# METROPLUSHEALTH ESSENTIAL PLAN FORMULARY

2026

This formulary was updated on 10/1/2026

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydrocodone-acetaminophen tab 10-325 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydrocodone-ibuprofen tab 10-200 mg* | 1 | ST, QL (50 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tabs 2mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tabs 4mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tabs 8mg* | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tb24 8mg, 12mg, 16mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydromorphone hcl tb24 32mg* | 1 | ST, PA; High Strength Requires PA |
| *methadone hcl conc 10mg/ml* | 1 | QL (30 mL every 30 days); (indicated for opioid addiction) |
| *methadone hcl soln 5mg/5ml* | 1 | ST, QL (450 mL every 30 days) |
| *methadone hcl soln 10mg/5ml* | 1 | ST, QL (225 mL every 30 days) |
| *methadone hcl tabs 5mg* | 1 | ST, QL (90 tabs every 30 days) |
| *methadone hcl tabs 10mg* | 1 | ST, QL (30 tabs every 30 days) |
| *methadone hydrochloride i conc 10mg/ml* | 1 | ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain) |
| *methadose tbso 40mg* | 1 | QL (9 tabs every 30 days) |
| *morphine sulfate cp24 10mg, 20mg, 30mg* | 1 | ST, QL (60 caps every 30 days) |
| *morphine sulfate cp24 50mg, 60mg, 80mg* | 1 | ST, QL (30 caps every 30 days) |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANTI-INFECTIVES** | | |
| ***ANTHELMINTICS*** | | |
| EMVERM CHEW 100MG | 3 | QL (12 tabs every 365 days) |
| *ivermectin tabs 3mg* | 1 | |
| *praziquantel tabs 600mg* | 1 | QL (24 tabs every 365 days) |
| ***ANTI-BACTERIALS - MISCELLANEOUS*** | | |
| *fosfomycin tromethamine pack 3gm* | 1 | |
| *gentamicin sulfate soln 40mg/ml* | 1 | |
| *neomycin sulfate tabs 500mg* | 1 | |
| *sulfadiazine tabs 500mg* | 1 | |
| *tinidazole tabs 250mg, 500mg* | 1 | |
| ***ANTIFUNGALS*** | | |
| *amphotericin b solr 50mg* | 1 | |
| CRESEMBA CAPS 74.5MG, 186MG | 3 | |
| *fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg* | 1 | |
| *griseofulvin microsize susp 125mg/5ml; tabs 500mg* | 1 | |
| *griseofulvin ultramicrosize tabs 125mg, 250mg* | 1 | |
| *itraconazole caps 100mg; soln 10mg/ml* | 1 | PA |
| *nystatin tabs 500000unit* | 1 | |
| *posaconazole susp 40mg/ml* | 1 | PA |
| *posaconazole tbec 100mg* | 3 | PA |
| *terbinafine hcl tabs 250mg* | 1 | |
| *voriconazole susr 40mg/ml; tabs 50mg, 200mg* | 3 | PA |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | 1 | |
| *chloroquine phosphate tabs 250mg, 500mg* | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| KRINTAFEL TABS 150MG | 3 | |
| *mefloquine hcl tabs 250mg* | 1 | |
| *primaquine phosphate tabs 26.3mg* | 1 | |
| *quinine sulfate caps 324mg* | 1 | |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate soln 20mg/ml* | 1 | QL (900 mL every 30 days) |
| *abacavir sulfate tabs 300mg* | 1 | QL (60 tabs every 30 days) |
| APRETUDE SUER 600MG/3ML | 0 | QL (2 vials every 90 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| APTIVUS CAPS 250MG | 2 | QL (120 caps every 30 days) |
| *atazanavir sulfate caps 150mg, 300mg* | 1 | QL (30 caps every 30 days) |
| *atazanavir sulfate caps 200mg* | 1 | QL (60 caps every 30 days) |
| *darunavir tabs 600mg* | 1 | QL (60 tabs every 30 days) |
| *darunavir tabs 800mg* | 1 | QL (30 tabs every 30 days) |
| EDURANT TABS 25MG | 2 | QL (60 tabs every 30 days) |
| EDURANT PED TBSO 2.5MG | 2 | QL (180 tabs every 30 days) |
| *efavirenz tabs 600mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine caps 200mg* | 1 | QL (30 caps every 30 days) |
| EMTRIVA SOLN 10MG/ML | 2 | QL (680 ml every 28 days) |
| *etravirine tabs 100mg* | 1 | QL (120 tabs every 30 days) |
| *etravirine tabs 200mg* | 1 | QL (60 tabs every 30 days) |
| *fosamprenavir calcium tabs 700mg* | 1 | QL (120 tabs every 30 days) |
| INTELENCE TABS 25MG | 2 | QL (120 tabs every 30 days) |
| ISENTRESS CHEW 25MG, 100MG | 2 | QL (180 tabs every 30 days) |
| ISENTRESS PACK 100MG | 2 | QL (60 packets every 30 days) |
| ISENTRESS TABS 400MG | 2 | QL (120 tabs every 30 days) |
| ISENTRESS HD TABS 600MG | 2 | QL (60 tabs every 30 days) |
| *lamivudine soln 10mg/ml* | 1 | QL (960 ml every 30 days) |
| *lamivudine tabs 150mg* | 1 | QL (60 tabs every 30 days) |
| *lamivudine tabs 300mg* | 1 | QL (30 tabs every 30 days) |
| *maraviroc tabs 150mg* | 1 | QL (60 tabs every 30 days) |
| *maraviroc tabs 300mg* | 1 | QL (120 tabs every 30 days) |
| *nevirapine susp 50mg/5ml* | 1 | QL (1200 mL every 30 days) |
| *nevirapine tabs 200mg* | 1 | QL (60 tabs every 30 days) |
| *nevirapine tb24 400mg* | 1 | QL (30 tabs every 30 days) |
| NORVIR PACK 100MG | 2 | QL (360 packets every 30 days) |
| PREZISTA SUSP 100MG/ML | 2 | QL (400 ml every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| *rilpivirine hcl tabs 25mg* | 1 | QL (60 tabs every 30 days) |
| *ritonavir tabs 100mg* | 1 | QL (360 tabs every 30 days) |
| SELZENTRY SOLN 20MG/ML | 2 | QL (1840 mL every 30 days) |
| *tenofovir disoproxil fumarate tabs 300mg* | 1 | QL (30 tabs every 30 days) |
| TIVICAY TABS 50MG | 2 | QL (60 tabs every 30 days) |
| TIVICAY PD TBSO 5MG | 2 | QL (360 tabs every 30 days) |
| TROGARZO SOLN 200MG/1.33ML | 3 | |
| 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) |
| YEZTUGO SOLN 463.5MG/1.5ML | 2 | QL (4 vials every 168 days) |
| YEZTUGO TABS 300MG | 2 | QL (8 tabs every 4 days) |
| *zidovudine caps 100mg* | 1 | QL (180 caps every 30 days) |
| *zidovudine syrp 50mg/5ml* | 1 | QL (1920 ml every 30 days) |
| *zidovudine tabs 300mg* | 1 | QL (60 tabs every 30 days) |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | QL (30 tabs every 30 days) |
| BIKTARVY TAB | 2 | QL (30 tabs every 30 days) |
| CABENUVA SUS 400-600 | 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) |
| DELSTRIGO TAB | 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) |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg* | 1 | |
| *clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg* | 1 | |
| DIFICID SUSR 40MG/ML; TABS 200MG | 2 | PA |
| *e.e.s. 400 tabs 400mg* | 1 | |
| *erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg* | 1 | |
| *erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml* | 1 | |
| *fidaxomicin tabs 200mg* | 1 | PA |
| ZITHROMAX PACK 1GM | 2 | |
| ***FLUOROQUINOLONES*** | | |
| BAXDELA TABS 450MG | 3 | |
| CIPRO SUSR 500MG/5ML | 3 | |
| *ciprofloxacin hcl tabs 250mg, 500mg, 750mg* | 1 | |
| *levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg* | 1 | |
| *moxifloxacin hcl tabs 400mg* | 1 | |
| *ofloxacin tabs 300mg, 400mg* | 1 | |
| ***HEPATITIS B*** | | |
| *adefovir dipivoxil tabs 10mg* | 3 | |
| BARACLUDE SOLN .05MG/ML | 3 | PA, QL (630 mL every 30 days) |
| *entecavir tabs .5mg, 1mg* | 3 | PA, QL (30 tabs every 30 days) |
| *lamivudine (hbv) tabs 100mg* | 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 (56 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HARVONI TAB 45-200MG | 3 | SGM, PA, QL (56 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 |
| *ribavirin (hepatitis c) caps 200mg; tabs 200mg* | 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 | 3 | SGM, ST, PA, QL (56 tabs every 28 days) |
| SOVALDI TABS 400MG | 3 | SGM, ST, PA, QL (28 tabs every 28 days) |
| VOSEVI TAB | 3 | SGM, PA, QL (28 tabs every 28 days) |
| ***MISCELLANEOUS*** | | |
| *atovaquone susp 750mg/5ml* | 1 | |
| *aztreonam solr 1gm, 2gm* | 1 | |
| *clindamycin hcl caps 75mg, 150mg, 300mg* | 1 | |
| *clindamycin palmitate hydrochloride solr 75mg/5ml* | 1 | |
| *dapsone tabs 25mg, 100mg* | 1 | |
| *ertapenem sodium solr 1gm* | 1 | |
| *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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 for susp 200-28.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | |
| *ampicillin caps 500mg* | 1 | |
| *dicloxacillin sodium caps 250mg, 500mg* | 1 | |
| *penicillin g potassium solr 5000000unit, 20000000unit* | 1 | |
| *penicillin g sodium solr 5000000unit* | 1 | |
| *penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | 1 | |
| *pfizerpen solr 20000000unit* | 1 | |
| ***TETRACYCLINES*** | | |
| *avidoxy tabs 100mg* | 1 | |
| *demeclocycline hcl tabs 150mg, 300mg* | 1 | |
| *doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg* | 1 | |
| *doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg* | 1 | |
| *minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tetracycline hcl caps 250mg, 500mg* | 1 | |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| *busulfan soln 6mg/ml* | 1 | |
| *carmustine solr 100mg* | 1 | |
| *cyclophosphamide caps 25mg, 50mg* | 1 | |
| *cyclophosphamide solr 1gm, 2gm, 500mg* | 3 | |
| *dacarbazine solr 100mg, 200mg* | 1 | |
| GLEOSTINE CAPS 10MG, 40MG, 100MG | 3 | |
| GLIADEL WAF 7.7MG | 2 | |
| *ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm* | 1 | |
| LEUKERAN TABS 2MG | 2 | |
| *lomustine caps 10mg, 40mg, 100mg* | 1 | |
| MATULANE CAPS 50MG | 2 | |
| 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 | |
| *fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml* | 1 | |
| *gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg* | 3 | |
| *mercaptopurine tabs 50mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm* | 1 | |
| NIPENT SOLR 10MG | 2 | |
| *pemetrexed disodium solr 100mg, 500mg* | 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 |
| *lenalidomide caps 2.5mg, 5mg, 10mg, 15mg* | 3 | SGM, PA, QL (28 caps every 28 days) |
| *lenalidomide caps 20mg, 25mg* | 3 | SGM, PA, QL (21 caps every 28 days) |
| PADCEV SOLR 20MG | 3 | SGM, PA, QL (21 vials every 28 days) |
| PADCEV SOLR 30MG | 3 | SGM, PA, QL (15 vials every 28 days) |
| *pomalidomide caps 1mg, 2mg, 3mg, 4mg* | 3 | SGM, PA, QL (21 caps 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*** | | |
| *abiraterone acetate tabs 250mg* | 3 | SGM, PA, QL (120 tabs every 30 days) |
| *abiraterone acetate tabs 500mg* | 3 | SGM, PA, QL (60 tabs every 30 days) |
| *anastrozole tabs 1mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *bicalutamide tabs 50mg* | 1 | |
| ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG | 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) |
| *exemestane tabs 25mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *fulvestrant sosy 250mg/5ml* | 3 | SGM, PA |
