Embrace better health®

AvMed Miami-Dade County Advantage 4-Tier

2023 List of Covered Drugs

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Members must use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

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INTRODUCTION

The ***AvMed Miami-Dade County Advantage 4-Tier Formulary*** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The ***AvMed Miami-Dade County Advantage 4-Tier Medication Formulary*** is reflective of current medical practice as of the date of review.

The information contained in this ***AvMed Miami-Dade County Advantage 4-Tier Medication Formulary*** and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This ***AvMed Miami-Dade County Advantage 4-Tier Medication Formulary*** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the ***AvMed Miami-Dade County Advantage 4-Tier Medication Formulary*** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at **http://www.ahrq.gov/gam/** on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

The ***AvMed Miami-Dade County Advantage 4-Tier Medication Formulary*** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org/prescriptions. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable copayment.

Cost-sharing Medications - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life threatening conditions. Such medications are subject to coinsurance and coverage is limited

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at www.avmed.org/media/xziiyi1u/medication-exception-request-form.pdf to obtain a Medication Exception Request Form (MER).

Progressive Medication Program (Step Therapy) - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. (Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications.) If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for most self-administered injectable medications, except Insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in the ***AvMed***

Miami-Dade County Advantage 4-Tier Medication Formulary. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed network pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per year.

Many plans have the opportunity to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.
Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.
Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at: www.avmed.org/media/xziiyi1u/medication-exception-request-form.pdf

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 1-2 business days if authorization is deemed urgent and within 3-5 business days if identified as standard or routine.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process (Medication Exception) by logging into www.avmed.org and then clicking the link "Prescriptions".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary. Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described above.

Progressive Medication Program (Step Therapy)

Medications that require Step Therapy are noted on the formulary by "ST". For a current list of products requiring this prior approval please see our Progressive Medication Program web page at www.avmed.org/media/3zoi4nu0/progressive-medication-program-1.pdf. Medications included in this program require a trial of one or more first and/or second-line medications in order for the requested medication to be covered under the pharmacy benefit. If for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization as described above.

Non-Formulary Medication Requests

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying the following: statement of medical necessity; contraindications to ALL other formulary alternatives; or therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the PRESCRIBER through the prior authorization process as described above.

Tier Description

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

Tier	Definition
1	**(Generics)** - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
2	**(Preferred Brands)** - These are preferred brand or high-cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
3	**(Non-Preferred Brands)** - These are non-preferred brand or non-preferred generic medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
4	**(Specialty Medications)** - These are brand- or generic-name specialty medications or high-cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
5	**(Cost-Sharing Medications)** - If applicable to your specific prescription benefits, the coinsurance for medications on this tier is 50%.

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Health Care Reform – Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Coverage and Cost Share Policy:

Contraceptive Type	**Examples**	**Cost Share**
Oral Generics	(multiple)	**No cost share**
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	**No cost share**. OTCs require a prescription for coverage.

Other Contraceptive Methods	IUDs, Depo-Provera	**No cost share** - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	**Tier 3 Copay plus** brand additional charge - can request no cost share if Prior Authorization submitted and medical necessity is established.

Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	**Examples**	**Cost Share**
Oral, prescription only	Bupropion SR, Chantix	**No cost share**. Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges	**No cost share**. Limit of 168 days' supply per year. Prescription from doctor required.
Brands with Generics	Nicorette, Nicoderm CQ	**Not covered**. Only the generic equivalents are covered.

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

Balancing risks and benefits

Prescription opioids can manage short-term pain like after a surgery or injury. But, they may not work as well long-term to manage chronic pain. Plus, you're more likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option. Members should work with their doctor to find the safest ways to best manage their condition.

TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed who require assistance with transition of care from their previous insurance carrier and their providers. The information provided on this form will help allow for a smooth transition of your medical care to AvMed providers. If any of the medications listed on the Transition-of-Care Form are within our Progressive Medication Program or Prior Authorization Program, AvMed will reach out to your provider/pharmacy to obtain the necessary information. If you have fulfilled the requirements of these programs, an authorization will be placed in the system to allow you to continue to get these medications. If established criteria has not been met, an authorization will be required.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?

AvMed members with Diabetes can call CVS Caremark® at 1-877-418-4746 to order a new diabetic meter for free. Meters will be sent directly to the Member. Members may also visit the website info.caremark.com/dig/managingdiabetes to submit a request electronically or you may review the diabetic meter information located on the AvMed website at www.avmed.org/prescriptions.

AvMed covers the following meters and accompanying test strips:

- OneTouch Verio Reflect® and OneTouch Verio Flex®

Members are limited to one meter system per 365 days. A prescription is REQUIRED to receive a new meter. If you do not have a prescription, you may ask CVS Caremark to obtain one for you when you submit your request.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. You can print the request forms from our website at www.avmed.org/media/i25lqb1a/rx_mail_order_form_eg.pdf. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called FastStart®, a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-7290 to initiate mail service through FastStart or register online at info.caremark.com/faststart.

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 90-day supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 90-day supplies include: Estring, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The ***AvMed Miami-Dade County Advantage 4-Tier Medication Formulary*** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card.

For additional information, please visit our website at: www.avmed.org/prescriptions.

LEGEND

Term	Definition
OTC	Over the counter
PA	Prior Authorization
PF	Preferred
QL	Quantity Limit

SP	Specialty drug
ST	Step Therapy (Progressive Medication Program)
Brand	Brand products are listed in capitals
Generic	Generic products are listed in lowercase italics

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When viewing the AvMed Miami-Dade County Advantage 4-Tier Medication Formulary via the Internet, please be advised that the AvMed Miami-Dade County Advantage 4-Tier Medication Formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine sulfate tabs 5mg, 10mg	1	QL (120 tabs every 30 days)
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 (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 (1200 mL every 30 days)
dextroamphetamine sulfate tabs 5mg, 10mg	1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tabs 15mg, 20mg, 30mg	1	QL (60 tabs every 30 days)
methamphetamine hcl tabs 5mg	1	QL (150 tabs every 30 days)
MYDAYIS CAP 12.5MG	2	QL (60 caps every 30 days)
MYDAYIS CAP 25MG	2	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS CAP 37.5MG	2	QL (30 caps every 30 days)
MYDAYIS CAP 50MG	2	QL (30 caps every 30 days)
procentra soln 5mg/5ml	1	QL (1200 mL every 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	2	QL (60 caps every 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	QL (30 caps every 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	2	QL (60 tabs every 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	2	QL (30 tabs every 30 days)
zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg	1	QL (120 tabs every 30 days)
zenzedi tabs 15mg, 20mg, 30mg	1	QL (60 tabs every 30 days)
ANALEPTICS		
caffeine citrate soln 20mg/ml, 60mg/3ml	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl caps 10mg, 18mg, 25mg	1	QL (120 caps every 30 days)
atomoxetine hcl caps 40mg	1	QL (60 caps every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg	1	QL (30 caps every 30 days)
clonidine hcl (adhd) tb12 .1mg	1	
guanfacine hcl (adhd) tb24 1mg, 2mg	1	QL (1 tab every 1 day)
guanfacine hcl (adhd) tb24 3mg, 4mg	1	
QELBREE CP24 100mg, 150mg, 200mg	2	QL (90 caps every 30 days)
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TABS 4.45mg, 17.8mg	4	SP, PA
STIMULANTS - MISC.		
armodafinil tabs 50mg, 150mg, 200mg, 250mg	1	
AZSTARYS CAP 26.1-5.2	2	QL (60 caps every 30 days)
AZSTARYS CAP 39.2-7.8	2	QL (60 caps every 30 days)
AZSTARYS CAP 52.3-10.	2	QL (60 caps every 30 days)
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	2	QL (60 caps every 30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg	1	QL (180 tabs every 30 days)
methylphenidate hcl cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; 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)
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 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)
modafinil tabs 100mg, 200mg	1	

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800bau	2	QL (1 ea every 1 day)
ORALAIR SUB 300 IR	4	QL (1 tab every 1 day)
RAGWITEK SUBL 12amba1-u	2	QL (1 ea every 1 day)

AMINOGLYCOSIDES

AMINOGLYCOSIDES

BETHKIS NEBU 300mg/4ml	4	SP, PA
neomycin sulfate tabs 500mg	1	
paromomycin sulfate caps 250mg	1	
tobramycin nebu 300mg/4ml, 300mg/5ml	4	SP, PA

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN KIT PS/UV	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15mg, 30mg, 45mg	4	SP, PA; Preferred for Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, and Ulcerative Colitis
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	4	SP, PA; Preferred for Rheumatoid Arthritis and Ulcerative Colitis
XELJANZ XR TB24 11mg, 22mg	4	SP, PA; Preferred for Rheumatoid Arthritis and Ulcerative Colitis
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	4	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	4	SP, PA; Preferred for Rheumatoid Arthritis
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
cataflam tabs 50mg	1	
celecoxib caps 50mg, 100mg, 200mg, 400mg	1	
diclofenac potassium tabs 50mg	1	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
ec-naproxen tbec 375mg, 500mg	1	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1	
flurbiprofen tabs 50mg, 100mg	1	
ibu tabs 400mg, 600mg, 800mg	1	

