

METROPLUSHEALTH GOLDCARE FORMULARY



Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
VYVANSE CAPS 10MG, 20MG, 30MG	2	QL (60 caps every 30 days)
VYVANSE CAPS 40MG, 50MG, 60MG, 70MG	2	QL (30 caps every 30 days)
VYVANSE CHEW 10MG, 20MG, 30MG	2	QL (60 tabs every 30 days)
VYVANSE CHEW 40MG, 50MG, 60MG	2	QL (30 tabs every 30 days)
ANALGESICS		
COX-2 INHIBITORS		
celecoxib caps 50mg, 100mg, 200mg	1	
GOUT		
allopurinol tabs 100mg, 300mg	1	
colchicine tabs .6mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tabs 40mg, 80mg	1	ST; PA**
probenecid tabs 500mg	1	
NSAIDS		
diclofenac potassium tabs 50mg	1	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1	
diclofenac sodium (topical) gel 1%	1	QL (300g every 30 days)
diclofenac sodium (topical) gel 1%	1	QL (300g every 30 days), OTC
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1	
fenoprofen calcium tabs 600mg	3	
flurbiprofen tabs 50mg, 100mg	1	
ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg	1	
ketorolac tromethamine soln 15mg/ml, 30mg/ml	1	
ketorolac tromethamine tabs 10mg	1	QL (20 tabs every 30 days)
meclofenamate sodium caps 50mg, 100mg	1	
mefenamic acid caps 250mg	1	
meloxicam tabs 7.5mg, 15mg	1	
nabumetone tabs 500mg, 750mg	1	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs 600mg	1	
piroxicam caps 10mg, 20mg	1	
sulindac tabs 150mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
VOLTAREN ARTHRITIS PAIN GEL 1%	1	QL (300g every 30 days), OTC
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (2 bottles every 30 days)
<i>codeine sulfate tabs 30mg</i>	1	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
CODEINE SULFATE TABS 60MG	3	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr</i>	1	ST, QL (10 patches every 30 days)
<i>fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	PA, QL (120 lozenges every 30 days)
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	1	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 2mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 4mg</i>	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 8mg</i>	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tb24 32mg</i>	1	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10mg/ml</i>	1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	1	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1	ST, QL (225 mL every 30 days)
<i>methadone hcl tabs 5mg</i>	1	ST, QL (90 tabs every 30 days)
<i>methadone hcl tabs 10mg</i>	1	ST, QL (30 tabs every 30 days)
<i>methadone hcl tbso 40mg</i>	1	QL (9 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i conc 10mg/ml</i>	1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbso 40mg</i>	1	QL (9 tabs every 30 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate soln 10mg/5ml</i>	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate soln 20mg/5ml</i>	1	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate soln 100mg/5ml</i>	1	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tabs 15mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tabs 30mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tbc 15mg, 30mg</i>	1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cp24 120mg</i>	1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1	
NUCYNTA TABS 50MG	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TABS 75MG	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TABS 100MG	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TB12 50MG, 100MG	3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TB12 150MG, 200MG, 250MG	3	ST, PA; High Strength Requires PA
<i>oxycodone hcl caps 5mg</i>	1	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100mg/5ml</i>	1	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5mg/5ml</i>	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl t12a 10mg, 20mg</i>	1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl t12a 40mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tabs 5mg, 10mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tabs 15mg</i>	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tabs 20mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tabs 30mg</i>	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tabs 5mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 10mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl tabs 50mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tb24 100mg</i>	1	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG	2	ST, QL (60 caps every 30 days)
XTAMPZA ER C12A 36MG	2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG	2	ST, QL (60 films every 30 days)
BELBUCA FILM 600MCG, 750MCG, 900MCG	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>	1	ST, QL (4 patches every 30 days)
<i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>	1	ST, PA; High Strength Requires Prior Auth
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	3	
SALICYLATES		
<i>aspirin ec adult low dose tbec 81mg</i>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>goodsense aspirin chew 81mg</i>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA PSKT 10MG/0.1ML	3	SGM, PA, QL (2 injections every 28 days)
HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	3	SGM, PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	3	SGM, PA; (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	3	SGM, PA; (80mg single strength kit)
HUMIRA PEN PNKT 40MG/0.8ML	3	SGM, PA, QL (4 pens every 28 days)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>tolmetin sodium caps 400mg</i>	1	
ANORECTAL AND RELATED PRODUCTS		
VASODILATING AGENTS		
RECTIV OINT .4%	3	
ANTI-INFECTIVES		
ANTHELMINTICS		
EMVERM CHEW 100MG	3	QL (12 tabs every 365 days)
<i>ivermectin tabs 3mg</i>	1	
<i>praziquantel tabs 600mg</i>	1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>fosfomycin tromethamine pack 3gm</i>	1	
<i>gentamicin sulfate soln 40mg/ml</i>	1	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>sulfadiazine tabs 500mg</i>	1	
<i>tinidazole tabs 250mg, 500mg</i>	1	
ANTIFUNGALS		
<i>amphotericin b solr 50mg</i>	1	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
CRESEMBA CAPS 74.5MG, 186MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1	PA
<i>nystatin tabs 500000unit</i>	1	
<i>posaconazole susp 40mg/ml</i>	1	PA
<i>posaconazole tbec 100mg</i>	3	PA
<i>terbinafine hcl tabs 250mg</i>	1	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150MG	3	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>quinine sulfate caps 324mg</i>	1	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml</i>	1	QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1	QL (60 tabs every 30 days)
APRETUDE SUER 600MG/3ML	0	QL (2 vials every 90 days)
APTIVUS CAPS 250MG	2	QL (120 caps every 30 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1	QL (30 caps every 30 days)
<i>atazanavir sulfate caps 200mg</i>	1	QL (60 caps every 30 days)
<i>darunavir tabs 600mg</i>	1	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	1	QL (30 tabs every 30 days)
EDURANT TABS 25MG	2	QL (60 tabs every 30 days)
EDURANT PED TBSO 2.5MG	2	QL (180 tabs every 30 days)
<i>efavirenz caps 50mg, 200mg</i>	1	QL (90 caps every 30 days)
<i>efavirenz tabs 600mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	1	QL (30 caps every 30 days)
EMTRIVA SOLN 10MG/ML	2	QL (680 ml every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>etravirine tabs 100mg</i>	1	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	1	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1	QL (120 tabs every 30 days)
INTELENCE TABS 25MG	2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25MG, 100MG	2	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	2	QL (60 packets every 30 days)
ISENTRESS TABS 400MG	2	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600MG	2	QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	1	QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	1	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1	QL (30 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	1	QL (60 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	1	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	1	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	1	QL (60 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	1	QL (30 tabs every 30 days)
NORVIR PACK 100MG	2	QL (360 packets every 30 days)
PREZISTA SUSP 100MG/ML	2	QL (400 ml every 30 days)
PREZISTA TABS 75MG	2	QL (300 tabs every 30 days)
PREZISTA TABS 150MG	2	QL (180 tabs every 30 days)
REYATAZ PACK 50MG	2	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	2	QL (1840 mL every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL (30 tabs every 30 days)
TIVICAY TABS 50MG	2	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5MG	2	QL (360 tabs every 30 days)
TROGARZO SOLN 200MG/1.33ML	3	

Drug Name	Drug Tier	Requirements/Limits
TYBOST TABS 150MG	2	QL (30 tabs every 30 days)
VIREAD POWD 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL (30 tabs every 30 days)
<i>zidovudine caps 100mg</i>	1	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	1	QL (1920 ml every 30 days)
<i>zidovudine tabs 300mg</i>	1	QL (60 tabs every 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	3	QL (1 kit every 30 days)
CABENUVA SUS 600-900	3	QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	2	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOL	2	QL (480 ml every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 675/150	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	3	QL (180 tabs every 30 days)
TRIUMEQ TAB	3	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
PRETOMANID TABS 200MG	3	
PRIFTIN TABS 150MG	2	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	
SIRTURO TABS 20MG, 100MG	3	
TRECTOR TABS 250MG	2	
ANTIVIRALS		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>oseltamivir phosphate caps 30mg</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	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 DISKHALER AEPB 5MG/BLISTER	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tabs 100mg</i>	1	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl solr 50mg/ml</i>	3	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	3	PA, QL (120 tabs every 30 days)
CEPHALOSPORINS		
<i>cefaclor caps 250mg, 500mg; susr 250mg/5ml</i>	1	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefepime hcl solr 1gm, 2gm</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>ceftazidime solr 2gm</i>	1	
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium solr 10gm</i>	1	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>tazicef solr 1gm</i>	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1	
<i>DIFICID SUSR 40MG/ML; TABS 200MG</i>	2	PA
<i>e.e.s. 400 tabs 400mg</i>	1	
<i>erythrocin stearate tabs 250mg</i>	1	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	1	
<i>fidaxomicin tabs 200mg</i>	1	PA
<i>ZITHROMAX PACK 1GM</i>	2	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
BAXDELA TABS 450MG	3	
CIPRO SUSR 500MG/5ML	3	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hcl tabs 400mg</i>	1	
<i>ofloxacin tabs 300mg, 400mg</i>	1	
HEPATITIS B		
<i>adefovir dipivoxil tabs 10mg</i>	3	
BARACLUDE SOLN .05MG/ML	3	PA, QL (630 mL every 30 days)
<i>entecavir tabs .5mg, 1mg</i>	3	PA, QL (30 tabs every 30 days)
<i>lamivudine (hbv) tabs 100mg</i>	1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	3	SGM, PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	3	SGM, PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	3	SGM, PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	3	SGM, PA, QL (28 tabs every 28 days)
HARVONI PAK	3	SGM, PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	3	SGM, PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	3	SGM, PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	3	SGM, PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	3	SGM, PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	1	
SOVALDI PACK 150MG	3	SGM, ST, PA, QL (28 pellets every 28 days)
SOVALDI PACK 200MG	3	SGM, ST, PA, QL (56 pellets every 28 days)
SOVALDI TABS 200MG, 400MG	3	SGM, ST, PA, QL (28 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	3	SGM, PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
ALINIA SUSR 100MG/5ML	3	QL (540 mL every 30 days)
atovaquone susp 750mg/5ml	1	
aztreonam solr 1gm, 2gm	1	
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	1	
dapsone tabs 25mg, 100mg	1	
ertapenem sodium solr 1gm	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
linezolid susr 100mg/5ml; tabs 600mg	1	
methenamine hippurate tabs 1gm	1	
metronidazole caps 375mg; tabs 250mg, 500mg	1	
nitazoxanide tabs 500mg	1	QL (20 tabs every 30 days)
nitrofurantoin susp 25mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin monohyd macro caps 100mg	1	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate solr 300mg	1	
pyrimethamine tabs 25mg	3	PA
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
trimethoprim tabs 100mg	1	
vancomycin hcl caps 125mg, 250mg	1	QL (80 caps every 10 days)
PENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium solr 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>pfizerpen solr 20000000unit</i>	1	
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	QL (120 caps every 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
BRONCHODILATORS - ANTICHOLINERGICS		
<i>SPIRIVA HANDIHALER CAPS 18MCG</i>	2	QL (1 cap every 30 days)
STEROID INHALANTS		
<i>QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT</i>	2	QL (2 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