| *letrozole tabs 2.5mg* | 1 | |
| *leuprolide acetate kit 1mg/0.2ml* | 3 | SGM, PA |
| LYSODREN TABS 500MG | 2 | |
| *megestrol acetate tabs 20mg, 40mg* | 1 | |
| *nilutamide tabs 150mg* | 1 | |
| NUBEQA TABS 300MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| *tamoxifen citrate tabs 10mg, 20mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *toremifene citrate tabs 60mg* | 1 | |
| XTANDI CAPS 40MG | 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) |
| BRAFTOVI CAPS 75MG | 3 | SGM, PA, QL (180 caps every 30 days) |
| BRUKINSA CAPS 80MG | 3 | SGM, PA, QL (120 caps every 30 days) |
| BRUKINSA TABS 160MG | 3 | SGM, PA, QL (60 tabs 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) |
| *dasatinib tabs 20mg* | 3 | SGM, PA, QL (90 tabs every 30 days) |
| *dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg* | 3 | SGM, PA, QL (30 tabs every 30 days) |
| *erlotinib hcl tabs 25mg* | 3 | SGM, PA, QL (60 tabs every 30 days) |
| *erlotinib hcl tabs 100mg, 150mg* | 3 | SGM, PA, QL (30 tabs every 30 days) |
| *everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg* | 3 | SGM, PA, QL (30 tabs every 30 days) |
| *everolimus tbso 2mg, 5mg* | 3 | SGM, PA, QL (60 tabs every 30 days) |
| *everolimus tbso 3mg* | 3 | SGM, PA, QL (90 tabs every 30 days) |
| IBTROZI CAPS 200MG | 3 | SGM, PA, QL (90 caps every 30 days) |
| *imatinib mesylate tabs 100mg* | 3 | SGM, PA, QL (120 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *imatinib mesylate tabs 400mg* | 3 | SGM, PA, QL (60 tabs every 30 days) |
| 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) |
| 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) |
| 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 |
| *lapatinib ditosylate tabs 250mg* | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| MEKTOVI TABS 15MG | 3 | SGM, PA, QL (180 tabs every 30 days) |
| *nilotinib hcl caps 50mg, 150mg, 200mg* | 3 | SGM, PA, QL (120 caps every 30 days) |
| *pazopanib hcl tabs 200mg* | 3 | SGM, PA, QL (120 tabs every 30 days) |
| RYDAPT CAPS 25MG | 3 | SGM, PA, QL (224 caps every 28 days) |
| SCEMBLIX TABS 20MG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| SCEMBLIX TABS 40MG | 3 | SGM, PA, QL (240 tabs every 30 days) |
| SCEMBLIX TABS 100MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| *sorafenib tosylate tabs 200mg* | 3 | SGM, PA, QL (120 tabs every 30 days) |
| STIVARGA TABS 40MG | 3 | SGM, PA, QL (84 tabs every 28 days) |
| *sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg* | 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) |
| TAGRISSO TABS 40MG, 80MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG | 3 | SGM, PA, QL (64 tabs every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| 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*** | | |
| *arsenic trioxide soln 10mg/10ml, 12mg/6ml* | 1 | |
| *bexarotene caps 75mg* | 3 | SGM, PA |
| *hydroxyurea caps 500mg* | 1 | |
| 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 |
| *tretinoin (chemotherapy) caps 10mg* | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***MITOTIC INHIBITORS*** | | |
| *docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml* | 1 | |
| *paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml* | 1 | |
| *vinblastine sulfate soln 1mg/ml* | 1 | |
| *vincristine sulfate soln 1mg/ml* | 1 | |
| *vinorelbine tartrate soln 10mg/ml, 50mg/5ml* | 1 | |
| ***PLATINUM-BASED AGENTS*** | | |
| *carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml* | 1 | |
| *cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml* | 1 | |
| *oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg* | 3 | |
| *paraplatin soln 1000mg/100ml* | 1 | |
| ***PROTECTIVE AGENTS*** | | |
| *dexrazoxane hcl solr 250mg, 500mg* | 1 | |
| *leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg* | 1 | |
| *mesna soln 100mg/ml; tabs 400mg* | 1 | |
| ***TOPOISOMERASE INHIBITORS*** | | |
| *etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml* | 1 | |
| *irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml* | 3 | |
| *irinotecan hcl soln 300mg/15ml* | 1 | |
| *topotecan hcl solr 4mg* | 1 | |
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 1-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-180 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 4-240 mg* | 1 | |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl tabs 5mg, 10mg, 20mg, 40mg* | 1 | |
| *captopril tabs 12.5mg, 25mg, 50mg, 100mg* | 1 | |
| *enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg* | 1 | |
| *fosinopril sodium tabs 10mg, 20mg, 40mg* | 1 | |
| *lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg* | 1 | |
| *moexipril hcl tabs 7.5mg, 15mg* | 1 | |
| *perindopril erbumine tabs 2mg, 4mg, 8mg* | 1 | |
| *quinapril hcl tabs 5mg, 10mg, 20mg, 40mg* | 1 | |
| *ramipril caps 1.25mg, 2.5mg, 5mg, 10mg* | 1 | |
| *trandolapril tabs 1mg, 2mg, 4mg* | 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| *eplerenone tabs 25mg, 50mg* | 1 | |
| KERENDIA TABS 10MG, 20MG, 40MG | 3 | PA |
| *spironolactone tabs 25mg, 50mg, 100mg* | 1 | |
| ***ALPHA BLOCKERS*** | | |
| *prazosin hcl caps 1mg, 2mg, 5mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-valsartan tab 5-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 5-320 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-320 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | 1 | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | 1 | |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *valsartan-hydrochlorothiazide tab 320-25 mg* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| *candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg* | 1 | |
| *irbesartan tabs 75mg, 150mg, 300mg* | 1 | |
| *losartan potassium tabs 25mg, 50mg, 100mg* | 1 | |
| *olmesartan medoxomil tabs 5mg, 20mg, 40mg* | 1 | |
| *telmisartan tabs 20mg, 40mg, 80mg* | 1 | |
| *valsartan tabs 40mg, 80mg, 160mg, 320mg* | 1 | |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl tabs 200mg, 400mg* | 1 | |
| *disopyramide phosphate caps 100mg, 150mg* | 1 | |
| *dofetilide caps 125mcg, 250mcg, 500mcg* | 1 | |
| *flecainide acetate tabs 50mg, 100mg, 150mg* | 1 | |
| MULTAQ TABS 400MG | 2 | PA |
| NORPACE CR CP12 100MG, 150MG | 2 | |
| *pacerone tabs 100mg, 200mg* | 1 | |
| *procainamide hcl soln 100mg/ml* | 1 | |
| *propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg* | 1 | |
| *sotalol hcl tabs 80mg, 120mg, 160mg, 240mg* | 1 | |
| *sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg* | 1 | |
| ***ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS*** | | |
| NEXLETOL TABS 180MG | 3 | PA |
| ***ANTILIPEMICS, BILE ACID RESINS*** | | |
| *cholestyramine pack 4gm; powd 4gm/dose* | 1 | |
| *cholestyramine light pack 4gm; powd 4gm/dose* | 1 | |
| *colestipol hcl gran 5gm; pack 5gm; tabs 1gm* | 1 | |
| *prevalite powd 4gm/dose* | 1 | |
| ***ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR*** | | |
| *ezetimibe tabs 10mg* | 1 | |
| ***ANTILIPEMICS, FIBRATES*** | | |
| *fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg* | 1 | |
| *fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg* | 1 | |
| *gemfibrozil tabs 600mg* | 1 | |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium tabs 10mg, 20mg* | 1 | $0 copay for members age 40 through 75 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTILIPEMICS, OMEGA-3 FATTY ACIDS*** | | |
| *omega-3-acid ethyl esters cap 1 gm* | 1 | |
| VASCEPA CAPS .5GM, 1GM | 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*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl caps 200mg, 400mg* | 1 | |
| *atenolol tabs 25mg, 50mg, 100mg* | 1 | |
| *betaxolol hcl tabs 10mg, 20mg* | 1 | |
| *bisoprolol fumarate tabs 5mg, 10mg* | 1 | |
| *carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg* | 1 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg* | 1 | |
| ***DIGITALIS GLYCOSIDES*** | | |
| *digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg* | 1 | |
| ***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 | |
| *indapamide tabs 1.25mg, 2.5mg* | 1 | |
| *mannitol soln 25%* | 1 | |
| *methazolamide tabs 25mg, 50mg* | 1 | |
| *metolazone tabs 2.5mg, 5mg, 10mg* | 1 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *torsemide tabs 5mg, 10mg, 20mg, 100mg* | 1 | |
| *triamterene caps 50mg, 100mg* | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| ***HEART FAILURE*** | | |
| ENTRESTO CAP 6-6MG | 3 | |
| ENTRESTO CAP 15-16MG | 3 | |
| ENTRESTO TAB 24-26MG | 3 | |
| ENTRESTO TAB 49-51MG | 3 | |
| ENTRESTO TAB 97-103MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg* | 1 | |
| *sacubitril-valsartan tab 24-26 mg* | 1 | |
| *sacubitril-valsartan tab 49-51 mg* | 1 | |
| *sacubitril-valsartan tab 97-103 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| *clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr* | 1 | |
| *clonidine hcl tabs .1mg, .2mg, .3mg* | 1 | |
| *guanfacine hcl tabs 1mg, 2mg* | 1 | |
| *hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg* | 1 | |
| *methyldopa tabs 250mg, 500mg* | 1 | |
| *midodrine hcl tabs 2.5mg, 5mg, 10mg* | 1 | |
| *minoxidil tabs 2.5mg, 10mg* | 1 | |
| *phenoxybenzamine hcl caps 10mg* | 3 | PA, QL (360 caps every 30 days) |
| *ranolazine tb12 500mg, 1000mg* | 1 | |
| ***NITRATES*** | | |
| *isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg* | 1 | |
| *isosorbide mononitrate tb24 30mg, 60mg, 120mg* | 1 | |
| NITRO-DUR PT24 .3MG/HR, .8MG/HR | 2 | |
| *nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg* | 1 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG | 3 | SGM, PA, QL (90 tabs every 30 days) |
| *ambrisentan tabs 5mg, 10mg* | 3 | SGM, PA, QL (30 tabs every 30 days) |
| *bosentan tabs 62.5mg, 125mg* | 3 | SGM, PA, QL (60 tabs every 30 days) |
| *bosentan tbso 32mg* | 3 | SGM, PA, QL (112 tabs every 28 days) |
| *macitentan tabs 10mg* | 3 | SGM, PA, QL (30 tabs every 30 days) |
| OPSUMIT TABS 10MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| *sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml* | 3 | SGM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sildenafil citrate (pulmonary hypertension) tabs 20mg* | 3 | SGM, PA, QL (360 tabs every 30 days) |
| *tadalafil (pulmonary hypertension) tabs 20mg* | 3 | SGM, PA, QL (60 tabs every 30 days) |