Drug Name	Drug Tier	Requirements/Limits
ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg	1	
indomethacin caps 25mg, 50mg; cpcr 75mg	1	
ketoprofen caps 50mg	1	
ketorolac tromethamine tabs 10mg	1	
meclofenamate sodium caps 50mg, 100mg	1	
mefenamic acid caps 250mg	1	
meloxicam susp 7.5mg/5ml; tabs 15mg	1	
meloxicam tabs 7.5mg	1	QL (1 tab every 1 day)
nabumetone tabs 500mg, 750mg	1	
naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg	1	
naproxen sodium tabs 275mg, 550mg	1	
oxaprozin tabs 600mg	1	
piroxicam caps 10mg, 20mg	1	
sulindac tabs 150mg, 200mg	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 30mg	4	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tabs 10mg	1	QL (1 tab every 1 day)
leflunomide tabs 20mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	4	SP, PA; Preferred for Rheumatoid Arthritis
ORENCIA CLICKJECT SOAJ 125mg/ml	4	SP, PA; Preferred for Rheumatoid Arthritis
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis and Rheumatoid Arthritis
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac	1	QL (48 tabs every 30 days)
butalbital-acetaminophen tab 50-325 mg	1	QL (48 tabs every 30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL (48 tabs every 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (48 caps every 30 days)
tencon	1	QL (48 tabs every 30 days)
SALICYLATES		
aspirin chew 81mg; tbec 81mg	1	QL (100 tablets every 100 days), OTC; $0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
diflunisal tabs 500mg	1	
salsalate tabs 750mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tabs 30mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	PA; High Strength Requires PA
fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	PA, QL (4 Lozenges every 1 day)
fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	1	PA, QL (4 tabs every 1 day)
hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cp12 50mg; t24a 100mg, 120mg	1	PA; High Strength Requires PA
hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg	1	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl liqd 1mg/ml	1	PA, QL (20 ml every 1 day); Subject to initial 7-day limit
hydromorphone hcl tabs 2mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
hydromorphone hcl tabs 4mg	1	PA, QL (5 tabs every 1 day); Subject to initial 7-day limit
hydromorphone hcl tabs 8mg	1	PA, QL (2 tabs every 1 day); Subject to initial 7-day limit
hydromorphone hcl tb24 8mg, 12mg, 16mg	1	PA, QL (1 tab every 1 day)
hydromorphone hcl tb24 32mg	1	PA; High Strength Requires PA
meperidine hcl soln 50mg/5ml	1	PA, QL (30 ml every 1 day); Subject to initial 7-day limit
meperidine hcl tabs 50mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
methadone hcl conc 10mg/ml	1	QL (1 ml every 1 day)
methadone hcl soln 5mg/5ml	1	PA, QL (15 ml every 1 day)
methadone hcl soln 10mg/5ml	1	PA, QL (10 ml every 1 day)
methadone hcl tabs 5mg	1	PA, QL (3 tabs every 1 day)
methadone hcl tabs 10mg	1	PA, QL (2 tabs every 1 day)
methadone hcl tbso 40mg	1	QL (9 tabs every 30 days)
methadone hydrochloride i conc 10mg/ml	1	PA, QL (1 ml every 1 day)
methadose tbso 40mg	1	QL (9 tabs every 30 days)
morphine sulfate cp24 10mg, 20mg, 30mg	1	PA, QL (2 caps every 1 day)
morphine sulfate cp24 50mg, 60mg, 80mg	1	PA, QL (1 cap every 1 day)
morphine sulfate cp24 100mg; tbcr 60mg, 100mg, 200mg	1	PA; High Strength Requires PA
morphine sulfate soln 10mg/0.5ml, 20mg/ml	1	PA, QL (4.5ml every 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate soln 10mg/5ml	1	PA, QL (30 ml every 1 day); Subject to initial 7-day limit
morphine sulfate soln 20mg/5ml	1	PA, QL (22.5 ml every 1 day)
morphine sulfate tabs 15mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
morphine sulfate tabs 30mg	1	PA, QL (3 tabs every 1 day); Subject to initial 7-day limit
morphine sulfate tbcr 15mg, 30mg	1	PA, QL (3 tabs every 1 day)
morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cp24 120mg	1	PA; High Strength Requires PA
oxycodone hcl caps 5mg	1	PA, QL (6 caps every 1 day); Subject to initial 7-day limit
oxycodone hcl conc 100mg/5ml	1	PA, QL (3 ml every 1 day); Subject to initial 7-day limit
oxycodone hcl soln 5mg/5ml	1	PA, QL (30 ml every 1 day); Subject to initial 7-day limit
oxycodone hcl t12a 10mg, 20mg	1	PA, QL (2 tabs every 1 day)
oxycodone hcl t12a 40mg	1	PA; High Strength Requires PA
oxycodone hcl t12a 80mg	1	PA
oxycodone hcl tabs 5mg, 10mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
oxycodone hcl tabs 15mg	1	PA, QL (4 tabs every 1 day); Subject to initial 7-day limit
oxycodone hcl tabs 20mg	1	PA, QL (3 tabs every 1 day); Subject to initial 7-day limit
oxycodone hcl tabs 30mg	1	PA, QL (2 tabs every 1 day); Subject to initial 7-day limit
oxymorphone hcl tabs 5mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl tabs 10mg	1	PA, QL (3 tabs every 1 day); Subject to initial 7-day limit
tramadol hcl tabs 50mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
tramadol hcl tb24 100mg	1	PA, QL (1 tab every 1 day)
tramadol hcl tb24 200mg, 300mg	1	PA; High Strength Requires PA
tramadol hcl tb24 300mg	1	PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	2	PA, QL (2 caps every 1 day)
XTAMPZA ER C12A 36mg	2	PA; High Strength Requires PA
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (90 ml every 1 day); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	1	QL (13 tabs every 1 day); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	1	QL (12 tabs every 1 day); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	1	QL (6 tabs every 1 day); Subject to initial 7-day limit
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	QL (10 caps every 1 day); Subject to initial 7-day limit
ascomp/codeine	1	QL (48 caps every 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (48 caps every 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL (48 caps every 30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL (48 caps every 30 days)
endocet	1	PA, QL (12 tabs every 1 day); Subject to initial 7-day limit
endocet	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
endocet	1	PA, QL (8 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (90 ml every 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (8 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (5 tabs every 1 day); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (5 tabs every 1 day); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs every 1 day); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs every 1 day); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs every 1 day); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day); Subject to initial 7-day limit
tramadol-acetaminophen tab 37.5-325 mg	1	QL (8 tabs every 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
trezix	1	QL (10 caps every 1 day); Subject to initial 7-day limit
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	2	PA, QL (2 films every 1 day)
BELBUCA FILM 600mcg, 750mcg, 900mcg	2	PA; High Strength Requires PA
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr	1	PA, QL (4 patches every 30 days)
buprenorphine ptwk 15mcg/hr, 20mcg/hr	1	PA; High Strength Requires PA
buprenorphine hcl subl 2mg, 8mg	1	QL (3 tabs every 1 day)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (3 films every 1 day)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (3 films every 1 day)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (3 films every 1 day)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (2 films every 1 day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (3 tabs every 1 day)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (3 tabs every 1 day)
butorphanol tartrate soln 10mg/ml	1	QL (2 bottles every 30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA, QL (4 tabs every 1 day); Subject to initial 7-day limit
ZUBSOLV SUB 0.7-0.18	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 tabs every 1 day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 tab every 1 day)
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tabs 2.5mg, 10mg	1	PA
ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr	2	PA
danazol caps 50mg, 100mg, 200mg	1	
methyltestosterone caps 10mg	1	
NATESTO GEL 5.5mg/act	2	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act	1	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	PA
testosterone enanthate soln 200mg/ml	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTIFOAM FOAM 10%	2	
hydrocortisone (intrarectal) enem 100mg/60ml	1	
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
anucort-hc supp 25mg	1	
hemmorex-hc supp 30mg	1	
hydrocortisone (rectal) crea 1%, 2.5%	1	
procto-med hc crea 2.5%	1	
procto-pak crea 1%	1	
proctosol hc crea 2.5%	1	
proctozone-hc crea 2.5%	1	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tabs 200mg	1	
EMVERM CHEW 100mg	2	
ivermectin tabs 3mg	1	PA
praziquantel tabs 600mg	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole caps 375mg; tabs 250mg, 500mg	1	
pentamidine isethionate solr 300mg	1	
tinidazole tabs 250mg, 500mg	1	
XIFAXAN TABS 550mg	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pediatric	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPROTOZOAL AGENTS		
atovaquone susp 750mg/5ml	1	
nitazoxanide tabs 500mg	1	
GLYCOPEPTIDES		
vancomycin hcl caps 125mg, 250mg	1	
LEPROSTATICS		
dapsone tabs 25mg, 100mg	1	
LINCOSAMIDES		
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	1	
OXAZOLIDINONES		
linezolid susr 100mg/5ml; tabs 600mg	1	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack 3gm	1	
methenamine hippurate tabs 1gm	1	
methenamine mandelate tabs .5gm, 1gm	1	
nitrofurantoin susp 25mg/5ml	1	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	
nitrofurantoin monohyd macro caps 100mg	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tb12 500mg, 1000mg	1	
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate tabs 10mg, 20mg; 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	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	1	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	
meprobamate tabs 200mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
BENZODIAZEPINES		
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg	1	
alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg	1	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	1	
diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg	1	
lorazepam conc 2mg/ml; tabs .5mg, 1mg, 2mg	1	
oxazepam caps 10mg, 15mg, 30mg	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate caps 100mg, 150mg	1	
NORPACE CR CP12 100mg, 150mg	2	
quinidine gluconate tbcr 324mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl caps 150mg, 200mg, 250mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tabs 50mg, 100mg, 150mg	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tabs 100mg, 200mg, 400mg	1	
dofetilide caps 125mcg, 250mcg, 500mcg	4	SP, PA
pacerone tabs 100mg, 200mg, 400mg	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium nebu 20mg/2ml	1	QL (240 mL every 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN SOAJ 30mg/ml	4	SP, PA
NUCALA SOAJ 100mg/ml; SOSY 40mg/0.4ml, 100mg/ml	4	SP, PA
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide soln .02%	1	QL (312 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (30 caps every 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 package every 30 days)
YUPELRI SOLN 175mcg/3ml	2	QL (90 mL every 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	1	
zafirlukast tabs 10mg, 20mg	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TABS 250mcg, 500mcg	2	
roflumilast tabs 250mcg, 500mcg	1	
STEROID INHALANTS		
budesonide (inhalation) susp 1mg/2ml	1	QL (60 ml every 30 days)
budesonide (inhalation) susp .5mg/2ml	1	QL (120 ml every 30 days)
budesonide (inhalation) susp .25mg/2ml	1	QL (180 ml every 30 days)
FLOVENT HFA AERO 44mcg/act	2	
FLOVENT HFA AERO 110mcg/act, 220mcg/act	2	QL (2 packages every 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	2	QL (3 inhalers every 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	2	QL (2 inhalers every 30 days)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	2	QL (60 inhalations every 30 days); Tier 1 with DAW 9
ADVAIR DISKU AER 250/50	2	QL (60 inhalations every 30 days); Tier 1 with DAW 9
ADVAIR DISKU AER 500/50	2	QL (60 inhalations every 30 days); Tier 1 with DAW 9
ADVAIR HFA AER 45/21	2	QL (1 inhaler every 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler every 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler every 30 days)
albuterol sulfate aers 108mcg/act	1	QL (2 inhalers every 30 days)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate nebu .5%, 2.5mg/0.5ml	1	QL (120 mL every 30 days)
albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml	1	QL (375 mL every 30 days)
albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg	1	
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters every 30 days)
arformoterol tartrate nebu 15mcg/2ml	1	QL (120 mL every 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters every 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 30 days)
formoterol fumarate nebu 20mcg/2ml	1	QL (120 mL every 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (6 boxes every 30 days)
levalbuterol hcl nebu 1.25mg/0.5ml	1	QL (90 mL every 30days)
levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (300 mL every 30 days)
levalbuterol tartrate aero 45mcg/act	1	QL (2 inhalers every 30 days)
PERFOROMIST NEBU 20mcg/2ml	2	QL (120 mL every 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations every 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 inhaler every 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 inhaler every 30 days)
SYMBICORT AER 80-4.5	2	QL (3 packages every 30 days); Tier 2 with DAW 9
SYMBICORT AER 160-4.5	2	QL (3 packages every 30 days); Tier 2 with DAW 9
terbutaline sulfate tabs 2.5mg, 5mg	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XANTHINES		
elixophyllin elix 80mg/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
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 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	2	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate caps 75mg, 150mg	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	1	
NAYZILAM SOLN 5mg/0.1ml	2	PA

Drug Name	Drug Tier	Requirements/Limits
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	2	PA
ANTICONVULSANTS - MISC.		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	2	
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
epitol tabs 200mg	1	
gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg	1	
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	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	1	
oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg	1	
OXTELLAR XR TB24 150mg, 300mg, 600mg	2	
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml	1	
primidone tabs 50mg, 250mg	1	
roweepra tabs 500mg	1	
rufinamide susp 40mg/ml; tabs 200mg, 400mg	1	
subvenite tabs 25mg, 100mg, 150mg, 200mg	1	
subvenite starter kit/blu kit 25mg	1	
subvenite starter kit/gre	1	
subvenite starter kit/ora	1	
topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg	1	
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	2	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
zonisamide caps 25mg, 50mg, 100mg	1	
CARBAMATES		
felbamate susp 600mg/5ml; tabs 400mg, 600mg	1	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	2	PA
XCOPRI PAK 12.5-25	2	PA
XCOPRI PAK 50-100MG	2	PA
XCOPRI PAK 100-150	2	PA
XCOPRI PAK 150-200	2	PA
GABA MODULATORS		
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	1	
vigabatrin pack 500mg; tabs 500mg	4	SP, PA
vigadrone pack 500mg	4	SP, PA
HYDANTOINS		
DILANTIN CAPS 30mg	3	
phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml	1	
phenytoin sodium extended caps 100mg, 200mg, 300mg	1	
SUCCINIMIDES		
ethosuximide caps 250mg; soln 250mg/5ml	1	
VALPROIC ACID		
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 500mg	1	
divalproex sodium tbec 250mg	1	QL (1 tab every 1 day)
valproate sodium soln 250mg/5ml	1	
valproic acid caps 250mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tabs 7.5mg, 15mg; tbdp 15mg	1	QL (1 tab every 1 day)
mirtazapine tabs 30mg, 45mg; tbdp 30mg, 45mg	1	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tabs 15mg	1	
tranylcypromine sulfate tabs 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide soln 10mg/5ml; tabs 40mg	1	
citalopram hydrobromide tabs 10mg, 20mg	1	QL (1 tab every 1 day)
escitalopram oxalate soln 5mg/5ml; tabs 20mg	1	
escitalopram oxalate tabs 5mg, 10mg	1	QL (1 tab every 1 day)
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg	1	
fluvoxamine maleate cp24 100mg, 150mg; tabs 100mg	1	
fluvoxamine maleate tabs 25mg, 50mg	1	QL (1 tab every 1 day)
paroxetine hcl susp 10mg/5ml; tabs 30mg, 40mg; tb24 25mg, 37.5mg	1	
paroxetine hcl tabs 10mg, 20mg; tb24 12.5mg	1	QL (1 tab every 1 day)
sertraline hcl conc 20mg/ml; tabs 100mg	1	
sertraline hcl tabs 25mg, 50mg	1	QL (1 tab every 1 day)
SEROTONIN MODULATORS		
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	1	
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	1	
TRINTELLIX TABS 5mg, 10mg	2	QL (1 tab every 1 day)
TRINTELLIX TABS 20mg	2	
vilazodone hcl tabs 10mg, 20mg, 40mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tb24 25mg, 50mg	1	QL (1 tab every 1 day)
desvenlafaxine succinate tb24 100mg	1	
duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg	1	
venlafaxine hcl cp24 37.5mg, 75mg	1	QL (1 cap every 1 day)
venlafaxine hcl cp24 150mg; tabs 25mg, 50mg, 100mg; tb24 225mg	1	
venlafaxine hcl tabs 37.5mg, 75mg	1	QL (1 tab every 1 day)
TRICYCLIC AGENTS		
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
amoxapine tabs 25mg, 50mg, 100mg, 150mg	1	
clomipramine hcl caps 25mg, 50mg, 75mg	1	
desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	1	
imipramine hcl tabs 10mg, 25mg, 50mg	1	
imipramine pamoate caps 75mg, 100mg, 125mg, 150mg	1	
nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	1	
protriptyline hcl tabs 5mg, 10mg	1	
trimipramine maleate caps 25mg, 50mg, 100mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	1	
miglitol tabs 25mg, 50mg, 100mg	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	2	
ANTIDIABETIC 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	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
SOLIQUA INJ 100/33	2	
SYNJARDY TAB	2	QL (2 tabs every 1 day)
SYNJARDY TAB 5-500MG	2	QL (2 tabs every 1 day)
SYNJARDY TAB 5-1000MG	2	QL (2 tabs every 1 day)
SYNJARDY TAB 12.5-500	2	QL (2 tabs every 1 day)
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	QL (2 tabs every 1 day)
XIGDUO XR TAB 5-500MG	2	QL (2 tabs every 1 day)
XIGDUO XR TAB 5-1000MG	2	QL (2 tabs every 1 day)
XIGDUO XR TAB 10-500MG	2	QL (1 tab every 1 day)
XIGDUO XR TAB 10-1000	2	QL (1 tab every 1 day)
XULTOPHY INJ 100/3.6	2	
BIGUANIDES		
metformin hcl soln 500mg/5ml; tabs 500mg, 1000mg	1	
metformin hcl tabs 850mg	1	$0 copay for ages 35 to 70 for prediabetes and type 2 diabetes
metformin hcl tb24 500mg, 750mg	1	(generic GLUCOPHAGE XR)
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3mg/dose	2	PA, QL (4 ea every 68 days)
BAQSIMI TWO PACK POWD 3mg/dose	2	PA, QL (4 ea every 68 days)
diazoxide susp 50mg/ml	1	
glucagon (rdna) kit 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25mg, 50mg	2	QL (1 tab every 1 day)
JANUVIA TABS 100mg	2	
INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/1.5ml, 4mg/3ml	2	QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	QL (1 pen every 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (1 tab every 1 day)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens every 30 days)
VICTOZA SOPN 18mg/3ml	2	
INSULIN		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC
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
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	
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tabs 15mg	1	QL (1 tab every 1 day)
pioglitazone hcl tabs 30mg, 45mg	1	
MEGLITINIDE ANALOGUES		
nateglinide tabs 60mg, 120mg	1	
repaglinide tabs .5mg, 1mg, 2mg	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5mg	2	QL (1 tab every 1 day)
FARXIGA TABS 10mg	2	
JARDIANCE TABS 10mg, 25mg	2	QL (1 tab every 1 day)
SULFONYLUREAS		
glimepiride tabs 1mg	1	QL (1 tab every 1 day)
glimepiride tabs 2mg, 4mg	1	
glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg	1	
glipizide xl tb24 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
glyburide tabs 1.25mg, 2.5mg, 5mg	1	
glyburide micronized tabs 1.5mg, 3mg, 6mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
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	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg	4	SP, PA
deferiprone tabs 500mg, 1000mg	4	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD PACK 10gm	4	SP
OPIOID ANTAGONISTS		
naloxone hcl liqd 4mg/0.1ml	1	QL (4 sprays every 180 days)
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	1	
naltrexone hcl tabs 50mg	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tabs 1mg	1	QL (12 tabs every 21 days)
ondansetron tbdp 4mg, 8mg	1	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	1	
SANCUSO PTCH 3.1mg/24hr	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tabs 12.5mg, 25mg	1	
scopolamine pt72 1mg/3days	1	
trimethobenzamide hcl caps 300mg	1	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine tab delayed release 10-10 mg	1	PA
dronabinol caps 2.5mg, 5mg, 10mg	1	QL (60 caps every 30 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant caps 40mg	1	QL (3 caps every 180 days)

