel 0.77%	2	QL (120g every 30 days)
ciclopirox olamine cream 0.77% (base equiv)	2	QL (120g every 30 days)
ciclopirox olamine susp 0.77% (base equiv)	2	QL (120 mL every 30 days)
ciclopirox shampoo 1%	2	QL (120 mL every 30 days)
ciclopirox solution 8%	2	
clotrimazole cream 1%	2	QL (120g every 30 days)
clotrimazole soln 1%	2	QL (120 mL every 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	QL (60g every 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	2	QL (60 mL every 30 days)
econazole nitrate cream 1%	2	QL (60g every 30 days)
ERTACZO CRE 2%	4	QL (60g every 30 days)
JUBLIA SOL 10%	4	PA, QL (4 mL every 28 days)
ketoconazole cream 2%	2	QL (120g every 30 days)
luliconazole cream 1%	4	QL (60g every 30 days)
naftifine hcl cream 1%	2	QL (60g every 30 days)
naftifine hcl cream 2%	2	QL (60g every 30 days)
nystatin cream 100000 unit/gm	2	QL (120g every 30 days)
nystatin oint 100000 unit/gm	2	QL (120g every 30 days)
nystatin topical powder 100000 unit/gm	2	QL (120g every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2	QL (60g every 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	QL (60g every 30 days)
nystop	2	QL (120g every 30 days)
oxiconazole nitrate cream 1%	2	QL (60g every 30 days)
sulconazole nitrate cream 1%	2	QL (60g every 30 days)
sulconazole nitrate solution 1%	2	QL (60 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl cream 5%	4	
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	2	
acitretin cap 17.5 mg	2	
acitretin cap 25 mg	2	
calcipotriene soln 0.005% (50 mcg/ml)	2	ST, QL (60 mL every 30 days); PA**
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	4	ST, QL (60g every 30 days); PA**
calcitriol oint 3 mcg/gm	4	ST, QL (100g every 30 days); PA**
methoxsalen rapid cap 10 mg	2	
tazarotene cream 0.1%	2	PA
tazarotene cream 0.05%	2	PA
tazarotene gel 0.1%	2	PA
tazarotene gel 0.05%	2	PA
ZORYVE CRE 0.3%	3	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	2	QL (120 mL every 30 days)
selenium sulfide lotion 2.5%	2	
ZORYVE MIS 0.3%	3	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	5	PA, QL (2 pens every 28 days)
EBGLYSS INJ 250/2ML	5	PA, QL (2 syringes every 28 days)
EUCRISA OIN 2%	3	ST, QL (60g every 30 days); PA**
NEMLUVIO INJ 30MG	5	PA, QL (2 pens every 28 days)
pimecrolimus cream 1%	4	ST; PA**
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days)
RINVOQ TAB 30MG ER	5	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tacrolimus oint 0.1%	4	ST; PA**
tacrolimus oint 0.03%	4	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	2	QL (120g every 30 days)
alclometasone dipropionate cream 0.05%	2	QL (120g every 30 days)
alclometasone dipropionate oint 0.05%	2	QL (120g every 30 days)
amcinonide oint 0.1%	2	QL (120g every 30 days)
betamethasone dipropionate augmented cream 0.05%	2	QL (120g every 30 days)
betamethasone dipropionate augmented gel 0.05%	2	QL (120g every 30 days)
betamethasone dipropionate augmented lotion 0.05%	2	QL (120 mL every 30 days)
betamethasone dipropionate augmented oint 0.05%	2	QL (120g every 30 days)
betamethasone dipropionate cream 0.05%	2	QL (120g every 30 days)
betamethasone dipropionate lotion 0.05%	2	QL (120 mL every 30 days)
betamethasone valerate aerosol foam 0.12%	2	QL (120g every 30 days)
betamethasone valerate cream 0.1% (base equivalent)	2	QL (120g every 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	2	QL (120 mL every 30 days)
betamethasone valerate oint 0.1% (base equivalent)	2	QL (120g every 30 days)
BRYHALI LOT 0.01%	3	QL (120 mL every 30 days)
clobetasol propionate cream 0.05%	2	QL (120g every 30 days)
clobetasol propionate emollient base cream 0.05%	2	QL (120g every 30 days)
clobetasol propionate foam 0.05%	2	QL (120g every 30 days)
clobetasol propionate gel 0.05%	2	QL (120g every 30 days)
clobetasol propionate lotion 0.05%	2	QL (120 mL every 30 days)
clobetasol propionate oint 0.05%	2	QL (120g every 30 days)
clobetasol propionate shampoo 0.05%	2	QL (120 mL every 30 days)
clobetasol propionate soln 0.05%	2	QL (120 mL every 30 days)
clobetasol propionate spray 0.05%	2	QL (120 mL every 30 days)
clocortolone pivalate cream 0.1%	4	QL (120g every 30 days)
desonide cream 0.05%	2	QL (120g every 30 days)
desonide lotion 0.05%	2	QL (120 mL every 30 days)
desonide oint 0.05%	2	QL (120g every 30 days)
desoximetasone cream 0.05%	2	QL (120g every 30 days)
desoximetasone cream 0.25%	2	QL (120g every 30 days)
desoximetasone gel 0.05%	2	QL (120g every 30 days)
desoximetasone oint 0.25%	2	QL (120g every 30 days)