| *treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml* | 3 | SGM, PA |
| 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) |
| **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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg* | 1 | |
| *lorazepam conc 2mg/ml* | 1 | QL (150 mL every 30 days) |
| *lorazepam tabs .5mg, 1mg, 2mg* | 1 | QL (150 tabs every 30 days) |
| *meprobamate tabs 200mg, 400mg* | 1 | |
| *oxazepam caps 10mg, 15mg, 30mg* | 1 | QL (120 caps every 30 days) |
| ***ANTIDEMENTIA*** | | |
| *donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg* | 1 | |
| *galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg* | 1 | |
| *memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg* | 1 | |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | 1 | |
| *rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr* | 1 | |
| *rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg* | 1 | |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl tabs 10mg* | 1 | QL (150 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tabs 25mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tabs 50mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tabs 75mg, 100mg, 150mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *amoxapine tabs 25mg, 50mg, 100mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *amoxapine tabs 150mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg* | 1 | |
| *desipramine hcl tabs 10mg, 25mg, 50mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *desipramine hcl tabs 75mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *desipramine hcl tabs 100mg, 150mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *desvenlafaxine succinate tb24 25mg, 50mg, 100mg* | 1 | (generic of Pristiq) |
| *doxepin hcl caps 10mg, 25mg, 50mg* | 1 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl caps 75mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl caps 100mg, 150mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl conc 10mg/ml* | 1 | QL (450 mL every 30 days); QL applies to members age 65 and older |
| *duloxetine hcl cpep 20mg, 30mg, 60mg* | 1 | |
| EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR | 3 | PA |
| *escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg* | 1 | |
| FETZIMA CP24 20MG, 40MG, 80MG, 120MG | 3 | |
| FETZIMA CAP TITRATIO | 3 | |
| *fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml* | 1 | |
| *fluoxetine hcl tabs 10mg, 20mg* | 1 | (generic Sarafem not covered) |
| *imipramine hcl tabs 10mg, 25mg* | 1 | QL (120 tabs every 30 days); QL applies to members age 65 and older |
| *imipramine hcl tabs 50mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *imipramine pamoate caps 75mg, 100mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *imipramine pamoate caps 125mg, 150mg* | 1 | PA; High strength requires PA for members age 65 and older |
| MARPLAN TABS 10MG | 3 | |
| *mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg* | 1 | |
| *nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg* | 1 | |
| *nortriptyline hcl caps 10mg* | 1 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| *nortriptyline hcl caps 25mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *nortriptyline hcl caps 50mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *nortriptyline hcl caps 75mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *nortriptyline hcl soln 10mg/5ml* | 1 | QL (750 mL every 30 days); QL applies to members age 65 and older |
| *paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg* | 1 | |
| *phenelzine sulfate tabs 15mg* | 1 | |
| *protriptyline hcl tabs 5mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *protriptyline hcl tabs 10mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg* | 1 | |
| SPRAVATO 56MG DOSE SOPK 28MG/DEVICE | 3 | SGM, PA |
| SPRAVATO 84MG DOSE SOPK 28MG/DEVICE | 3 | SGM, PA |
| *tranylcypromine sulfate tabs 10mg* | 1 | |
| *trazodone hcl tabs 50mg, 100mg, 150mg, 300mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trimipramine maleate caps 25mg, 50mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *trimipramine maleate caps 100mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| TRINTELLIX TABS 5MG, 10MG, 20MG | 3 | ST; PA** |
| *venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg* | 1 | |
| *vilazodone hcl tabs 10mg, 20mg, 40mg* | 1 | |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg* | 1 | |
| APOKYN SOCT 30MG/3ML | 3 | SGM, ST, PA, QL (20 cartridges every 30 days) |
| *benztropine mesylate tabs .5mg, 1mg, 2mg* | 1 | |
| *bromocriptine mesylate caps 5mg; tabs 2.5mg* | 1 | |
| *carbidopa tabs 25mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab 10-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | 1 | |
| *carbidopa & levodopa tab er 50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *entacapone tabs 200mg* | 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 |
| *pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg* | 1 | |
| *rasagiline mesylate tabs .5mg, 1mg* | 1 | |
| *ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg* | 1 | |
| *selegiline hcl caps 5mg; tabs 5mg* | 1 | |
| *trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg* | 1 | |
| ***ANTIPSYCHOTICS*** | | |
| *aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg* | 1 | |
| ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML | 2 | |
| ARISTADA INITIO PRSY 675MG/2.4ML | 2 | |
| *asenapine maleate subl 2.5mg, 5mg, 10mg* | 1 | |
| *chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg* | 1 | |
| *clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg* | 1 | |
| COBENFY CAP 50-20MG | 3 | |
| COBENFY CAP 100-20MG | 3 | |
| COBENFY CAP 125-30MG | 3 | |
| COBENFY STRT CAP PACK | 3 | |
| ERZOFRI SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 351MG/2.25ML | 2 | |
| *fluphenazine 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML | 2 | |
| INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML | 2 | |
| INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML | 2 | |
| *loxapine succinate caps 5mg, 10mg, 25mg, 50mg* | 1 | |
| *lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg* | 1 | |
| *olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg* | 1 | |
| *paliperidone tb24 1.5mg, 3mg, 6mg, 9mg* | 1 | |
| *perphenazine tabs 2mg, 4mg, 8mg, 16mg* | 1 | |
| *quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg* | 1 | |
| *risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg* | 1 | |
| RYKINDO SRER 25MG, 37.5MG, 50MG | 2 | |
| *thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg* | 1 | |
| *thiothixene caps 1mg, 2mg, 5mg, 10mg* | 1 | |
| *trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg* | 1 | |
| VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG | 2 | 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) |
| *diazepam soln 5mg/5ml* | 1 | QL (1200 mL every 30 days) |
| *diazepam soln 5mg/ml* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | 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 susp .5mg/ml; tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg* | 1 | |
| *phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg* | 1 | |
| *phenytoin susp 125mg/5ml* | 1 | |
| *phenytoin infatabs chew 50mg* | 1 | |
| *phenytoin sodium extended caps 100mg, 200mg, 300mg* | 1 | |
| *pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml* | 1 | ST; PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *primidone tabs 50mg, 250mg* | 1 | |
| *rufinamide susp 40mg/ml; tabs 200mg, 400mg* | 1 | |
| *tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg* | 1 | |
| *topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg* | 1 | |
| *valproate sodium soln 250mg/5ml* | 1 | |
| *valproic acid caps 250mg* | 1 | |
| *vigabatrin pack 500mg* | 3 | SGM, PA, QL (180 packets every 30 days) |
| *vigabatrin tabs 500mg* | 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 | |
| *zonisamide caps 25mg, 50mg, 100mg* | 1 | |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | 1 | QL (90 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | 1 | QL (90 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine tab 5 mg* | 1 | QL (90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 7.5 mg* | 1 | QL (90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 10 mg* | 1 | QL (90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | 1 | QL (90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 15 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 20 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 30 mg* | 1 | QL (30 tabs every 30 days) |
| *atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methylphenidate hcl soln 5mg/5ml* | 1 | QL (1800 mL every 30 days) |
| *methylphenidate hcl soln 10mg/5ml* | 1 | QL (900 mL every 30 days) |
| *methylphenidate hcl tabs 5mg, 10mg* | 1 | QL (180 tabs every 30 days) |
| *methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg* | 1 | QL (90 tabs every 30 days) |
| *methylphenidate hcl tbcr 18mg, 27mg, 36mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tbcr 54mg* | 1 | QL (30 tabs every 30 days) |
| *zenzedi tabs 2.5mg, 7.5mg* | 1 | QL (120 tabs every 30 days) |
| ***FIBROMYALGIA*** | | |
| *milnacipran hcl tabs 12.5mg, 25mg, 50mg, 100mg* | 1 | ST; PA** |
| *milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak* | 1 | ST; PA** |
| 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** |
| *cvs sleep-aid nighttime tabs 25mg* | 1 | OTC |
| DAYVIGO TABS 5MG, 10MG | 2 | PA, QL (30 tabs every 30 days) |
| *doxepin hcl (sleep) tabs 3mg, 6mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *estazolam tabs 1mg, 2mg* | 3 | QL (15 tabs every 30 days) |
| *eszopiclone tabs 1mg, 2mg, 3mg* | 1 | QL (15 tabs every 30 days) |
| *ramelteon tabs 8mg* | 1 | QL (15 tabs every 30 days) |
| *tasimelteon caps 20mg* | 3 | SGM, PA, QL (30 caps every 30 days) |
| *temazepam caps 7.5mg, 15mg, 22.5mg, 30mg* | 1 | QL (15 caps every 30 days) |
| *triazolam tabs .125mg, .25mg* | 3 | QL (10 tabs every 30 days) |
| *zaleplon caps 5mg, 10mg* | 1 | QL (15 caps every 30 days) |
| *zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg* | 1 | QL (15 tabs every 30 days) |
| ***MIGRAINE - ERGOTAMINE DERIVATIVES*** | | |
| *dihydroergotamine mesylate soln 1mg/ml* | 1 | |
| ERGOMAR SUBL 2MG | 3 | |