ANTICOAGULANTS**THROMBIN INHIBITORS**

PRADAXA CAPS 110MG

3

ANTIDIABETICS**ANTIDIABETIC COMBINATIONS**

JENTADUETO TAB XR

3

ST; PA**

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

busulfan soln 6mg/ml

1

carmustine solr 100mg

1

cyclophosphamide caps 25mg, 50mg

1

cyclophosphamide solr 1gm, 2gm, 500mg

3

dacarbazine solr 100mg, 200mg

1

EMCYT CAPS 140MG

3

GLEOSTINE CAPS 10MG, 40MG, 100MG

3

GLIADEL WAF 7.7MG

2

ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm

1

LEUKERAN TABS 2MG

2

MATULANE CAPS 50MG

2

TEMODAR SOLR 100MG

3

SGM, PA

temozolomide caps 5mg, 20mg, 100mg,
140mg, 180mg, 250mg

3

SGM, PA

ANTIBIOTICS

adriamycin solr 50mg

1

bleomycin sulfate solr 15unit, 30unit

1

daunorubicin hcl soln 20mg/4ml

1

doxorubicin hcl soln 2mg/ml; solr 10mg

1

doxorubicin hcl liposomal susp 2mg/ml

1

idarubicin hcl soln 5mg/5ml, 10mg/10ml,
20mg/20ml

1

mitomycin solr 5mg, 20mg, 40mg

1

mitoxantrone hcl conc 2mg/ml

3

ANTIMETABOLITES

azacitidine susr 100mg

3

SGM, PA

capecitabine tabs 150mg, 500mg

3

SGM, PA

cladribine soln 10mg/10ml

1

clofarabine soln 1mg/ml

1

cytarabine soln 20mg/ml, 100mg/ml

1

decitabine solr 50mg

3

SGM, PA

fludarabine phosphate soln 50mg/2ml; solr
50mg

1

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	3	
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	1	
NIPENT SOLR 10MG	2	
<i>pemetrexed disodium solr 100mg, 500mg</i>	3	
TABLOID TABS 40MG	2	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG, 50MG	3	SGM, PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	3	SGM, PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	3	SGM, PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100MG/50ML, 200MG/100ML	3	SGM, PA
ERIVEDGE CAPS 150MG	3	SGM, PA, QL (30 caps every 30 days)
KADCYLA SOLR 100MG, 160MG	3	SGM, PA
KEYTRUDA SOLN 100MG/4ML	3	SGM, PA
PADCEV SOLR 20MG	3	SGM, PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	3	SGM, PA, QL (15 vials every 28 days)
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	3	SGM, PA, QL (21 caps every 28 days)
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG	3	SGM, PA, QL (28 caps every 28 days)
REVLIMID CAPS 20MG, 25MG	3	SGM, PA, QL (21 caps every 28 days)
THALOMID CAPS 50MG	3	SGM, PA, QL (28 caps every 28 days)
THALOMID CAPS 100MG	3	SGM, PA, QL (112 caps every 28 days)
TICE BCG SUSR 50MG	2	
BIOSIMILARS		
GAZYVA SOLN 1000MG/40ML	3	SGM, PA

Drug Name	Drug Tier	Requirements/Limits
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250mg</i>	3	SGM, PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	3	SGM, PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	3	SGM, PA
ERLEADA TABS 60MG	3	SGM, PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	3	SGM, PA, QL (30 tabs every 30 days)
<i>exemestane tabs 25mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant sosy 250mg/5ml</i>	3	SGM, PA
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	3	SGM, PA
LYSODREN TABS 500MG	2	
<i>megestrol acetate tabs 20mg, 40mg</i>	1	
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300MG	3	SGM, PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	1	
XTANDI CAPS 40MG	3	SGM, PA, QL (120 caps every 30 days)
XTANDI TABS 40MG	3	SGM, PA, QL (120 tabs every 30 days)
XTANDI TABS 80MG	3	SGM, PA, QL (60 tabs every 30 days)
YONSA TABS 125MG	3	SGM, PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
KINASE INHIBITORS		
ALECENSA CAPS 150MG	3	SGM, PA, QL (240 caps every 30 days)
CABOMETYX TABS 20MG, 40MG, 60MG	3	SGM, PA, QL (30 tabs every 30 days)
CALQUENCE TABS 100MG	3	SGM, PA, QL (60 tabs every 30 days)
CAPRELSA TABS 100MG	3	SGM, PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	3	SGM, PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	3	SGM, PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	3	SGM, PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	3	SGM, PA, QL (1 kit every 28 days)
<i>dasatinib tabs 20mg</i>	3	SGM, PA, QL (90 tabs every 30 days)
<i>dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg</i>	3	SGM, PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tabs 25mg</i>	3	SGM, PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	3	SGM, PA, QL (30 tabs every 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	3	SGM, PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	3	SGM, PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	3	SGM, PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	3	SGM, PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	3	SGM, PA, QL (60 tabs every 30 days)
INLYTA TABS 1MG	3	SGM, PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	3	SGM, PA, QL (120 tabs every 30 days)
ITOVEBI TABS 3MG	3	SGM, PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 9MG	3	SGM, PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	3	SGM, PA, QL (60 tabs every 30 days)
KISQALI TBPk 200MG	3	SGM, PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPk 200MG	3	SGM, PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPk 200MG	3	SGM, PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tabs 250mg</i>	3	SGM, PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	3	SGM, PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	3	SGM, PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	3	SGM, PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	3	SGM, PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	3	SGM, PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	3	SGM, PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	3	SGM, PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	3	SGM, PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	3	SGM, PA, QL (90 tabs every 30 days)
LORBRENA TABS 100MG	3	SGM, PA, QL (30 tabs every 30 days)
MEKINIST SOLR .05MG/ML	3	SGM, PA, QL (12 bottles every 28 days)
MEKINIST TABS 2MG	3	SGM, PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	3	SGM, PA, QL (90 tabs every 30 days)
<i>pazopanib hcl tabs 200mg</i>	3	SGM, PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25MG	3	SGM, PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tabs 200mg</i>	3	SGM, PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20MG	3	SGM, PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50MG, 70MG, 80MG, 100MG, 140MG	3	SGM, PA, QL (30 tabs every 30 days)
STIVARGA TABS 40MG	3	SGM, PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	3	SGM, PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	3	SGM, PA, QL (120 caps every 30 days)
TAFINLAR TBSO 10MG	3	SGM, PA, QL (4 bottles every 28 days)
TUKYSA TABS 50MG, 150MG	3	SGM, PA, QL (120 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	3	SGM, PA, QL (56 tabs every 28 days)
VITRAKVI CAPS 25MG	3	SGM, PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	3	SGM, PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20MG/ML	3	SGM, PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	3	SGM, PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	3	SGM, PA, QL (120 pellets every 30 days)
XALKORI CPSP 150MG	3	SGM, PA, QL (180 pellets every 30 days)
ZELBORAF TABS 240MG	3	SGM, PA, QL (240 tabs every 30 days)
ZYDELIG TABS 100MG, 150MG	3	SGM, PA, QL (60 tabs every 30 days)
ZYKADIA TABS 150MG	3	SGM, PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1	
<i>bexarotene caps 75mg</i>	3	SGM, PA
<i>hydroxyurea caps 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50MG, 100MG	3	SGM, PA, QL (30 tabs every 30 days)
LYNPARZA TABS 100MG, 150MG	3	SGM, PA, QL (120 tabs every 30 days)
ODOMZO CAPS 200MG	3	SGM, PA, QL (30 caps every 30 days)
ONCASPAR SOLN 750UNIT/ML	3	SGM, PA
PHOTOFRIN SOLR 75MG	2	
POLIVY SOLR 30MG, 140MG	3	SGM, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
VISTOGARD PACK 10GM	3	QL (20 packets every 5 days)
ZEJULA TABS 100MG, 200MG, 300MG	3	SGM, PA, QL (30 tabs every 30 days)
ZOLINZA CAPS 100MG	3	SGM, PA, QL (120 caps every 30 days)
MITOTIC INHIBITORS		
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	1	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1	
<i>vinblastine sulfate soln 1mg/ml</i>	1	
<i>vincristine sulfate soln 1mg/ml</i>	1	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1	
PLATINUM-BASED AGENTS		
<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	3	
<i>paraplatin soln 1000mg/100ml</i>	1	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl solr 250mg, 500mg</i>	1	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1	
<i>mesna soln 100mg/ml; tabs 400mg</i>	1	
MESNEX TABS 400MG	3	
TOPOISOMERASE INHIBITORS		
<i>etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i>	3	
<i>irinotecan hcl soln 300mg/15ml</i>	1	
<i>topotecan hcl solr 4mg</i>	1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**ANTINEOPLASTIC ENZYME INHIBITORS**

