METROPLUSHEALTH GOLDCARE PLAN FORMULARY

2026

Metro Plus **Health** GoldCare

This formulary was updated on 11/1//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
TRUQAP TBPK 200MG	3	SGM, PA, QL (32 tabs every 28 days)
TUKYSA TABS 50MG, 150MG	3	SGM, PA, QL (120 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	3	SGM, PA, QL (56 tabs every 28 days)
VITRAKVI CAPS 25MG	3	SGM, PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	3	SGM, PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20MG/ML	3	SGM, PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	3	SGM, PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	3	SGM, PA, QL (120 pellets every 30 days)
XALKORI CPSP 150MG	3	SGM, PA, QL (180 pellets every 30 days)
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-metformin hcl tab er 24hr 5-500 mg	1	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	1	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 10-500 mg	1	ST; PA**
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	1	ST; PA**
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**

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	
GWYN LO DIS 220-20	0	
heather tabs .35mg	0	
introvale tab	0	
jolessa tab	0	
junel 1.5/30 tab	0	
junel 1/20 tab	0	
junel fe 24 tab 1/20	0	
junel fe tab 1.5/30	0	
junel fe tab 1/20	0	
kariva tab 28 day	0	
kelnor tab 1/35	0	
kurvelo tab 0.15/30	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
larin tab 1.5/30	0	
lessina tab	0	
levonest tab	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	
lojaimiess tab	0	
loryna tab 3-0.02mg	0	
low-ogestrel tab	0	
marlissa tab 0.15/30	0	
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	0	QL (4 inj every 300 days)
microgestin tab 1.5/30	0	
MIRENA IUD 21MCG/DAY	0	QL (1 every 300 days)
MIUDELLA IUD	0	QL (1 unit every 300 days)
mono-linyah tab 0.25-35	0	
NATAZIA TAB	0	
necon tab 0.5/35	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
nikki tab 3-0.02mg	0	
nora-be tabs .35mg	0	
norethindrone (contraceptive) tabs .35mg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
nortrel tab 0.5/35	0	
nortrel tab 1/35	0	
nortrel tab 7/7/7	0	
nylia tab 1/35	0	
OMNIFLEX DPR	0	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
OPILL TABS .075MG	0	OTC
PARAGARD IUD T380A	0	QL (1 unit every 300 days)
portia-28 tab	0	
reclipsen tab	0	
rivelsa tab	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
sprintec 28 tab 28 day	0	
syeda tab 3-0.03mg	0	
take action tabs 1.5mg	0	OTC
tilia fe tab	0	
tri-linyah tab	0	
tri-sprintec tab	0	
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
valtya 1/50 tab	0	
velivet pak	0	
viorele tab	0	
vyfemla tab 0.4-35	0	
wera tab 0.5/35	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)
xelria fe chw 0.4mg-35	0	
xulane dis 150-35	0	
zovia 1/35 tab	0	
DIABETIC SUPPLIES		
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	

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	2	
DEXCOM G7 MIS RECEIVER	2	
DEXCOM G7 MIS SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	2	QL (2 sensors every 30 days)
DIASCREEN 3 MIS	3	OTC
DIASCREEN 5 MIS	3	OTC
DIASCREEN 6 MIS	3	OTC
DIASCREEN 7 MIS	3	OTC
DIASCREEN 8 MIS	3	OTC
DIASCREEN 9 MIS	3	OTC
DIASCREEN 10 MIS	3	OTC
DIASCREEN MIS 1B	3	OTC
DIASCREEN MIS 1G	3	OTC
DIASCREEN MIS 1K	3	OTC
DIASCREEN MIS 2GK	3	OTC
DIASCREEN MIS 2GP	3	OTC
DIASCREEN MIS 4NL	3	OTC
DIASCREEN MIS 4OBL	3	OTC
DIASCREEN MIS 4PH	3	OTC
DIASCREEN MIS CONTROL	3	OTC
DIASTIX TES STRIPS	3	OTC
FASTCLIX MIS LANCETS	2	OTC
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 LB KIT 2PLS/SEN	2	QL (3 sensors every 30 days)
FREESTYLE LB KIT 3/SENSOR	2	QL (3 sensors every 30 days)
FREESTYLE LB KIT 3PLS/SEN	2	QL (3 sensors every 30 days)
FREESTYLE LB MIS 3/READER	2	
FREESTYLE LIBRE KIT SENSOR	2	QL (3 sensors every 30 days)
FREESTYLE LIBRE MIS READER	2	