| *ergotamine w/ caffeine tab 1-100 mg* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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** |
| 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*** | | |
| *almotriptan malate tabs 6.25mg, 12.5mg* | 1 | QL (12 tabs every 30 days) |
| *eletriptan hydrobromide tabs 20mg, 40mg* | 1 | QL (12 tabs every 30 days) |
| *naratriptan hcl tabs 1mg, 2.5mg* | 1 | QL (12 tabs every 30 days) |
| *rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg* | 1 | QL (18 tabs every 30 days) |
| *sumatriptan soln 5mg/act* | 1 | QL (24 sprays every 30 days) |
| *sumatriptan soln 20mg/act* | 1 | QL (12 sprays every 30 days) |
| *sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml* | 1 | QL (18 syringes every 30 days) |
| *sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml* | 1 | QL (12 units every 30 days) |
| *sumatriptan succinate soln 6mg/0.5ml* | 1 | QL (12 vials every 30 days) |
| *sumatriptan succinate tabs 25mg, 50mg, 100mg* | 1 | QL (12 tabs every 30 days) |
| *sumatriptan-naproxen sodium tab 85-500 mg* | 3 | ST, QL (9 tabs every 30 days); PA** |
| *zolmitriptan soln 5mg* | 1 | QL (12 sprays every 30 days) |
| *zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg* | 1 | QL (12 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| EVRYSDI SOLR .75MG/ML | 3 | SGM, PA, QL (2 bottles every 24 days) |
| EVRYSDI TABS 5MG | 3 | SGM, PA, QL (30 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***MOOD STABILIZERS*** | | |
| *lithium soln 8meq/5ml* | 1 | |
| *lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg* | 1 | |
| ***MOVEMENT DISORDERS*** | | |
| AUSTEDO TABS 6MG | 3 | SGM, PA, QL (60 tabs every 30 days) |
| AUSTEDO TABS 9MG, 12MG | 3 | SGM, PA, QL (120 tabs every 30 days) |
| *tetrabenazine tabs 12.5mg* | 3 | SGM, PA, QL (120 tabs every 30 days) |
| *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) |
| KESIMPTA SOAJ 20MG/0.4ML | 3 | SGM, PA, QL (1 pen every 28 days) |
| *teriflunomide tabs 7mg, 14mg* | 3 | SGM, PA, QL (30 tabs every 30 days) |
| TYRUKO CONC 300MG/15ML | 3 | SGM, PA, QL (15 mL every 28 days) |
| TYSABRI CONC 300MG/15ML | 3 | SGM, PA, QL (1 vial every 28 days) |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen tabs 5mg, 10mg, 20mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 |
| *norgesic tab* | 3 | PA; High Risk Medications require PA for members age 70 and older |
| *orphenadrine citrate soln 30mg/ml* | 1 | |
| *orphenadrine citrate tb12 100mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *tizanidine hcl tabs 2mg, 4mg* | 1 | |
| ***MYASTHENIA GRAVIS*** | | |
| *pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg* | 1 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil tabs 50mg* | 1 | PA, QL (60 tabs every 30 days) |
| *armodafinil tabs 150mg, 200mg, 250mg* | 1 | PA, QL (30 tabs every 30 days) |
| *modafinil tabs 100mg, 200mg* | 1 | PA, QL (60 tabs every 30 days) |
| *sodium oxybate soln 500mg/ml* | 3 | SGM, PA, QL (540mL every 30 days) |
| SUNOSI TABS 75MG, 150MG | 2 | PA, QL (30 tabs every 30 days) |
| XYWAV SOL 0.5GM/ML | 3 | SGM, PA, QL (540 ml every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***OPIOID AGONIST/ANTAGONIST*** | | |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | 1 | QL (3 units every day) |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | 1 | QL (3 units every day) |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | 1 | QL (3 films every day) |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | 1 | QL (2 units every day) |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | 0 | QL (3 tabs every day); $0 copay |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | 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 tabs every day) |
| ZUBSOLV SUB 8.6-2.1 | 2 | QL (2 units every day) |
| ZUBSOLV SUB 11.4-2.9 | 2 | QL (1 tab every day) |
| ***OPIOID ANTAGONIST*** | | |
| *naloxone hcl liqd 4mg/0.1ml* | 1 | OTC |
| *naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml* | 1 | |
| *naltrexone hcl tabs 50mg* | 0 | $0 copay |
| VIVITROL SUSR 380MG | 3 | QL (1 vial every 28 days) |
| ***OPIOID PARTIAL AGONISTS*** | | |
| *buprenorphine hcl subl 2mg* | 0 | QL (90 tabs every 30 days); $0 copay; Must obtain approval after the first 30 day supply |
| *buprenorphine hcl subl 8mg* | 0 | QL (120 tabs every 30 days); $0 copay; Must obtain approval after the first 30 day supply |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *chlordiazepoxide-amitriptyline tab 5-12.5 mg* | 3 | QL (120 tabs every 30 days); QL applies to members age 65 and older |
| *chlordiazepoxide-amitriptyline tab 10-25 mg* | 3 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *lofexidine hcl tabs .18mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUEDEXTA CAP 20-10MG | 2 | PA |
| *perphenazine-amitriptyline tab 2-10 mg* | 3 | QL (150 units every 30 days); QL applies to members age 65 and older |
| *perphenazine-amitriptyline tab 2-25 mg* | 3 | QL (60 units every 30 days); QL applies to members age 65 and older |
| *perphenazine-amitriptyline tab 4-10 mg* | 3 | QL (120 units every 30 days); QL applies to members age 65 and older |
| *perphenazine-amitriptyline tab 4-25 mg* | 3 | QL (60 units every 30 days); QL applies to members age 65 and older |
| *perphenazine-amitriptyline tab 4-50 mg* | 3 | QL (30 units every 30 days); QL applies to members age 65 and older |
| *pimozide tabs 1mg, 2mg* | 1 | |
| ***SMOKING DETERRENTS*** | | |
| *bupropion hcl (smoking deterrent) tb12 150mg* | 0 | $0 limited to 2 treatment cycles/year |
| *goodsense nicotine polacr gum 4mg; lozg 4mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine pt24 14mg/24hr, 21mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex gum 2mg, 4mg; lozg 2mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine step 3 pt24 7mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine transdermal syst pt24 7mg/24hr, 14mg/24hr, 21mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| NICOTROL INHALER INHA 10MG | 0 | QL (max 168 days every year); $0 limited to 2 treatment cycles/year |
| NICOTROL NS SOLN 10MG/ML | 0 | QL (max 168 days every year); $0 limited to 2 treatment cycles/year |
| *varenicline tartrate tabs .5mg, 1mg* | 0 | $0 limited to 2 treatment cycles/year |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* | 0 | $0 limited to 2 treatment cycles/year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ENDOCRINE AND METABOLIC** | | |
| ***ACROMEGALY*** | | |
| *octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml* | 3 | SGM, PA, QL (90 ml every 30 days) |
| *octreotide acetate soln 200mcg/ml* | 3 | SGM, PA, QL (225 ml every 30 days) |
| *octreotide acetate soln 1000mcg/ml* | 3 | SGM, PA, QL (45 ml every 30 days) |
| 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** |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JANUMET XR TAB 50-1000 | 2 | ST; PA** |
| JANUMET XR TAB 100-1000 | 2 | ST; PA** |
| *sitagliptin phosphate-metformin hcl tab 50-500 mg* | 1 | ST; PA** |
| *sitagliptin phosphate-metformin hcl tab 50-1000 mg* | 1 | ST; PA** |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| *alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg* | 1 | ST; PA** |
| JANUVIA TABS 25MG, 50MG, 100MG | 2 | ST; PA** |
| *sitagliptin phosphate tabs 25mg, 50mg, 100mg* | 1 | ST; PA** |
| ***ANTIDIABETICS, INCRETIN MIMETIC AGENTS*** | | |
| *liraglutide sopn 18mg/3ml* | 1 | ST, QL (3 pens every 30 days); PA** |
| MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML | 2 | ST, QL (4 pens every 28 days); PA** |
| OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML | 2 | ST, QL (3 mL every 28 days); PA** |
| OZEMPIC TABS 1.5MG, 4MG, 9MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | 2 | ST, QL (4 pens every 28 days); PA** |
| ***ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS*** | | |
| SOLIQUA INJ 100/33 | 2 | ST; PA** |
| XULTOPHY INJ 100/3.6 | 2 | ST; PA** |
| ***ANTIDIABETICS, INSULIN*** | | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML | 2 | |
| NOVOLIN INJ 70/30 | 2 | OTC; RELION not covered |
| NOVOLIN INJ 70/30 FP | 2 | OTC; RELION not covered |
| NOVOLIN N SUSP 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN N FLEXPEN SUPN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN R SOLN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN R FLEXPEN SOPN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLOG SOLN 100UNIT/ML | 2 | |
| NOVOLOG FLEXPEN SOPN 100UNIT/ML | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| NOVOLOG PENFILL SOCT 100UNIT/ML | 2 | |
| TRESIBA SOLN 100UNIT/ML | 2 | |
| TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML | 2 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER*** | | |
| *pioglitazone hcl tabs 15mg, 30mg, 45mg* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION*** | | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION*** | | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | 1 | |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | 1 | |
| ***ANTIDIABETICS, MEGLITINIDE*** | | |
| *nateglinide tabs 60mg, 120mg* | 1 | |
| *repaglinide tabs .5mg, 1mg, 2mg* | 1 | |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS*** | | |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* | 1 | ST; PA** |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* | 1 | ST; PA** |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* | 1 | ST; PA** |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* | 1 | ST; PA** |
| SYNJARDY TAB | 2 | ST; PA** |
| SYNJARDY TAB 5-500MG | 2 | ST; PA** |
| SYNJARDY TAB 5-1000MG | 2 | ST; PA** |
| SYNJARDY TAB 12.5-500 | 2 | ST; PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SYNJARDY XR TAB | 2 | ST; PA** |
| SYNJARDY XR TAB 5-1000MG | 2 | ST; PA** |
| SYNJARDY XR TAB 10-1000 | 2 | ST; PA** |
| SYNJARDY XR TAB 25-1000 | 2 | ST; PA** |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS*** | | |
| GLYXAMBI TAB 10-5 MG | 2 | ST; PA** |
| GLYXAMBI TAB 25-5 MG | 2 | ST; PA** |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS*** | | |
| *dapagliflozin tabs 5mg, 10mg* | 1 | ST; PA**; Indicated for Diabetes and Heart Failure |
| JARDIANCE TABS 10MG, 25MG | 2 | ST; PA**; Indicated for Diabetes and Heart Failure |
| ***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) |