IMBRUVICA CAPS 70MG	3	SGM, PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140MG	3	SGM, PA, QL (90 caps every 30 days)
IMBRUVICA SUSP 70MG/ML	3	SGM, PA, QL (216 mL every 36 days)
IMBRUVICA TABS 140MG, 280MG, 420MG	3	SGM, PA, QL (30 tabs every 30 days)
VOTRIENT TABS 200MG	3	SGM, PA, QL (120 tabs every 30 days)

ANTIVIRALS**ANTIRETROVIRALS**

EVOTAZ TAB 300-150	2	QL (30 tabs every 30 days)
VIRACEPT TABS 250MG	2	QL (300 tabs every 30 days)
VIRACEPT TABS 625MG	2	QL (120 tabs every 30 days)

HEPATITIS AGENTS

VEMLIDY TABS 25MG	3	PA, QL (30 tabs every 30 days)
ZEPATIER TAB 50-100MG	3	SGM, ST, PA, QL (28 tabs every 28 days)

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl tabs 200mg, 400mg</i>	1	
<i>disopyramide phosphate caps 100mg, 150mg</i>	1	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1	
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	
MULTAQ TABS 400MG	3	PA
NORPACE CR CP12 100MG, 150MG	2	
<i>pacerone tabs 100mg, 200mg</i>	1	
<i>procainamide hcl soln 100mg/ml</i>	1	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TABS 180MG	3	PA
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
<i>prevalite powd 4gm/dose</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs 80mg</i>	1	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps 1gm</i>	1	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
<i>icosapent ethyl caps .5gm</i>	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA SOSY 140MG/ML	2	QL (3 syringes every 28 days)
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	2	QL (1 injection every 28 days)
REPATHA SURECLICK SOAJ 140MG/ML	2	QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl caps 200mg, 400mg	1	
atenolol tabs 25mg, 50mg, 100mg	1	
betaxolol hcl tabs 10mg, 20mg	1	
bisoprolol fumarate tabs 5mg, 10mg	1	
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl tabs 100mg, 200mg, 300mg, 400mg	1	
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate tabs 25mg, 50mg, 100mg	1	
nadolol tabs 20mg, 40mg, 80mg	1	
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1	
pindolol tabs 5mg, 10mg	1	
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate tabs 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr cp24 120mg, 180mg, 240mg	1	
diltiazem hcl cp12 60mg, 90mg, 120mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg	1	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine tb24 2.5mg, 5mg, 10mg	1	
isradipine caps 2.5mg, 5mg	1	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl caps 20mg, 30mg	1	
nifedipine tb24 30mg, 60mg, 90mg	1	
nimodipine caps 30mg	1	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg	1	
DIGITALIS GLYCOSIDES		
digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tabs 150mg, 300mg	1	
DIURETICS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tabs 5mg	1	
bumetanide tabs .5mg, 1mg, 2mg	1	
chlorthalidone tabs 25mg, 50mg	1	
DIURIL SUSP 250MG/5ML	3	
ethacrynic acid tabs 25mg	3	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	1	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>mannitol soln 20%, 25%</i>	1	
<i>methazolamide tabs 25mg, 50mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
<i>osmitrol viaflex soln 10%</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
HEART FAILURE		
<i>ENTRESTO CAP 6-6MG</i>	2	
<i>ENTRESTO CAP 15-16MG</i>	2	
<i>ENTRESTO TAB 24-26MG</i>	2	
<i>ENTRESTO TAB 49-51MG</i>	2	
<i>ENTRESTO TAB 97-103MG</i>	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
MISCELLANEOUS		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
<i>phenoxybenzamine hcl caps 10mg</i>	3	PA, QL (360 caps every 30 days)
<i>ranolazine tb12 500mg, 1000mg</i>	1	ST; PA**
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-DUR PT24 .3MG/HR, .8MG/HR</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	
PULMONARY ARTERIAL HYPERTENSION		
<i>ambrisentan tabs 5mg, 10mg</i>	3	SGM, PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	3	SGM, PA, QL (60 tabs every 30 days)
<i>bosentan tbso 32mg</i>	3	SGM, PA, QL (112 tabs every 28 days)
OPSUMIT TABS 10MG	3	SGM, PA, QL (30 tabs every 30 days)
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	3	SGM, PA
ORENITRAM TAB MONTH 1	3	SGM, PA
ORENITRAM TAB MONTH 2	3	SGM, PA
ORENITRAM TAB MONTH 3	3	SGM, PA
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	3	SGM, PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	3	SGM, PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	3	SGM, PA, QL (60 tabs every 30 days)
TYVASO SOLN .6MG/ML	3	SGM, PA, QL (28 ampules every 28 days)
TYVASO REFILL KIT SOLN .6MG/ML	3	SGM, PA, QL (28 ampules every 28 days)
TYVASO STARTER KIT SOLN .6MG/ML	3	SGM, PA, QL (28 ampules every 28 days)
UPTRAVI SOLR 1800MCG	3	SGM, PA
UPTRAVI TABS 200MCG	3	SGM, PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	3	SGM, PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	3	SGM, PA, QL (1 pack every 28 days)
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	3	SGM, PA, QL (270 ampules every 30 days)
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	3	SGM, PA

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	3	SGM, PA, QL (90 tabs every 30 days)
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
acamprosate calcium tbec 333mg	1	
disulfiram tabs 250mg, 500mg	1	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)		
riluzole tabs 50mg	1	
ANTIANXIETY		
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (300 mL every 30 days)
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	QL (360 caps every 30 days)
clomipramine hcl caps 25mg, 50mg	1	QL (150 caps every 30 days); QL applies to members age 65 and older
clomipramine hcl caps 75mg	1	QL (90 caps every 30 days); QL applies to members age 65 and older
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	1	
lorazepam conc 2mg/ml	1	QL (150 mL every 30 days)
lorazepam tabs .5mg, 1mg, 2mg	1	QL (150 tabs every 30 days)
meprobamate tabs 200mg, 400mg	1	
oxazepam caps 10mg, 15mg, 30mg	1	QL (120 caps every 30 days)
ANTIDEMENTIA		
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	1	
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	1	
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 10mg</i>	1	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	(generic of Pristiq)
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl caps 100mg, 150mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	1	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1	
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	3	PA
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	
FETZIMA CAP TITRATIO	3	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	1	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1	(generic Sarafem not covered)
<i>imipramine hcl tabs 10mg, 25mg</i>	1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	1	PA; High strength requires PA for members age 65 and older
MARPLAN TABS 10MG	3	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	
<i>nortriptyline hcl caps 10mg</i>	1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl caps 75mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10mg/5ml</i>	1	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>protriptyline hcl tabs 5mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	
<i>trimipramine maleate caps 25mg, 50mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TABS 5MG, 10MG, 20MG	3	ST; PA**
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i>	1	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
APOKYN SOCT 30MG/3ML	3	SGM, ST, PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	1	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa tabs 25mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tabs 200mg</i>	1	
INBRIJA CAPS 42MG	3	SGM, PA, QL (300 caps every 30 days)
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
ONGENTYS CAPS 25MG, 50MG	3	PA
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	1	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	
ANTIPSYCHOTICS		
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	1	
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	2	

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO PRSY 675MG/2.4ML	2	
asenapine maleate subl 2.5mg, 5mg, 10mg	1	
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate soln 50mg/ml, 100mg/ml	1	
haloperidol lactate conc 2mg/ml	1	
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg	1	
olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	2	ST; PA**
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1	
ANTISEIZURE AGENTS		
carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg	1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	1	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
diazepam soln 5mg/5ml	1	QL (1200 mL every 30 days)
diazepam soln 5mg/ml	1	
diazepam tabs 2mg, 5mg, 10mg	1	QL (120 tabs every 30 days)
diazepam intensol conc 5mg/ml	1	QL (240 mL every 30 days)
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	1	
ethosuximide caps 250mg; soln 250mg/5ml	1	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	1	
fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml	1	
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	3	
gabapentin caps 100mg, 300mg, 400mg	1	QL (6 caps every day)
gabapentin soln 250mg/5ml	1	QL (72 mL every day)
gabapentin tabs 600mg	1	QL (6 tabs every day)
gabapentin tabs 800mg	1	QL (4 tabs every day)
lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	1	
methsuximide caps 300mg	1	
NAYZILAM SOLN 5MG/0.1ML	2	QL (10 units every 30 days)
oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg	1	
perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	
phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
phenytoin susp 125mg/5ml	1	
phenytoin infatabs chew 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	ST; PA**
<i>primidone tabs 50mg, 250mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	
<i>topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>valproate sodium soln 250mg/5ml</i>	1	
<i>valproic acid caps 250mg</i>	1	
<i>vigabatrin pack 500mg</i>	3	SGM, PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	3	SGM, PA, QL (180 tabs every 30 days)
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	
AZSTARYS CAP 26.1-5.2	2	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	2	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	1	QL (30 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	
<i>methamphetamine hcl tabs 5mg</i>	1	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1	QL (900 mL every 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	1	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tabs 20mg; tbc 10mg, 20mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tbc 18mg, 27mg, 36mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tbc 54mg</i>	1	QL (30 tabs every 30 days)
<i>zenzedi tabs 2.5mg, 7.5mg</i>	1	QL (120 tabs every 30 days)
FIBROMYALGIA		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	ST; PA**
SAVELLA MIS TITR PAK	3	ST; PA**
HYPNOTICS		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	ST; PA**
<i>cvs sleep-aid nighttime tabs 25mg</i>	1	OTC
DAYVIGO TABS 5MG, 10MG	2	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tabs 1mg, 2mg</i>	3	QL (15 tabs every 30 days)
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	QL (15 tabs every 30 days)
<i>ramelteon tabs 8mg</i>	1	QL (15 tabs every 30 days)
<i>tasimelteon caps 20mg</i>	3	SGM, PA, QL (30 caps every 30 days)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL (15 caps every 30 days)
<i>triazolam tabs .125mg, .25mg</i>	3	QL (10 tabs every 30 days)
<i>zaleplon caps 5mg, 10mg</i>	1	QL (15 caps every 30 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1	QL (15 tabs every 30 days)
MIGRAINE - ERGOTAMINE DERIVATIVES		
<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	
ERGOMAR SUBL 2MG	3	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
MIGRAINE - MISCELLANEOUS		
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, QL (30 tabs every 30 days); PA**
UBRELVY TABS 50MG, 100MG	2	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	ST, QL (1 injection every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
EMGALITY SOSY 100MG/ML	2	ST, QL (3 injections every 30 days); PA**
MIGRAINE - TRIPTANS AND COMBINATIONS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	QL (12 tabs every 30 days)
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL (18 tabs every 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (24 sprays every 30 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (12 sprays every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	1	QL (18 syringes every 30 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml</i>	1	QL (12 units every 30 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	1	QL (12 vials every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs every 30 days); PA**
<i>zolmitriptan soln 5mg</i>	1	QL (12 sprays every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOLR .75MG/ML	3	SGM, PA, QL (2 bottles every 24 days)
EVRYSDI TABS 5MG	3	SGM, PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
<i>lithium soln 8meq/5ml</i>	1	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	
MOVEMENT DISORDERS		
<i>tetrabenazine tabs 12.5mg</i>	3	SGM, PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tabs 25mg	3	SGM, PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3MG	3	SGM, PA, QL (14 injections every 28 days)
dalfampridine tb12 10mg	3	SGM, PA, QL (60 tabs every 30 days)
dimethyl fumarate cpdr 120mg	3	SGM, PA, QL (14 caps every 28 days)
dimethyl fumarate cpdr 240mg	3	SGM, PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	3	SGM, PA, QL (1 kit every 30 days)
fingolimod hcl caps .5mg	3	SGM, PA, QL (30 caps every 30 days)
glatiramer acetate sosy 40mg/ml	2	SGM, PA, QL (12 syringes every 28 days)
glatopa sosy 20mg/ml	2	SGM, PA, QL (30 injections every 30 days)
teriflunomide tabs 7mg, 14mg	3	SGM, PA, QL (30 tabs every 30 days)
TYSABRI CONC 300MG/15ML	3	SGM, PA, QL (1 vial every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tabs 5mg, 10mg, 20mg	1	
carisoprodol tabs 350mg	1	PA; High Risk Medications require PA for members age 70 and older
chlorzoxazone tabs 500mg	1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tabs 5mg, 10mg	1	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium caps 25mg, 50mg, 100mg	1	
metaxalone tabs 800mg	1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tabs 500mg, 750mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>norgesic tab</i>	3	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate soln 30mg/ml</i>	1	
<i>orphenadrine citrate tb12 100mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tabs 2mg, 4mg</i>	1	
MYASTHENIA GRAVIS		
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 50mg</i>	1	PA, QL (60 tabs every 30 days)
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	1	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 100mg, 200mg</i>	1	PA, QL (60 tabs every 30 days)
SODIUM OXYBATE SOLN 500MG/ML	3	SGM, PA, QL (540mL every 30 days)
SUNOSI TABS 75MG, 150MG	2	PA, QL (30 tabs every 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 unit every day)