Drug Name	Drug Tier	Requirements/Limits
aprepitant caps 80mg	1	QL (4 ea every 21 days)
aprepitant caps 125mg	1	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine caps 250mg	1	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	1	
griseofulvin ultramicrosize tabs 125mg, 250mg	1	
nystatin tabs 500000unit	1	
terbinafine hcl tabs 250mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 150mg, 200mg	1	
fluconazole tabs 100mg	1	QL (1 tab every 1 day)
itraconazole caps 100mg; soln 10mg/ml	1	PA
ketoconazole tabs 200mg	1	
voriconazole susr 40mg/ml; tabs 50mg, 200mg	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	1	
clemastine fumarate tabs 2.68mg	1	
diphenhydramine hcl elix 12.5mg/5ml	1	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl soln 1mg/ml	1	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	1	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	1	
loratadine tabs 10mg	1	OTC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl supp 12.5mg, 25mg; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg	1	
promethegan supp 12.5mg, 25mg, 50mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TABS 180mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - 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	
NEXLIZET TAB 180/10MG	2	PA
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAPS .5gm, 1gm	2	Tier 1 with DAW 9
BILE ACID SEQUESTRANTS		
cholestyramine pack 4gm; powd 4gm/dose	1	
cholestyramine light pack 4gm; powd 4gm/dose	1	
colesevelam hcl pack 3.75gm; tabs 625mg	1	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	1	
prevalite pack 4gm; powd 4gm/dose	1	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cpdr 45mg, 135mg	1	
fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized caps 30mg, 43mg, 67mg, 90mg, 134mg, 200mg	1	
fenofibric acid tabs 35mg, 105mg	1	
gemfibrozil tabs 600mg	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	1	QL (1 tab every 1 day); $0 copay for members age 40 through 75
atorvastatin calcium tabs 40mg	1	QL (1 tab every 1 day)
atorvastatin calcium tabs 80mg	1	
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
pravastatin sodium tabs 10mg, 20mg, 40mg	1	QL (1 tab every 1 day); $0 copay for members age 40 through 75
pravastatin sodium tabs 80mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tabs 5mg, 10mg	1	QL (1 tab every 1 day); $0 copay for members age 40 through 75
rosuvastatin calcium tabs 20mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium tabs 40mg	1	
simvastatin tabs 5mg, 10mg, 20mg	1	QL (1 tab every 1 day); $0 copay for members age 40 through 75
simvastatin tabs 40mg	1	$0 copay for members age 40 through 75
simvastatin tabs 80mg	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tabs 10mg	1	
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tbcr 500mg	1	QL (1 tab every 1 day)
niacin (antihyperlipidemic) tbcr 750mg, 1000mg	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium tabs 10mg, 20mg, 40mg	1	
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg	1	QL (1 tab every 1 day)
lisinopril tabs 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	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine caps 250mg	1	
phenoxybenzamine hcl caps 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	1	
irbesartan tabs 75mg, 150mg	1	QL (1 tab every 1 day)
irbesartan tabs 300mg	1	
losartan potassium tabs 25mg, 50mg, 100mg	1	
olmesartan medoxomil tabs 5mg, 20mg	1	QL (1 tab every 1 day)
olmesartan medoxomil tabs 40mg	1	
telmisartan tabs 20mg, 40mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
telmisartan tabs 80mg	1	
valsartan tabs 40mg, 80mg, 160mg, 320mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl tabs .1mg, .2mg, .3mg; tb24 .17mg	1	
doxazosin mesylate tabs 1mg, 2mg, 4mg	1	QL (1 tab every 1 day)
doxazosin mesylate tabs 8mg	1	
guanfacine hcl tabs 1mg, 2mg	1	
prazosin hcl caps 1mg, 2mg, 5mg	1	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (1 cap every 1 day)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (1 cap every 1 day)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (1 cap every 1 day)
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	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (1 tab every 1 day)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	QL (1 tab every 1 day)
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	QL (1 tab every 1 day)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
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	
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	
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	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	QL (1 tab every 1 day)
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	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	QL (1 tab every 1 day)
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (1 tab every 1 day)
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	QL (1 tab every 1 day)
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	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
TEKTURNA HCT TAB 150-12.5	2	QL (1 tab every 1 day)
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
telmisartan-amlodipine tab 40-5 mg	1	QL (1 tab every 1 day)
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (1 tab every 1 day)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (1 tab every 1 day)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (1 tab every 1 day)
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tabs 150mg	1	QL (1 tab every 1 day)
aliskiren fumarate tabs 300mg	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tabs 25mg, 50mg	1	
VASODILATORS		
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
minoxidil tabs 2.5mg, 10mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
ANTIMALARIALS		
chloroquine phosphate tabs 250mg, 500mg	1	
hydroxychloroquine sulfate tabs 200mg	1	
mefloquine hcl tabs 250mg	1	
primaquine phosphate tabs 26.3mg	1	
pyrimethamine tabs 25mg	1	
quinine sulfate caps 324mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine caps 250mg	1	
ethambutol hcl tabs 100mg, 400mg	1	
isoniazid syrp 50mg/5ml; tabs 100mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide tabs 500mg	1	
rifabutin caps 150mg	1	
rifampin caps 150mg, 300mg	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide caps 25mg, 50mg	1	
LEUKERAN TABS 2mg	2	
melphalan tabs 2mg	1	
MYLERAN TABS 2mg	2	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	SP, PA
ANTIMETABOLITES		
capecitabine tabs 150mg, 500mg	4	SP, PA
mercaptopurine tabs 50mg	1	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	1	SP
methotrexate sodium tabs 2.5mg	1	
TABLOID TABS 40mg	2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	2	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TABS 1mg, 5mg	4	SP, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	SP, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	SP, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	SP, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	SP, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	SP, PA
LENVIMA CAP 14 MG	4	SP, PA
LENVIMA CAP 18 MG	4	SP, PA
LENVIMA CAP 24 MG	4	SP, PA
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tabs 25mg, 100mg, 150mg	1	SP, PA
IRESSA TABS 250mg	4	SP, PA
TAGRISSO TABS 40mg, 80mg	4	SP, PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150mg	4	SP, PA
ODOMZO CAPS 200mg	4	SP, PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tabs 250mg, 500mg	4	SP, PA
anastrozole tabs 1mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tabs 50mg	1	
EMCYT CAPS 140mg	2	