| ***CALCIUM REGULATORS, BISPHOSPHONATES*** | | |
| *alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg* | 1 | |
| FOSAMAX + D TAB 70-2800 | 3 | |
| FOSAMAX + D TAB 70-5600 | 3 | |
| *ibandronate sodium tabs 150mg* | 1 | |
| *pamidronate disodium soln 30mg/10ml* | 1 | |
| *risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg* | 1 | |
| *zoledronic acid conc 4mg/5ml; soln 5mg/100ml* | 3 | SGM, PA |
| ***CALCIUM REGULATORS, MISCELLANEOUS*** | | |
| *calcitonin (salmon) soln 200unit/act* | 1 | |
| OSPOMYV SOSY 60MG/ML | 3 | SGM, PA, QL (1 syringe (60 mg) every 180 days) |
| PROLIA SOSY 60MG/ML | 3 | SGM, PA, QL (1 syringe (60 mg) every 180 days) |
| STOBOCLO SOSY 60MG/ML | 3 | SGM, PA, QL (1 syringe (60 mg) every 180 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| *deferiprone tabs 500mg, 1000mg* | 3 | SGM, PA |
| FERRIPROX SOLN 100MG/ML | 3 | SGM, PA |
| FERRIPROX TWICE-A-DAY TABS 1000MG | 3 | SGM, PA |
| *penicillamine tabs 250mg* | 3 | |
| ***CONTRACEPTIVES*** | | |
| **In accordance with the Comprehensive Contraception Coverage Act (CCCA), contraceptives may be dispensed as a 12-month supply at one time** | | |
| *altavera tab* | 0 | |
| *alyacen tab 1/35* | 0 | |
| *alyacen tab 7/7/7* | 0 | |
| *amethyst tab 90-20mcg* | 0 | |
| ANNOVERA MIS | 0 | QL (1 every 300 days) |
| *apri tab* | 0 | |
| *aranelle tab* | 0 | |
| *ashlyna tab* | 0 | |
| AVERI TAB | 0 | |
| *aviane tab* | 0 | |
| *azurette tab* | 0 | |
| *camila tabs .35mg* | 0 | |
| *camrese tab* | 0 | |
| CAYA DPR | 0 | QL (1 every 300 days) |
| *chateal eq tab 0.15/30* | 0 | |
| CONDOMS MIS | 0 | QL (12 condoms every 30 days), OTC |
| *dasetta tab 1/35* | 0 | |
| *dasetta tab 7/7/7* | 0 | |
| *delyla tab 0.1-0.02* | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML | 0 | QL (4 inj every 300 days) |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | 0 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | 0 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 0 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | 0 | |
| DUREX MIS REALFEEL | 0 | QL (12 condoms every 30 days), OTC |
| *elinest tab* | 0 | |
| ELLA TABS 30MG | 0 | |
| *enskyce tab* | 0 | |
| *errin tabs .35mg* | 0 | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | 0 | QL (13 every 300 days) |
| *falmina tab* | 0 | |
| FC2 FEMALE MIS CONDOM | 0 | QL (12 condoms every 30 days), OTC |
| FEMCAP MIS 22MM | 0 | QL (1 every 300 days) |
| FEMCAP MIS 26MM | 0 | QL (1 every 300 days) |
| FEMCAP MIS 30MM | 0 | QL (1 every 300 days) |
| FEMLYV TAB 1/0.02MG | 0 | |
| *galbriela chw* | 0 | |
| *gemmily cap 1/20* | 0 | |
| *heather tabs .35mg* | 0 | |
| *introvale tab* | 0 | |
| *jolessa tab* | 0 | |
| *junel 1.5/30 tab* | 0 | |
| *junel 1/20 tab* | 0 | |
| *junel fe 24 tab 1/20* | 0 | |
| *junel fe tab 1.5/30* | 0 | |
| *junel fe tab 1/20* | 0 | |
| *kariva tab 28 day* | 0 | |
| *kelnor tab 1/35* | 0 | |
| *kurvelo tab 0.15/30* | 0 | |
| KYLEENA IUD 19.5MG | 0 | QL (1 every 300 days) |
| *larin tab 1.5/30* | 0 | |
| *lessina tab* | 0 | |
| *levonest tab* | 0 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 0 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 0 | |
| *levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)* | 0 | |
| LILETTA IUD 20.1MCG/DAY | 0 | QL (1 every 300 days) |
| LO LOESTRIN TAB 1-10-10 | 0 | |
| *loryna tab 3-0.02mg* | 0 | |
| *low-ogestrel tab* | 0 | |
| *marlissa tab 0.15/30* | 0 | |
| *medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml* | 0 | QL (4 inj every 300 days) |
| *microgestin tab 1.5/30* | 0 | |
| MIRENA IUD 21MCG/DAY | 0 | QL (1 every 300 days) |
| MIUDELLA IUD | 0 | QL (1 unit every 300 days) |
| *mono-linyah tab 0.25-35* | 0 | |
| NATAZIA TAB | 0 | |
| *necon tab 0.5/35* | 0 | |
| NEXPLANON IMPL 68MG | 0 | QL (1 every 300 days) |
| NEXTSTELLIS TAB 3-14.2MG | 0 | |
| *nikki tab 3-0.02mg* | 0 | |
| *nora-be tabs .35mg* | 0 | |
| *norethindrone (contraceptive) tabs .35mg* | 0 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 0 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 0 | |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* | 0 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 0 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 0 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 0 | |
| *nortrel tab 0.5/35* | 0 | |
| *nortrel tab 1/35* | 0 | |
| *nortrel tab 7/7/7* | 0 | |
| *nylia tab 1/35* | 0 | |
| OMNIFLEX DPR | 0 | QL (1 every 300 days) |
| OPILL TABS .075MG | 0 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PARAGARD IUD T380A | 0 | QL (1 unit every 300 days) |
| *portia-28 tab* | 0 | |
| *reclipsen tab* | 0 | |
| *rivelsa tab* | 0 | |
| SKYLA IUD 13.5MG | 0 | QL (1 every 300 days) |
| SLYND TABS 4MG | 0 | |
| *sprintec 28 tab 28 day* | 0 | |
| *syeda tab 3-0.03mg* | 0 | |
| *take action tabs 1.5mg* | 0 | OTC |
| *tilia fe tab* | 0 | |
| *tri-linyah tab* | 0 | |
| *tri-sprintec tab* | 0 | |
| TRUSTEX/RIA MIS NON-LUB | 0 | QL (12 condoms every 30 days), OTC |
| TRUSTX NON-9 MIS RIB/STUD | 0 | QL (12 condoms every 30 days), OTC |
| TWIRLA DIS 120-30 | 0 | |
| TYBLUME CHW 0.1-0.02 | 0 | |
| *valtya 1/50 tab* | 0 | |
| *velivet pak* | 0 | |
| *viorele tab* | 0 | |
| *vyfemla tab 0.4-35* | 0 | |
| *wera tab 0.5/35* | 0 | |
| WIDE-SEAL SILICONE DIAPHR DPRH 2% | 0 | QL (1 every 300 days) |
| *xelria fe chw 0.4mg-35* | 0 | |
| *xulane dis 150-35* | 0 | |
| *zovia 1/35 tab* | 0 | |
| ***DIABETIC SUPPLIES*** | | |
| ALCOHOL PREP PAD | 2 | OTC |
| CHEMSTRIP 2 TES GP | 3 | OTC |
| CHEMSTRIP 5 TES OB | 3 | OTC |
| CHEMSTRIP 7 TES | 3 | OTC |
| CHEMSTRIP 9 TES STRIPS | 3 | OTC |
| CHEMSTRIP 10 TES MD | 3 | OTC |
| CHEMSTRIP K TES | 3 | OTC |
| CHEMSTRIP TES -10 SG | 3 | OTC |
| CHEMSTRIP TES UGK | 3 | OTC |
| CVS KETONE TES CARE | 3 | OTC |
| DEXCOM G5 MIS RECEIVER | 2 | |
| DEXCOM G5 MIS TRANSMIT | 2 | |
| DEXCOM G6 MIS RECEIVER | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEXCOM G6 MIS SENSOR | 2 | QL (3 sensors every 30 days) |
| DEXCOM G6 MIS TRANSMIT | 2 | |
| DEXCOM G7 MIS RECEIVER | 2 | |
| DEXCOM G7 MIS SENSOR | 2 | QL (3 sensors every 30 days) |
| DEXCOM G7 MIS SNSR 15D | 2 | QL (2 sensors every 30 days) |
| DIASCREEN 3 MIS | 3 | OTC |
| DIASCREEN 5 MIS | 3 | OTC |
| DIASCREEN 6 MIS | 3 | OTC |
| DIASCREEN 7 MIS | 3 | OTC |
| DIASCREEN 8 MIS | 3 | OTC |
| DIASCREEN 9 MIS | 3 | OTC |
| DIASCREEN 10 MIS | 3 | OTC |
| DIASCREEN MIS 1B | 3 | OTC |
| DIASCREEN MIS 1G | 3 | OTC |
| DIASCREEN MIS 1K | 3 | OTC |
| DIASCREEN MIS 2GK | 3 | OTC |
| DIASCREEN MIS 2GP | 3 | OTC |
| DIASCREEN MIS 4NL | 3 | OTC |
| DIASCREEN MIS 4OBL | 3 | OTC |
| DIASCREEN MIS 4PH | 3 | OTC |
| DIASCREEN MIS CONTROL | 3 | OTC |
| DIASTIX TES STRIPS | 3 | OTC |
| FASTCLIX MIS LANCETS | 2 | OTC |
| FREESTYLE BLOOD GLUCOSE TEST STRIPS | 2 | QL (150 Test Strips every 30 days), OTC |
| FREESTYLE KIT FREE LIT | 2 | OTC |
| FREESTYLE KIT INSULINX | 2 | OTC |
| FREESTYLE KIT LITE | 2 | OTC |
| FREESTYLE LIBRE KIT SENSOR | 2 | QL (3 sensors every 30 days) |
| FREESTYLE LIBRE MIS READER | 2 | |
| INSULIN PEN NEEDLES | 2 | OTC |
| INSULIN PEN NEEDLES/SYRINGES | 2 | OTC |
| KETONE TES | 3 | OTC |
| KETONE TEST TES | 3 | OTC |
| NOVOFINE PEN NEEDLES | 2 | OTC |
| OMNIPOD 5 DX KIT INT G7G6 | 2 | |
| OMNIPOD 5 DX MIS POD G7G6 | 2 | |
| OMNIPOD 5 G7 KIT INTRO | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OMNIPOD 5 G7 MIS PODS | 2 | |
| OMNIPOD DASH KIT INTRO | 2 | |
| OMNIPOD DASH KIT PDM | 2 | |
| OMNIPOD DASH MIS PODS | 2 | |
| OMNIPOD MIS CLASSIC | 2 | |
| OMNIPOD PDM KIT CLASSIC | 2 | |
| PRECISION MIS XTRA | 2 | OTC |
| PRECISION TES XTRA | 2 | QL (150 Test Strips every 30 days), OTC |
| SHARPS CONTAINER | 2 | OTC |
| SOFTCLIX MIS LANCETS | 2 | OTC |
| TWIIST KIT REFILL | 2 | |
| TWIIST KIT STARTER | 2 | |
| TWIIST REFIL KIT INFUSION | 2 | |
| ***ENDOMETRIOSIS*** | | |
| *danazol caps 50mg, 100mg, 200mg* | 1 | |
| ORILISSA TABS 150MG, 200MG | 2 | |
| SYNAREL SOLN 2MG/ML | 3 | PA |
| ***FERTILITY REGULATORS*** | | |
| CHORIONIC GONADOTROPIN SOLR 10000UNIT | 3 | SGM, PA |
| *clomid tabs 50mg* | 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*** | | |
| *deflazacort susp 22.75mg/ml* | 3 | SGM, PA, QL (52 mL every 30 days) |
| *deflazacort tabs 6mg* | 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 | |
| *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*** | | |
| NORDIPEN 5 MIS DEVICE | 2 | |
| NORDIPEN DEL MIS SYSTEM | 2 | OTC |
| NORDITROPIN FLEXPRO 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) |
| ***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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| *estrogens, conjugated tabs .3mg, .45mg, .625mg, .9mg, 1.25mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| 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 |
| *yuvafem tabs 10mcg* | 1 | |
| ***MISCELLANEOUS*** | | |
| *betaine anhy pow* | 3 | SGM, PA |
| *cabergoline tabs .5mg* | 1 | |
| CORTROPHIN GEL 80UNIT/ML | 3 | SGM, PA, QL (35 mL every 21 days) |
| CORTROPHIN PRSY 40UNIT/0.5ML, 80UNIT/ML | 3 | SGM, PA, QL (28 syringes every 28 days) |
| 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 |
|---|---|---|
| *raloxifene hcl tabs 60mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg* | 3 | SGM, PA |
| *tolvaptan tabs 15mg, 30mg* | 3 | SGM, PA |
| *tolvaptan (hyponatremia) tabs 15mg, 30mg* | 3 | SGM, PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| *calcium acetate (phosphate binder) caps 667mg; tabs 667mg* | 1 | |
| *lanthanum carbonate chew 500mg, 750mg, 1000mg* | 1 | |
| *sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg* | 1 | |
| VELPHORO CHEW 500MG | 3 | ST; PA** |
| ***POTASSIUM-REMOVING AGENTS*** | | |
| *sps susp 15gm/60ml* | 1 | |
| ***PROGESTINS*** | | |
| CRINONE GEL 4%, 8% | 2 | |
| *medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg* | 1 | |
| *megestrol acetate susp 40mg/ml* | 1 | |
| *norethindrone acetate tabs 5mg* | 1 | |
| *progesterone caps 100mg, 200mg* | 1 | |
| ***THYROID AGENTS*** | | |
| *levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg* | 1 | |
| *levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg* | 1 | |
| *liothyronine sodium tabs 5mcg, 25mcg, 50mcg* | 1 | |
| *methimazole tabs 5mg, 10mg* | 1 | |
| *propylthiouracil tabs 50mg* | 1 | |
| SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG | 2 | |