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANTAGONIST		
<i>naloxone hcl liqd 4mg/0.1ml</i>	1	OTC
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	0	\$0 copay
NARCAN LIQD 4MG/0.1ML	1	OTC
VIVITROL SUSR 380MG	3	QL (1 vial every 28 days)
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl subl 2mg, 8mg</i>	0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	3	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	3	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>lofexidine hcl tabs .18mg</i>	1	
NUDEXTA CAP 20-10MG	2	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	3	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	3	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	3	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tabs 1mg, 2mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr gum 4mg; lozg 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3 pt24 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine transdermal syst pt24 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10MG	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tabs .5mg, 1mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	\$0 limited to 2 treatment cycles/year
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
EMFLAZA TABS 6MG	3	SGM, PA, QL (60 tabs every 30 days)
EMFLAZA TABS 18MG, 30MG, 36MG	3	SGM, PA, QL (30 tabs every 30 days)
DERMATOLOGICALS		
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL .5%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
FREESTYLE BLOOD GLUCOSE TEST STRIPS	2	QL (150 Test Strips every 30 days), OTC
PRECISION TES XTRA	2	QL (150 Test Strips every 30 days), OTC
ENDOCRINE AND METABOLIC		
ACROMEGALY		
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	3	SGM, PA, QL (90 ml every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	3	SGM, PA, QL (225 ml every 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	3	SGM, PA, QL (45 ml every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	3	SGM, PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	3	SGM, PA, QL (30 vials every 30 days)
ANDROGENS		
testosterone gel 10mg/act, 25mg/2.5gm	1	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	PA
testosterone enanthate soln 200mg/ml	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	1	
miglitol tabs 25mg, 50mg, 100mg	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	3	ST; PA**
SYMLINPEN 120 SOPN 2700MCG/2.7ML	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg	1	
metformin hcl tabs 850mg	1	\$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	1	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	1	ST; PA**
JANUMET TAB 50-500MG	2	ST; PA**
JANUMET TAB 50-1000	2	ST; PA**
JANUMET XR TAB 50-500MG	2	ST; PA**
JANUMET XR TAB 50-1000	2	ST; PA**
JANUMET XR TAB 100-1000	2	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	1	ST; PA**
JANUVIA TABS 25MG, 50MG, 100MG	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide sopn 18mg/3ml	1	ST, QL (3 pens every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	ST, QL (4 pens every 28 days); PA**
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	2	ST, QL (3 mL every 28 days); PA**
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	ST, QL (4 pens every 28 days); PA**
VICTOZA SOPN 18MG/3ML	2	ST, QL (3 pens every 30 days); PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	
BASAGLAR TEMPO PEN SOPN 100UNIT/ML	2	
FIASP SOLN 100UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
FIASP PUMPCART SOCT 100UNIT/ML	2	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N SUSP 100UNIT/ML	3	OTC
HUMULIN N KWIKPEN SUPN 100UNIT/ML	3	OTC
HUMULIN R SOLN 100UNIT/ML	3	OTC
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
LEVEMIR SOLN 100UNIT/ML	2	
LEVEMIR FLEXPEN SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N SUSP 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN R SOLN 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	OTC; RELION not covered
NOVOLOG SOLN 100UNIT/ML	2	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTouch SOPN 100UNIT/ML, 200UNIT/ML	2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tabs 15mg, 30mg, 45mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tabs 60mg, 120mg	1	
repaglinide tabs .5mg, 1mg, 2mg	1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST; PA**
GLYXAMBI TAB 25-5 MG	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TABS 10MG, 25MG	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tabs 1mg, 2mg, 4mg	1	
glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg	1	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tabs 30mg, 60mg	3	SGM, PA, QL (60 tabs every 30 days)
cinacalcet hcl tabs 90mg	3	SGM, PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS, BISPHOSPHONATES		
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
<i>ibandronate sodium tabs 150mg</i>	1	
<i>pamidronate disodium soln 30mg/10ml</i>	1	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	3	SGM, PA
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) soln 200unit/act</i>	1	
PROLIA SOSY 60MG/ML	3	SGM, PA, QL (60mg every 24 weeks)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS SOPN 3120MCG/1.56ML	3	SGM, PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	3	SGM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	3	SGM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG)	3	SGM, PA
SUPPRELIN LA KIT 50MG	3	SGM, PA
TRIPTODUR SRER 22.5MG	3	SGM, PA
CHELATING AGENTS		
CHEMET CAPS 100MG	3	
<i>deferiprone tabs 500mg, 1000mg</i>	3	SGM, PA
FERRIPROX SOLN 100MG/ML	3	SGM, PA
FERRIPROX TWICE-A-DAY TABS 1000MG	3	SGM, PA
<i>penicillamine tabs 250mg</i>	3	
CONTRACEPTIVES		
In accordance with the Comprehensive Contraception Coverage Act (CCCA), contraceptives may be dispensed as a 12-month supply at one time		
<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	
<i>alyacen tab 7/7/7</i>	0	
<i>amethyst tab 90-20mcg</i>	0	
ANNOVERA MIS	0	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
AVERI TAB	0	
<i>aviane tab</i>	0	
<i>azurette tab</i>	0	
<i>camila tabs .35mg</i>	0	
<i>camrese tab</i>	0	
CAYA DPR	0	QL (1 every 300 days)
<i>chateal eq tab 0.15/30</i>	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
<i>cryselle-28 tab 28 tabs</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
DUREX MIS REALFEEL	0	QL (12 condoms every 30 days), OTC
<i>elinest tab</i>	0	
ELLA TABS 30MG	0	
<i>enpresse-28 tab</i>	0	
<i>enskyce tab</i>	0	
<i>errin tabs .35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	0	QL (13 every 300 days)
<i>falmina tab</i>	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	0	

Drug Name	Drug Tier	Requirements/Limits
<i>galbriela chw</i>	0	
<i>gemmily cap 1/20</i>	0	
<i>heather tabs .35mg</i>	0	
<i>introvale tab</i>	0	
<i>jolessa tab</i>	0	
<i>junel 1.5/30 tab</i>	0	
<i>junel 1/20 tab</i>	0	
<i>junel fe 24 tab 1/20</i>	0	
<i>junel fe tab 1.5/30</i>	0	
<i>junel fe tab 1/20</i>	0	
<i>kariva tab 28 day</i>	0	
<i>kelnor tab 1/35</i>	0	
<i>kurvelo tab 0.15/30</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
<i>larin tab 1.5/30</i>	0	
<i>leena tab</i>	0	
<i>lessina tab</i>	0	
<i>levonest tab</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 20.1MCG/DAY	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutra tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	0	QL (4 inj every 300 days)
<i>microgestin tab 1.5/30</i>	0	
MIRENA IUD 20MCG/DAY	0	QL (1 every 300 days)
MIUDELLA IUD COPPER	0	QL (1 unit every 300 days)
<i>mono-lynyah tab 0.25-35</i>	0	
NATAZIA TAB	0	