Drug Name	Drug Tier	Requirements/Limits
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE TES	3	OTC
KETONE TEST TES	3	OTC
NOVOFINE PEN NEEDLES	2	OTC
OMNIPOD 5 DX KIT INT G7G6	2	
OMNIPOD 5 DX MIS POD G7G6	2	
OMNIPOD 5 G7 KIT INTRO	2	
OMNIPOD 5 G7 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH KIT PDM	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
methimazole tabs 5mg, 10mg	1	
propylthiouracil tabs 50mg	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	1	
UREA CYCLE DISORDER		
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
lubiprostone caps 8mcg, 24mcg	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tabs .5mg, 1mg	1	PA
VIBERZI TABS 75MG, 100MG	2	PA
LAXATIVES		
CLENPIQ SOL	0	$0 copay for members age 45 through 75, Tier 2 for all others
enulose soln 10gm/15ml	1	
gavilyte-c sol	1	
gavilyte-g sol	1	
lactulose soln 10gm/15ml	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
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	

Drug Name	Drug Tier	Requirements/Limits
ursodiol caps 300mg; tabs 250mg, 500mg	1	
VOWST CAP	3	SGM, PA, QL (12 caps every 30 days)
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA
PROTON PUMP INHIBITORS		
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	

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tb24 10mg	1	
CARDURA XL TB24 4MG, 8MG	3	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1	
dutasteride caps .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tabs 5mg	1	
silodosin caps 4mg, 8mg	1	
tadalafil tabs 2.5mg, 5mg	1	PA, QL (30 tabs every 30 days)
tamsulosin hcl caps .4mg	1	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	
CONTRACEPTIVES		
In accordance with the Comprehensive Contraception Coverage Act (CCCA), contraceptives may be dispensed as a 12-month supply at one time		
ENCARE SUPP 100MG	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
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	
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
avanafil tabs 50mg, 100mg, 200mg	1	QL (6 tabs every 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	1	
trospium chloride cp24 60mg; tabs 20mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	2	
clindamycin phosphate vaginal crea 2%	1	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal gel .75%	1	
miconazole 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)
wixela inhub aer 100/50	1	QL (1 package every 30 days)
wixela inhub aer 250/50	1	QL (1 package every 30 days)
wixela inhub aer 500/50	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	

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	1	
calcipotriene soln .005%	1	ST, QL (60 mL every 30 days); PA**
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	3	ST, QL (60g every 30 days); PA**
calcitriol (topical) oint 3mcg/gm	3	ST, QL (100g every 30 days); PA**
methoxsalen rapid caps 10mg	1	
tazarotene crea .05%, .1%; gel .05%, .1%	1	PA
ZORYVE CREA .3%	2	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) sham 2%	1	QL (120 mL every 30 days)
selenium sulfide lotn 2.5%	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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**
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 emollient base crea .05%	1	QL (120g every 30 days)
clocortolone pivalate crea .1%	3	QL (120g every 30 days)
desonide crea .05%; oint .05%	1	QL (120g every 30 days)
desonide lotn .05%	1	QL (120 mL every 30 days)
desoximetasone crea .05%, .25%; gel .05%; oint .25%	1	QL (120g every 30 days)
desoximetasone liqd .25%	3	QL (120 mL every 30 days)
diflorasone diacetate crea .05%; oint .05%	3	QL (120g every 30 days)
fluocinolone acetonide crea .01%, .025%; oint .025%	1	QL (120g every 30 days)
fluocinolone acetonide oil .01%; soln .01%	1	QL (120 mL every 30 days)
fluocinonide crea .05%; gel .05%; oint .05%	1	QL (120g every 30 days)
fluocinonide soln .05%	1	QL (120 mL every 30 days)
fluticasone propionate crea .05%; oint .005%	1	QL (120g every 30 days)
fluticasone propionate lotn .05%	1	QL (120 mL every 30 days)
halobetasol propionate crea .05%; oint .05%	1	QL (120g every 30 days)
hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%	1	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

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

Index

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