| *unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***UREA CYCLE DISORDER*** | | |
| PHEBURANE PLLT 483MG/GM | 3 | SGM, PA, QL (672g every 30 days) |
| *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 | |
| **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) |
| *compro supp 25mg* | 1 | |
| *dronabinol caps 2.5mg, 5mg, 10mg* | 1 | QL (60 caps every 30 days) |
| *granisetron hcl tabs 1mg* | 1 | |
| *meclizine hcl tabs 12.5mg, 25mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg* | 1 | |
| *ondansetron tbdp 4mg, 8mg* | 1 | |
| *ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg* | 1 | |
| *prochlorperazine supp 25mg* | 1 | |
| *prochlorperazine maleate tabs 5mg, 10mg* | 1 | |
| *promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *promethazine hcl supp 12.5mg, 25mg* | 1 | |
| *promethegan supp 12.5mg, 25mg, 50mg* | 1 | |
| SANCUSO PTCH 3.1MG/24HR | 2 | |
| *scopolamine pt72 1mg/3days* | 1 | |
| *trimethobenzamide hcl caps 300mg* | 1 | |
| VARUBI TBPK 90MG | 2 | |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *cimetidine tabs 200mg, 300mg, 400mg, 800mg* | 1 | |
| *famotidine susr 40mg/5ml; tabs 20mg, 40mg* | 1 | |
| *nizatidine caps 150mg, 300mg* | 1 | |
| *ranitidine hcl tabs 150mg, 300mg* | 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| *balsalazide disodium caps 750mg* | 1 | |
| *budesonide cpep 3mg; tb24 9mg* | 1 | |
| CORTIFOAM FOAM 10% | 2 | |
| DIPENTUM CAPS 250MG | 3 | |
| *hydrocortisone (intrarectal) enem 100mg/60ml* | 1 | |
| *mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg* | 1 | |
| *mesalamine w/ cleanser kit 4gm* | 1 | |
| *sulfasalazine tabs 500mg; tbec 500mg* | 1 | |
| ***IRRITABLE BOWEL SYNDROME WITH CONSTIPATION*** | | |
| LINZESS CAPS 72MCG, 145MCG, 290MCG | 2 | |
| *lubiprostone caps 8mcg, 24mcg* | 1 | |
| ***IRRITABLE BOWEL SYNDROME WITH DIARRHEA*** | | |
| *alosetron hcl tabs .5mg, 1mg* | 1 | PA |
| VIBERZI TABS 75MG, 100MG | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***LAXATIVES*** | | |
| CLENPIQ SOL | 0 | $0 copay for members age 45 through 75, Tier 2 for all others |
| *enulose soln 10gm/15ml* | 1 | |
| *gavilyte-c sol* | 1 | |
| *gavilyte-g sol* | 1 | |
| *lactulose soln 10gm/15ml* | 1 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | 1 | |
| *peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm* | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | |
| PEG-PREP KIT | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| PLENVU SOL | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| *polyethylene glycol 3350 powd 17gm/scoop* | 1 | OTC |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| SUFLAVE SOL | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| SUTAB TAB | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| ***MISCELLANEOUS*** | | |
| IQIRVO TABS 80MG | 3 | SGM, PA, QL (30 tabs every 30 days) |
| *misoprostol tabs 100mcg, 200mcg* | 1 | |
| MOVANTIK TABS 12.5MG, 25MG | 2 | |
| SUCRAID SOLN 8500UNIT/ML | 3 | PA, QL (354 mL every 30 days) |
| *sucralfate tabs 1gm* | 1 | |
| *ursodiol caps 300mg; tabs 250mg, 500mg* | 1 | |
| VOWST CAP | 3 | SGM, PA, QL (12 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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*** | | |
| *esomeprazole magnesium cpdr 20mg, 40mg* | 1 | |
| *esomeprazole magnesium pack 2.5mg, 5mg, 10mg* | 1 | Covered for age less than 1 year only |
| *ft omeprazole tbec 20mg* | 1 | OTC |
| *goodsense esomeprazole ma cpdr 20mg* | 1 | OTC |
| *lansoprazole cpdr 15mg* | 1 | OTC |
| *lansoprazole cpdr 15mg, 30mg* | 1 | |
| *nexium 24hr cpdr 20mg* | 1 | OTC |
| NEXIUM 24HR TBEC 20MG | 1 | OTC |
| *omepra/bicar cap 20-1100* | 1 | OTC |
| *omeprazole cpdr 10mg, 20mg, 40mg* | 1 | |
| *omeprazole magnesium cpdr 20.6mg* | 1 | OTC |
| *pantoprazole sodium tbec 20mg, 40mg* | 1 | |
| *rabeprazole sodium tbec 20mg* | 1 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 |
| PHEXX GEL | 0 | |
| PHEXXI GEL | 0 | |
| TODAY SPONGE MISC 1000MG | 0 | OTC |
| VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4% | 0 | OTC |
| ***MISCELLANEOUS*** | | |
| *bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg* | 1 | |
| ELMIRON CAPS 100MG | 3 | |
| *eq urinary pain relief tabs 95mg* | 1 | OTC |
| *potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg* | 1 | |
| ***URINARY ANTISPASMODICS*** | | |
| *darifenacin hydrobromide tb24 7.5mg, 15mg* | 1 | |
| *fesoterodine fumarate tb24 4mg, 8mg* | 1 | |
| *mirabegron srer 8mg/ml; tb24 25mg, 50mg* | 1 | |
| MYRBETRIQ SRER 8MG/ML | 2 | |
| *oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg* | 1 | |
| *solifenacin succinate tabs 5mg, 10mg* | 1 | |
| *tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg* | 1 | |
| *trospium chloride cp24 60mg; tabs 20mg* | 1 | |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN SUPP 100MG | 2 | |
| *clindamycin phosphate vaginal crea 2%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GYNAZOLE-1 CREA 2% | 3 | |
| *metronidazole vaginal gel .75%* | 1 | |
| *miconazole 1 kit 1200-2%* | 1 | OTC |
| *miconazole 3 supp 200mg* | 1 | |
| *miconazole 3 kit combinat* | 1 | OTC |
| *miconazole 3 kit combo pk* | 1 | OTC |
| *miconazole 7 crea 2%* | 1 | OTC |
| *terconazole vaginal crea .4%, .8%; supp 80mg* | 1 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| *dabigatran etexilate mesylate caps 75mg, 110mg, 150mg* | 1 | |
| ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG | 2 | |
| ELIQUIS STARTER PACK TBPK 5MG | 2 | |
| *enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml* | 1 | |
| *fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml* | 1 | |
| FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML | 3 | |
| *heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml* | 1 | |
| *rivaroxaban susr 1mg/ml; tabs 2.5mg* | 1 | |
| *warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg* | 1 | |
| XARELTO SUSR 1MG/ML; TABS 10MG, 15MG, 20MG | 2 | |
| XARELTO STAR TAB 15/20MG | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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) |
| 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*** | | |
| *anagrelide hcl caps .5mg, 1mg* | 1 | |
| *cilostazol tabs 50mg, 100mg* | 1 | |
| *pentoxifylline tbcr 400mg* | 1 | |
| *tranexamic acid soln 1000mg/10ml; tabs 650mg* | 1 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| *clopidogrel bisulfate tabs 75mg, 300mg* | 1 | |
| *dipyridamole tabs 25mg, 50mg, 75mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *prasugrel hcl tabs 5mg, 10mg* | 1 | |
| YOSPRALA TAB 81-40MG | 3 | |
| YOSPRALA TAB 325-40MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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) |
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)*** | | |
| 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) |
| COSENTYX SOLN 125MG/5ML | 3 | SGM, PA, QL (15 mL every 28 days); Preferred agent for Ankylosing Spondylitis, NRAXSPA, and Psoriatic Arthritis |
| ENTYVIO SOLR 300MG | 3 | SGM, PA, QL (1 vial every 56 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 use only) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED)*** | | |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| CIMZIA (1 SYRINGE) PSKT 200MG/ML | 3 | SGM, PA, QL (4 syringes every 28 days); Preferred agent for NRAXSPA |
| CIMZIA STARTER KIT PSKT 200MG/ML | 3 | SGM, PA, QL (One time use only); Preferred agent for NRAXSPA |
| COSENTYX SOSY 75MG/0.5ML, 150MG/ML | 3 | SGM, PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX SOSY 150MG/ML | 3 | SGM, PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML | 3 | SGM, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML | 3 | SGM, PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX UNOREADY SOAJ 300MG/2ML | 3 | SGM, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, 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 |
| ENBREL SURECLICK SOAJ 50MG/ML | 3 | SGM, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENTYVIO PEN SOAJ 108MG/0.68ML | 3 | SGM, PA, QL (2 pens every 28 days) |
| HYRIMOZ SOAJ 40MG/0.4ML | 3 | SGM, PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML | 3 | SGM, PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML | 3 | SGM, PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML | 3 | SGM, PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ-PLAQ INJ PSORIASI | 3 | SGM, PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |
| 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 |
| LITFULO CAPS 50MG | 3 | SGM, PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata |
| OLUMIANT TABS 1MG, 2MG, 4MG | 3 | SGM, PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata |
| 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 |
| OTEZLA XR TB24 75MG | 3 | SGM, PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OTEZLA/XR TAB 28 DAY | 3 | SGM, PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| PYZCHIVA SOAJ 45MG/0.5ML | 3 | SGM, PA, QL (1 pen every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| PYZCHIVA SOAJ 90MG/ML | 3 | SGM, PA, QL (1 pen every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| 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, NRAXSPA, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 use only (for CD/UC diagnosis)); Preferred agent for Crohn's Disease and Ulcerative Colitis. |
| 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 55MG/0.37ML | 3 | SGM, PA, QL (1 syringe every 84 days); Preferred agent for Psoriasis and Psoriatic Arthritis for pediatric patients |
| 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 |
| 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 |
| *tofacitinib citrate soln 1mg/ml* | 3 | SGM, PA, QL (240 mL every 24 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tofacitinib citrate tabs 5mg* | 3 | SGM, PA, QL (60 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis. |
| *tofacitinib citrate tabs 10mg* | 3 | SGM, PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis. |
| *tofacitinib citrate tb24 11mg* | 3 | SGM, PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis. |
| *tofacitinib citrate tb24 22mg* | 3 | SGM, PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis. |