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 60mg	4	SP, PA
exemestane tabs 25mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
flutamide caps 125mg	1	
hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml	1	
letrozole tabs 2.5mg	1	
leuprolide acetate kit 1mg/0.2ml	4	SP, PA
LYSODREN TABS 500mg	4	SP
megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg	1	
nilutamide tabs 150mg	1	
NUBEQA TABS 300mg	4	SP, PA
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; TABS 40mg, 80mg	4	SP, PA
YONSA TABS 125mg	4	SP, PA
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	4	SP, PA
KISQALI 400 PAK FEMARA	4	SP, PA
KISQALI 600 PAK FEMARA	4	SP, PA
LONSURF TAB 15-6.14	4	SP, PA
LONSURF TAB 20-8.19	4	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAPS 150mg	4	SP, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	4	SP, PA
ALUNBRIG PAK	4	SP, PA
BOSULIF TABS 100mg, 400mg, 500mg	4	SP, PA
BRAFTOVI CAPS 75mg	4	SP, PA
BRUKINSA CAPS 80mg	4	SP, PA
CABOMETYX TABS 20mg, 40mg, 60mg	4	SP, PA
CALQUENCE CAPS 100mg; TABS 100mg	4	SP, PA
COPIKTRA CAPS 15mg, 25mg	4	SP, PA
COTELLIC TABS 20mg	4	SP, PA
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg	4	SP, PA
GAVRETO CAPS 100mg	4	SP, PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate tabs 100mg, 400mg	4	SP, PA
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg, 560mg	4	SP, PA
KISQALI TBPK 200mg	4	SP, PA
KOSELUGO CAPS 10mg, 25mg	4	SP, PA
lapatinib ditosylate tabs 250mg	4	SP, PA
LYNPARZA TABS 100mg, 150mg	4	SP, PA
MEKTOVI TABS 15mg	4	SP, PA
NEXAVAR TABS 200mg	4	SP, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	SP, PA
RETEVMO CAPS 40mg, 80mg	4	SP, PA
ROZLYTREK CAPS 100mg, 200mg	4	SP, PA
RYDAPT CAPS 25mg	4	SP, PA
sorafenib tosylate tabs 200mg	4	SP, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	4	SP, PA
STIVARGA TABS 40mg	4	SP, PA
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	4	SP, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	4	SP, PA
XOSPATA TABS 40mg	4	SP, PA
ZEJULA CAPS 100mg	4	SP, PA
ZELBORAF TABS 240mg	4	SP, PA
ZOLINZA CAPS 100mg	4	SP, PA
ZYDELIG TABS 100mg, 150mg	4	SP, PA
ZYKADIA TABS 150mg	4	SP, PA
ANTINEOPLASTICS MISC.		
bexarotene caps 75mg	4	SP, PA
hydroxyurea caps 500mg	1	
MATULANE CAPS 50mg	4	SP
tretinoin (chemotherapy) caps 10mg	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	1	
MITOTIC INHIBITORS		
etoposide caps 50mg	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tabs 25mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tabs .5mg, 1mg, 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tabs 200mg	1	
tolcapone tabs 100mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	
apomorphine hydrochloride soct 30mg/3ml	4	SP, PA
bromocriptine mesylate caps 5mg; tabs 2.5mg	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	
INBRIJA CAPS 42mg	4	SP, PA
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	4	SP, PA, QL (5 films every 1 day)
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 3mg, 3.75mg, 4.5mg	1	
pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 8mg, 12mg	1	
ropinirole hydrochloride tb24 2mg, 4mg, 6mg	1	QL (1 tab every 1 day)
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tabs 1mg	1	
rasagiline mesylate tabs .5mg	1	QL (1 tab every 1 day)
selegiline hcl caps 5mg; tabs 5mg	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 10.5mg, 21mg, 42mg	2	
LATUDA TABS 20mg, 40mg, 60mg, 120mg	2	QL (1 tab every 1 day)
LATUDA TABS 80mg	2	QL (2 tabs every 1 day)
VRAYLAR CAPS 1.5mg, 3mg	2	QL (1 cap every 1 day)
VRAYLAR CAPS 4.5mg, 6mg	2	
VRAYLAR CAP 1.5-3MG	2	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1	
ziprasidone mesylate solr 20mg	1	
BENZISOXAZOLES		
paliperidone tb24 1.5mg, 3mg	1	QL (1 tab every 1 day)
paliperidone tb24 6mg, 9mg	1	
PERSERIS PRSY 90mg, 120mg	2	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
BUTYROPHENONES		
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate soln 50mg/ml, 100mg/ml	1	
haloperidol lactate conc 2mg/ml	1	
DIBENZAPINES		
asenapine maleate subl 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	
olanzapine solr 10mg; tabs 10mg, 15mg, 20mg; tbdp 15mg, 20mg	1	
olanzapine tabs 2.5mg, 5mg, 7.5mg; tbdp 5mg, 10mg	1	QL (1 tab every 1 day)
quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 300mg, 400mg	1	
quetiapine fumarate tb24 50mg, 150mg, 200mg	1	QL (1 tab every 1 day)
DIHYDROINDOLONES		
molindone hcl tabs 5mg, 10mg, 25mg	1	
PHENOTHIAZINES		
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
compro supp 25mg	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
prochlorperazine supp 25mg	1	
prochlorperazine maleate tabs 5mg, 10mg	1	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	2	
aripiprazole soln 1mg/ml; tabs 2mg, 20mg, 30mg; tbdp 10mg, 15mg	1	
aripiprazole tabs 5mg, 10mg, 15mg	1	QL (1 tab every 1 day)
THIOXANTHENES		
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde soln 10%	1	
hydrogen peroxide soln 30%	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20mg/ml	1	SP, QL (30 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate tabs 300mg	1	SP, QL (2 tabs every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	1	SP, QL (1 tab every 1 day)
atazanavir sulfate caps 150mg, 300mg	1	SP, QL (1 cap every 1 day)
atazanavir sulfate caps 200mg	1	SP, QL (2 caps every 1 day)
BIKTARVY TAB	4	SP, QL (1 tab every 1 day)
CIMDUO TAB 300-300	4	SP, QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	4	SP, QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	4	SP, QL (1 tab every 1 day); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	4	SP, QL (1 tab every 1 day)
EDURANT TABS 25mg	4	SP, QL (1 tab every 1 day)
efavirenz caps 50mg, 200mg	1	SP, QL (1 cap every 1 day)
efavirenz tabs 600mg	1	SP, QL (1 tab every 1 day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	SP, QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	SP, QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	SP, QL (1 tab every 1 day)
emtricitabine caps 200mg	1	SP, QL (1 cap every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	SP, QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	SP, QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	SP, QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	SP, QL (1 tab every 1 day); $0 copay for pre-exposure prophylaxis
EMTRIVA CAPS 200mg	4	SP, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN 10mg/ml	4	SP, QL (2.5 mL every 1 day)
etravirine tabs 100mg, 200mg	1	SP, QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	4	SP
fosamprenavir calcium tabs 700mg	1	SP, QL (4 tabs every 1 day)
GENVOYA TAB	4	SP, QL (1 tab every 1 day)
INTELENCE TABS 25mg	4	SP, QL (4 tabs every 1 day)
INTELENCE TABS 100mg, 200mg	4	SP, QL (2 tabs every 1 day)
ISENTRESS CHEW 25mg, 100mg; TABS 400mg	4	SP, QL (2 tabs every 1 day)
ISENTRESS PACK 100mg	4	SP
ISENTRESS HD TABS 600mg	4	SP
lamivudine soln 10mg/ml	1	SP
lamivudine tabs 150mg, 300mg	1	SP, QL (2 tabs every 1 day)
lamivudine-zidovudine tab 150-300 mg	1	SP
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	SP, QL (20 mL every 1 day)
lopinavir-ritonavir tab 100-25 mg	1	SP, QL (4 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	1	SP, QL (4 tabs every 1 day)
maraviroc tabs 150mg, 300mg	1	SP
nevirapine susp 50mg/5ml	1	SP
nevirapine tabs 200mg	1	SP, QL (2 tabs every 1 day)
nevirapine tb24 100mg	1	SP, QL (4 tabs every 1 day)
nevirapine tb24 400mg	1	SP, QL (1 tab every 1 day)
NORVIR PACK 100mg; SOLN 80mg/ml; TABS 100mg	4	SP
ODEFSEY TAB	4	SP, QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	4	SP, QL (1 tab every 1 day)
PREZISTA SUSP 100mg/ml	4	SP, QL (13 mL every 1 day)
PREZISTA TABS 75mg	4	SP, QL (16 tabs every 1 day)
PREZISTA TABS 150mg	4	SP, QL (8 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 600mg	4	SP, QL (2 tabs every 1 day)
PREZISTA TABS 800mg	4	SP, QL (1 tab every 1 day)
ritonavir tabs 100mg	1	SP
stavudine caps 15mg, 20mg, 30mg, 40mg	1	SP, QL (2 caps every 1 day)
SYMTUZA TAB	4	SP, QL (1 tab every 1 day)
tenofovir disoproxil fumarate tabs 300mg	1	SP, QL (1 tab every 1 day)
TIVICAY TABS 10mg, 25mg, 50mg	4	SP, QL (2 tabs every 1 day)
TIVICAY PD TBSO 5mg	4	SP, QL (6 tabs every 1 day)
TRIUMEQ PD TAB	4	SP, QL (6 tabs every 1 day)
TRIUMEQ TAB	4	SP, QL (1 tab every 1 day)
zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg	1	SP
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	QL (2 treatment courses every 30 days); Limited to age 12 and older
PAXLOVID TAB 300-100	3	QL (2 treatment courses every 30 days); Limited to age 12 and older
CMV AGENTS		
valganciclovir hcl solr 50mg/ml; tabs 450mg	1	
HEPATITIS AGENTS		
adefovir dipivoxil tabs 10mg	1	SP
BARACLUDE SOLN .05mg/ml	4	SP
entecavir tabs .5mg, 1mg	4	SP
EPCLUSA PAK 150-37.5	4	SP, PA; Preferred only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA PAK 200-50MG	4	SP, PA; Preferred only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 200-50MG	4	SP, PA; Preferred only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 400-100	4	SP, PA; Preferred only for genotypes 1, 2, 3, 4, 5 and 6

Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK	4	SP, PA; Preferred only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	4	SP, PA; Preferred only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	4	SP, PA; Preferred only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	4	SP, PA; Preferred only for genotypes 1, 4, 5 and 6
lamivudine (hbv) tabs 100mg	1	SP
ribavirin (hepatitis c) caps 200mg; tabs 200mg	4	SP, PA
VEMLIDY TABS 25mg	4	SP
VOSEVI TAB	4	SP, PA; Preferred for those who failed prior treatment with an HCV NS5A inhibitor-containing regimen
HERPES AGENTS		
acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	1	
famciclovir tabs 125mg, 250mg, 500mg	1	
valacyclovir hcl tabs 500mg, 1000mg	1	
INFLUENZA AGENTS		
oseltamivir phosphate caps 30mg	1	QL (40 ea every 90 days)
oseltamivir phosphate caps 45mg, 75mg	1	QL (20 ea every 90 days)
oseltamivir phosphate susr 6mg/ml	1	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5mg/blister	2	QL (2 inhalers every 90 days)
rimantadine hydrochloride tabs 100mg	1	
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200mg	3	QL (2 treatment courses every 30 days); Limited to age 18 and older
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate cp24 10mg, 20mg, 40mg	1	QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate cp24 80mg	1	
labetalol hcl tabs 100mg, 200mg, 300mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl caps 200mg, 400mg	1	
atenolol tabs 25mg, 50mg, 100mg	1	
betaxolol hcl tabs 10mg	1	QL (1 tab every 1 day)
betaxolol hcl tabs 20mg	1	
bisoprolol fumarate tabs 5mg	1	QL (1 tab every 1 day)
bisoprolol fumarate tabs 10mg	1	
metoprolol succinate tb24 25mg, 50mg, 100mg	1	QL (1 tab every 1 day)
metoprolol succinate tb24 200mg	1	
metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
nebivolol hcl tabs 2.5mg, 5mg, 10mg	1	QL (1 tab every 1 day)
nebivolol hcl tabs 20mg	1	
BETA BLOCKERS NON-SELECTIVE		
nadolol tabs 20mg, 40mg	1	QL (1 tab every 1 day)
nadolol tabs 80mg	1	
pindolol tabs 5mg, 10mg	1	
propranolol hcl cp24 60mg, 80mg	1	QL (1 cap every 1 day)
propranolol hcl cp24 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	
sorine tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	1	
timolol maleate tabs 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tabs 2.5mg, 5mg	1	QL (1 tab every 1 day)
amlodipine besylate tabs 10mg	1	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr cp24 120mg, 180mg, 240mg	1	
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 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	

Drug Name	Drug Tier	Requirements/Limits
felodipine tb24 2.5mg, 5mg	1	QL (1 tab every 1 day)
felodipine tb24 10mg	1	
isradipine caps 2.5mg, 5mg	1	
levamlodipine maleate tabs 2.5mg, 5mg	1	
nicardipine hcl caps 20mg, 30mg	1	
nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg	1	
nifedipine tb24 30mg	1	QL (1 tab every 1 day)
nimodipine caps 30mg	1	
nisoldipine tb24 8.5mg, 17mg, 20mg	1	QL (1 tab every 1 day)
nisoldipine tb24 25.5mg, 30mg, 34mg, 40mg	1	
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
verapamil hcl cp24 100mg, 120mg	1	QL (1 cap every 1 day)
verapamil hcl cp24 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek tabs 125mcg, 250mcg	1	
digoxin soln .05mg/ml; tabs .062mg, .125mg, .25mg	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	QL (1 tab every 1 day)
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	QL (1 tab every 1 day)
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	QL (1 tab every 1 day)
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	QL (1 tab every 1 day)
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	QL (1 tab every 1 day)
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	QL (1 tab every 1 day)
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	QL (1 tab every 1 day)
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
PROSTAGLANDIN VASODILATORS		
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	4	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tabs 5mg, 10mg	4	SP, PA
bosentan tabs 62.5mg, 125mg	4	SP, PA
OPSUMIT TABS 10mg	4	SP, PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tabs 20mg	4	SP, PA
sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg	4	SP, PA
tadalafil (pulmonary hypertension) tabs 20mg	4	SP, PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	SP, PA
UPTRAVI PACK TAB 200/800	4	SP, PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	SP, PA
SINUS NODE INHIBITORS		
CORLANOR TABS 5mg, 7.5mg	2	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (1 tab every 1 day)
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
cefuroxime axetil tabs 250mg, 500mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	2	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	1	$0 copay
altavera	1	$0 copay
alyacen 1/35	1	$0 copay
alyacen 7/7/7	1	$0 copay
amethia	1	$0 copay
amethyst	1	$0 copay
apri	1	$0 copay
aranelle	1	$0 copay
ashlyna	1	$0 copay
aubra	1	$0 copay
aubra eq	1	$0 copay
aurovela 1.5/30	1	$0 copay
aurovela 1/20	1	$0 copay
aurovela 24 fe	1	$0 copay
aurovela fe 1.5/30	1	$0 copay
aurovela fe 1/20	1	$0 copay
aviane	1	$0 copay
ayuna	1	$0 copay
azurette	1	$0 copay
balziva	1	$0 copay
blisovi 24 fe	1	$0 copay
blisovi fe 1.5/30	1	$0 copay
blisovi fe 1/20	1	$0 copay
briellyn	1	$0 copay
camrese	1	$0 copay
camrese lo	1	$0 copay
charlotte 24 fe	1	$0 copay
chateal	1	$0 copay