Drug Name	Drug Tier	Requirements/Limits
<i>necon tab 0.5/35</i>	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tabs .35mg</i>	0	
<i>norethindrone (contraceptive) tabs .35mg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
<i>nylia tab 1/35</i>	0	
<i>ocella tab 3-0.03mg</i>	0	
OMNIFLEX DPR	0	QL (1 every 300 days)
OPILL TABS .075MG	0	OTC
PARAGARD IUD T380A	0	QL (1 unit every 300 days)
<i>portia-28 tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
<i>take action tabs 1.5mg</i>	0	OTC
<i>tilia fe tab</i>	0	
<i>tri-linyah tab</i>	0	
<i>tri-sprintec tab</i>	0	
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
<i>velivet pak</i>	0	
<i>viorele tab</i>	0	
<i>vyfemla tab 0.4-35</i>	0	
<i>wera tab 0.5/35</i>	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)
<i>xelria fe chw 0.4mg-35</i>	0	
<i>xulane dis 150-35</i>	0	
<i>zovia 1/35 tab</i>	0	
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK LIQ COMPACT	2	OTC
ACCU-CHEK LIQ GUIDE	2	OTC
ALCOHOL PREP PAD	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
CVS KETONE TES CARE	3	OTC
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	2	
DEXCOM G7 MIS 15 DAY	2	QL (2 sensors every 30 days)
DEXCOM G7 MIS RECEIVER	2	
DEXCOM G7 MIS SENSOR	2	QL (3 sensors every 30 days)
FASTCLIX MIS LANCETS	2	OTC
GLUCOSE URINE TEST STRIPS	3	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE TES	3	OTC
KETONE TEST TES	3	OTC
LANCETS	2	OTC
NOVOFINE PEN NEEDLES	2	OTC
OMNIPOD 5 DX KIT INT G7G6	2	
OMNIPOD 5 DX MIS POD G7G6	2	
OMNIPOD 5 G7 KIT INTRO	2	
OMNIPOD 5 G7 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH KIT PDM	2	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD PDM KIT CLASSIC	2	
ONETOUCH DEL MIS PLUS 30G	2	OTC
ONETOUCH DEL MIS PLUS 33G	2	OTC
SHARPS CONTAINER	2	OTC
TWIIIST KIT REFILL	2	
TWIIIST KIT STARTER	2	
TWIIIST REFIL KIT INFUSION	2	
URINE GLUCOSE MONITORING SUPPLIES	3	OTC
URINE TEST STRIPS	3	OTC
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
ENDOMETRIOSIS		
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
ORILISSA TABS 150MG, 200MG	2	
SYNAREL SOLN 2MG/ML	3	PA
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN SOLR 10000UNIT	3	SGM, PA
<i>clomid tabs 50mg</i>	1	
GANIRELIX ACETATE SOSY 250MCG/0.5ML	3	SGM, PA
GONAL-F SOLR 450UNIT	3	SGM, PA, QL (10 vials every 28 days)
GONAL-F SOLR 1050UNIT	3	SGM, PA, QL (6 vials every 28 days)
GONAL-F RFF SOLR 75UNIT	3	SGM, PA, QL (60 vials every 28 days)
GONAL-F RFF REDIJECT SOPN 300UNT/0.48ML	3	SGM, PA, QL (15 cartridges every 28 days)
GONAL-F RFF REDIJECT SOPN 450UNT/0.72ML	3	SGM, PA, QL (10 cartridges every 28 days)
GONAL-F RFF REDIJECT SOPN 900UNT/1.44ML	3	SGM, PA, QL (7 cartridges every 28 days)
OVIDREL SOSY 250MCG/0.5ML	3	SGM, PA
GLUCOCORTICOIDS		
<i>deflazacort susp 22.75mg/ml</i>	3	SGM, PA, QL (52 mL every 30 days)
<i>deflazacort tabs 6mg</i>	3	SGM, PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
deflazacort tabs 18mg, 30mg, 36mg	3	SGM, PA, QL (30 tabs every 30 days)
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	
EMFLAZA SUSP 22.75MG/ML	3	SGM, PA, QL (52 mL every 30 days)
fludrocortisone acetate tabs .1mg	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
MEDROL TABS 2MG	2	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	
prednisolone soln 15mg/5ml	1	
prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml	1	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5MG/ML	2	
GLUCOSE ELEVATING AGENTS		
glucagon solr 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY 1MG/0.2ML	2	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
nitisinone caps 2mg, 5mg, 10mg, 20mg	3	SGM, PA
ORFADIN SUSP 4MG/ML	3	SGM, PA
HUMAN GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	3	SGM, PA
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	3	SGM, PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAPS 84MG	3	SGM, PA, QL (56 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	3	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	3	PA; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY	2	
DUAVEE TAB 0.45-20	2	
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	1	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal crea .1mg/gm	1	
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	2	
IMVEXXY STARTER PACK INST 4MCG, 10MCG	2	
jinteli tab 1mg-5mcg	1	
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
mimvey tab 1-0.5mg	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
PREMARIN CREA .625MG/GM	3	
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
yuvaferm tabs 10mcg	1	
MISCELLANEOUS		
betaine anhy pow	3	SGM, PA
cabergoline tabs .5mg	1	
CYSTAGON CAPS 50MG, 150MG	3	SGM, PA
INCRELEX SOLN 40MG/4ML	3	SGM, PA
INTRAROSA INST 6.5MG	3	
mifepristone tabs 200mg	1	
OSPHENA TABS 60MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl tabs 60mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	3	SGM, PA
<i>tolvaptan tabs 15mg, 30mg</i>	3	SGM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	1	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
VELPHORO CHEW 500MG	2	
POTASSIUM-REMOVING AGENTS		
<i>sps susp 15gm/60ml</i>	1	
PROGESTINS		
CRINONE GEL 4%, 8%	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg</i>	1	
THYROID AGENTS		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i>	1	
UREA CYCLE DISORDER		
PHEBURANE PLLT 483MG/GM	3	SGM, PA, QL (672g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate powd 3gm/tsp	3	SGM, PA, QL (798g every 30 days)
sodium phenylbutyrate tabs 500mg	3	SGM, PA, QL (1200 tabs every 30 days)
VASOPRESSINS		
desmopressin acetate tabs .1mg, .2mg	1	
desmopressin acetate spray soln .01%	1	
desmopressin acetate spray refrigerated soln .01%	1	
VITAMIN D ANALOGS		
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	
paricalcitol caps 1mcg, 2mcg, 4mcg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
GROWTH HORMONES		
GENOTROPIN CART 5MG, 12MG	3	SGM, PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	3	SGM, PA
METABOLIC MODIFIERS		
ORFADIN CAPS 20MG	3	SGM, PA
GASTROINTESTINAL		
ANTICHOLINERGICS		
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	1	
glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg	1	
methscopolamine bromide tabs 2.5mg, 5mg	1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
cvs anti-diarrheal tabs 2mg	1	OTC
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl caps 2mg	1	
MOTOFEN TAB 1-0.025	3	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 28 days)
aprepitant caps 40mg	1	QL (3 caps every 180 days)
aprepitant caps 80mg	1	QL (4 caps every 28 days)
aprepitant caps 125mg	1	QL (2 caps every 28 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (2 packs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>compro supp 25mg</i>	1	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1	QL (60 caps every 30 days)
<i>granisetron hcl tabs 1mg</i>	1	QL (12 tabs every 28 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	1	
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg</i>	1	
<i>ondansetron tbdp 4mg, 8mg</i>	1	QL (18 tabs every 28 days)
<i>ondansetron hcl soln 4mg/5ml</i>	1	QL (200 mL every 28 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	QL (18 tabs every 28 days)
<i>ondansetron hcl tabs 24mg</i>	1	QL (2 tabs every 28 days)
<i>prochlorperazine supp 25mg</i>	1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1	
<i>promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl supp 12.5mg, 25mg</i>	1	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	1	
SANCUSO PTCH 3.1MG/24HR	2	QL (2 patches every 28 days)
<i>scopolamine pt72 1mg/3days</i>	1	
<i>trimethobenzamide hcl caps 300mg</i>	1	
VARUBI TBPK 90MG	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	1	
<i>nizatidine caps 150mg, 300mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium caps 750mg</i>	1	
<i>budesonide cpep 3mg; tb24 9mg</i>	1	
CORTIFOAM FOAM 10%	2	
DIPENTUM CAPS 250MG	3	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	1	
<i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	
<i>lubiprostone caps 8mcg, 24mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tabs .5mg, 1mg</i>	1	PA
VIBERZI TABS 75MG, 100MG	2	PA
LAXATIVES		
CLENPIQ SOL	0	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose soln 10gm/15ml</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	1	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	0	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
IQIRVO TABS 80MG	3	SGM, PA, QL (30 tabs every 30 days)
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	2	
SUCRAID SOLN 8500UNIT/ML	3	PA, QL (354 mL every 30 days)
<i>sucralfate tabs 1gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	
VOWST CAP	3	SGM, PA, QL (12 caps every 30 days)
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	1	QL (90 caps every 365 days)
<i>esomeprazole magnesium pack 2.5mg, 5mg, 10mg</i>	1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>goodsense esomeprazole ma cpdr 20mg</i>	1	QL (90 caps every 365 days), OTC
<i>kls esomeprazole magnesiu cpdr 20mg</i>	1	QL (90 caps every 365 days), OTC
<i>lansoprazole cpdr 15mg</i>	1	QL (90 caps every 365 days), OTC
<i>lansoprazole cpdr 15mg, 30mg</i>	1	QL (90 caps every 365 days)
NEXIUM PACK 2.5MG, 5MG	3	QL (90 packets every 365 days); Covered for age less than 1 year only
NEXIUM 24HR TBEC 20MG	1	QL (90 tabs every 365 days), OTC
<i>omepra/bicar cap 20-1100</i>	1	QL (90 caps every 365 days), OTC
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (90 caps every 365 days)

Drug Name	Drug Tier	Requirements/Limits
omeprazole tbec 20mg	1	QL (90 tabs every 365 days), OTC
omeprazole magnesium cpdr 20.6mg	1	QL (90 caps every 365 days), OTC
pantoprazole sodium tbec 20mg, 40mg	1	QL (90 tabs every 365 days)
rabeprazole sodium tbec 20mg	1	QL (90 tabs every 365 days)

RECTAL, CORTICOSTEROIDS

hydrocortisone (rectal) crea 1%, 2.5%	1	
---------------------------------------	---	--