| 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| 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)*** | | |
| *hydroxychloroquine sulfate tabs 200mg* | 1 | |
| *leflunomide tabs 10mg, 20mg* | 1 | |
| *methotrexate sodium tabs 2.5mg* | 1 | |
| ***HEREDITARY ANGIOEDEMA*** | | |
| *icatibant acetate sosy 30mg/3ml* | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| *azathioprine tabs 50mg* | 1 | |
| CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG | 3 | |
| CELLCEPT INTRAVENOUS SOLR 500MG | 3 | |
| *cyclosporine caps 25mg, 100mg* | 1 | |
| *cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml* | 1 | |
| ENVARSUS XR TB24 .75MG, 1MG, 4MG | 3 | |
| *everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg* | 1 | |
| *gengraf caps 25mg, 100mg* | 1 | |
| *mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg* | 1 | |
| *mycophenolate mofetil hcl solr 500mg* | 1 | |
| *mycophenolate sodium tbec 180mg, 360mg* | 1 | |
| MYFORTIC TBEC 180MG, 360MG | 3 | |
| NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML | 3 | |
| NULOJIX SOLR 250MG | 3 | |
| PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG; SOLN 5MG/ML | 3 | |
| SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML | 3 | |
| *sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg* | 1 | |
| *tacrolimus caps .5mg, 1mg, 5mg; cp24 .5mg, 1mg, 5mg; soln 5mg/ml* | 1 | |
| 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 |
| ENFLONSIA SOSY 105MG/0.7ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| VAXELIS INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| VAXNEUVANCE INJ | 0 | |
| **NUTRITIONAL/SUPPLEMENTS** | | |
| ***ELECTROLYTES*** | | |
| EFFER-K TBEF 25MEQ | 1 | |
| *klor-con m15 tbcr 15meq* | 1 | |
| MONOJECT SODIUM CHLORIDE SOLN .9% | 1 | |
| *potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq* | 1 | |
| *potassium chloride microencapsulated crystals er tbcr 10meq, 20meq* | 1 | |
| *sodium chloride soln .45%, .9%, 2.5meq/ml, 3%, 5%* | 1 | |
| *sodium fluoride chew 1mg; tabs 1mg* | 1 | |
| *sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| ***PRENATAL VITAMINS*** | | |
| *elite-ob tab* | 1 | |
| INATAL GT TAB | 1 | |
| *pnv-dha cap* | 1 | |
| *pnv-select tab* | 1 | |
| PRENATAL 19 CHW TAB | 1 | |
| TRINATE TAB | 1 | |
| ***VITAMINS*** | | |
| *cholecalciferol caps 50000unit* | 1 | OTC |
| *cyanocobalamin soln 1000mcg/ml* | 1 | |
| *ergocalciferol caps 50000unit* | 1 | |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIALLERGICS*** | | |
| ALOCRIL SOLN 2% | 3 | |
| *azelastine hcl (ophth) soln .05%* | 1 | ST |
| *bepotastine besilate soln 1.5%* | 1 | ST |
| *cromolyn sodium (ophth) soln 4%* | 1 | |
| *epinastine hcl (ophth) soln .05%* | 1 | ST |
| *eye itch relief soln .035%* | 1 | OTC |
| *ketotifen fumarate (ophth) soln .035%* | 1 | OTC |
| *olopatadine hcl soln .2%* | 1 | ST |
| ZERVIATE SOLN .24% | 3 | ST |
| ***ANTIGLAUCOMA BETA-BLOCKERS*** | | |
| *betaxolol hcl (ophth) soln .5%* | 1 | |
| BETOPTIC-S SUSP .25% | 2 | |
| *carteolol hcl (ophth) soln 1%* | 1 | |
| *levobunolol hcl soln .5%* | 1 | |
| *timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%* | 1 | |
| ***ANTIGLAUCOMA COMBINATION AGENTS*** | | |
| *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%* | 1 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | 1 | |
| SIMBRINZA SUS 1-0.2% | 2 | |
| ***CARBONIC ANHYDRASE INHIBITORS*** | | |
| *brinzolamide susp 1%* | 1 | |
| *dorzolamide hcl soln 2%* | 1 | |
| ***DRY EYE DISEASE*** | | |
| *cyclosporine (ophth) emul .05%* | 1 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | |
| TRYPTYR SOLN .003% | 2 | |
| ***MISCELLANEOUS*** | | |
| *atropine sulfate (ophthalmic) soln 1%* | 1 | |
| CYSTARAN SOLN .44% | 3 | SGM, PA, QL (4 bottles every 28 days) |
| *phenylephrine hcl (mydriatic) soln 2.5%, 10%* | 1 | |
| PHOSPHOLINE IODIDE SOLR .125% | 3 | |
| *pilocarpine hcl soln 1%* | 1 | |
| *tropicamide soln .5%, 1%* | 1 | |
| ***PROSTAGLANDINS*** | | |
| *bimatoprost soln .01%* | 1 | |
| *latanoprost soln .005%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LUMIGAN SOLN .01% | 2 | ST; PA** |
| *tafluprost soln .015mg/ml* | 1 | |
| *travoprost soln .004%* | 1 | |
| ***SYMPATHOMIMETICS*** | | |
| *apraclonidine hcl soln .5%* | 1 | |
| *brimonidine tartrate soln .15%, .2%* | 1 | |
| **OTHER** | | |
| ***IRRIGATION SOLUTIONS*** | | |
| PHYSIOLYTE SOL | 1 | |
| **RESPIRATORY** | | |
| ***ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS*** | | |
| PROLASTIN-C SOLN 1000MG/20ML | 3 | SGM, PA |
| ***ANAPHYLAXIS TREATMENT AGENTS*** | | |
| *epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml* | 1 | QL (4 auto-injectors every 30 days) |
| *epinephrine (anaphylaxis) soaj .15mg/0.15ml* | 1 | QL (4 auto-injectors every 30 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK SOAJ .3MG/0.3ML | 2 | QL (4 auto-injectors every 30 days) |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | | |
| BEVESPI AER 9-4.8MCG | 2 | QL (1 package every 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | QL (6 boxes every 30 days) |
| STIOLTO AER 2.5-2.5 | 2 | QL (1 package every 30 days) |
| ***ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS*** | | |
| BREZTRI AERO AER 9MCG | 2 | QL (1 package every 30 days) |
| BREZTRI AERO AER 18MCG | 2 | QL (1 package every 30 days) |
| TRELEGY AER 100MCG | 2 | QL (1 package every 30 days) |
| TRELEGY AER 200MCG | 2 | QL (1 package every 30 days) |
| ***ANTICHOLINERGICS*** | | |
| *ipratropium bromide soln .02%* | 1 | QL (5 boxes every 30 days) |
| *ipratropium bromide (nasal) soln .03%, .06%* | 1 | |
| SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT | 2 | QL (1 package every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tiotropium bromide caps 18mcg* | 1 | QL (1 package every 30 days) |
| ***ANTIHISTAMINE COMBINATIONS*** | | |
| *azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act* | 1 | QL (1 package every 30 days) |
| ***ANTIHISTAMINES*** | | |
| *azelastine hcl soln .1%* | 1 | QL (2 bottles every 30 days) |
| *carbinoxamine maleate tabs 4mg* | 1 | |
| *cetirizine hcl chew 10mg; tabs 5mg, 10mg* | 1 | OTC |
| *cetirizine hcl childrens soln 1mg/ml* | 1 | OTC |
| *clemastine fumarate tabs 2.68mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *cvs allergy relief tbdp 10mg* | 1 | OTC |
| *cvs allergy relief childr susp 30mg/5ml* | 1 | OTC |
| *cyproheptadine hcl syrp 2mg/5ml; tabs 4mg* | 1 | |
| *desloratadine tabs 5mg; tbdp 2.5mg, 5mg* | 1 | ST |
| *diphenhydramine hcl elix 12.5mg/5ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *diphenhydramine hcl soln 50mg/ml* | 1 | |
| *fexofenadine hcl tabs 60mg, 180mg* | 1 | OTC |
| *gnp loratadine soln 5mg/5ml* | 1 | OTC |
| *hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine pamoate caps 25mg, 50mg, 100mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg* | 1 | |
| *loratadine caps 10mg; tabs 10mg* | 1 | OTC |
| *olopatadine hcl (nasal) soln .6%* | 1 | QL (1 container every 30 days) |
| *qc all day allergy relief caps 10mg* | 1 | OTC |
| WAL-ZYR CHILDRENS CHEW 5MG | 1 | OTC |
| *zyrtec allergy caps 10mg* | 1 | OTC |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate aers 108mcg/act* | 1 | QL (2 inhalers every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *albuterol sulfate nebu 2.5mg/0.5ml* | 1 | QL (120 vials every 30 days) |
| *albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml* | 1 | QL (5 boxes every 30 days) |
| *albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg* | 1 | |
| *formoterol fumarate nebu 20mcg/2ml* | 1 | QL (60 vials every 30 days) |
| *levalbuterol hcl nebu 1.25mg/0.5ml* | 1 | QL (45 mL every 30 days) |
| *levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml* | 1 | QL (300 mL every 30 days) |
| SEREVENT DISKUS AEPB 50MCG/DOSE | 2 | QL (1 package every 30 days) |
| STRIVERDI RESPIMAT AERS 2.5MCG/ACT | 2 | QL (1 package every 30 days) |
| *terbutaline sulfate tabs 2.5mg, 5mg* | 1 | |
| ***COLD/COUGH*** | | |
| *benzonatate caps 100mg, 200mg* | 1 | |
| *guaifenesin-codeine soln 100-10 mg/5ml* | 1 | QL (60 mL every day), OTC; Subject to initial 7-day limit |
| *hydrocod polst-chlorphen polst er susp 10-8 mg/5ml* | 1 | QL (10 mL every day); Subject to initial 7-day limit |
| *hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml* | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* | 1 | QL (6 tabs every day); Subject to initial 7-day limit |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* | 1 | |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| *promethazine-dm syrup 6.25-15 mg/5ml* | 1 | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | 1 | |
| TUXARIN ER TAB 54.3-8MG | 3 | QL (2 tabs every day); Subject to initial 7-day limit |
| ***CYSTIC FIBROSIS*** | | |
| CAYSTON SOLR 75MG | 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) |
| KALYDECO TABS 150MG | 3 | SGM, PA, QL (56 tabs every 28 days); carton consists of 56 tablets |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| *tobramycin nebu 300mg/4ml* | 3 | SGM, PA, QL (224 mL every 28 days) |
| *tobramycin nebu 300mg/5ml* | 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*** | | |
| *zileuton tb12 600mg* | 3 | |
| ***LEUKOTRIENE RECEPTOR ANTAGONISTS*** | | |
| *montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg* | 1 | |
| *zafirlukast tabs 10mg, 20mg* | 1 | |
| ***MAST CELL STABILIZERS*** | | |
| *cromolyn sodium nebu 20mg/2ml* | 1 | QL (2 boxes every 30 days) |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine soln 10%, 20%* | 1 | |
| *roflumilast tabs 250mcg, 500mcg* | 1 | PA |
| *sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%* | 1 | |
| ***NASAL STEROIDS*** | | |
| *budesonide (nasal) susp 32mcg/act* | 1 | QL (1 bottle every 30 days), OTC |
| *flunisolide (nasal) soln .025%* | 1 | QL (3 containers every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluticasone propionate (nasal) susp 50mcg/act* | 1 | QL (1 container every 30 days) |
| *fluticasone propionate (nasal) susp 50mcg/act* | 1 | QL (1 container every 30 days), OTC |
| *mometasone furoate (nasal) susp 50mcg/act* | 1 | QL (2 packages every 30 days) |
| *triamcinolone acetonide (nasal) aero 55mcg/act* | 1 | QL (1 package every 30 days), OTC |
| ***PULMONARY FIBROSIS AGENTS*** | | |
| *pirfenidone caps 267mg* | 3 | SGM, PA, QL (270 caps every 30 days) |