Drug Name	Drug Tier	Requirements/Limits
chateal eq	1	$0 copay
cryselle-28	1	$0 copay
cyred	1	$0 copay
cyred eq	1	$0 copay
dasetta 1/35	1	$0 copay
dasetta 7/7/7	1	$0 copay
daysee	1	$0 copay
delyla	1	$0 copay
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	$0 copay
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	$0 copay
dolishale	1	$0 copay
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	$0 copay
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	$0 copay
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	$0 copay
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	$0 copay
elinest	1	$0 copay
enpresse-28	1	$0 copay
enskyce	1	$0 copay
estarylla	1	$0 copay
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	$0 copay
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	$0 copay
falmina	1	$0 copay
fayosim	1	$0 copay
femynor	1	$0 copay
finzala	1	$0 copay
gemmily	1	$0 copay
hailey 1.5/30	1	$0 copay
hailey 24 fe	1	$0 copay
hailey fe 1.5/30	1	$0 copay
hailey fe 1/20	1	$0 copay
iclevia	1	$0 copay
introvale	1	$0 copay
isibloom	1	$0 copay
jaimiess	1	$0 copay
jasmiel	1	$0 copay
jolessa	1	$0 copay
juleber	1	$0 copay
junel 1.5/30	1	$0 copay

Drug Name	Drug Tier	Requirements/Limits
junel 1/20	1	$0 copay
junel fe 1.5/30	1	$0 copay
junel fe 1/20	1	$0 copay
junel fe 24	1	$0 copay
kaitlib fe	1	$0 copay
kalliga	1	$0 copay
kariva	1	$0 copay
kelnor 1/35	1	$0 copay
kelnor 1/50	1	$0 copay
kurvelo	1	$0 copay
larin 1.5/30	1	$0 copay
larin 1/20	1	$0 copay
larin 24 fe	1	$0 copay
larin fe 1.5/30	1	$0 copay
larin fe 1/20	1	$0 copay
layolis fe	1	$0 copay
leena	1	$0 copay
lessina	1	$0 copay
levonest	1	$0 copay
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	$0 copay
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	$0 copay
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	$0 copay
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	$0 copay
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	$0 copay
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	$0 copay
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	$0 copay
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	$0 copay
levora 0.15/30-28	1	$0 copay
LO LOESTRIN TAB 1-10-10	2	$0 copay
lo-zumandimine	1	$0 copay
loestrin 1.5/30-21	1	$0 copay
loestrin 1/20-21	1	$0 copay
loestrin fe 1.5/30	1	$0 copay
loestrin fe 1/20	1	$0 copay
lojaimiess	1	$0 copay
loryna	1	$0 copay
low-ogestrel	1	$0 copay
lutera	1	$0 copay

Drug Name	Drug Tier	Requirements/Limits
marlissa	1	$0 copay
merzee	1	$0 copay
microgestin 1.5/30	1	$0 copay
microgestin 1/20	1	$0 copay
microgestin 24 fe	1	$0 copay
microgestin fe 1.5/30	1	$0 copay
microgestin fe 1/20	1	$0 copay
mili	1	$0 copay
mono-linyah	1	$0 copay
NATAZIA TAB	2	$0 copay
necon 0.5/35-28	1	$0 copay
nikki	1	$0 copay
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	$0 copay
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	$0 copay
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	$0 copay
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	$0 copay
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	$0 copay
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	$0 copay
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	$0 copay
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	$0 copay
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	$0 copay
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	$0 copay
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	$0 copay
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	$0 copay
nortrel 0.5/35 (28)	1	$0 copay
nortrel 1/35	1	$0 copay
nortrel 7/7/7	1	$0 copay
nylia 1/35	1	$0 copay
nylia 7/7/7	1	$0 copay
nymyo	1	$0 copay
ocella	1	$0 copay
philith	1	$0 copay
pimtrea	1	$0 copay
pirmella 1/35	1	$0 copay

Drug Name	Drug Tier	Requirements/Limits
pirmella 7/7/7	1	$0 copay
portia-28	1	$0 copay
reclipsen	1	$0 copay
rivelsa	1	$0 copay
setlakin	1	$0 copay
simliya	1	$0 copay
simpesse	1	$0 copay
sprintec 28	1	$0 copay
sronyx	1	$0 copay
syeda	1	$0 copay
tarina 24 fe	1	$0 copay
tarina fe 1/20	1	$0 copay
tarina fe 1/20 eq	1	$0 copay
taysofy	1	$0 copay
tilia fe	1	$0 copay
tri femynor	1	$0 copay
tri-estarylla	1	$0 copay
tri-legest fe	1	$0 copay
tri-linyah	1	$0 copay
tri-lo-estarylla	1	$0 copay
tri-lo-marzia	1	$0 copay
tri-lo-mili	1	$0 copay
tri-lo-sprintec	1	$0 copay
tri-mili	1	$0 copay
tri-nymyo	1	$0 copay
tri-sprintec	1	$0 copay
tri-vylibra	1	$0 copay
tri-vylibra lo	1	$0 copay
trivora-28	1	$0 copay
tydemy	1	$0 copay
velivet	1	$0 copay
vestura	1	$0 copay
vienva	1	$0 copay
viorele	1	$0 copay
volnea	1	$0 copay
vyfemla	1	$0 copay
vylibra	1	$0 copay
wera	1	$0 copay
wymzya fe	1	$0 copay
zovia 1/35	1	$0 copay
zumandimine	1	$0 copay
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane	1	$0 copay
zafemy	1	$0 copay

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	2	QL (1 ring every 300 days); $0 copay
NUVARING MIS	2	QL (13 rings every 300 days); Tier 1 with DAW 9
EMERGENCY CONTRACEPTIVES		
ELLA TABS 30mg	3	$0 copay
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	QL (6.154 injections every 300 days); $0 copay
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	1	QL (4 injections every 300 days); $0 copay
PROGESTIN CONTRACEPTIVES - ORAL		
camila tabs .35mg	1	$0 copay
deblitane tabs .35mg	1	$0 copay
errin tabs .35mg	1	$0 copay
heather tabs .35mg	1	$0 copay
incassia tabs .35mg	1	$0 copay
jencycla tabs .35mg	1	$0 copay
lyleq tabs .35mg	1	$0 copay
lyza tabs .35mg	1	$0 copay
nora-be tabs .35mg	1	$0 copay
norethindrone (contraceptive) tabs .35mg	1	$0 copay
norlyroc tabs .35mg	1	$0 copay
sharobel tabs .35mg	1	$0 copay
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide cpep 3mg	1	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	1	
hidex 6-day tbpk 1.5mg	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
MEDROL TABS 2mg	3	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	
prednisolone soln 15mg/5ml	1	
prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	1	

Drug Name	Drug Tier	Requirements/Limits
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
UCERIS TB24 9mg	2	Tier 1 with DAW 9
MINERALOCORTICOIDS		
fludrocortisone acetate tabs .1mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate caps 100mg, 150mg, 200mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	Excludes children under 6 years
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	Excludes children under 6 years
hydromet	1	Excludes children under 6 years
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	Excludes children under 6 years
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine vc	1	
promethazine vc/codeine	1	Excludes children under 12 years
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	Excludes children under 12 years
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	Excludes children under 12 years
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
EXPECTORANTS		
potassium iodide (expectorant) soln 1gm/ml	1	
MISC. RESPIRATORY INHALANTS		
nebusal nebu 3%	1	
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	1	
MUCOLYTICS		
acetylcysteine soln 10%, 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane caps 10mg, 20mg, 30mg, 40mg	1	QL (2 caps every 1 day)
acne foaming wash liqd 10%	1	PA, OTC
acne medication 2.5 gel 2.5%	1	PA, OTC
acne medication 5 gel 5%	1	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
acne medication 10 gel 10%	1	PA, OTC
acne-clear gel 10%	1	PA, OTC
adapalene crea .1%; gel .1%, .3%	1	PA; Prior authorization applies for age 26 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
AKLIEF CREA .005%	2	PA
amnesteem caps 10mg, 20mg, 40mg	1	QL (2 caps every 1 day)
ARAZLO LOTN .045%	2	PA
avita crea .025%; gel .025%	1	PA; Prior authorization applies for age 26 and older
benzepro foam 5.3%	1	PA
benzoyl peroxide foam 9.8%; gel 8%	1	PA
benzoyl peroxide gel 2.5%	1	PA, OTC
benzoyl peroxide topical liqd 10%	1	PA, OTC
benzoyl peroxide wash liqd 5%	1	PA, OTC
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
bp gel gel 5%, 10%	1	PA, OTC
bp wash liqd 2.5%, 5%, 10%	1	PA, OTC
claravis caps 10mg, 20mg, 40mg	1	QL (2 caps every 1 day)
claravis caps 30mg	1	QL (2 ea every 1 day)
clean & clear persa-gel m gel 10%	1	PA, OTC
clindacin etz pledgets swab 1%	1	
clindacin-p swab 1%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%; soln 1%; swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	PA
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA, QL (30 gm every 30 days); Prior authorization applies for age 26 and older
cvs acne treatment/maximu gel 10%	1	PA, OTC
cvs advanced 3-in-1 exfol liqd 5%	1	PA, OTC
cvs foaming acne face was liqd 10%	1	PA, OTC
dapsone (topical) gel 5%, 7.5%	1	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA

Drug Name	Drug Tier	Requirements/Limits
ery pads 2%	1	
erythromycin (acne aid) gel 2%; soln 2%	1	
isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	QL (2 caps every 1 day)
medpura benzoyl peroxide gel 5%, 10%; liqd 5%, 10%	1	PA, OTC
myorisan caps 10mg, 20mg, 30mg, 40mg	1	QL (2 caps every 1 day)
neuac	1	
ONEXTON GEL 1.2-3.75	2	PA
panoxyl foaming wash liqd 10%	1	PA, OTC
pr benzoyl peroxide wash liqd 7%	1	PA
resorcinol-sulfur lotion 2-5%	1	
sulfacetamide sodium (acne) lotn 10%	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfamez wash	1	
tretinoin crea .1%	1	PA, QL (45 gm every 30 days); Prior authorization applies for age 26 and older
tretinoin crea .025%, .05%; gel .01%, .025%, .05%	1	PA; Prior authorization applies for age 26 and older
tretinoin microsphere gel .04%, .1%	1	PA; Prior authorization applies for age 26 and older
TWYNEO CRE 0.1-3%	2	PA; Prior authorization applies for age 26 and older
WINLEVI CREA 1%	2	PA
zenatane caps 10mg, 20mg, 30mg, 40mg	1	QL (2 caps every 1 day)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine ptch 1.3%	1	
diclofenac sodium (topical) gel 1%	1	QL (100 gm every 30 days)
diclofenac sodium (topical) soln 1.5%	1	QL (150 mL every 30 days)
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (topical) crea .1%; oint .1%	1	
mupirocin oint 2%	1	
ANTIFUNGALS - TOPICAL		
ciclodan soln 8%	1	
ciclopirox gel .77%; sham 1%; soln 8%	1	
ciclopirox olamine crea .77%; susp .77%	1	
clotrimazole (topical) crea 1%	1	PA