ULCER THERAPY COMBINATIONS

amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	1	
HELIDAC MIS THERAPY	3	

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

alfuzosin hcl tb24 10mg	1	
CARDURA XL TB24 4MG, 8MG	3	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1	
dutasteride caps .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tabs 5mg	1	
silodosin caps 4mg, 8mg	1	
tadalafil tabs 2.5mg, 5mg	1	PA, QL (30 tabs every 30 days)
tamsulosin hcl caps .4mg	1	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	

CONTRACEPTIVES

In accordance with the Comprehensive Contraception Coverage Act (CCCA), contraceptives may be dispensed as a 12-month supply at one time

ENCARE SUPP 100MG	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
PHEXXI GEL	0	
TODAY SPONGE MISC 1000MG	0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC

ERECTILE DYSFUNCTION

avanafil tabs 50mg, 100mg, 200mg	1	PA, QL (6 tabs every 30 days)
----------------------------------	---	-------------------------------

Drug Name	Drug Tier	Requirements/Limits
MUSE PLLT 250MCG, 500MCG, 1000MCG	3	PA, QL (6 units every 30 days)
STENDRA TABS 50MG, 100MG, 200MG	3	PA, QL (6 tabs every 30 days)
MISCELLANEOUS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
ELMIRON CAPS 100MG	3	
<i>eq urinary pain relief tabs 95mg</i>	1	OTC
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg</i>	1	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	1	
<i>mirabegron tb24 25mg, 50mg</i>	1	
MYRBETRIQ SRER 8MG/ML	2	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	2	
<i>clindamycin phosphate vaginal crea 2%</i>	1	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel .75%</i>	1	
<i>miconazole 1 kit 1200-2%</i>	1	OTC
<i>miconazole 3 supp 200mg</i>	1	
<i>miconazole 3 kit combinat</i>	1	OTC
<i>miconazole 3 kit combo pk</i>	1	OTC
<i>miconazole 7 crea 2%</i>	1	OTC
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	1	
ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG	2	
ELIQUIS STARTER PACK TBP 5MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	1	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1	
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
PRADAXA CAPS 75MG	3	
<i>rivaroxaban susr 1mg/ml; tabs 2.5mg</i>	1	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2	
XARELTO STAR TAB 15/20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	3	SGM, PA
FYLNETRA SOSY 6MG/0.6ML	3	SGM, PA, QL (2 syringes every 28 days)
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	3	SGM, PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	3	SGM, PA
NYVEPRIA SOSY 6MG/0.6ML	3	SGM, PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	3	SGM, PA
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	3	SGM, PA
MISCELLANEOUS		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>pentoxifylline tbc 400mg</i>	1	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	2	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TABS 9MG, 54MG	3	SGM, PA, QL (60 tabs every 30 days)
ALVAIZ TABS 18MG, 36MG	3	SGM, PA, QL (90 tabs every 30 days)
DOPTELET TABS 20MG	3	SGM, PA, QL (1 carton every 5 days)
DOPTELET TABS 20MG	3	SGM, PA, QL (2 cartons every 30 days)
DOPTELET SPRINKLE CPSP 10MG	3	SGM, PA, QL (60 caps every 30 days)
HEMATOLOGICAL AGENTS - MISC.		
COMPLEMENT INHIBITORS		
HAEGARDA SOLR 2000UNIT, 3000UNIT	3	SGM, PA, QL (20 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
<i>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</i>		
ACTEMRA SOLN 80MG/4ML	3	SGM, ST, PA, QL (20 vials every 28 days)
ACTEMRA SOLN 200MG/10ML	3	SGM, ST, PA, QL (8 vials every 28 days)
ACTEMRA SOLN 400MG/20ML	3	SGM, ST, PA, QL (4 vials every 28 days)
INFLIXIMAB SOLR 100MG	3	SGM, PA, QL (5 vials every 42 days)
SIMPONI ARIA SOLN 50MG/4ML	3	SGM, PA, QL (200 mg every 8 weeks)
SKYRIZI SOLN 600MG/10ML	3	SGM, PA, QL (6 vials every 56 days)
TREMFYA SOLN 200MG/20ML	3	SGM, PA, QL (One time induction dose only)
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</i>		
ACTEMRA SOSY 162MG/0.9ML	3	SGM, ST, PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN SOAJ 162MG/0.9ML	3	SGM, ST, PA, QL (4 injections every 28 days)
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	3	SGM, PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	3	SGM, PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	3	SGM, PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	3	SGM, PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	3	SGM, PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	3	SGM, PA, QL (4 syringes every 28 days)
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	3	SGM, PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150MG/ML	3	SGM, PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	3	SGM, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	3	SGM, PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNOREADY SOAJ 300MG/2ML	3	SGM, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL SOLN 25MG/0.5ML	3	SGM, PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25MG/0.5ML	3	SGM, PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 50MG/ML	3	SGM, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50MG/ML	3	SGM, PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50MG/ML	3	SGM, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML	3	SGM, PA, QL (4 auto-injectors every 28 days)
HYRIMOZ SOSY 10MG/0.1ML	3	SGM, PA, QL (2 syringes every 28 days)
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	3	SGM, PA, QL (4 syringes every 28 days)
HYRIMOZ PEDIATRIC CROHNS SOSY 80MG/0.8ML	3	SGM, PA, QL (Starter pack - initial dose only)
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	3	SGM, PA, QL (Starter pack - initial dose only)
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	3	SGM, PA, QL (2 auto-injectors every 28 days)
HYRIMOZ-PED INJ CROHNS	3	SGM, PA, QL (Starter pack - initial dose only)
HYRIMOZ-PLAQ INJ PSOR/UVE	3	SGM, PA, QL (Starter pack - initial dose only)
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	3	SGM, PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	3	SGM, PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TABS 20MG, 30MG	3	SGM, PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20	3	SGM, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	3	SGM, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
OTEZLA XR TB24 75MG	3	SGM, PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA/XR TAB 28 DAY	3	SGM, PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
PYZCHIVA SOLN 45MG/0.5ML	3	SGM, PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA SOSY 45MG/0.5ML	3	SGM, PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA SOSY 90MG/ML	3	SGM, PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
RINVOQ TB24 15MG	3	SGM, PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TB24 30MG	3	SGM, PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TB24 45MG	3	SGM, PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN 1MG/ML	3	SGM, PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	3	SGM, ST, PA, QL (1 injection every 28 days)
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	3	SGM, PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOSY 150MG/ML	3	SGM, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150MG/ML	3	SGM, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOLN 45MG/0.5ML	3	SGM, PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45MG/0.5ML	3	SGM, PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 90MG/ML	3	SGM, PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	3	SGM, PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TALTZ SOSY 20MG/0.25ML, 40MG/0.5ML	3	SGM, PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML	3	SGM, PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	3	SGM, PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA PEN SOAJ 100MG/ML	3	SGM, PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
VELSIPITY TABS 2MG	3	SGM, PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
XELJANZ SOLN 1MG/ML	3	SGM, PA, QL (240 mL every 24 days)
XELJANZ TABS 5MG	3	SGM, PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TABS 10MG	3	SGM, PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TB24 11MG	3	SGM, PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TB24 22MG	3	SGM, PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
YESINTEK SOLN 45MG/0.5ML	3	SGM, PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK SOSY 45MG/0.5ML	3	SGM, PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 90MG/ML	3	SGM, PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>leflunomide tabs 10mg, 20mg</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	
HEREDITARY ANGIOEDEMA		
<i>icatibant acetate sosy 30mg/3ml</i>	3	SGM, PA, QL (45 syringes every 90 days)
TAKHZYRO SOLN 300MG/2ML	3	SGM, PA, QL (2 vials every 28 days)
TAKHZYRO SOSY 150MG/ML, 300MG/2ML	3	SGM, PA, QL (2 syringes every 28 days)
IMMUNOGLOBULIN		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	3	SGM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100MCG/0.5ML	3	SGM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	3	
<i>azathioprine tabs 50mg</i>	1	
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	3	
CELLCEPT INTRAVENOUS SOLR 500MG	3	
<i>cyclosporine caps 25mg, 100mg; soln 50mg/ml</i>	1	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	
ENVARUSUS XR TB24 .75MG, 1MG, 4MG	3	
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	1	
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	1	
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	1	
<i>mycophenolate mofetil hcl solr 500mg</i>	1	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1	
MYFORTIC TBEC 180MG, 360MG	3	

Drug Name	Drug Tier	Requirements/Limits
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	3	
NULOJIX SOLR 250MG	3	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG; SOLN 5MG/ML	3	
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	3	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML	3	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	3	
MISCELLANEOUS		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	\$0 copay for members age 18 and younger, otherwise not covered
ENFLONISIA SOSY 105MG/0.7ML	0	\$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	0	
ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AREXVY SUSR 120MCG/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO SUSY .5ML	0	
BOOSTRIX INJ	0	
CAPVAXIVE SOSY .5ML	0	
COMIRNATY 2023-24 SUSP 30MCG/0.3ML	0	
COMIRNATY 2025-26 SUSY 30MCG/0.3ML	0	
COMIRNATY/5-11Y/2025-26 SUSP 10MCG/0.3ML	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DENG VAXIA SUS	0	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	0	
FLUMIST	0	
GARDASIL 9 SUSP .5ML; SUSY .5ML	0	
HAVRIX SUSY 720ELU/0.5ML, 1440UNIT/ML	0	
HEPLISAV-B SOSY 20MCG/0.5ML	0	
HIBERIX SOLR 10MCG	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	0	
IPOL INJ INACTIVE	0	
JYNNEOS SUSP .5ML	0	
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENQUADFI SOLN .5ML	0	
MENVEO INJ	0	
MENVEO SOL	0	
MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML	0	
MODERNA COVID-19 VACCINE SUSP 25MCG/0.25ML	0	
MRESVIA SUSY 50MCG/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
NOVAVAX COVID-19 VACCINE/ SUSP 5MCG/0.5ML	0	
NUVAXOVID COVID-19 VACCIN SUSY 5MCG/0.5ML	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5MCG/0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENMENVY INJ	0	