| *pirfenidone tabs 267mg* | 3 | SGM, PA, QL (270 tabs every 30 days) |
| *pirfenidone tabs 801mg* | 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, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis |
| DUPIXENT SOAJ 300MG/2ML | 3 | SGM, PA, QL (4 pens every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FASENRA PEN SOAJ 30MG/ML | 3 | SGM, PA, QL (1 auto-injector every 28 days) |
| NUCALA SOAJ 100MG/ML | 3 | SGM, PA, QL (3 autoinjectors every 28 days) |
| NUCALA SOSY 40MG/0.4ML | 3 | SGM, PA, QL (1 syringe every 28 days) |
| NUCALA SOSY 100MG/ML | 3 | SGM, PA, QL (3 syringes every 28 days) |
| XOLAIR SOAJ 75MG/0.5ML | 3 | SGM, PA, QL (2 pens every 28 days) |
| 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) |
| *budesonide (inhalation) susp 1mg/2ml* | 1 | QL (1 box every 30 days) |
| *budesonide (inhalation) susp .5mg/2ml* | 1 | QL (2 boxes every 30 days) |
| *budesonide (inhalation) susp .25mg/2ml* | 1 | QL (3 boxes every 30 days) |
| *fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act* | 1 | QL (1 package every 30 days) |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| AIRSUPRA AER 90-80MCG | 2 | QL (3 packages every 30 days) |
| BREO ELLIPTA INH 50-25MCG | 2 | QL (1 package every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BREO ELLIPTA INH 100-25 | 2 | QL (1 package every 30 days) |
| BREO ELLIPTA INH 200-25 | 2 | QL (1 package every 30 days) |
| *breyna aer 80/4.5* | 1 | QL (3 packages every 30 days) |
| *breyna aer 160/4.5* | 1 | QL (3 packages every 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | 1 | QL (3 packages every 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | 1 | QL (3 packages every 30 days) |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | 1 | QL (1 package every 30 days) |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* | 1 | QL (1 package every 30 days) |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | 1 | QL (1 package every 30 days) |
| ***XANTHINES*** | | |
| *theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg* | 1 | |
| **TOPICAL** | | |
| ***DERMATOLOGY, ACNE*** | | |
| *acne medication 5 gel 5%* | 1 | OTC |
| *adapalene crea .1%; gel .1%, .3%* | 1 | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* | 1 | ST |
| *adapalene-benzoyl peroxide gel 0.3-2.5%* | 1 | ST |
| *benzoyl peroxide gel 2.5%, 5%, 10%* | 1 | OTC |
| BENZOYL PEROXIDE LOTN 5%, 10% | 1 | OTC |
| *benzoyl peroxide wash liqd 5%, 10%* | 1 | OTC |
| *benzoyl peroxide-erythromycin gel 5-3%* | 1 | ST, QL (47g every 30 days) |
| *bp wash liqd 2.5%, 5%* | 1 | OTC |
| *clearskin crea 10%* | 1 | OTC |
| *clindacin etz pledgets swab 1%* | 1 | |
| CLINDACIN KIT ETZ 1% | 3 | |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | 1 | QL (45g every 30 days) |
| *clindamycin phosphate (topical) foam 1%* | 1 | |
| *clindamycin phosphate (topical) gel 1%* | 1 | QL (75g every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin phosphate (topical) lotn 1%; soln 1%* | 1 | QL (60 mL every 30 days) |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* | 1 | QL (50g every 30 days) |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* | 1 | QL (50g every 30 days) |
| *cvs acne cleansing bar bar 10%* | 1 | OTC |
| *cvs creamy acne face wash liqd 4%* | 1 | OTC |
| *cvs targeted acne spot tr crea 2.5%* | 1 | OTC |
| *ery pads 2%* | 1 | |
| *erythromycin (acne aid) gel 2%* | 1 | QL (60g every 30 days) |
| *erythromycin (acne aid) soln 2%* | 1 | QL (60 mL every 30 days) |
| *isotretinoin caps 10mg, 20mg, 30mg, 40mg* | 1 | PA |
| NEUTROGENA CLEAR PORE CLE LIQD 3.5% | 1 | OTC |
| *sulfacetamide sodium (acne) lotn 10%* | 1 | |
| *tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%* | 1 | PA; PA applies for members age 35 and older |
| ***DERMATOLOGY, ACTINIC KERATOSIS*** | | |
| *fluorouracil (topical) crea 5%; soln 2%, 5%* | 1 | |
| *imiquimod crea 5%* | 1 | |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *antiseptic products misc - pads* | 1 | OTC |
| *bacitracin (topical) oint 500unit/gm* | 1 | OTC |
| *gentamicin sulfate (topical) crea .1%; oint .1%* | 1 | |
| *mupirocin oint 2%* | 1 | QL (30g every 30 days) |
| *silver sulfadiazine crea 1%* | 1 | |
| *ssd crea 1%* | 1 | |
| SULFAMYLON CREA 85MG/GM | 3 | |
| *triple antib oin* | 1 | OTC |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *antifungal crea 2%* | 1 | OTC |
| *athletes foot powd 2%* | 1 | OTC |
| *butenafine hcl crea 1%* | 1 | OTC |
| *ciclopirox gel .77%* | 1 | ST, QL (120g every 30 days) |
| *ciclopirox sham 1%* | 1 | QL (120 mL every 30 days) |
| *ciclopirox soln 8%* | 1 | |
| *ciclopirox olamine crea .77%* | 1 | ST, QL (120g every 30 days) |
| *ciclopirox olamine susp .77%* | 1 | ST, QL (120 mL every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clotrimazole (topical) crea 1%* | 1 | ST, QL (120g every 30 days) |
| *clotrimazole (topical) crea 1%; soln 1%* | 1 | OTC |
| *clotrimazole (topical) soln 1%* | 1 | QL (120 mL every 30 days) |
| *clotrimazole w/ betamethasone cream 1-0.05%* | 1 | QL (60g every 30 days) |
| *clotrimazole w/ betamethasone lotion 1-0.05%* | 1 | QL (60 mL every 30 days) |
| *cruex prescription streng aerp 2%* | 1 | OTC |
| *cvs athletes foot liquid aero 2%* | 1 | OTC |
| *econazole nitrate crea 1%* | 1 | ST, QL (60g every 30 days) |
| ERTACZO CREA 2% | 3 | QL (60g every 30 days) |
| *gnp terbinafine hydrochlo crea 1%* | 1 | OTC |
| JUBLIA SOLN 10% | 3 | PA, QL (4 mL every 28 days) |
| *ketoconazole (topical) crea 2%* | 1 | ST, QL (120g every 30 days) |
| *lotrimin antifungal aero 2%* | 1 | OTC |
| *lotrimin ultra crea 1%* | 1 | OTC |
| *medicated anti-fungal soln 1%* | 1 | OTC |
| *naftifine hcl crea 1%, 2%* | 1 | ST, QL (60g every 30 days) |
| *nystatin (topical) crea 100000unit/gm; oint 100000unit/gm* | 1 | ST, QL (120g every 30 days) |
| *nystatin-triamcinolone cream 100000-0.1 unit/gm-%* | 1 | QL (60g every 30 days) |
| *nystatin-triamcinolone oint 100000-0.1 unit/gm-%* | 1 | QL (60g every 30 days) |
| *nystop powd 100000unit/gm* | 1 | ST, QL (120g every 30 days) |
| *oxiconazole nitrate crea 1%* | 1 | ST, QL (60g every 30 days) |
| *qc antifungal cream crea 1%* | 1 | OTC |
| *qc athletes foot relief aero 1%* | 1 | OTC |
| *sulconazole nitrate crea 1%* | 1 | QL (60g every 30 days) |
| *sulconazole nitrate soln 1%* | 1 | QL (60 mL every 30 days) |
| *tinactin aero 1%* | 1 | OTC |
| *tolnaftate aerp 1%; powd 1%* | 1 | OTC |
| *triple paste af oint 2%* | 1 | OTC |
| ***DERMATOLOGY, ANTIPRURITIC*** | | |
| *doxepin hcl (antipruritic) crea 5%* | 3 | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin caps 10mg, 17.5mg, 25mg* | 1 | |
| *calcipotriene soln .005%* | 1 | ST, QL (60 mL every 30 days); PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *calcipotriene-betamethasone dipropionate oint 0.005-0.064%* | 3 | ST, QL (60g every 30 days); PA** |
| *calcitriol (topical) oint 3mcg/gm* | 3 | ST, QL (100g every 30 days); PA** |
| *methoxsalen rapid caps 10mg* | 1 | |
| *tazarotene crea .05%, .1%; gel .05%, .1%* | 1 | PA |
| ZORYVE CREA .3% | 2 | |
| ***DERMATOLOGY, ANTISEBORRHEICS*** | | |
| *ketoconazole (topical) sham 2%* | 1 | QL (120 mL every 30 days) |
| *selenium sulfide lotn 2.5%* | 1 | |
| ***DERMATOLOGY, ATOPIC DERMATITIS*** | | |
| DUPIXENT SOSY 200MG/1.14ML | 3 | SGM, PA, QL (2 syringes every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis |
| DUPIXENT SOSY 300MG/2ML | 3 | SGM, PA, QL (4 syringes every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis |
| 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** |
| *pimecrolimus crea 1%* | 3 | ST; PA** |
| *tacrolimus (topical) oint .03%, .1%* | 3 | ST; PA** |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mometasone furoate soln .1%* | 1 | QL (120 mL every 30 days) |
| *triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%* | 1 | QL (120g every 30 days) |
| *triamcinolone acetonide (topical) lotn .025%, .1%* | 1 | QL (120 mL every 30 days) |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *lidocaine hcl prsy 2%* | 1 | QL (60 mL every 30 days) |
| *lidocaine hcl soln 4%* | 1 | QL (50 mL every 30 days) |
| *lidocaine pain relief pat ptch 4%* | 1 | QL (30 patches every 30 days), OTC |
| *lidocaine-prilocaine cream 2.5-2.5%* | 1 | QL (30g every 30 days) |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *acyclovir topical crea 5%* | 3 | |
| *bexarotene (topical) gel 1%* | 3 | SGM, PA |
| *docosanol crea 10%* | 1 | OTC |
| *lactic acid (ammonium lactate) crea 12%; lotn 12%* | 1 | |
| *nitroglycerin (intra-anal) oint .4%* | 1 | |
| *penciclovir crea 1%* | 1 | ST |
| *podofilox gel .5%; soln .5%* | 1 | |
| ***DERMATOLOGY, ROSACEA*** | | |
| *azelaic acid gel 15%* | 1 | |
| *brimonidine tartrate (topical) gel .33%* | 1 | PA |
| FINACEA FOAM 15% | 2 | |
| *ivermectin (rosacea) crea 1%* | 1 | PA |
| *metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%* | 1 | |
| ***DERMATOLOGY, SCABICIDES AND PEDICULICIDES*** | | |
| *crotan lotn 10%* | 1 | |
| *cvs ivermectin lice treat lotn .5%* | 1 | OTC |
| *malathion lotn .5%* | 1 | |
| *permethrin crea 5%* | 1 | |
| *sb lice treatment liqd 1%* | 1 | OTC |
| *spinosad susp .9%* | 1 | |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| REGRANEX GEL .01% | 3 | PA, QL (30g every 30 days) |
| *sodium chloride (gu irrigant) soln .9%* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl caps 30mg* | 1 | |
| *chlorhexidine gluconate (mouth-throat) soln .12%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clotrimazole troc 10mg* | 1 | |
| *lidocaine hcl (mouth-throat) soln 2%, 4%* | 1 | |
| *nystatin (mouth-throat) susp 100000unit/ml* | 1 | |
| *oralone dental paste pste .1%* | 1 | |
| ORAVIG TABS 50MG | 3 | QL (14 tabs every 30 days) |
| *periogard soln .12%* | 1 | |
| *pilocarpine hcl (oral) tabs 5mg, 7.5mg* | 1 | |
| *triamcinolone acetonide (mouth) pste .1%* | 1 | |
| ***OTIC*** | | |
| *acetic acid (otic) soln 2%* | 1 | |
| *ciprofloxacin hcl (otic) soln .2%* | 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | |
| *ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%* | 3 | |
| CORTISPORIN SUS -TC OTIC | 3 | |
| *fluocinolone acetonide (otic) oil .01%* | 1 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | |
| *ofloxacin (otic) soln .3%* | 1 | |

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