Drug Name	Drug Tier	Requirements/Limits
clotrimazole (topical) soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
dermazene	1	
econazole nitrate crea 1%	1	QL (30 gm every 30 days)
iodoquimez-hc	1	
ketoconazole (topical) crea 2%; sham 2%	1	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	
naftifine hcl crea 1%, 2%	1	
NAFTIN GEL 1%, 2%	2	
nyamyc powd 100000unit/gm	1	QL (60 gm every 30 days)
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm	1	
nystatin (topical) powd 100000unit/gm	1	QL (60 gm every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
nystop powd 100000unit/gm	1	QL (60 gm every 30 days)
oxiconazole nitrate crea 1%	1	PA, QL (30 gm every 30 days)
sulconazole nitrate crea 1%; soln 1%	1	PA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene (topical) gel 1%	4	SP, PA
diclofenac sodium (actinic keratoses) gel 3%	1	PA, QL (100 gm every 30 days)
fluorouracil (topical) crea 5%; soln 2%, 5%	1	
ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	1	
calcipotriene oint .005%; soln .005%	1	
calcitrene oint .005%	1	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	SP, PA; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
methoxsalen rapid caps 10mg	1	
SKYRIZI PSKT 75mg/0.83ml; SOSY 150mg/ml	4	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis and Crohn's Disease
SKYRIZI PEN SOAJ 150mg/ml	4	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis and Crohn's Disease
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's Disease and Ulcerative Colitis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	SP, PA; Preferred for Psoriasis
tazarotene crea .1%; gel .05%, .1%	1	PA, QL (30 gm every 30 days); Prior authorization applies for age 26 and older
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	4	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotn 2.5%	1	
ANTIVIRALS - TOPICAL		
acyclovir topical oint 5%	1	QL (15 gm every 30 days)
BURN PRODUCTS		
mafenide acetate pack 5%	1	
silver sulfadiazine crea 1%	1	
ssd crea 1%	1	
CORTICOSTEROIDS - TOPICAL		
ala-cort crea 1%, 2.5%	1	
alclometasone dipropionate crea .05%; oint .05%	1	
amcinonide lotn .1%	1	
betamethasone dipropionate (topical) crea .05%; lotn .05%	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%	1	
betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%	1	
BRYHALI LOTN .01%	2	QL (180 gm every 30 days)
CAPEX SHAM .01%	2	
clobetasol propionate crea .05%; gel .05%	1	QL (60 gm every 30 days)
clobetasol propionate foam .05%; lotn .05%; oint .05%; sham .05%	1	
clobetasol propionate soln .05%	1	QL (50 mL every 30 days)
clobetasol propionate emo crea .05%	1	QL (60 gm every 30 days)
clobetasol propionate emollient base crea .05%	1	QL (60 gm every 30 days)
clodan sham .05%	1	
desonide crea .05%; lotn .05%; oint .05%	1	
desoximetasone crea .05%, .25%; gel .05%; oint .25%	1	
desoximetasone liqd .25%	1	PA
ENSTILAR AER	2	PA
fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%	1	
fluocinonide crea .05%	1	QL (150 gm every 30 days)
fluocinonide gel .05%; oint .05%; soln .05%	1	
fluocinonide emulsified base crea .05%	1	
fluticasone propionate crea .05%; lotn .05%; oint .005%	1	
halobetasol propionate crea .05%; oint .05%	1	
hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%	1	
hydrocortisone butyrate crea .1%; oint .1%; soln .1%	1	
hydrocortisone valerate crea .2%; oint .2%	1	
mometasone furoate crea .1%; oint .1%; soln .1%	1	
prednicarbate oint .1%	1	
TEXACORT SOLN 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%	1	
triderm crea .1%, .5%	1	PA
ECZEMA AGENTS		
ADBRY SOSY 150mg/ml	4	SP, PA
CIBINQO TABS 50mg, 100mg, 200mg	4	SP, PA, QL (1 tab every 1 day)
DUPIXENT SOPN 200mg/1.14ml; SOSY 200mg/1.14ml	4	SP, PA, QL (0.09 ml every 1 day)
DUPIXENT SOPN 300mg/2ml; SOSY 300mg/2ml	4	SP, PA, QL (0.15 ml every 1 day)
DUPIXENT SOSY 100mg/0.67ml	4	SP, PA, QL (0.048 ml every 1 day)
EMOLLIENT/KERATOLYTIC AGENTS		
uredeb crea 39%	1	PA
EMOLLIENTS		
lactic acid (ammonium lactate) crea 12%; lotn 12%	1	PA
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod crea 3.75%	1	PA
imiquimod crea 5%	1	
ZYCLARA CREA 3.75%	2	PA
ZYCLARA PUMP CREA 2.5%, 3.75%	2	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus crea 1%	1	PA
tacrolimus (topical) oint .1%	1	QL (60 gm every 30 days)
tacrolimus (topical) oint .03%	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL .5%	2	
podofilox soln .5%	1	
LOCAL ANESTHETICS - TOPICAL		
ethyl chloride aerosol spray	1	PA
glydo prsy 2%	1	QL (60 mL every 30 days)
lidocaine oint 5%	1	PA, QL (50 gm every 30 days)
lidocaine oint 5%	1	PA, QL (50 gm every 30days)
lidocaine ptch 5%	1	
lidocaine hcl gel 2%; prsy 2%	1	QL (60 mL every 30 days)
lidocaine hcl soln 4%	1	QL (50 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 30 days)
7t lido gel gel 2%	1	QL (30 gm every 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	2	QL (60 gm every 30 days)
ROSACEA AGENTS		
azelaic acid gel 15%	1	
FINACEA FOAM 15%	2	
metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%	1	
ORACEA CPDR 40mg	2	PA; Tier 1 with DAW 9
RHOFADE CREA 1%	2	PA
rosadan crea .75%; gel .75%	1	
SOOLANTRA CREA 1%	2	QL (45 gm every 30 days); Tier 1 with DAW 9
SCABICIDES & PEDICULICIDES		
crotan lotn 10%	1	
lindane sham 1%	1	
malathion lotn .5%	1	
permethrin crea 5%	1	
spinosad susp .9%	1	
TAR PRODUCTS		
coal tar extract soln 20%	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
isosulfan blue soln 1%	1	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	QL (200 strips every 30 days), OTC
ACCU-CHEK TES GUIDE	2	QL (200 strips every 30 days), OTC
ACCU-CHEK TES SMART	2	QL (200 strips every 30 days), OTC
ONETOUCH TES ULTRA	2	QL (200 strips every 30 days), OTC
ONETOUCH TES VERIO	2	QL (200 strips every 30 days), OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUPPLEMENTS		
asilnasal rms	1	

Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
methazolamide tabs 25mg, 50mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tabs .5mg, 1mg, 2mg	1	
ethacrynic acid tabs 25mg	1	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	1	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl tabs 5mg	1	
spironolactone tabs 25mg, 50mg, 100mg	1	
triamterene caps 50mg, 100mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tabs 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg	1	QL (1 tab every 1 day)
indapamide tabs 2.5mg	1	
metolazone tabs 2.5mg, 5mg	1	QL (1 tab every 1 day)
metolazone tabs 10mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg	1	
alendronate sodium tabs 5mg	1	QL (1 tab every 1 day)
calcitonin (salmon) soln 200unit/act, 200unit/ml	1	
FORTEO SOPN 600mcg/2.4ml	4	SP, PA; Consult medical benefit for coverage
ibandronate sodium tabs 150mg	1	
risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg	1	
TYMLOS SOPN 3120mcg/1.56ml	4	SP, PA
GNRH/LHRH ANTAGONISTS		
ORILISSA TABS 150mg, 200mg	2	PA
GROWTH HORMONES		
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	SP, PA
HORMONE RECEPTOR MODULATORS		
raloxifene hcl tabs 60mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
METABOLIC MODIFIERS		
betaine powder for oral solution**	1	SP, PA
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	
carglumic acid tbso 200mg	4	SP, PA
cinacalcet hcl tabs 30mg, 60mg, 90mg	4	SP, PA
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	
javygtor pack 100mg, 500mg; tabs 100mg	4	SP, PA
levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg	1	
nitisinone caps 2mg, 5mg, 10mg	4	SP, PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	SP, PA
paricalcitol caps 1mcg, 2mcg, 4mcg	1	

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	4	SP, PA
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	4	SP, PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	2	PA, QL (1 tab every 1 day)
POSTERIOR PITUITARY HORMONES		
desmopressin acetate tabs .1mg, .2mg	1	
desmopressin acetate spray soln .01%	1	
desmopressin acetate spray refrigerated soln .1mg/ml	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tabs 200mg	1	
PROLACTIN INHIBITORS		
cabergoline tabs .5mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml	4	SP, PA
SOMATULINE DEPOT SOLN 120mg/0.5ml	4	SP, PA; Consult medical benefit for coverage
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tabs 15mg, 30mg	4	SP, PA
ESTROGENS		
ESTROGEN COMBINATIONS		
amabelz	1	QL (1 tab every 1 day)
CLIMARA PRO DIS WEEKLY	2	QL (4 patches every 28 days)
COMBIPATCH DIS	2	QL (8 patches every 28 days)
DUAVEE TAB 0.45-20	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	QL (1 tab every 1 day)
estradiol & norethindrone acetate tab 1-0.5 mg	1	QL (1 tab every 1 day)
fyavolv	1	
fyavolv	1	QL (1 tab every 1 day)
jinteli	1	QL (1 ea every 1 day)
mimvey	1	QL (1 tab every 1 day)
MYFEMBREE TAB	2	PA, QL (1 tab every 1 day)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	QL (1 tab every 1 day)
ORIAHNN CAP	2	
PREMPHASE TAB	2	QL (1 tab every 1 day)
PREMPRO TAB	2	QL (1 tab every 1 day)
PREMPRO TAB 0.3-1.5	2	QL (1 tab every 1 day)
PREMPRO TAB 0.45-1.5	2	QL (1 tab every 1 day)
PREMPRO TAB 0.625-5	2	QL (1 tab every 1 day)
ESTROGENS		
DIVIGEL GEL 1.25mg/1.25gm	2	QL (1.25 gm every 1 day)
DIVIGEL GEL 1mg/gm	2	QL (1 gm every 1 day)
DIVIGEL GEL .5mg/0.5gm	2	QL (1 packet every 1 day)
DIVIGEL GEL .25mg/0.25gm, .75mg/0.75gm	2	QL (1 ea every 1 day)
dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches every 28 days)
estradiol gel 1.25mg/1.25gm	1	QL (1.25 gm every 1 day)
estradiol gel 1mg/gm	1	QL (1 gm every 1 day)
estradiol gel .5mg/0.5gm	1	QL (1 packet every 1 day)
estradiol gel .25mg/0.25gm, .75mg/0.75gm	1	QL (1 ea every 1 day)
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches every 28 days)
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1	QL (4 patches every 28 days)
estradiol tabs .5mg, 1mg, 2mg	1	
estradiol valerate oil 20mg/ml, 40mg/ml	1	
EVAMIST SOLN 1.53mg/spray	2	QL (8.1 mL every 30 days)
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches every 28 days)
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml; tabs 500mg, 750mg	1	
levofloxacin tabs 250mg	1	QL (1 tab every 1 day)
moxifloxacin hcl tabs 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
ofloxacin tabs 300mg, 400mg	1	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol caps 300mg; tabs 250mg, 500mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone caps 8mcg, 24mcg	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium caps 750mg	1	
CIMZIA PSKT 200mg/ml	4	SP, PA; Preferred for Non-Radiographic Axial Spondyloarthritis; 2 primary preferred products required first for Psoriasis, Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, Crohn's Disease
CIMZIA STARTER KIT PSKT 200mg/ml	4	SP, PA; Preferred for Non-Radiographic Axial Spondyloarthritis; 2 primary preferred products required first for Psoriasis, Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, Crohn's Disease
mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg	1	
mesalamine w/ cleanser kit 4gm	1	
REMICADE SOLR 100mg	4	SP, PA; Consult medical benefit for coverage
SKYRIZI SOCT 360mg/2.4ml	4	SP, PA
SKYRIZI SOLN 600mg/10ml	4	SP, PA; Consult medical benefit for coverage
sulfasalazine tabs 500mg; tbec 500mg	1	
INTESTINAL ACIDIFIERS		
enulose soln 10gm/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
generlac soln 10gm/15ml	1	
lactulose (encephalopathy) soln 10gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tabs .5mg, 1mg	1	PA
LINZESS CAPS 72mcg, 290mcg	2	
LINZESS CAPS 145mcg	2	QL (1 cap every 1 day)
VIBERZI TABS 75mg, 100mg	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan caps 12mg	1	
SYMPROIC TABS .2mg	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	2	PA
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	
PHOSLYRA SOLN 667mg/5ml	2	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	1	
sevelamer hcl tabs 400mg, 800mg	1	
VELPHORO CHEW 500mg	2	QL (6 tabs every 1 day)
GENERAL ANESTHETICS		
VOLATILE ANESTHETICS		
sevoflurane inhal soln	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
cytra k crystals	1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50mg, 150mg	4	SP, PA
GENITOURINARY IRRIGANTS		
acetic acid soln .25%	1	
argyle sterile saline soln .9%	1	
curity sterile saline soln .9%	1	
glycine (gu irrigant) soln 1.5%	1	
neomycin-polymyxin b gu irrigation soln	1	
sodium chloride (gu irrigant) soln .9%	1	

Drug Name	Drug Tier	Requirements/Limits
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tb24 10mg	1	
dutasteride caps .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tabs 5mg	1	
silodosin caps 4mg	1	QL (1 cap every 1 day)
silodosin caps 8mg	1	
tamsulosin hcl caps .4mg	1	
URINARY ANALGESICS		
phenazo tabs 200mg	1	
URINARY STONE AGENTS		
tiopronin tabs 100mg	4	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tabs 100mg, 300mg	1	
colchicine tabs .6mg	1	
febuxostat tabs 40mg, 80mg	1	ST
MITIGARE CAPS .6mg	2	Tier 1 with DAW 9
URICOSURICS		
probenecid tabs 500mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	4	SP, PA; Consult medical benefit for coverage
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate soln 30mg/3ml	4	SP, PA
sajazir soln 30mg/3ml	4	SP, PA
COMPLEMENT INHIBITORS		
EMPAVELI SOLN 1080mg/20ml	4	SP, PA, QL (0.334 vials every 1 day)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100mg, 150mg	4	SP, PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tbcr 400mg	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAPS 110mg, 150mg	4	SP, PA
TAKHZYRO SOLN 300mg/2ml; SOSY 300mg/2ml	4	SP, PA
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl caps .5mg, 1mg	1	

Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
cilostazol tabs 50mg, 100mg	1	
clopidogrel bisulfate tabs 75mg, 300mg	1	
dipyridamole tabs 25mg, 50mg, 75mg	1	
prasugrel hcl tabs 5mg, 10mg	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84mg	4	SP, PA
miglustat caps 100mg	4	SP, PA
AGENTS FOR SICKLE CELL DISEASE		
ENDARI PACK 5gm	4	SP, PA
SIKLOS TABS 100mg, 1000mg	2	
COBALAMINS		
cyanocobalamin soln 1000mcg/ml	1	
dodex soln 1000mcg/ml	1	
FOLIC ACID/FOLATES		
folic acid caps 800mcg; tabs 400mcg, 800mcg	1	QL (100 tablets every 100 days), OTC; $0 copay for members capable of pregnancy age 54 and younger
folic acid tabs 1mg	1	
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TABS 20mg	4	SP, PA
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	SP, PA
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	4	SP, PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	4	SP, PA
ZIEXTENZO SOSY 6mg/0.6ml	4	SP, PA
HEMATOPOIETIC MIXTURES		
hematinic/folic acid	1	
hemocyte-f	1	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg	1	
tranexamic acid tabs 650mg	1	