desoximetasone spray 0.25%	4	QL (120 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
diflorasone diacetate cream 0.05%	4	QL (120g every 30 days)
diflorasone diacetate oint 0.05%	4	QL (120g every 30 days)
fluocinolone acetonide cream 0.01%	2	QL (120g every 30 days)
fluocinolone acetonide cream 0.025%	2	QL (120g every 30 days)
fluocinolone acetonide oil 0.01% (body oil)	2	QL (120 mL every 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	2	QL (120 mL every 30 days)
fluocinolone acetonide oint 0.025%	2	QL (120g every 30 days)
fluocinolone acetonide soln 0.01%	2	QL (120 mL every 30 days)
fluocinonide cream 0.05%	2	QL (120g every 30 days)
fluocinonide gel 0.05%	2	QL (120g every 30 days)
fluocinonide oint 0.05%	2	QL (120g every 30 days)
fluocinonide soln 0.05%	2	QL (120 mL every 30 days)
fluticasone propionate cream 0.05%	2	QL (120g every 30 days)
fluticasone propionate lotion 0.05%	2	QL (120 mL every 30 days)
fluticasone propionate oint 0.005%	2	QL (120g every 30 days)
halobetasol propionate cream 0.05%	2	QL (120g every 30 days)
halobetasol propionate oint 0.05%	2	QL (120g every 30 days)
hydrocortisone butyrate cream 0.1%	2	QL (120g every 30 days)
hydrocortisone butyrate oint 0.1%	2	QL (120g every 30 days)
hydrocortisone butyrate soln 0.1%	2	QL (120 mL every 30 days)
hydrocortisone cream 1%	2	QL (120g every 30 days)
hydrocortisone cream 2.5%	2	QL (120g every 30 days)
hydrocortisone lotion 2.5%	2	QL (120 mL every 30 days)
hydrocortisone oint 2.5%	2	QL (120g every 30 days)
hydrocortisone valerate cream 0.2%	2	QL (120g every 30 days)
hydrocortisone valerate oint 0.2%	2	QL (120g every 30 days)
mometasone furoate cream 0.1%	2	QL (120g every 30 days)
mometasone furoate oint 0.1%	2	QL (120g every 30 days)
mometasone furoate solution 0.1% (lotion)	2	QL (120 mL every 30 days)
triamcinolone acetonide cream 0.1%	2	QL (120g every 30 days)
triamcinolone acetonide cream 0.5%	2	QL (120g every 30 days)
triamcinolone acetonide cream 0.025%	2	QL (120g every 30 days)
triamcinolone acetonide lotion 0.1%	2	QL (120 mL every 30 days)
triamcinolone acetonide lotion 0.025%	2	QL (120 mL every 30 days)
triamcinolone acetonide oint 0.1%	2	QL (120g every 30 days)
triamcinolone acetonide oint 0.5%	2	QL (120g every 30 days)
triamcinolone acetonide oint 0.025%	2	QL (120g every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl soln 4%	2	QL (50 mL every 30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	2	QL (60 mL every 30 days)
lidocaine oint 5%	2	QL (50g every 30 days)
lidocaine pain relief pat	2	QL (30 patches every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
lidocaine patch 5%	2	PA, QL (90 patches every 30 days)
lidocaine-prilocaine cream 2.5-2.5%	2	QL (30g every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir cream 5%	4	
bexarotene gel 1%	5	PA
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	2	
nitroglycerin oint 0.4%	2	
penciclovir cream 1%	2	
podofilox gel 0.5%	2	
podofilox soln 0.5%	2	
DERMATOLOGY, PRURIGO NODULARIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
NEMLUVIO INJ 30MG	5	PA, QL (2 pens every 28 days)
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	2	
brimonidine tartrate gel 0.33% (base equivalent)	2	PA
FINACEA AER 15%	3	
ivermectin cream 1%	2	PA
metronidazole cream 0.75%	2	
metronidazole gel 0.75%	2	
metronidazole gel 1%	2	
metronidazole lotion 0.75%	2	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
crotan	2	
cvs ivermectin lice treat	2	OTC
malathion lotion 0.5%	2	
permethrin cream 5%	2	
sb lice treatment	2	OTC
spinosad susp 0.9%	2	
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chlorhexidine gluconate soln 0.12%	2	
clotrimazole troche 10 mg	2	
lidocaine hcl laryngotracheal soln 4%	2	
lidocaine hcl viscous soln 2%	2	
nystatin susp 100000 unit/ml	2	
oralone dental paste	2	
ORAVIG TAB 50MG	4	QL (14 tabs every 30 days)
periogard	2	
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pilocarpine hcl tab 7.5 mg	2	
triamcinolone acetonide dental paste 0.1%	2	
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ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	4	
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hydrocortisone w/ acetic acid otic soln 1-2%	2	
neomycin-polymyxin-hc otic soln 1%	2	
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hydrocodone-acetaminophen tab 2.5-325 mg 4
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ibuprofen susp 100 mg/5ml 1
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