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML	0	
PNEUMOVAX 23 SOSY 25MCG/0.5ML	0	
PREHEVBRIO SUSP 10MCG/ML	0	
PREVNAR 20 INJ	0	
PRIORIX INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50MCG/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 25MCG/0.25ML, 50MCG/0.5ML	0	
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA SUSY .5ML	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML; SUSY 25UNIT/0.5ML, 50UNIT/ML	0	
VARIVAX SUSR 1350PFU/0.5ML	0	

Drug Name	Drug Tier	Requirements/Limits
VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	0	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
AUTOLET PLAT MIS 1.8MM	2	OTC
FREESTYLE KIT FREEDOM	2	OTC
FREESTYLE KIT INSULINX	2	OTC
FREESTYLE KIT LITE	2	OTC
FREESTYLE KIT SENSOR	2	
FREESTYLE MIS READER	2	
PRECISION MIS XTRA	2	OTC
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY SOAJ 225MG/1.5ML	2	ST, QL (2 pens every 90 days); PA**
AJOVY SOSY 225MG/1.5ML	2	ST, QL (2 syringes every 90 days); PA**
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>effer-k tbef 25meq</i>	1	
<i>klor-con 8 tbcr 8meq</i>	1	
<i>klor-con 10 tbcr 10meq</i>	1	
<i>klor-con m15 tbcr 15meq</i>	1	
<i>monoject sodium chloride soln .9%</i>	1	
<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 20meq</i>	1	
<i>sodium chloride soln .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
PRENATAL VITAMINS		
<i>elite-ob tab</i>	1	
<i>inatal gt tab</i>	1	
<i>pnv-dha cap</i>	1	
<i>pnv-select tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal 19 chw tab</i>	1	
<i>trinate tab</i>	1	
VITAMINS		
<i>cholecalciferol caps 50000unit</i>	1	OTC
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>ergocalciferol caps 50000unit</i>	1	
<i>folic acid caps 800mcg</i>	0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tabs 1mg</i>	1	
<i>folic acid tabs 400mcg, 800mcg</i>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	1	
<i>phytonadione tabs 5mg</i>	1	
<i>pyridoxine hcl tabs 25mg, 50mg</i>	1	OTC
<i>tri-vit/fluoro dro 0.5mg</i>	1	
<i>tri-vit/fluoro dro 0.25mg</i>	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOLN 1%	2	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentamicin sulfate (ophth) soln .3%</i>	1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
NATACYN SUSP 5%	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	
<i>trifluridine soln 1%</i>	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	2	
<i>bromfenac sodium (ophth) soln .09%</i>	1	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>diclofenac sodium (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	
<i>flurbiprofen sodium soln .03%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
<i>loteprednol etabonate susp .5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEVANAC SUSP .1%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIAL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1	ST
<i>bepotastine besilate soln 1.5%</i>	1	ST
<i>cromolyn sodium (ophth) soln 4%</i>	1	
<i>epinastine hcl (ophth) soln .05%</i>	1	ST
<i>eye itch relief soln .035%</i>	1	OTC
<i>ketotifen fumarate (ophth) soln .035%</i>	1	OTC
<i>olopatadine hcl soln .2%</i>	1	ST
ZERVIAE SOLN .24%	3	ST
ANTIGLAUCOMA BETA-BLOCKERS		
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>carteolol hcl (ophth) soln 1%</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide susp 1%</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
DRY EYE DISEASE		
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	2	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
CYSTARAN SOLN .44%	3	SGM, PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
PROSTAGLANDINS		
<i>latanoprost soln .005%</i>	1	
LUMIGAN SOLN .01%	2	ST; PA**
<i>tafluprost soln .015mg/ml</i>	1	
<i>travoprost soln .004%</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine tartrate soln .15%, .2%</i>	1	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte sol</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
MULTIPLE SCLEROSIS AGENTS		
COPAXONE SOSY 40MG/ML	3	SGM, PA, QL (12 injections every 28 days)
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML	3	SGM, PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	1	QL (4 auto-injectors every 30 days)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3MG/0.3ML	2	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BEVESPI AER 9-4.8MCG	2	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER SPHERE	2	QL (1 package every 30 days)
TRELEGY AER 100MCG	2	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER 200MCG	2	QL (1 package every 30 days)
ANTICHOLINERGICS		
<i>ipratropium bromide soln .02%</i>	1	QL (5 boxes every 30 days)
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL (1 package every 30 days)
<i>tiotropium bromide caps 18mcg</i>	1	QL (1 package every 30 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package every 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl soln .1%, .15%</i>	1	QL (2 bottles every 30 days)
<i>carbinoxamine maleate tabs 4mg</i>	1	
<i>cetirizine hcl chew 5mg, 10mg; tabs 5mg, 10mg</i>	1	OTC
<i>cetirizine hcl childrens soln 1mg/ml</i>	1	OTC
<i>clemastine fumarate tabs 2.68mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cvs allergy relief tbdp 10mg</i>	1	OTC
<i>cvs allergy relief childr susp 30mg/5ml</i>	1	OTC
<i>cypheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1	ST
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl soln 50mg/ml</i>	1	
<i>fexofenadine hcl tabs 60mg, 180mg</i>	1	OTC
<i>gnp loratadine soln 5mg/5ml</i>	1	OTC
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1	
<i>loratadine caps 10mg; tabs 10mg</i>	1	OTC
<i>olopatadine hcl (nasal) soln .6%</i>	1	QL (1 container every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ra allergy relief caps 10mg</i>	1	OTC
ZYRTEC ALLERGY CAPS 10MG	1	OTC
BETA AGONISTS		
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (120 vials every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (5 boxes every 30 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	QL (60 vials every 30 days)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1	QL (45 mL every 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (300 mL every 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL (1 package every 30 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL (1 package every 30 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	
COLD/COUGH		
<i>benzonatate caps 100mg, 200mg</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (6 tabs every day); Subject to initial 7-day limit
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
CYSTIC FIBROSIS		
CAYSTON SOLR 75MG	3	SGM, PA, QL (84 vials every 28 days)
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	3	SGM, PA, QL (56 packets every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS 150MG	3	SGM, PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	3	SGM, PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	3	SGM, PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	3	SGM, PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	3	SGM, PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	3	SGM, PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	3	SGM, PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	3	SGM, PA, QL (56 tabs every 28 days)
<i>tobramycin nebu 300mg/4ml</i>	3	SGM, PA, QL (224 mL every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	3	SGM, PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	3	SGM, PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	3	SGM, PA, QL (56 packets every 28 days)
TRIKAFTA TAB	3	SGM, PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton tb12 600mg</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine soln 10%, 20%</i>	1	
<i>roflumilast tabs 250mcg, 500mcg</i>	1	PA
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
<i>budesonide (nasal) susp 32mcg/act</i>	1	QL (1 bottle every 30 days), OTC
<i>flunisolide (nasal) soln .025%</i>	1	QL (3 containers every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (1 container every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (1 container every 30 days), OTC
<i>mometasone furoate (nasal) susp 50mcg/act</i>	1	QL (2 packages every 30 days)
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	1	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone caps 267mg</i>	3	SGM, PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	3	SGM, PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 801mg</i>	3	SGM, PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
ADULT RESPIRATORY MASK	2	
HOLD CHAMBER MIS MEDIUM	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML	3	SGM, PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT SOAJ 300MG/2ML	3	SGM, PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
FASENRA SOSY 10MG/0.5ML	3	SGM, PA, QL (1 syringe every 56 days)
FASENRA SOSY 30MG/ML	3	SGM, PA, QL (1 syringe every 28 days)
FASENRA PEN SOAJ 30MG/ML	3	SGM, PA, QL (1 auto-injector every 28 days)
XOLAIR SOAJ 75MG/0.5ML	3	SGM, PA, QL (2 pens every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act	1	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 100-50 mcg/act	1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act	1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 500-50 mcg/act	1	QL (1 package every 30 days)

XANTHINES

<i>theophylline elix</i> 80mg/15ml; <i>soln</i> 80mg/15ml; <i>tb12</i> 300mg, 450mg; <i>tb24</i> 400mg, 600mg	1	
--	---	--