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tabs 3mg	1	QL (1 tab every 1 day)
doxepin hcl (sleep) tabs 6mg	1	
NON-BARBITURATE HYPNOTICS		
estazolam tabs 1mg, 2mg	1	
eszopiclone tabs 1mg, 2mg, 3mg	1	
flurazepam hcl caps 15mg, 30mg	1	
midazolam hcl syrp 2mg/ml	1	
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	1	
triazolam tabs .125mg, .25mg	1	
zaleplon caps 5mg, 10mg	1	
zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	PA
DAYVIGO TABS 5mg, 10mg	2	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tabs 8mg	1	
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	$0 copay for members age 45 through 75
gavilyte-c	1	
gavilyte-g	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
constulose soln 10gm/15ml	1	
lactulose soln 10gm/15ml, 20gm/30ml	1	
LUBRICANT LAXATIVES		
mineral oil	1	

Drug Name	Drug Tier	Requirements/Limits
MACROLIDES		
AZITHROMYCIN		
azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
ERYTHROMYCINS		
e.e.s. 400 tabs 400mg	1	
ery-tab tbec 250mg, 333mg, 500mg	1	
erythrocin stearate tabs 250mg	1	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	1	
FIDAXOMICIN		
DIFICID SUSR 40mg/ml; TABS 200mg	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	3	QL (1 each every 300 days); $0 copay
FC2 FEMALE MIS CONDOM	3	OTC; $0 copay for females or members capable of pregnancy
FEMCAP MIS 22MM	3	QL (1 each every 300 days); $0 copay
FEMCAP MIS 26MM	3	QL (1 each every 300 days); $0 copay
FEMCAP MIS 30MM	3	QL (1 each every 300 days); $0 copay
MALE CONDOMS	3	OTC; $0 copay for females or members capable of pregnancy.
OMNIFLEX DPR	3	QL (1 each every 300 days); $0 copay
WIDE-SEAL SILICONE DIAPHR DPRH 2%	3	QL (1 each every 300 days); $0 copay
DIABETIC SUPPLIES		
ACCU-CHECK KIT GUIDE ME	2	OTC
ACCU-CHEK KIT AVIVA PL	2	OTC
ACCU-CHEK KIT COMPACT	2	OTC
ACCU-CHEK KIT GUIDE	2	OTC
ACCU-CHEK KIT NANO	2	OTC

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
LANCETS	2	OTC
OMNIPOD 5 G6 KIT INTRO	2	
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD PDM KIT CLASSIC	2	
ONE TOUCH KIT VERIO FL	2	OTC
ONETOUCH KIT ULT MINI	2	OTC
ONETOUCH KIT ULTRA 2	2	OTC
ONETOUCH KIT VERIO	2	OTC
ONETOUCH KIT VERIO FL	2	OTC
ONETOUCH KIT VERIO IQ	2	OTC
ONETOUCH KIT VERIO RE	2	OTC
ONETOUCH SOL KIT STARTER	2	OTC
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
PARENTERAL THERAPY SUPPLIES		
AUTOSHIELD MIS 29X3/16"	2	OTC
AUTOSHIELD MIS 29X5/16"	2	OTC
AUTOSHIELD MIS 30GX5MM	2	OTC
BD PEN NEEDL MIS 29GX12.7	2	OTC
BD PEN NEEDL MIS 31GX5MM	2	OTC
BD PEN NEEDL MIS 31GX8MM	2	OTC
BD PEN NEEDL MIS 32GX4MM	2	
BD PEN NEEDL MIS 32GX4MM	2	OTC
BD PEN NEEDL MIS 32GX6MM	2	OTC
BD U-500 MIS 31GX6MM	2	
INSULIN SYRG MIS 0.3/29G	2	OTC
INSULIN SYRG MIS 0.3/30G	2	OTC
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.3/31G	2	OTC
INSULIN SYRG MIS 0.5/28G	2	OTC
INSULIN SYRG MIS 0.5/29G	2	OTC
INSULIN SYRG MIS 0.5/30G	2	OTC
INSULIN SYRG MIS 0.5/31G	2	OTC
INSULIN SYRG MIS 1ML	2	OTC
INSULIN SYRG MIS 1ML/25G	2	OTC
INSULIN SYRG MIS 1ML/26G	2	OTC
INSULIN SYRG MIS 1ML/27G	2	OTC
INSULIN SYRG MIS 1ML/28G	2	OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/29G	2	OTC
INSULIN SYRG MIS 1ML/30G	2	OTC
INSULIN SYRG MIS 1ML/31G	2	OTC
INSULIN SYRG MIS 2/27.5G	2	OTC
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	PA
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	2	PA
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	PA
NURTEC TBDP 75mg	2	ST, QL (16 tabs every 30 days)
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs every 25 days)
UBRELVY TABS 50mg, 100mg	2	ST, QL (16 tabs every 30 days)
MIGRAINE PRODUCTS		
dihydroergotamine mesylate soln 1mg/ml	1	
SEROTONIN AGONISTS		
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)
frovatriptan succinate tabs 2.5mg	1	QL (18 tabs every 30 days)
naratriptan hcl tabs 1mg, 2.5mg	1	QL (12 tabs every 30 days)
ONZETRA XSAIL EXHP 11mg/nosepc	2	QL (16 nosepieces 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 30days)
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)
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	2	QL (24 injections every 30days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan soln 2.5mg, 5mg	1	QL (12 sprays every 30 days)
zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	1	QL (12 tabs every 30 days)
ZOMIG SOLN 2.5mg, 5mg	2	QL (12 sprays every 30 days)
MINERALS & ELECTROLYTES		
FLUORIDE		
fluoritab soln .125mg/drop	1	$0 applies for ages 5 and under, otherwise not covered
nafrinse chew 2.2mg	1	
nafrinse drops soln .125mg/drop	1	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew 1mg; tabs 1mg	1	
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	1	$0 applies for ages 5 and under, otherwise not covered
IODINE PRODUCTS		
iodine solution strong 5% (lugol's)	1	
PHOSPHATE		
phospha 250 neutral	1	
phospho-trin 250 neutral	1	
phospho-trin k500 tabs 500mg	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
POTASSIUM		
effer-k tbef 25meq	1	
k-prime tbef 25meq	1	
klor-con pack 20meq	1	
klor-con 8 tbcr 8meq	1	
klor-con 10 tbcr 10meq	1	
klor-con m10 tbcr 10meq	1	
klor-con m15 tbcr 15meq	1	
klor-con m20 tbcr 20meq	1	
klor-con/ef tbef 25meq	1	
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq	1	
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	1	
SODIUM		
sodium chloride soln .9%, 2.5meq/ml	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine caps 250mg; tabs 250mg	4	SP, PA
trientine hcl caps 250mg	4	SP, PA
IMMUNOMODULATORS		
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	4	SP, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	4	SP, PA
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	4	SP, PA
IMMUNOSUPPRESSIVE AGENTS		
azasan tabs 75mg, 100mg	1	
azathioprine tabs 50mg, 75mg, 100mg	1	
cyclosporine caps 25mg, 100mg	1	SP
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	SP
ENSPRYNG SOSY 120mg/ml	4	SP, PA
everolimus (immunosuppressant) tabs 1mg	1	SP, PA
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg	1	SP
gengraf caps 25mg, 100mg; soln 100mg/ml	1	SP
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	SP
mycophenolate sodium tbec 180mg, 360mg	1	SP
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	SP
tacrolimus caps .5mg, 1mg, 5mg	1	SP
IRRIGATION SOLUTIONS		
argyle sterile water 100m	1	
lactated ringer's for irrigation	1	
physiolyte	1	
physiosol irrigation	1	
ringer's solution for irrigation	1	
tis-u-sol	1	
water for irrigation, sterile irrigation soln	1	
POTASSIUM REMOVING AGENTS		
LOKELMA PACK 5gm, 10gm	2	
sodium polystyrene sulfonate powder*	1	
sps susp 15gm/60ml	1	
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%, 4%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	1	
periogard soln .12%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dental paste pste .1%	1	
triamcinolone acetonide (mouth) pste .1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl caps 30mg	1	PA
MUGARD LIQ	4	SP, PA
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
multi-vitamin/fluoride/ir	1	Benefit exclusions may apply
PED MV W/ FLUORIDE		
multi-vitamin/fluoride dr	1	Benefit exclusions may apply
multivitamin with fluorid	1	Benefit exclusions may apply
multivitamin/fluoride	1	
multivitamin/fluoride	1	Benefit exclusions may apply
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml**	1	Benefit exclusions may apply
tri-vite/fluoride	1	Benefit exclusions may apply
vitamins a/c/d/fluoride	1	Benefit exclusions may apply
PRENATAL VITAMINS		
elite-ob	1	
inatal gt	1	
pnv-dha	1	
pnv-select	1	
prenatabs rx	1	
prenatal 19	1	
trinate	1	

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen soln 5mg/5ml; tabs 5mg, 10mg, 20mg	1	
carisoprodol tabs 350mg	1	
chlorzoxazone tabs 500mg	1	
cyclobenzaprine hcl tabs 5mg, 10mg	1	
metaxalone tabs 800mg	1	
methocarbamol tabs 500mg, 750mg	1	
orphenadrine citrate tb12 100mg	1	
tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium caps 25mg, 50mg, 100mg	1	
VISCOSUPPLEMENTS		
EUFLEXXA SOSY 20mg/2ml	4	SP, PA; Consult medical benefit for coverage
SUPARTZ FX SOSY 25mg/2.5ml	4	SP, PA; Consult medical benefit for coverage
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 bottle every 30 days)
NASAL ANTIALLERGY		
azelastine hcl soln .15%, 137mcg/spray	1	QL (2 bottles every 30 days)
olopatadine hcl (nasal) soln .6%	1	QL (1 bottle every 30 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal) soln .03%, .06%	1	
NASAL STEROIDS		
flunisolide (nasal) soln .025%	1	QL (3 bottles every 30 days)
fluticasone propionate (nasal) susp 50mcg/act	1	QL (1 bottle every 30 days)
mometasone furoate (nasal) susp 50mcg/act	1	QL (2 bottles every 30 days)
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tabs 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
NUTRIENTS		
PROTEINS		
aminoam rms	1	
aminorelief rms	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl (ophth) soln .5%	1	
BETOPTIC-S SUSP .25%	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl (ophth) soln 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
levobunolol hcl soln .5%	1	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	1	
CYCLOPLEGIC MYDRIATICS		
altafrin soln 2.5%, 10%	1	
atropine sulfate (ophthalmic) soln 1%	1	
cyclopentolate hcl soln .5%, 1%, 2%	1	
phenylephrine hcl (mydriatic) soln 2.5%, 10%	1	
tropicamide soln .5%, 1%	1	
MIOTICS		
pilocarpine hcl soln 1%, 2%, 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	2	
apraclonidine hcl soln .5%	1	
brimonidine tartrate soln .15%, .2%	1	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	1	
bacitracin (ophthalmic) oint 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
ciprofloxacin hcl (ophth) soln .3%	1	
erythromycin (ophth) oint 5mg/gm	1	
gatifloxacin (ophth) soln .5%	1	
gentak oint .3%	1	
gentamicin sulfate (ophth) soln .3%	1	
levofloxacin (ophth) soln .5%, 1.5%	1	

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl (ophth) soln .5%	1	
neo-polycin	1	
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	
polycin	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	
TOBREX OINT .3%	3	
trifluridine soln 1%	1	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMUL .05%	2	Tier 1 with DAW 9
RESTASIS MULTIDOSE EMUL .05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
altacaine soln .5%	1	
proparacaine hcl soln .5%	1	
tetracaine hcl (ophth) soln .5%	1	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
dexamethasone sodium phosphate (ophth) soln .1%	1	
difluprednate emul .05%	1	
fluorometholone (ophth) susp .1%	1	
loteprednol etabonate gel .5%; susp .5%	1	
neo-polycin hc	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
prednisolone acetate (ophth) susp 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OIN 0.3-0.1%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMICS - MISC.		
altafluor benox	1	
azelastine hcl (ophth) soln .05%	1	
bepotastine besilate soln 1.5%	1	
brinzolamide susp 1%	1	
bromfenac sodium (ophth) soln .09%	1	
cromolyn sodium (ophth) soln 4%	1	
diclofenac sodium (ophth) soln .1%	1	
dorzolamide hcl soln 2%	1	
epinastine hcl (ophth) soln .05%	1	
fluor-i-strips a.t. strp 1mg	1	
fluorescein w/ benoxinate ophth soln 0.25-0.4%	1	
fluorescein w/ proparacaine ophth soln 0.25-0.5%	1	
flurbiprofen sodium soln .03%	1	
ILEVRO SUSP .3%	2	
ketorolac tromethamine (ophth) soln .4%, .5%	1	
olopatadine hcl soln .1%, .2%	1	
PROLENSA SOLN .07%	2	
PROSTAGLANDINS - OPHTHALMIC		
latanoprost soln .005%	1	
LUMIGAN SOLN .01%	2	
travoprost soln .004%	1	
ZIOPTAN SOLN .015mg/ml	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic) soln 2%	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl (otic) soln .2%	1	
ofloxacin (otic) soln .3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
flac oil .01%	1	
fluocinolone acetonide (otic) oil .01%	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
OXYTOCICS		
methergine tabs .2mg	1	
methylergonovine maleate tabs .2mg	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	SP, PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
ampicillin caps 500mg	1	
NATURAL PENICILLINS		
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 5000000unit, 20000000unit	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	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	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tabs 2.5mg, 5mg	1	QL (1 tab every 1 day)
medroxyprogesterone acetate tabs 10mg	1	
megestrol acetate (appetite) susp 625mg/5ml	1	
norethindrone acetate tabs 5mg	1	
progesterone caps 100mg, 200mg; oil 50mg/ml	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tbec 333mg	1	
disulfiram tabs 250mg, 500mg	1	
ANTI-CATAPLECTIC AGENTS		
XYWAV SOL 0.5GM/ML	4	SP, PA
ANTIDEMENTIA AGENTS		
donepezil hydrochloride tabs 5mg; tbdp 5mg	1	QL (1 tab every 1 day)
donepezil hydrochloride tabs 10mg, 23mg; tbdp 10mg	1	
galantamine hydrobromide cp24 8mg, 24mg; soln 4mg/ml; tabs 4mg, 12mg	1	
galantamine hydrobromide cp24 16mg	1	QL (1 cap every 1 day)
galantamine hydrobromide tabs 8mg	1	QL (1 tab every 1 day)
memantine hcl cp24 7mg, 14mg	1	QL (1 cap every 1 day)
memantine hcl cp24 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
olanzapine-fluoxetine hcl cap 6-25 mg	1	QL (1 cap every 1 day)
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg, 9mg, 12mg	4	SP, PA
INGREZZA CAPS 40mg	4	SP, PA, QL (1 cap every 1 day)
INGREZZA CAPS 60mg, 80mg	4	SP, PA
INGREZZA CAP 40-80MG	4	SP, PA
tetrabenazine tabs 12.5mg, 25mg	4	SP, PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg	4	SP, PA, QL (1 tab every 1 day)
AVONEX PSKT 30mcg/0.5ml	4	SP, PA, QL (0.04 injections every 1 day)
AVONEX PEN AJKT 30mcg/0.5ml	4	SP, PA, QL (0.04 injections every 1 day)
BETASERON KIT .3mg	4	SP, PA
COPAXONE SOSY 20mg/ml	4	SP, PA, QL (1 injection every 1 day)
COPAXONE SOSY 40mg/ml	4	SP, PA, QL (0.43 injections every 1 day)
dalfampridine tb12 10mg	4	SP, PA
dimethyl fumarate cpdr 120mg, 240mg	4	SP, PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	SP, PA
fingolimod hcl caps .5mg	4	SP, PA
GILENYA CAPS .5mg	4	SP, PA
glatiramer acetate sosy 20mg/ml	4	SP, PA, QL (1 injection every 1 day)
glatiramer acetate sosy 40mg/ml	4	SP, PA, QL (0.43 injections every 1 day)
glatopa sosy 20mg/ml	4	SP, PA, QL (1 injection every 1 day)
glatopa sosy 40mg/ml	4	SP, PA, QL (0.43 injections every 1 day)
KESIMPTA SOAJ 20mg/0.4ml	4	SP, PA, QL (0.038 pens every 1 day)
MAYZENT TABS 1mg	4	SP, PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS 2mg	4	SP, PA
MAYZENT TABS .25mg	4	SP, PA, QL (4 tabs every 1 day)
MAYZENT STARTER PACK TBPK .25mg	4	SP, PA, QL (12 tabs every 5 days)
MAYZENT STARTER PACK TBPK .25mg	4	SP, PA, QL (7 tabs every 5 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	SP, PA
REBIF REBIDO INJ TITRATN	4	SP, PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	SP, PA
REBIF TITRTN INJ PACK	4	SP, PA
VUMERITY CPDR 231mg	4	SP, PA, QL (4 caps every 1 day)
ZEPOSIA CAPS .92mg	4	SP, PA, QL (1 cap every 1 day); Preferred for Multiple Sclerosis and Ulcerative Colitis
ZEPOSIA 7DAY CAP STR PACK	4	SP, PA, QL (1 ea every 1 day); Preferred for Multiple Sclerosis and Ulcerative Colitis
ZEPOSIA CAP STR KIT	4	SP, PA, QL (1 ea every 1 day); Preferred for Multiple Sclerosis and Ulcerative Colitis
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TABS 300mg, 600mg	2	
pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tabs 1mg	1	
pimozide tabs 1mg, 2mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	1	$0 limited to 2 treatment cycles/year
nicotine gum 2mg, 4mg; lozg 2mg, 4mg; pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	1	OTC; $0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	3	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	3	$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	3	$0 limited to 2 treatment cycles/year
varenicline tartrate tabs .5mg, 1mg	1	$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	$0 limited to 2 treatment cycles/year
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284mg/1.5ml	4	SP, PA
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C SOLR 1000mg	4	SP, PA; Consult medical benefit for coverage
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100mg, 150mg	4	SP, PA
pirfenidone tabs 267mg, 801mg	4	SP, PA
TETRACYCLINES		
TETRACYCLINES		
avidoxy tabs 100mg	1	
demeclocycline hcl tabs 150mg, 300mg	1	
doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg	1	
doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg	1	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	1	
mondoxyne nl caps 100mg	1	
tetracycline hcl caps 250mg, 500mg	1	
VIBRAMYCIN SYRP 50mg/5ml	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tabs 5mg, 10mg	1	
propylthiouracil tabs 50mg	1	
THYROID HORMONES		
euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	1	
np thyroid 15 tabs 15mg	1	
np thyroid 30 tabs 30mg	1	
np thyroid 60 tabs 60mg	1	
np thyroid 90 tabs 90mg	1	
np thyroid 120 tabs 120mg	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, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	3	$0 copay
BOOSTRIX INJ	3	$0 copay
DAPTACEL INJ	3	$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	3	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	3	$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	3	$0 copay for members age 18 and younger, otherwise not covered
PEDIARIX INJ 0.5ML	3	$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	3	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	3	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	3	$0 copay for members age 18 and younger, otherwise not covered
TDVAX INJ 2-2 LF	3	$0 copay for members age 19 and older, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ 5-2LF	3	$0 copay for members age 19 and older, otherwise not covered
TET/DIP TOX INJ 2-2 LF	3	$0 copay for members age 19 and older, otherwise not covered
VAXELIS INJ	3	$0 copay for members age 18 and younger, otherwise not covered

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	1	
ed-spaz tbdp .125mg	1	
glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg	1	
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg	1	
hyosyne elix .125mg/5ml; soln .125mg/ml	1	
methscopolamine bromide tabs 2.5mg, 5mg	1	
nulev tbdp .125mg	1	
oscimin subl .125mg; tabs .125mg	1	

H-2 ANTAGONISTS

cimetidine tabs 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl soln 300mg/5ml	1	
famotidine susr 40mg/5ml; tabs 20mg, 40mg	1	
nizatidine caps 150mg, 300mg	1	

MISC. ANTI-ULCER

sucralfate tabs 1gm	1	

PROTON PUMP INHIBITORS

esomeprazole magnesium cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg	1	
lansoprazole cpdr 15mg, 30mg	1	
omeprazole cpdr 10mg, 20mg, 40mg	1	
pantoprazole sodium tbec 20mg, 40mg	1	
rabeprazole sodium tbec 20mg	1	

ULCER DRUGS - PROSTAGLANDINS

misoprostol tabs 100mcg, 200mcg	1	

ULCER THERAPY COMBINATIONS

amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	

Drug Name	Drug Tier	Requirements/Limits
PYLERA CAP	2	
TALICIA CAP	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tb24 7.5mg	1	QL (1 tab every 1 day)
darifenacin hydrobromide tb24 15mg	1	
fesoterodine fumarate tb24 4mg	1	QL (1 tab every 1 day)
fesoterodine fumarate tb24 8mg	1	
oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 10mg, 15mg	1	
oxybutynin chloride tb24 5mg	1	QL (1 tab every 1 day)
solifenacin succinate tabs 5mg	1	QL (1 tab every 1 day)
solifenacin succinate tabs 10mg	1	
tolterodine tartrate cp24 2mg	1	QL (1 cap every 1 day)
tolterodine tartrate cp24 4mg; tabs 1mg, 2mg	1	
trospium chloride cp24 60mg; tabs 20mg	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TABS 75mg	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tabs 100mg	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	3	$0 copay for members age 18 and younger, otherwise not covered
BEXSERO INJ	3	$0 copay
HIBERIX SOLR 10mcg	3	$0 copay for members age 18 and younger, otherwise not covered
MENACTRA INJ	3	$0 copay
MENQUADFI INJ	3	$0 copay
MENVEO INJ	3	$0 copay
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	3	$0 copay
PREVNAR 13 INJ	3	$0 copay
PREVNAR 20 INJ	3	$0 copay
TRUMENBA INJ	3	$0 copay
VAXNEUVANCE INJ	3	$0 copay

Drug Name	Drug Tier	Requirements/Limits
VIRAL VACCINES		
AFLURIA QUAD INJ 2022-23	3	$0 copay
DENGVAXIA SUS	3	$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	$0 copay
FLUAD QUADRI INJ 2022-23	3	$0 copay
FLUARIX QUAD INJ 2022-23	3	$0 copay
FLUBLOK QUAD INJ 2022-23	3	$0 copay
FLUCLVX QUAD INJ 2022-23	3	$0 copay
FLULAVAL QUA INJ 2022-23	3	$0 copay
FLUMIST QUAD SUS 2022-23	3	$0 copay
FLUZONE HD INJ 2022-23	3	$0 copay
FLUZONE QUAD INJ 2022-23	3	$0 copay
GARDASIL 9 INJ	3	$0 copay
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	$0 copay
IPOL INJ INACTIVE	3	$0 copay for members age 18 and younger, otherwise not covered
JANSSEN COVID-19 VACCINE SUSP .5ml	3	
M-M-R II INJ	3	$0 copay
MODERNA COVID-19 VACCINE SUSP 25mcg/0.25ml, 50mcg/0.5ml, 100mcg/0.5ml	3	
MODERNA COVID-19 VACCINE/ SUSP 10mcg/0.2ml, 50mcg/0.5ml	3	
NOVAVAX COVID-19 VACCINE SUSP 5mcg/0.5ml	3	
PFIZER-BIONTECH COVID-19 SUSP 3mcg/0.2ml, 10mcg/0.2ml, 30mcg/0.3ml	3	
PREHEVBRIO SUSP 10mcg/ml	3	$0 copay
PRIORIX INJ	3	$0 copay
PROQUAD INJ	3	$0 copay
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	$0 copay
ROTARIX SUS	3	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	3	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	3	$0 copay for members age 19 and older, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INJ	3	$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	$0 copay
VARIVAX INJ 1350pfu/0.5ml	3	$0 copay
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
ENCARE SUPP 100mg	3	OTC; $0 copay
OPTIONS GYNOL II VAGINAL GEL 3%	3	OTC; $0 copay
SHUR-SEAL GEL 2%	3	OTC; $0 copay
TODAY SPONGE MISC 1000mg	3	OTC; $0 copay
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	3	OTC; $0 copay
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal crea 2%	1	
metronidazole vaginal gel .75%	1	
miconazole 3 supp 200mg	1	
terconazole vaginal crea .4%, .8%; supp 80mg	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	3	$0 copay
VAGINAL ESTROGENS		
estradiol vaginal crea .1mg/gm	1	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	2	
IMVEXXY STARTER PACK INST 4mcg, 10mcg	2	
VAGIFEM TABS 10mcg	2	Tier 1 with DAW 9
VAGINAL PROGESTINS		
CRINONE GEL 4%, 8%	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q SOAJ .1mg/0.1ml	2	
AUVI-Q SOAJ .3mg/0.3ml	2	QL (5 pens every year)
AUVI-Q SOAJ .15mg/0.15ml	2	QL (2.5 pens every year)
epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	1	QL (5 pens every year)
epinephrine (anaphylaxis) soln 30mg/30ml	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (5 pens every year)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (5 pens every year)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa caps 100mg, 200mg, 300mg	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS		
midodrine hcl tabs 2.5mg, 5mg, 10mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol caps 1.25mg, 50000unit	1	
phytonadione tabs 5mg	1	

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