TOPICAL**DERMATOLOGY, ACNE**

<i>acne medication</i> 5 gel 5%	1	OTC
<i>adapalene crea</i> .1%; <i>gel</i> .1%, .3%	1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel</i> 0.1-2.5%	1	ST
<i>adapalene-benzoyl peroxide gel</i> 0.3-2.5%	1	ST
BENZOYL PEROXIDE GEL 2.5%; LOTN 5%, 10%	1	OTC
<i>benzoyl peroxide gel</i> 5%, 10%	1	OTC
<i>benzoyl peroxide wash liqd</i> 5%, 10%	1	OTC
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	ST, QL (47g every 30 days)
<i>bp wash liqd</i> 2.5%, 5%	1	OTC
<i>clearskin crea</i> 10%	1	OTC
<i>clindacin etz pledgets swab</i> 1%	1	
CLINDACIN KIT ETZ 1%	3	
<i>clindamycin phosph-benzoyl peroxide (refrig)</i> <i>gel</i> 1.2 (1)-5%	1	QL (45g every 30 days)
<i>clindamycin phosphate (topical) foam</i> 1%	1	
<i>clindamycin phosphate (topical) gel</i> 1%	1	QL (75g every 30 days)
<i>clindamycin phosphate (topical) lotn</i> 1%; <i>soln</i> 1%	1	QL (60 mL every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1-5%	1	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1.2-2.5%	1	QL (50g every 30 days)
<i>cvs acne cleansing bar bar</i> 10%	1	OTC
<i>cvs creamy acne face wash liqd</i> 4%	1	OTC
<i>cvs targeted acne spot tr crea</i> 2.5%	1	OTC
<i>ery pads</i> 2%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (acne aid) gel 2%</i>	1	QL (60g every 30 days)
<i>erythromycin (acne aid) soln 2%</i>	1	QL (60 mL every 30 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1	PA
NEUTROGENA CLEAR PORE CLE LIQD 3.5%	1	OTC
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	1	
<i>imiquimod crea 5%</i>	1	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	
IV PREP WIPE PAD	2	OTC
<i>mupirocin oint 2%</i>	1	QL (30g every 30 days)
<i>qc bacitracin oint 500unit/gm</i>	1	OTC
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	3	
<i>triple antib oin</i>	1	OTC
DERMATOLOGY, ANTIFUNGALS		
<i>antifungal crea 1%, 2%</i>	1	OTC
<i>butenafine hcl crea 1%</i>	1	OTC
<i>ciclopirox gel .77%</i>	1	ST, QL (120g every 30 days)
<i>ciclopirox sham 1%</i>	1	QL (120 mL every 30 days)
<i>ciclopirox soln 8%</i>	1	
<i>ciclopirox olamine crea .77%</i>	1	ST, QL (120g every 30 days)
<i>ciclopirox olamine susp .77%</i>	1	ST, QL (120 mL every 30 days)
<i>clotrimazole (topical) crea 1%</i>	1	ST, QL (120g every 30 days)
<i>clotrimazole (topical) crea 1%; soln 1%</i>	1	OTC
<i>clotrimazole (topical) soln 1%</i>	1	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (60 mL every 30 days)
<i>cruex prescription streng aerp 2%</i>	1	OTC
<i>cvs athletes foot liquid aero 2%</i>	1	OTC
<i>econazole nitrate crea 1%</i>	1	ST, QL (60g every 30 days)
ERTACZO CREA 2%	3	QL (60g every 30 days)
<i>gnp miconazorb af powd 2%</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>gnp terbinafine hydrochlo crea 1%</i>	1	OTC
JUBLIA SOLN 10%	3	PA, QL (4 mL every 28 days)
<i>ketoconazole (topical) crea 2%</i>	1	ST, QL (120g every 30 days)
LOTRIMIN ANTIFUNGAL AERO 2%	1	OTC
LOTRIMIN ULTRA CREA 1%	1	OTC
<i>medicated anti-fungal soln 1%</i>	1	OTC
<i>naftifine hcl crea 1%, 2%</i>	1	ST, QL (60g every 30 days)
<i>nyamyc powd 100000unit/gm</i>	1	ST, QL (120g every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	1	ST, QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (60g every 30 days)
<i>nystop powd 100000unit/gm</i>	1	ST, QL (120g every 30 days)
<i>oxiconazole nitrate crea 1%</i>	1	ST, QL (60g every 30 days)
<i>qc athletes foot relief aero 1%</i>	1	OTC
<i>sulconazole nitrate crea 1%</i>	1	QL (60g every 30 days)
<i>sulconazole nitrate soln 1%</i>	1	QL (60 mL every 30 days)
TINACTIN AERO 1%	1	OTC
<i>tolnaftate aerp 1%; powd 1%</i>	1	OTC
<i>triple paste af oint 2%</i>	1	OTC
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic) crea 5%</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	
<i>calcipotriene soln .005%</i>	1	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	ST, QL (60g every 30 days); PA**
<i>calcitriol (topical) oint 3mcg/gm</i>	3	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid caps 10mg</i>	1	
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	1	PA
TAZORAC CREA .05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) sham 2%</i>	1	QL (120 mL every 30 days)
<i>selenium sulfide lotn 2.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SOSY 200MG/1.14ML	3	SGM, PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT SOSY 300MG/2ML	3	SGM, PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EBGLYSS SOAJ 250MG/2ML	3	SGM, PA, QL (2 pens every 28 days)
EBGLYSS SOSY 250MG/2ML	3	SGM, PA, QL (2 syringes every 28 days)
EUCRISA OINT 2%	2	ST, QL (60g every 30 days); PA**
<i>pimecrolimus crea 1%</i>	3	ST; PA**
<i>tacrolimus (topical) oint .03%, .1%</i>	3	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	QL (120g every 30 days)
<i>amcinonide oint .1%</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate (topical) crea .05%</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate crea .1%; foam .12%; oint .1%</i>	1	QL (120g every 30 days)
<i>betamethasone valerate lotn .1%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	1	QL (120g every 30 days)
<i>clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate emo crea .05%</i>	1	QL (120g every 30 days)
<i>clocortolone pivalate crea .1%</i>	3	QL (120g every 30 days)
<i>desonide crea .05%; oint .05%</i>	1	QL (120g every 30 days)
<i>desonide lotn .05%</i>	1	QL (120 mL every 30 days)
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	1	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone liqd .25%</i>	3	QL (120 mL every 30 days)
<i>diflorasone diacetate crea .05%; oint .05%</i>	3	QL (120g every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1	QL (120g every 30 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	1	QL (120 mL every 30 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	1	QL (120g every 30 days)
<i>fluocinonide soln .05%</i>	1	QL (120 mL every 30 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	1	QL (120g every 30 days)
<i>fluticasone propionate lotn .05%</i>	1	QL (120 mL every 30 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	1	QL (120g every 30 days)
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	1	QL (120g every 30 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	1	QL (120g every 30 days)
<i>hydrocortisone butyrate soln .1%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	QL (120g every 30 days)
<i>mometasone furoate crea .1%; oint .1%</i>	1	QL (120g every 30 days)
<i>mometasone furoate soln .1%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	1	QL (120g every 30 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1	QL (120 mL every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl prsy 2%</i>	1	QL (60 mL every 30 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 30 days)
<i>lidocaine pain relief pat ptch 4%</i>	1	QL (30 patches every 30 days), OTC
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30g every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical crea 5%</i>	3	
<i>bexarotene (topical) gel 1%</i>	3	SGM, PA
<i>docosanol crea 10%</i>	1	OTC
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	
<i>nitroglycerin (intra-anal) oint .4%</i>	1	
<i>penciclovir crea 1%</i>	1	ST
<i>podofilox gel .5%; soln .5%</i>	1	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate (topical) gel .33%</i>	1	PA
<i>FINACEA FOAM 15%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin (rosacea) crea 1%</i>	1	PA
<i>metronidazole (topical) crea .75%; gel .75%, 1%</i>	1	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	1	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan lotn 10%</i>	1	
<i>cvs ivermectin lice treat lotn .5%</i>	1	OTC
<i>gnp lice treatment liqd 1%</i>	1	OTC
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>spinosad susp .9%</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL .01%</i>	3	PA, QL (30g every 30 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
<i>clotrimazole troc 10mg</i>	1	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
<i>oralone dental paste pste .1%</i>	1	
<i>ORAVIG TABS 50MG</i>	3	QL (14 tabs every 30 days)
<i>periogard soln .12%</i>	1	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
<i>triamcinolone acetone (mouth) pste .1%</i>	1	
OTIC		
<i>acetic acid (otic) soln 2%</i>	1	
<i>ciprofloxacin hcl (otic) soln .2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	3	
<i>CORTISPORIN SUS -TC OTIC</i>	3	
<i>fluocinolone acetone (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) soln .3%</i>	1	

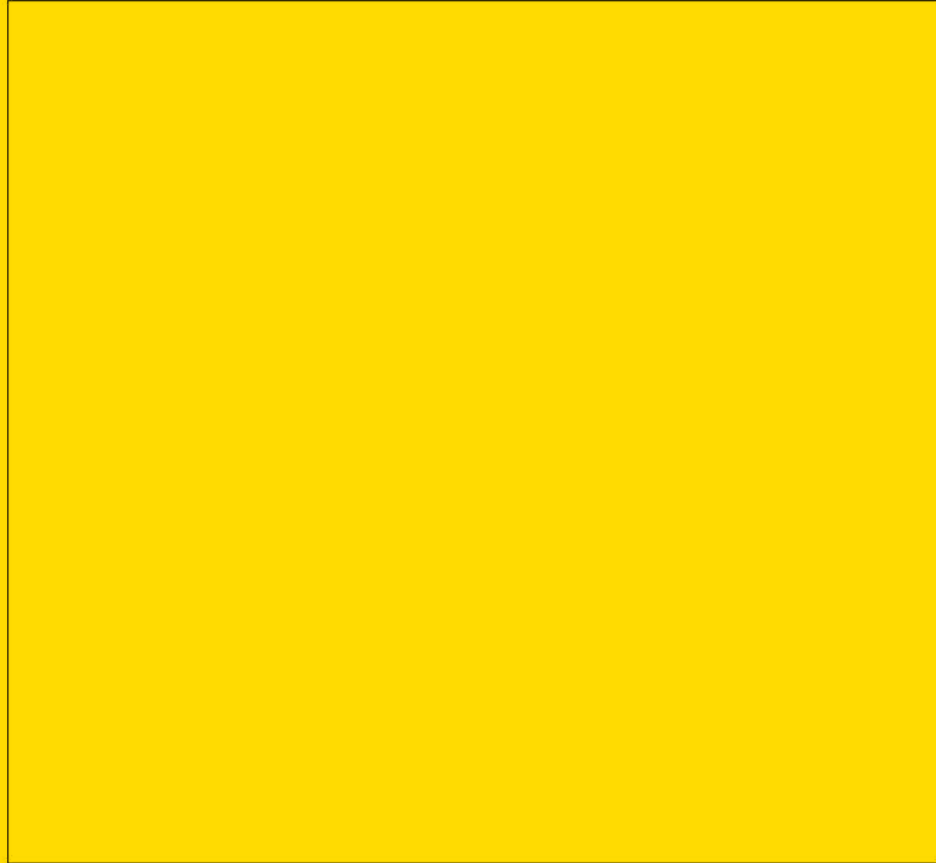
Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</i>		
GEMTESA TABS 75MG	3	
MYRBETRIQ TB24 25MG, 50MG	2	
VASOPRESSORS		
<i>ANAPHYLAXIS THERAPY AGENTS</i>		
EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML	2	QL (4 pens every 30 days)

Index

Generate the index.



50 Water St., 7th Floor • New York, NY 10004



MetroPlusHealth Customer Services:

 **877.475.3795 | TTY: 711**
After Hours: 800.442.2560

 **metroplus.org**

 **Hours Of Operation:**
Monday to Friday, 8am - 8pm |
Saturday, 9am - 5pm